

**Office Use Only: ADMISSION SLIP 2010 – 2011 ROOM# \_\_\_\_\_ ENTRY DATE: \_\_\_\_\_**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Entry Code: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ ID#: \_\_\_\_\_ Assigned to: \_\_\_\_\_

MG  SE  GT  B  E  Test  Trsf  01 02 03 04 05 06 07 08 09 10 11 12 13 14 15

USA SCH: \_\_\_\_\_ SR: \_\_\_\_\_ Adv#: \_\_\_\_\_ ☺ ☺ ☺ ☺ ☺ ☺ ☺ ☺ ☺ ☺ ☺ ☺ ☺ ☺

**Information about your child:** (please print clearly) Current Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Entering Grade: \_\_\_\_\_ Child's Social Security #: \_\_\_\_\_

Last Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(as it appears on birth certificate) month Day Year

First Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(as it appears on birth certificate) (City, State)

Middle Name: \_\_\_\_\_ Zoned School: \_\_\_\_\_  
(as it appears on birth certificate)

Last School Attended: \_\_\_\_\_ District: \_\_\_\_\_

Last H.I.S.D. School: \_\_\_\_\_ When?: \_\_\_\_\_

Other School Districts: Name of district: \_\_\_\_\_ When?: \_\_\_\_\_  
 School Name: \_\_\_\_\_ When?: \_\_\_\_\_

School's Telephone Number: \_\_\_\_\_ School's Address: \_\_\_\_\_

What language is spoken in your home most of the time? \_\_\_\_\_

What language does your child speak at home most of the time? \_\_\_\_\_

List other children at Harvard: \_\_\_\_\_

How many people live in your household? \_\_\_\_\_

What is your monthly household income? \$ \_\_\_\_\_

Child's Insurance: CHIP  MEDICAID  Harris County Gold Card  Private Insurance  None

**Child lives with : Both Parents  Mother  Father  Other: \_\_\_\_\_**

**Information about parents/guardians:**

**Male's Relationship to child:** Father  Step-Father  Legal Guardian  Other

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ First # to call: Home  Work  Cell

**Female's Relationship to child:** Mother  Step-Mother  Legal Guardian  Other

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ First # to call: Home  Work  Cell

Is there a court order regarding child custody? Yes  No  (If yes, please supply a copy of the court order signed by the judge for your child's school records.)

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