



NEW STUDENT REGISTRATION

In-District Student

The following documentation and completed forms are required in the application and registration process of a new student who resides **within** the Spring Creek Independent School District.

REQUIRED FORMS & DOCUMENTATION	Returned ✓
Spring Creek School Registration Form	
Student Records Release Form	
Affidavit of Residency Form	
Proof of Identification for Student <i>The following are acceptable forms of proof of identification:</i> <ul style="list-style-type: none"> • A copy of the child's birth certificate, or another document suitable as proof of the child's identity by the Commissioner of Education in the Student Attendance Accounting Handbook. • A copy of the child's records from the school the child most recently attended if he/she was enrolled in a school in Texas or in another state. 	
Copy of Child's Social Security Card <i>In the state of Texas, students are tracked by the state identification number. TEA prefers that students are coded using their Federal Social Security Number, and we are required to ask for this information. We can only assign the social security number as the student's id when we have acceptable proof of that number.</i>	
Child's Immunization Record <i>Please provide a record showing that the child has the immunizations required by Education Code 38.001, proof that the child is not required to be immunized, or proof that the child is entitled to provisional admission.</i>	
Copy of Student's Report Card <i>Please provide, if available, a copy of the student's most recent report card.</i>	
Copy of Student's Records Related to Special Education, 504 Services, Dyslexia, Response to Intervention (RtI), Speech Therapy, Gifted & Talented, or ESL/BIL Services <i>If applicable, please provide a copy of the student's most current IEP, plans, and/or accommodations and/or evaluations as they apply to the specific programs</i>	
Copy of Child's Records from School(s) Most Previously Attended and/or Student Records Release Form Signed by Parent(s)	
Proof of Identification for Person Enrolling Student <i>The following are acceptable forms of proof of identification:</i> <ul style="list-style-type: none"> • A current valid state, federal or international photo identification that contains the name, birth date, and signature (i.e., driver's license, passport, Permanent Resident Card of Naturalization Papers) 	
Proof of Residence <i>The following are acceptable forms of proof of residence:</i> <ul style="list-style-type: none"> • Current utility bill • Current rental/lease agreement • Current house payment voucher • Affidavit of Residence • Current property tax statement (with Homestead Exemption) 	
Proof of Guardianship/Legal Control (If Applicable) <i>Please provide a copy of the court order establishing legal guardianship/control of child.</i>	



Name of Student: _____

Name of Last School Attended: _____

School Address: _____ City: _____ State: _____ Zip: _____
Street or P.O. Box

The student listed above recently requested enrollment in Spring Creek ISD and the student's parent/guardian reported to us that the student formerly attended your school. To complete our enrollment process, we are in need of the following selected cumulative records/information denoted by an "X":

<input type="checkbox"/>	Copy of Birth Certificate
<input type="checkbox"/>	Copy of Social Security Card
<input type="checkbox"/>	Educational Evaluations
<input type="checkbox"/>	Standardized Test Data/Scores
<input type="checkbox"/>	Previous Year's Report Card
<input type="checkbox"/>	Special Education Records
<input type="checkbox"/>	Speech Therapy Records
<input type="checkbox"/>	Home Language Survey
<input type="checkbox"/>	ESL/Bilingual Program Records
<input type="checkbox"/>	Immunizations/Health Records
<input type="checkbox"/>	Section 504 Records
<input type="checkbox"/>	Dyslexia Program Records
<input type="checkbox"/>	Gifted & Talented Records
<input type="checkbox"/>	Records from other special programs or additional support from the Response to Intervention (RTI) Program

Please refer to our TREx (Texas Record Exchange System) request (if applicable) and send the records via TREx, mail, or encrypted email for the student named above as soon as possible to:

Mailing Address: Spring Creek ISD • HCR 1 Box 48 • Skellytown, Texas 79040 • (806) 273-6791

Email Address: springcreekisd@region16.net

PERMISSION FOR RELEASE OF RECORDS FOR THE ABOVE NAMED STUDENT IS GRANTED TO SCISD.

Signature of Parent/Guardian: _____

Date: _____

Printed Name of Parent/Guardian: _____



Spring Creek ISD

9849 FM 2171 • HCR 1 Box 48 • Skellytown, Texas 79080
806-273-6791 • www.springcreekisd.net

AFFIDAVIT OF RESIDENCY

Parent/Legal Guardian: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____
Physical Address City State Zip

Initial Date Residing at Address: _____ (Month/Day/Year)

Name of Home Owner/Renter: _____ Relationship to Student: _____

1. _____ seeks admission as a student to Spring Creek School within the Spring Creek Independent School District zone.
2. The student is _____ years of age on September 1 of the current school year.
3. The student ☐ is ☐ is not (please check one) currently under an order for placement in an alternative education program or under an expulsion order. If the child is under any such order, please provide an explanation or a copy of the order.

4. Is there a gas, water or electric bill in the name of the parent/guardian for this address that can be provided as proof of residence?

☐ Yes

☐ No

5. Other SCISD siblings residing at address listed above?

Name	Date of Birth

Affidavit of Residency

Initials		
Parent/Guardian	Homeowner/Renter (even if not present)	<i>Before the undersigned officer, and being first duly sworn, I affirm and state the following:</i>
		Each child listed resides with me full time at the address listed ab and that address is within the Spring Creek ISD school zone.
		I acknowledge that I must notify Spring Creek ISD within 14 days if I change residence or if any child listed should change residency.
		I acknowledge that a representative of Spring Creek ISD may visit my home to verify residency.
		I acknowledge that a student enrolled in Spring Creek ISD under falsified information is a violation of Education Code 25.001(h) and shall be liable to the district for tuition or other costs, as well as immediate withdrawal from school. Furthermore, this will be considered tampering with governmental records under Texas Penal Code 37.10 and is subject to a Class C misdemeanor.
		***I acknowledge that if I cannot provide a gas, water or electric bill with my name on it, as the parent/guardian of the student, the homeowner is required to be present at the time of this notarization.

***Is the homeowner/Renter present (initial by yes or no)?

_____ Yes

_____ No

Signature of Parent/Guardian (In presence of Notary)

Printed Name of Parent/Guardian

Signature of Homeowner/Renter (Where student resides)

Printed Name of Homeowner/Renter (Where student resides)

STATE OF TEXAS

COUNTY OF _____

Subscribed and sworn to before me this, the _____ day of _____, _____

Notary Public, State of Texas

Commission Expires

(SEAL)

Spring Creek School Registration Form for School Year 2022-2023

Campus Name: Spring Creek School

Campus Phone: (806) 273-6791

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: _____	Cell Ph: _____	Home 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: _____	Svc Branch: _____	Rank: _____
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: _____
Vehicle Make: _____	Model: _____	Color: _____	Vehicle Plate #: _____
Vehicle Plate #: _____	State: _____	Vehicle Plate #: _____	State: _____

EMERGENCY CONTACT INFORMATION

1. 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: _____
Vehicle Make: _____	Model: _____	Color: _____	Plate #: _____	State: _____
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: _____
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: _____
Soc Sec Copy on File: _____	At Risk: _____	Migrant: _____
Gift: _____	LEP: _____	BIL: _____
ESL: _____	Par Per: _____	Econ: _____
Special Education: Prim: _____	Sec: _____	Tert: _____
Multi: _____		