

**New students to Roscoe Collegiate High School and Junior High School will need the following items in order to register:**

**BIRTH CERTIFICATE**

**SOCIAL SECURITY CARD**

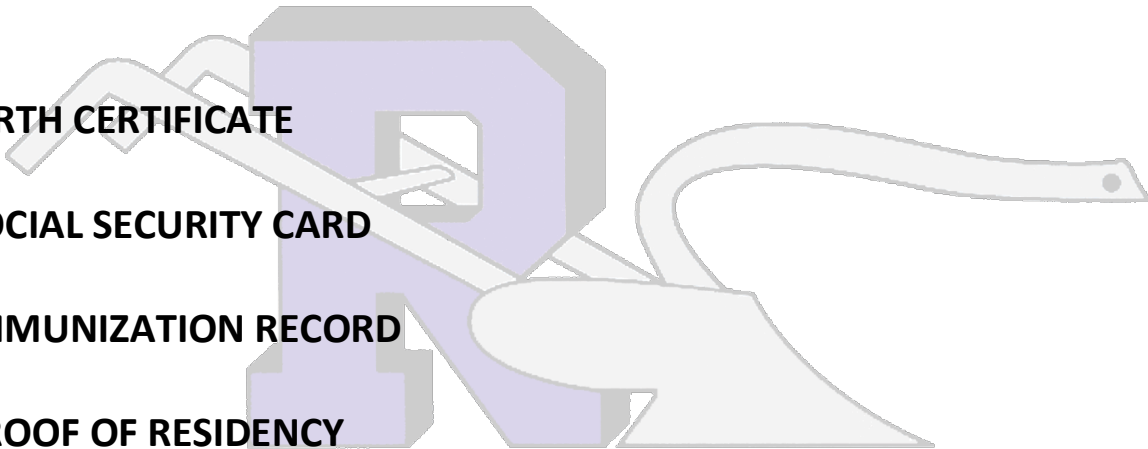
**IMMUNIZATION RECORD**

**PROOF OF RESIDENCY**

**COPY OF PARENT/GUARDIAN DRIVERS LICENSE OR ID CARD**

**NAME OF THE PREVIOUS SCHOOL ATTENDED IN ORDER TO REQUEST RECORDS.**

**Thank you,  
Linda Hatcher**



# ROSCOE COLLEGIATE HIGH SCHOOL Registration Form for School Year 2020 - 2021

Campus Name: ROSCOE COLLEGIATE HIGH

Campus Phone: (325) 766-3327

Campus Fax: (325) 766-3419

## STUDENT INFORMATION

Local ID	Student Name	Grade Level	Orig Entry Dt	Track	SSN	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Pacific Islander
						<input type="checkbox"/> White	<input type="checkbox"/> Black
						<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian
Gender	Date of Birth	Birth Place	Age (Sept 1st)	Texas Unique ID			
Address: _____					Student Home Phone: _____		
Mailing Address: _____					Student Cell Phone: _____		
Student Email: _____					Will your child be using bus transportation to get to school? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## PARENT INFORMATION

1. Guardian: _____ Relation: _____	2. Guardian: _____ Relation: _____
Address: _____	Address: _____
City, St, Zip: _____	City, St, Zip: _____
Employer: _____	Employer: _____
Cell Ph: _____ Home Ph: _____ Bus Ph: _____	Cell Ph: _____ Home Ph: _____ Bus Ph: _____
Other Ph: _____ Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	Other Ph: _____ Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other
Receive Mailouts: <input type="checkbox"/> Yes <input type="checkbox"/> No Language Pref: <input type="checkbox"/> English <input type="checkbox"/> Spanish	Receive Mailouts: <input type="checkbox"/> Yes <input type="checkbox"/> No Language Pref: <input type="checkbox"/> English <input type="checkbox"/> Spanish
Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Email: _____	Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Email: _____
Svc Branch: _____ Rank: _____ Enrolling Person: _____	Svc Branch: _____ Rank: _____ Enrolling Person: _____
Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License #: _____ State: _____	Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License #: _____ State: _____
Vehicle Make: _____ Model: _____ Color: _____	Vehicle Make: _____ Model: _____ Color: _____
Vehicle Plate #: _____ State: _____	Vehicle Plate #: _____ State: _____

## EMERGENCY CONTACT INFORMATION

1. Name: _____ Relation: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____	2. Name: _____ Relation: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____
Other Ph: _____ Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License #: _____ State: _____	Other Ph: _____ Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License #: _____ State: _____
Vehicle Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____	Vehicle Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____
Doctor: _____ Bus Ph: _____ Dentist: _____ Bus Ph: _____	Hospital: _____ Bus Ph: _____ Other Medical: _____ Bus Ph: _____
List any Allergies or Health Concerns: _____	

## SIBLING INFORMATION

Brothers/Sisters	Grade	School	Brothers/Sisters	Grade	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## BUS INFORMATION

Eligible: _____	Seat: _____	Special Requirements _____
Route: _____	Run: _____	Transportation: _____
Pickup Stop: _____	Dropoff Stop: _____	Special Seating: _____
Pickup Assigned: _____	Dropoff Assigned: _____	Wheelchair: _____
Pickup Route: _____	Dropoff Route: _____	

**The above information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records or information is a violation of state law and may subject you to tuition cost for your child. I certify that the information given above is correct. I authorize the school to contact the person named on this form and the above named physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physician, or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.**

\_\_\_\_\_  
**Parent or Guardian Signature** **Date of Birth** **Date**

## (For Office Use Only)

Teacher Name: _____	Control Nbr: _____	Eligibility Code: _____
Birth Certificate on File: _____	Mil Conn: _____ Foster Care: _____	Immunization on File: _____ Title I: _____
Soc Sec Copy on File: _____	At Risk: _____ Migrant: _____	Hm Lng: _____
Gift: _____ LEP: _____ BIL: _____ ESL: _____ Par Per: _____	Econ: _____	Special Education: Prim: _____ Sec: _____ Tert: _____ Multi: _____

**ROSCOE COLLEGIATE HIGH SCHOOL**

**PHONE NUMBER**  
**(325) 766-3327**

**P.O. BOX 10**  
**700 ELM STREET**  
**ROSCOE, TEXAS 79545**

**FAX NUMBER**  
**(325) 766-3419**

**Release Form for Student Records**

**TO:** \_\_\_\_\_  
**Previous School**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State, Zip Code**

The student named below has enrolled in our school. We would appreciate your help in our effort to maintain complete school records on our students. Please send the following information:

- |  |  |
|--|--|
| <input type="checkbox"/> Transcript/Academic Records | <input type="checkbox"/> Medical Records       |
| <input type="checkbox"/> Achievement Test Scores     | <input type="checkbox"/> Psychological Records |
| <input type="checkbox"/> Special Education Records   | <input type="checkbox"/> Birth Certificate     |
| <input type="checkbox"/> PEIMS Identification Number | <input type="checkbox"/> Attendance Record     |
| <input type="checkbox"/> Social Security Number      | <input type="checkbox"/> Home Language Survey  |
| <input type="checkbox"/> ESL Records                 |  |

**Please Mail Record to:** Linda Hatcher  
Roscoe Collegiate High School  
P.O. Box 10  
Roscoe, Texas 79545

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Joe Elmore, Dean of Secondary Education**

I understand the need for these records being transferred and hereby grant my permission for you to release all school records you may have concerning the above named student to Roscoe Collegiate High School.

**Parent Signature** \_\_\_\_\_

# Health Information and Emergency Consent Form

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Date of birth: \_\_\_\_\_ Female/Male

Name of Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Parent/Guardian 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Another Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Condition	Yes	Comment	Condition	Yes	Comment
Allergies			Asthma		
ADHD/ADD			Autism		
Developmental Problems			Bladder Problems		
Bleeding Problems			Bowel Problems		
Cerebral Palsy			Cystic Fibrosis		
Dental Problem			Diabetes		
Head Injury			Hearing issues		
Heart Problem			Lead Poisoning		
Muscle Problem			Seizures		
Sickle Cell Disease			Speech Problem		
Spinal Injury			Surgery		
Vision Problem			Cancer		
Skin Problem			Migraines		

Describe any other important health-related information about your child (for example; feeding tube, hospitalizations, oxygen support, hearing aid device, etc.):

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List all prescription, over-the-counter, and herbal medication your child takes regularly:

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Please know the nurse will contact you in regards to the information provided above if she has any questions and you are more than welcome to visit with her in regards to your child's care during their attendance at Roscoe Collegiate ISD. Our goal is to promote a safe and healthy environment for student enhanced learning.

In case of accident or serious illness, I request that the school provide emergency first aid and contact me and/or other emergency contacts listed above. If unable to contact all three listed above, go to the nearest emergency room by ambulance for care deemed necessary for serious emergencies.

**Parents Signature:** \_\_\_\_\_ **Date:**

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