

COLLEGE, CAREER AND TECHNOLOGY ACADEMY

DATA REGISTRATION ENROLLMENT FORM

STUDENT NAME: _____
LAST
FIRST
MIDDLE

DOB: _____ SS#: _____ ID #: _____

PHYSICAL ADDRESS: _____
CITY
ZIP

MAILING ADDRESS: _____
CITY
ZIP

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

PLACE OF EMPLOYMENT _____ WORK PHONE: _____

LIVE WITH: _____

NAME OF WHO YOU LIVE WITH: _____

LANGUAGE SPOKEN AT HOME: _____ MARRIED: YES NO

IF YES SPOUSES NAME: _____

DO YOU HAVE CHILDREN: _____

DO YOU HAVE SIBLINGS THAT ATTEND SCHOOL IN PSJA ISD: YES NO

IF YES, WHAT ARE THEIR NAMES: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

EMERGENCY CONTACT: _____
NAME
PHONE#
RELATION

EMERGENCY CONTACT: _____
NAME
PHONE#
RELATION

TRANSPORTATION: BUS PARENT PICK UP STUDENT DRIVES WALKS HOME
