

TERRELL INDEPENDENT SCHOOL DISTRICT

STUDENT INFORMATION UPDATE FORM

(One Form Per Student – for Terrell High School)

Please Print

FOR OFFICE USE ONLY

Date _____ Grade _____

Last Name First Name Middle Name Gender (Male/Female)

Street City Home Phone Number

Birth Date: ____/____/____
Month Day Year

PARENTS/GUARDIANS WITH WHOM STUDENT LIVES: (Relationship: ____ Natural Father ____ Step-Father
____ Natural Mother ____ Step-Mother ____ Other (please specify) _____)

<u>Parent/Guardian Name</u>	<u>Mailing Address if different then listed above</u>	<u>Cell Phone</u>	<u>Work Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____

EMAIL ADDRESS: _____

LIST ALL BROTHERS AND SISTERS WHO LIVE IN HOUSEHOLD AND ATTEND TERRELL SCHOOLS

<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Grade/School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Doctor's Name _____ Doctor's Phone Number _____

In an emergency, if parent and doctor mentioned above cannot be reached, I authorize TISD to take my child to a qualified physician. ____ Yes ____ No

I have studied the boundaries of the Terrell ISD and do hereby affirm that I am a legal resident of this district.

Do not release my student's information.

Signature of Parent or Guardian Date

Additional information is needed on the back of this form

PLEASE USE THE SPACE BELOW TO LIST INDIVIDUALS YOU HAVE AUTHORIZED TO SIGN YOUR STUDENT OUT DURING THE SCHOOL DAY.

<u>Last Name</u>	<u>First Name</u>	<u>Relationship</u>	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student Handbook/Student Code of Conduct

Please check preference

_____ I am requesting a paper copy of the 2010-2011 Student Handbook/Student Code of Conduct

_____ I recognize that the 2010-2011 Student Handbook/Student Code of Conduct is available online at the district website.
I prefer not to have a paper copy.