

MARION HIGH SCHOOL



P.O. Box 189 • 506 Bulldog Lane • Marion, Tx 78124
(830) 914-2803

New Student Registration Instructions

Student Name: _____

Grade: _____

Welcome to Marion High School. Please complete the attached documents **prior** to arriving to register your student.

At the time of registration, you **must have** the following documents:

- ❖ **Withdrawal Form from last school attended** including grades at time of withdrawal (if applicable)
- ❖ **Copy of student's last report card and STAAR results** from last school attended
- ❖ **Birth Certificate**
- ❖ **Social Security Card**
- ❖ **Immunization Record**
- ❖ **Current Driver's License or other state issued photo ID of parent/guardian registering student**
Note: Address must match address on utility bills submitted for proof of residency. No exceptions.
- ❖ **Proof of Residency within the District:** Require **both** of the following utility bills which **must show your name and physical address:**
 - Electric Bill
 - Water Bill
- ❖ **Any other pertinent legal documents regarding the custody/guardianship of student**

MARION HIGH SCHOOL Registration Form for School Year 2018 - 2019

Campus Name: MARION HIGH SCHOOL

Campus Phone: (830) 914-2803

Campus Fax: (830) 420-3268

STUDENT INFORMATION

Local ID _____	Student Name _____	Grade Level _____	Orig Entry Dt _____	Track _____	SSN _____	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Pacific Islander
Gender _____	Date of Birth _____	Birth Place _____	Age (Sept 1st) _____	Texas Unique ID _____		<input type="checkbox"/> White	<input type="checkbox"/> Black
						<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian
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: _____
Bus Ph: _____	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	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: _____	
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: _____ Color: _____		Vehicle Make: _____ Model: _____ Color: _____	
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: _____		

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STATEMENT OF RESIDENCY

The information provided by me in regards to legal residency in the Marion Independent School District is an accurate and official documentation of legal residency in the Marion I.S.D. I fully understand the penalty for false information provided to the school district for enrollment of my child(ren).

Student's Full Name: _____

Physical Address: _____

Own House at this Location: ()

Renting at this location: ()

Name of Parent/Guardian (please print)

Relationship to Student

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY

Proof of Residency attached

Water Bill _____
Electric Bill _____

Signature of Campus Employee: _____

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REQUEST FOR RECORDS INFORMATION

Today's Date: _____

According to the Final Regulation-Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials including teachers within the educational institution and officials of other schools in the school system in which the student may intend to enroll may receive a student's record without a written consent for such release.

In order to request the student's official records from his/her previous school, we will need the following information:

Student's Full Name: _____

Date of Birth: _____

Grade Level: _____

Name and Address of Previous School Attended:

Telephone Number: _____

FOR OFFICE USE ONLY

Date Request TREX / Mailed / Faxed: _____

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PARENT/GUARDIAN REGISTRATION INFORMATION

Due to a new law that is now in effect, the following information is required from the person registering a new student at Marion High School. Please be prepared to show your driver's license or other form of picture I.D. at time of registration.

The following information will be filled in and witnessed by the Registration Secretary:

Name: _____

Address: _____

Birthdate: _____

Relationship to Student: Parent
 Legal Guardian
 Other: _____

Information taken by: _____ Date: _____
Signature of Registration Secretary

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REGISTRATION STATEMENT

Student Name: _____

Grade: _____

The above named student is seeking enrollment at Marion High School. Please circle the answer to each of the following questions as they apply to this student.

Upon withdrawal from the last school attended was this student:

1. Placed in any alternative schooling during this current year or last year? Yes No
2. Has this student ever been retained
If so what grade and year: _____ Yes No
3. Suspended Off Campus? Yes No
4. Suspended On Campus? Yes No
5. Expelled from school? Yes No
6. Placed in any self-contained classroom or program? Yes No
7. Under any Special Education program? Yes No
8. Will this student be residing in the Marion ISD for a period of three weeks or more? Yes No

Student Signature **Date**

Parent/Guardian Signature **Date**

Relationship to Student

Any person who knowingly falsifies information required for enrollment may cause the student to be denied enrollment in the Marion ISD due to the false information.

Student Residency Questionnaire 2018-2019

Name of Student _____ Gender Male Female
Last First Middle

Birth Date ____/____/____ Grade: ____ Student ID: ____ School: ____ Social Security# ____
Month/Day/Year

Check the box that best describes with whom the student resides. *(Please note: legal guardianship may be granted only by a court; students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in and attend school. The school cannot require proof of guardianship for enrollment or continued attendance.)*

- Parent(s)
- Legal Guardians(s). *(Please note: legal guardianship only granted by a court)*
- Caregiver(s) who are not legal guardian(s) (Examples: friends, relatives, parents of friends, etc.)
- Other _____

Name of person with whom student resides: _____

Address: _____ City: _____ Zip: _____

Home Phone#: _____ Cell Phone#: _____ Other Emergency#: _____

Length of Time at Present Address: _____ Length of Time at Previous Address: _____

Name of the school where student is enrolled or in which student is attempting to enroll: _____

Last District Attended: _____ Last School Attended: _____

Please check only one box that best describes where the student is presently living:

- In my own home or apartment, in Section 8 housing, or in military housing with parent(s), legal guardian(s), or caregiver(s) *(if you checked this box, check one or both of the boxes below, if applicable)*
- My home has no electricity
- My home has no running water
- In the home of a friend or relative because I lost my housing *(examples: fire, flood, lost job, divorce, domestic violence, kicked out by parents, parent in military and was deployed, parent(s) in jail, etc.)*
- In a shelter because I do not have permanent housing *(examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)*
- In transitional housing *(housing that is available for a specific length of time only & is partly or completely paid for by a church, a nonprofit organization or another organization)*
- In a hotel or motel *(examples: because of economic hardship, eviction, cannot get deposits for permanent home, flood, fire, hurricane, etc.)*
- In a tent, car, van, abandoned building, on the streets, at a campground, in the park or other unsheltered location
- None of the above describes my present living conditions. Briefly describe the living situation: _____

Factors contributing to the student's current living situation (check all that apply:)

- Natural disaster
 - Tornado, storm, flood, etc.
 - Hurricane, name: _____
 - Fire: prairie, forest, grass, lightning strike, etc.
- Family issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.
- Home issues such as lack of electricity, water, heat, adequate home repair due to lack of funds, overcrowding, mold, etc.
- Military: Parent/guardian deployed, injured or killed in action.
- Incarceration of parent/guardian
- Incapacitation of parent or guardian due to health, mental health, drugs/alcohol, or other factors
- Home fire not due to natural causes (*i.e. faulty equipment/appliances/wiring, furnace, stove, fireplace, etc.*)
- Economic Hardship:
 - Loss of job resulting in inability to pay rent or mortgage
 - Income from part-time or low paying job does not cover cost of housing in the area
 - Loss of mortgage, including loss of mortgage of landlord if student/student's family is renting
 - Eviction record and/or inability to produce deposits for rent or utilities
- High medical bills that leave little or no money for housing
- Lack of affordable housing in the area
- Minor Student unable to afford housing on my own:
- None of the above describe the main reasons for my present living situation (*Briefly explain the contributing factors:*)

Please provide the following information for school-age siblings (brothers and/or sisters) of the student:

Name	Grade Level	School	District
1.			
2.			
3.			
4.			

X _____
 Signature of Parent Legal Guardian/Caregiver/Unaccompanied Student _____ Date

FOR SCHOOL USE ONLY

 Please send a copy to Karen Townsley at ktownsley@marionisd.net

I certify the above student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

 McKinney-Vento Liaison Signature _____ Date

2018-2019 Family Survey








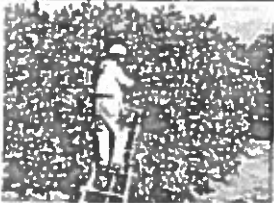


Date:	District: Marion ISD	Campus:	
Student Name:		Date of Birth:	Grade Level:

Dear Parents,
 In order to better serve your children, our school district is helping the State of Texas identify students who may qualify to receive additional educational services. Please answer the following questions and return this form to your child's school. The information provided below will be kept confidential.

1. Within the past 3 years have you, or your child, moved from one school district, city or state to another? YES or NO
2. If yes, did you, or your child, move so you could work or look for work in agriculture or fishing?

NO (STOP here and return survey to your child's school.) YES (Please check all that apply below)

 Fruit, vegetables, sunflower, cotton, wheat, grain, on farms or ranches, fields & vineyards <input type="checkbox"/>	 Working in a cannery <input type="checkbox"/>	 Working on a dairy farm or ranch. <input type="checkbox"/>	 Working in a fishery <input type="checkbox"/>
 Working on a poultry farm <input type="checkbox"/>	 Working in a plant nursery, orchard, tree growing or harvesting <input type="checkbox"/>	 Working in a slaughterhouse <input type="checkbox"/>	 Other similar work, please explain: _____ _____

Please complete the following information: (Please print)		Best time to contact you: _____	
Parent/Guardian Name:	Home Address/Apt Name:	City:	Zip Code:
Telephone Number:	Mailing Address:	City:	Zip Code:

Please list any children who reside in the home who are under age 22 and NOT enrolled in school:

For School Use Only: Please email survey with two YES responses to veronica.esparza@esc20.net

For ESC 20 Use Only:	1 st Attempt:	2 nd Attempt:	3 rd Attempt:

2018-2019 Encuesta de familia



Fecha:	Distrito: Marion ISD	Escuela:
Nombre del estudiante:	Fecha de Nacimiento:	Grado:

Estimados padres,
 Para mejorar los servicios de sus hijos, el distrito está colaborando con el estado de Texas para identificar a los estudiantes que pueden calificar para recibir servicios educativos adicionales.
 Toda la información proporcionada será mantenida confidencial. Favor de responder a las siguientes preguntas y regresar esta forma a la escuela de su hijo/hija

1. ¿Dentro de los últimos 3 años usted, o su hijo/hija, se ha mudado de distrito escolar, ciudad o estado? SI o NO
2. ¿Si respondió SI, usted, o su hijo/a, se mudó para trabajar o buscar trabajo de agricultura o de pesca?

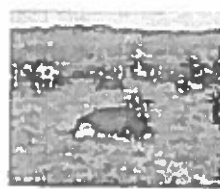
NO (ALTO Regrese la encuesta a la escuela de su hijo/a.) SI (FAVOR elija los que apliquen abajo)



Fruta, verduras, soya, girasol, algodón, trigo, betabel, la granja o ranchos, campos y viñedos



Trabajando enlatando frutas o verduras



Trabajando en una lechería o rancho



Trabajando en la pesca



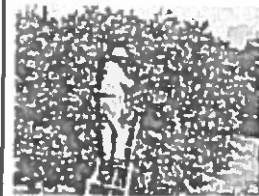
Trabajando en granjas de aves



Trabajando en un vivero de plantas, plantando o cosechando arboles



Trabajando en una casa de matanza



Otro trabajo similar, favor de explicar:

Favor de llenar lo siguiente: (Favor de usar letra de molde)		Mejor hora para comunicarse con usted? :	
Padre/Guardian:	Direccion de domicilio/ Apartamentos:	Ciudad:	Codigo Postal:
Numero de Telefono:	Direccion Postal:	Ciudad:	Codigo Postal:
Favor de notar todos los niños que residen en el hogar que son menores de 22 años y que no están matriculados en la escuela:			

For School Use Only: Please email survey with two YES responses to veronica.esparza@esc20.net

For ESC 20 Use Only:

1 st Attempt:	2 nd Attempt:	3 rd Attempt:
--------------------------	--------------------------	--------------------------

Marion I.S.D.

**TEXAS EDUCATION AGENCY
DIVISION OF BILINGUAL EDUCATION**

**Home Language Survey
Grades P.P.C.D. - 12**

Name of child: _____

Campus: _____

Grade _____

TO BE FILLED IN BY PARENT OR GUARDIAN:

(1) What language is spoken in your home most of the time? _____

(2) What language does your child speak most of the time? _____

Signature of Parent or Guardian

Date

Marion I.S.D.
Nombre del Distrito

**CUESTIONARIO DE IDIOMA HOGARENO
ESTADO DE TEXAS**

GRADES P.P.C.D. - 12

Nombre del Niño (a) _____

Escuela: _____

Grado _____

DEBE DE COMPLETARSE POR EL PADRE O GUARDIAN

(1) Cual es el idioma que mas se habia en su hogar? _____

(2) Cual es el idioma que mas habia su niño (a)? _____

Firma del Padre o Guardian

Fecha

MARION HIGH SCHOOL



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**Texas Education Agency
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

Part 1. Ethnicity: Is the person Hispanic/Latino? *(Choose only one)*

- Hispanic/Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino

Part 2. Race: What is the person's race? *(Choose one or more)*

- American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Student/Staff Name (please print)

(Parent/Guardian)/(Staff) Signature

Date

Student/Staff Identification Number

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:

- _____ Hispanic / Latino
- _____ Not Hispanic/Latino

Race – choose one or more:

- _____ American Indian or Alaska Native
- _____ Asian
- _____ Black or African American
- _____ Native Hawaiian or Other Pacific Islander
- _____ White

Observer signature:

Campus and Date:

Appendix F: Ethnicity and Race Reporting Guidance

Exhibit 1B

<p>Agencia de Educación de Texas Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal de las Escuelas Públicas de Texas</p>	
<p>El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).</p> <p>Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.</p> <p>Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).</p>	
<p>Parte 1. Etnicidad: ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)</p>	
<p><input type="checkbox"/> Hispano/Latino – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.</p> <p><input type="checkbox"/> No Hispano/Latino</p>	
<p>Parte 2. Raza. ¿Cuál es la raza de la persona? (Escoja uno o más de uno)</p>	
<p><input type="checkbox"/> Indio Americano o Nativo de Alaska – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo América Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.</p> <p><input type="checkbox"/> Asiático – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.</p> <p><input type="checkbox"/> Negro o África-Americano – Una persona con orígenes de cualquier grupo racial negro de África.</p> <p><input type="checkbox"/> Nativo de Hawai u otras islas del pacifico – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.</p> <p><input type="checkbox"/> Blanco – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.</p>	
<p>_____ Nombre del Estudiante/Miembro de Personal (por favor use letra de imprenta)</p>	<p>_____ Firma (Padre/Representante legal) //(Miembro de personal)</p>
<p>_____ Número de Identificación del Estudiante/Miembro del personal</p>	<p>_____ Fecha</p>
<p>This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.</p>	
<p>Ethnicity – choose only one:</p> <p>_____ Hispanic / Latino</p> <p>_____ Not Hispanic/Latino</p>	<p>Race – choose one or more:</p> <p>_____ American Indian or Alaska Native</p> <p>_____ Asian</p> <p>_____ Black or African American</p> <p>_____ Native Hawaiian or Other Pacific Islander</p> <p>_____ White</p>
<p>Observer signature:</p>	<p>Campus and Date:</p>
<p>Agencia de Educación de Texas – Marzo 2009</p>	

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Military Status Survey

Name of Student: _____ Student ID: _____

Address: _____ Telephone #: _____

Campus: _____

Please check one box that applies to your family:

____ 0—Not a military connected student

____ 1—Student is a dependent of a member of the US Military on active duty

____ 2—Student is a dependent of a member of the Texan National Guard

____ 3-- Student is a dependent of a member of a reserve force of the US Military

____ 4—Pre-Kindergarten student is a dependent of an active duty member of the US Military.

Signature of Parent/Guardian

Date

*Military ID has been viewed by _____ Date _____

Marion ISD - Bus Rider Registration Form

Please print and Complete the application below and submit to your student's Campus.

SCHOOL YEAR

Please note Bus Transportation can take up to 3 school days.



School Year _____

New Student

Change(s) i.e. Alternate pick-up /or drop-off locations

STUDENT INFORMATION

Last Name: _____

First Name: _____

Student's School: Krueger Karrer MMS MHS

Grade: _____

Sibling(s)

(Name & Grade): _____

NO BUS -- will be a Car Rider Only AM & PM AM ONLY PM ONLY

Will be riding SCHOOL BUS in the (please circle one):

AM & PM

AM ONLY

PM ONLY

STARTING:

PICK-UP (AM)

ADDRESS: _____

DROP-OFF (PM)

ADDRESS: _____

NOTE: If Pick-up /or Drop-off address is an alternate location from home residence listed below, Please list the Contact Person's Name & Phone number along with reason for alternate location.

NAME: _____

Phone: _____

Alternate

Address: _____

REASON _____

PARENT/GUARDIAN INFORMATION

Parent #1:

Last Name: _____

First Name: _____

Home Phone: _____

Cell Phone: _____

E-mail Address: _____

PARENT #2:

Last Name: _____

First Name: _____

Home Phone: _____

Cell Phone: _____

E-mail Address: _____

PHYSICAL ADDRESS

HOME ADDRESS: _____

CITY: _____

State: TX

Zip: _____