

John E. Codwell Elementary School

Student Information

2013-2014

Please Print in Blue or Black Ink

Student Name: _____ Homeroom Teacher: _____

Student ID _____ Date Enrolled _____ Date of Birth _____ Gender _____ Grade _____

Student Lives With: Mother Father Both Parents Other _____

Student Ethnicity: American Indian/Alaska Native Asian/Pacific Black, Not of Hispanic Org.

White, Not of Hispanic Orig. Hispanic

Student Address _____ Apt. # _____ City _____ State _____ Zip _____

Mother/Guardian Contact Information:

Name (Last, First) _____ Relationship _____

Address _____ Apt. # _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____ Email _____

Father/Guardian Contact Information:

Name (Last, First) _____ Relationship _____

Address _____ Apt. # _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____ Email _____

Signature of Mother/Legal Guardian _____ TX Driver's License # _____ DOB _____

Signature of Father/Legal Guardian _____ TX Driver's License # _____ DOB _____

This is notification to the school that in case of inclement weather or an emergency, my child:

- Will be picked up by _____ Relationship _____
- Will Walk Home
- Will Ride the School Bus Home
- Will Ride the Metro Bus Home
- Other _____

Parent Signature _____ Date _____



*In case of address or phone number change, please notify the school as soon as possible.