



**DUMAS INDEPENDENT  
SCHOOL DISTRICT**

**001 HIGH SCHOOL  
002 NORTH PLAINS OPP CENTER  
041 JUNIOR HIGH  
106 INTERMEDIATE**

**101 CACTUS ELEMENTARY  
102 MORNINGSIDE ELEMENTARY  
103 HILLCREST ELEMENTARY  
104 SUNSET ELEMENTARY  
105 GREEN ACRES ELEMENTARY**

**DISTRICT ENROLLMENT FORM**

Campus	Social Security	FIRST	MIDDLE	LAST	SPED	GT	Sex	DOB	Birthplace	Enr	Grade

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian to contact first  
**1.** \_\_\_\_\_ Relation: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Preferred Phone \_\_\_\_\_ Phone #2 \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Parent/Guardian to contact second  
**2.** \_\_\_\_\_ Relation: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Preferred Phone \_\_\_\_\_ Phone #2 \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Language preference for mail outs: **English or Spanish** Language preference for mail outs: **English or Spanish**

Order of Priority if parent unavailable	<b>EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT/GUARDIAN)</b>				<b>RIGHT TO TRANSPORT</b>	
<b>3.</b> Name: _____	Relation: _____	Cell #: _____	Other #: _____	Y	N	
<b>4.</b> Name: _____	Relation: _____	Cell #: _____	Other #: _____	Y	N	
<b>5.</b> Name: _____	Relation: _____	Cell #: _____	Other #: _____	Y	N	

Name of school and city of school last attended including any **PREK or HEADSTART**:

\_\_\_\_\_

\_\_\_\_\_

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(ren). I will not hold the school district financially responsible for emergency care and/or transportation.

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth \_\_\_\_\_