

# EANES ISD CDC LUNCH enrollment form

Start Date/SY: \_\_\_\_\_ ID: \_\_\_\_\_

The information on this form is pertinent to your child's records. Please fill out as accurately as possible. The presentation of false documents or records is an offense under Section 37.10 Penal Code. The enrollment of a child under false documents subjects the person to liability for tuition or costs under Section 21.031g of this code.

**Student Legal Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
(As listed on Birth Certificate) (Last) (First) (Middle) (Called by)

**Sex:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Birthplace:** \_\_\_\_\_ **Soc. Sec. #:** \_\_\_\_\_

**Student Home Address:** \_\_\_\_\_ **78** \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_ **78** \_\_\_\_\_

**Is Student Hispanic/Latino? (Please circle):** **YES NO**  
{A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture/origin, regardless of race}

**Race/Ethnicity (please check all that apply):** \_\_\_\_\_ **American Indian / Alaskan Native**  
\_\_\_\_\_ **Asian**  
\_\_\_\_\_ **Black / African American**  
\_\_\_\_\_ **Native Hawaiian / Other Pacific Islander**  
\_\_\_\_\_ **White / Caucasian**

**CDC Campus:** \_\_\_\_\_ West Barton Creek, \_\_\_\_\_ Central Forest Trail, \_\_\_\_\_ Central Valley View

**Zoned K-5 Campus:** \_\_\_\_\_ Barton Creek, \_\_\_\_\_ Bridge Point, \_\_\_\_\_ Cedar Creek, \_\_\_\_\_ Eanes, \_\_\_\_\_ Forest Trail, \_\_\_\_\_ Valley View

## PRIMARY LEGAL GUARDIAN FAMILY INFO - whom child PRIMARILY lives with

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Spouse's Last Name: \_\_\_\_\_ First: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_  
Work Ph: \_\_\_\_\_ Pager: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Pager: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
Preferred Email: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

## SECONDARY LEGAL GUARDIAN FAMILY INFO - joint custody and/or whom child also lives with

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Spouse's Last Name: \_\_\_\_\_ First: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Employer: \_\_\_\_\_  
Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Preferred Email: \_\_\_\_\_  
Work Ph: \_\_\_\_\_ Employer: \_\_\_\_\_  
Preferred Email: \_\_\_\_\_

## Siblings: (Name) (Grade/Age) (EISD Campus, if applicable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please  one) We presently:  Own  Lease/Rent  Contract Pending  Building ... in the EISD boundaries  
or  Employee Transfer  Non-Resident Transfer  In-District Transfer

I submit that the information given above is true and correct to the best of my knowledge.

\_\_\_\_\_  
**Signature of Legal Parent/Guardian** **Date**

