



Please complete front and back of **WHITE** page only.

Registration Form - New Students

Office Use

Campus No: 170902 _____

Campus: _____

Local ID#: _____ PEIMS#: _____

Student Name (legal): _____
last first middle

Sex: _____ Birth Date: _____ Ethnicity: Amer. Indian Asian African Amer. Hispanic White

Student resides with: mother father both other _____

Name: _____ Phone: (home) _____ (work) _____

Physical Address: _____
street address city zip

Student's Mailing Address: _____
street address city state zip

Other parent/guardian information if applicable:

Name: _____ Phone: (home) _____ (work) _____

Address: _____
street address city zip

Warning: It is a criminal offense pursuant to Texas Penal Code 37.10 for a person to knowingly falsify information on a form required for a student's enrollment in the District. This is such a form.

Parent/guardian signature required for enrollment of student.

Si es necesario por favor pedir la forma en español.

I am aware that in order for my child to attend school in the Conroe ISD, I must maintain full-time residence in the District or be granted an approved transfer. I acknowledge that I have read and understand the penalties of falsified information as stated in the Texas School Law Bulletin Section 21.031 (g) printed below. I also agree to inform the proper school authorities immediately, should I move from the address indicated.

§21.031. Admission from the Texas School Law Bulletin

g. In addition to the penalty provided by Section 37.10 of the Penal Code, a person who knowingly falsifies information on a form required for enrollment of a student in a school district is liable to the district if the student is not eligible for enrollment in the district but is enrolled on the basis of the false information. The person is liable for the period during which the ineligible student is enrolled, for the greater of:

- 1) the maximum tuition fee the district may charge under Section 21.063 of this code;
- or
- 2) the amount the district has budgeted for each student as maintenance and operating expenses.

I hereby certify that I am a resident of the CISD and that in order for my child to attend the CISD, I must maintain full-time residence in the district or be granted an approved transfer. I also agree to inform the proper school authorities immediately, should I move from the address indicated below.

Street Address City Zip

I have read and understand the penalties of falsified information as stated on the back of this form.

Parent/Guardian Signature Date

In order to meet Texas Education Agency's recommended guidelines, CISD is using social security numbers for the required student ID#. If you choose not to provide this information, please provide the Chief Legal Officer with written objection within ten days of the issuance of this notice.

With my signature I acknowledge that I have read and verify the information on this registration form and have received a copy of the "Notice of Parent and Student Rights".

Parent/Guardian Signature Date

Parents should forward any medical information, allergies, or medical problems to the attention of the clinic.

Administrative Enrollment: _____
Administrator's signature/title Date

