



Aldine Independent School District
Student Registration Form / Student Entrance Sheet
(Please print)

Student Information					SCHOOL USE ONLY	
Student's name (as legally recorded): Last name			First name		Middle name	
Ethnicity (mark one): ☐ Am. Indian ☐ Asian ☐ Black ☐ Hispanic ☐ White			Student's social security number:			
Student's date of birth: _____/_____/_____		Sex: ☐ Male ☐ Female	Grade:	Date entered U.S. schools: _____/_____/_____		
City of Birth:		State/country of birth:		If not in the USA, is this student a U.S. citizen? ☐ Yes ☐ No		
Lives with (mark all that apply): ☐ Parent ☐ Relative other than parent ☐ Guardian ☐ Foster parent ☐ Residential treatment center ☐ Shelter ☐ Other						
Address (as legally recorded):				Apt. #:	Zip code:	
Home phone number:			Cellular phone number:			
Special Information						
Doctor's name:			Doctor's phone number:			
What type of medical insurance do you have for this student? ☐ CHIP ☐ Medicaid ☐ Harris County Hospital District Gold Card ☐ Private insurance ☐ None						
Emergency contact person:			Emergency contact phone number:			
1	Parent / Legal guardian: Last name		First name		Date of birth: _____/_____/_____	
	Relationship:		Ethnicity: ☐ Am. Indian ☐ Asian ☐ Black ☐ Hispanic ☐ White (mark one)			
	Work phone number:	E-mail address:		Driver license number:	State:	
2	Parent / Legal guardian: Last name		First name		Date of birth: _____/_____/_____	
	Relationship:		Ethnicity: ☐ Am. Indian ☐ Asian ☐ Black ☐ Hispanic ☐ White (mark one)			
	Work phone number:	E-mail address:		Driver license number:	State:	
This student is currently being served in: ☐ Special Education ☐ 504 ☐ Bilingual/ESL ☐ GT						
This student previously has been served in: ☐ Special Education ☐ 504 ☐ Bilingual/ESL ☐ GT						
Has this student ever been retained? ☐ No ☐ Yes If yes, what grades? _____						
Last school attended by student:		School district:		Address:		
List any Aldine ISD schools this student has attended:				Grade(s)	School year(s)	
Brothers and sisters (aged 4 to 19):						
Last name	First name	Date of birth	Grade	School	Total number of Brothers = _____ Sisters = _____ (aged 4 to 19)	
False or misleading information on this form is a misdemeanor offense. I hereby acknowledge that the above information is true.						
_____				_____		
Parent's/legal guardian's signature				Date		