

Enrollment Application
Huckabay ISD

Student's Name: _____

Date of Birth: _____ Grade: _____

SS#: _____ Gender: F M

Address: _____

Telephone Numbers: _____

Name of Parents/Guardians:

Father: _____

Mother: _____

Guardian/Other: _____

Phone Number: _____

Last School Attended: _____ City: _____

Special Programs: _____

I, the above named parent/guardian, give my permission for Huckabay ISD to request student records from the previous school my child attended.

Date: _____

Parent/Guardian

Transfer? Y N From: _____

Reminder: Copy drivers license of person enrolling student and student's SS card.