

# Carthage Primary School 2020-2021

Birth Certificate \_\_\_\_\_  
Immunizations \_\_\_\_\_  
Social Security Card \_\_\_\_\_  
Driver's License \_\_\_\_\_  
Proof of Residency \_\_\_\_\_

**\*\* Please share this form with a child who is not enrolled in school. \*\***

*If your child is already enrolled, this form is **NOT** needed!*

**Please check grade / program:**

\_\_\_\_\_ PreK - Tuition      \_\_\_\_\_ Kindergarten  
\_\_\_\_\_ ECSE      \_\_\_\_\_ PreK - Head Start      \_\_\_\_\_ 1<sup>st</sup> Grade

Child's Full Legal Name \_\_\_\_\_

Sex \_\_\_\_\_ \*\*Ethnicity \_\_\_\_\_ \*Race \_\_\_\_\_ Residence is in Carthage ISD? Yes \_\_\_\_\_ No \_\_\_\_\_  
\*H=Hispanic; N=Not Hispanic/Latino      \*W=White; \*B=Black; \*H=Hispanic; \*I=Indian; \*A=Asian

Child's Date of Birth \_\_\_\_\_ Child's Social Security Number \_\_\_\_\_

What is the Primary Language spoken in the home? \_\_\_\_\_  
(English, Spanish, Other)

Child's Mailing Address \_\_\_\_\_  
Box Street City Zip Code

Residence Address if different from mailing address \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: Dad's \_\_\_\_\_ Mom's \_\_\_\_\_

If no home phone, please list name and phone of someone who can reach you \_\_\_\_\_

School Last Attended (if any) \_\_\_\_\_ Address \_\_\_\_\_

List Any Special Programs in Which Student Was Enrolled: \_\_\_\_\_

(Speech, Title, Resource, etc.)

Has Student Ever Repeated a Grade? \_\_\_\_\_ Yes, Grade \_\_\_\_\_ No \_\_\_\_\_

Name of Parent(s) or Guardian(s) **with whom the child lives:**

\_\_\_\_\_ Name \_\_\_\_\_ Relationship

\_\_\_\_\_ Name \_\_\_\_\_ Relationship

Mother's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

List other children living in the same home who are enrolled in CISD:

Name Age Grade (2020-2021)

Does your child have any known special needs? (Health problems, behavior/learning problems, etc.) \_\_\_\_\_

List any special concerns for your child about classroom placement: \_\_\_\_\_ List any children who need

to be separated from your child in class: (cousins, twins, etc.)

If your child is attending a Day Care, please list: \_\_\_\_\_