

KIRBYVILLE JUNIOR HIGH SCHOOL STUDENT REGISTRATION

Date _____

Name _____ Telephone No. _____

Address _____

Social Security No. _____ Sex M F

Birthday _____ Grade _____

Race _____ Birthplace _____

Distance you live from the school _____ Bus Driver/No. _____

Father

Name _____

Race _____ Education _____

Birthplace _____ Occupation _____

Mother

Name _____

Race _____ Education _____

Birthplace _____ Occupation _____

Name of Person with whom student lives _____

Relationship _____

School Last attended _____

Address _____

Emergency No. (if child becomes sick or injured and we can't reach you) _____

Name of Local Doctor (for emergencies) _____

Signature of Parent/Guardian _____

**TEXAS EDUCATION AGENCY
DIVISION OF BILINGUAL EDUCATION**

Home Language Survey
Grades K-8

Name of Child _____

Grade Level _____

To be filled in by Parent or Guardian:

1. What language is spoken in your home most of the time?
2. What language does your child speak most of the time?

Signature of Parent or Guardian

Date

**Cuestionario de Idioma Hogareño
Estado de Texas
Grados K-8**

Nombre del Niño (a) _____

Grado _____

Debe de completarse por el Padre o Guardián:

1. Cuál es el idioma que más se habla en su hogar? _____

2. Cuál es el idioma que más habla su niño (a)? _____

Firma del Padre o Guardián

Fecha

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**KIRBYVILLE JUNIOR HIGH SCHOOL
KIRBYVILLE CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
2200 SOUTH MARGARET
KIRBYVILLE, TEXAS 75956
Phone (409) 423-2284 EX. 3300
Fax: (409) 423-6654**

Request for Records

I _____ hereby authorize

Name of school

Address

City

State

Zip code

to release the following information to:

Kirbyville Junior High School 2200 South Margaret Kirbyville, Texas 75956

____ Transcript and most recent report card

____ Discipline reports

____ Most recent TAKS testing report

____ Special education Information

____ Grades to date of withdrawal

____ Athletic physical

____ Health/Immunization records

____ AR Points

____ Copy of birth certificate

____ At-risk status

____ Copy of social security card

Student name _____

Birthdate of student _____ Grade _____

Signature of parent or Guardian _____

This release is in accordance with the provisions of the Family Educational Rights and Privacy Act of 1976.