

# Carrollton-Farmers Branch ISD Student Enrollment Registration Form

\_\_\_\_\_  
Student Last Name      Student First Name      Student Middle Name      JR II III IV V VI VII  
Generation (circle if applicable)  
Birth Date: \_\_\_\_\_ Student Social Security Number: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  Female  Male  
Optional

---

Ethnicity (must select **only** one)  Hispanic/Latino  Not Hispanic/Latino  
Race (must select **at least** one)  American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White  
Correspondence Language:  English  Spanish      Birth City/State/Country: \_\_\_\_\_

---

Person Enrolling Student:  Parent  Guardian      Relationship: \_\_\_\_\_  
(This is the primary contact for student. The student **must reside with** this person.)

\_\_\_\_\_  
Contact First Name      Contact Middle Name      Contact Last Name      JR II III IV V VI VII  
Generation (circle if applicable)  
Residence Address: \_\_\_\_\_  
Street Address      City      Zip Code

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_ Secondary Email Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Driver's License State: \_\_\_\_\_

---

\_\_\_\_\_  
Additional Contact First Name      Additional Contact Middle Name      Additional Contact Last Name      JR II III IV V VI VII  
Generation (circle if applicable)

Relationship: \_\_\_\_\_ Can this person pick up student from school?  Yes  No

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_ Secondary Email Address: \_\_\_\_\_

---

\_\_\_\_\_  
Additional Contact First Name      Additional Contact Middle Name      Additional Contact Last Name      JR II III IV V VI VII  
Generation (circle if applicable)

Relationship: \_\_\_\_\_ Can this person pick up student from school?  Yes  No

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_ Secondary Email Address: \_\_\_\_\_

\_\_\_\_\_  
Additional Contact First Name      Additional Contact Middle Name      Additional Contact Last Name      JR II III IV V VI VII  
Generation (circle if applicable)

Relationship: \_\_\_\_\_ Can this person pick up student from school?  Yes  No

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_ Secondary Email Address: \_\_\_\_\_

---

\_\_\_\_\_  
Additional Contact First Name      Additional Contact Middle Name      Additional Contact Last Name      JR II III IV V VI VII  
Generation (circle if applicable)

Relationship: \_\_\_\_\_ Can this person pick up student from school?  Yes  No

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_ Secondary Email Address: \_\_\_\_\_

---

\_\_\_\_\_  
Sibling Last Name      Sibling First Name      Sibling School      Sibling Grade

\_\_\_\_\_  
Sibling Last Name      Sibling First Name      Sibling School      Sibling Grade

\_\_\_\_\_  
Sibling Last Name      Sibling First Name      Sibling School      Sibling Grade

\_\_\_\_\_  
Sibling Last Name      Sibling First Name      Sibling School      Sibling Grade

\_\_\_\_\_  
Sibling Last Name      Sibling First Name      Sibling School      Sibling Grade

---

I certify that my legal residence is in the C-FBISD attendance zone and that the student whose name appears on this form as the registrant resides in the C-FBISD attendance zone. *A person who knowingly falsifies information on this form is liable to the district for the cost of education of the student (Section 37.10, Penal Code; Texas Education Code 25.001(h)).*

I agree to notify the school of any changes to information listed on this form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_