

**Pilot Point Independent School District  
Registration Form 2018-2019**

Entry Date \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_ Grade Level \_\_\_\_\_  
 Legal Student Name: \_\_\_\_\_  
 \_\_\_\_\_  
**Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Jr., II, III** \_\_\_\_\_  
 Birth Place: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 \_\_\_\_\_ City, State \_\_\_\_\_ Student Cell # \_\_\_\_\_

**Parent/Guardian Information**

1. Parent/Guardian Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Physical Address \_\_\_\_\_ City \_\_\_\_\_ State, Zip \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State, Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Email: \_\_\_\_\_  
 2. Parent/Guardian Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Physical Address \_\_\_\_\_ City \_\_\_\_\_ State, Zip \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State, Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
**\*Primary Phone Number to be called by Automated System for reminders and closings \_\_\_\_\_ \***

**Person Enrolling Student**  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

<u>Sibling Information</u>			Doctor Preference _____ Doctor Number _____ Hospital Preference _____ Dentist Preference _____ Dentist Number _____ Allergies _____
<u>Brothers/Sisters</u>	<u>Grade</u>	<u>School</u>	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

**Emergency Contact Information**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

The above information is required for a permanent school record of your child and will be used by school personnel. False documents, record, or information is a violation of state law and may subject you to removal from the district. I certify that the information given is correct. I authorize the school to contact the person named on this form and the above named physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physicians, or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.

\_\_\_\_\_  
**Parent or Guardian Signature** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Date** \_\_\_\_\_

**(For Office Use Only)**

Withdrawal Date from PPMS: \_\_\_\_\_ Reason: \_\_\_\_\_ Withdrawn by: \_\_\_\_\_