



*Student Grade: _____

*Today's Date: _____

Please help us keep accurate records by *completely* filling out this form. If a box does not apply to you, write "n/a."

Student	Legal Name--First: _____ Middle: _____ Last: _____ Suffix: _____	
	Preferred Name: _____	Gender: _____ Date of Birth: _____ Age as of 9/1: _____
	Social Security Number: _____	Place of Birth: _____
	Race: New, separate forms required 09-10. _____	Language Spoken at Home: _____ School Previously Attended: _____

Parent/Legal Guardian 1	Name: _____ Relationship: _____	
	Physical Address: _____ City, State, Zip: _____	
	Mailing Address: _____ City, State, Zip: _____	
	Phone 1 (<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile): _____	Phone 2 (<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile): _____ Date of Birth: _____
	Email Address: _____	Daily Internet Access? <input type="checkbox"/> Yes <input type="checkbox"/> No Connection Speed? <input type="checkbox"/> Dial-up <input type="checkbox"/> DSL <input type="checkbox"/> Greater than DSL

Parent/Legal Guardian 2	Name: _____ Relationship: _____	
	Physical Address: _____ City, State, Zip: _____	
	Mailing Address: _____ City, State, Zip: _____	
	Phone 1 (<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile): _____	Phone 2 (<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile): _____ Date of Birth: _____
	Email Address: _____	Daily Internet Access? <input type="checkbox"/> Yes <input type="checkbox"/> No Connection Speed? <input type="checkbox"/> Dial-up <input type="checkbox"/> DSL <input type="checkbox"/> Greater than DSL

School Messenger	Please list a primary & secondary phone number to receive important automated phone messages:	
	1. _____	2. _____

Student Residence	Student lives with <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Father and Step-Mother <input type="checkbox"/> Mother and Step-Father <input type="checkbox"/> Foster Parents <input type="checkbox"/> Grandparent <input type="checkbox"/> Relative (list) _____ <input type="checkbox"/> Other (list) _____
	**Physical Address (IMPORTANT—This must reflect where student sleeps at night.): _____ _____ _____
	Student Mailing Address: _____

Emergency Contacts Other Than Guardians	Name: _____ Phone: _____ Relationship to Student: _____
	Name: _____ Phone: _____ Relationship to Student: _____

Person Updating Records	<input type="checkbox"/> Parent/Guardian 1 <input type="checkbox"/> Parent/Guardian 2 <input type="checkbox"/> Other	Name (if other): _____	
	Phone (if other): _____	Relationship (if other): _____	Date of Birth: _____

This page is for students new to ACJH/ACHS only.

Please help us provide the best service possible for your child by marking any special programs that the student was involved in at his or her previous school:

504
 Special Ed

Dyslexia
 ESL

Bilingual Ed
 Migrant Program

Comments:

HOME LANGUAGE SURVEY

19TAC Chapter 89, Subchapter BB §89.1215

TO BE COMPLETED BY PARENT OR GUARDIAN (OR STUDENT IF GRADES 9-12): The state of Texas requires that the following information be completed for each student that enrolls for the first time in Texas public schools. This survey shall be kept in each student's permanent record folder.

NAME OF STUDENT _____ STUDENT ID# _____
ADDRESS _____ TELEPHONE # _____
CAMPUS Archer City JH/HS _____

- 1. What language is spoken in your home most of the time? _____
- 2. What language does the student speak most of the time? _____
- 3. Has the family moved within or into a state within the last 36 months to obtain temporary or seasonal work in farming or ranching? Yes _____ No _____

Signature of Parent/Guardian or Student (if in grade 9-12)

Date

CUESTIONARIO DEL IDIOMA QUE SE HABLA EN EL HOGAR

DEBE DE COMPLETARSE POR EL PADRE/MADRE/ O REPRESENTANTE LEGAL: (O POR EL ESTUDIANTE SI ESTA EN LOS GRADOS 9-12): El estado de Texas requiere que la siguiente información se complete para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Este cuestionario se archivará en el expediente del estudiante.

NOMBRE DEL ESTUDIANTE _____ #ID _____
DIRECCION _____ TELEFONO _____
ESCUELA Archer City JH/HS

- 1. ¿Qué idioma se habla en su hogar la mayoría del tiempo? _____
- 2. ¿Qué idioma habla el alumno/la alumna la mayoría del tiempo? _____
- 3. Se ha mudado de otro estado o dentro del estado para trabajo temporal en agricultura o otros trabajos de rancho en los últimos 36 meses? Sí _____ No _____

Firma del padre/madre/ o representante legal o alumno (si está in grados 9-12)

Fecha