



ANTHONY INDEPENDENT SCHOOL DISTRICT REGISTRATION PACKAGE FOR EARLY CHILDHOOD DUALY ENROLLED STUDENTS

2026-2027

OUR VISION

AISD commits to prepare all students with academic and interpersonal skills in order to graduate, face all challenges and be a contributing member of their community.

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ANTHONY INDEPENDENT SCHOOL DISTRICT

2026-2027 School Year

NEW STUDENT REGISTRATION PACKET LIST

Dear Parent or Guardian,

In order to facilitate the enrollment process for your student, the following forms and documents are required. Gather the documents and forms listed below and turn them in to your child's campus on the designated date and time. If you have questions regarding anything on this list, please contact the campus for further assistance.

Thank you

REQUIRED DOCUMENTATION – Please submit documents for each section listed below (A, B, C, D, E, F, and G)

- A. Student Proof of Identity and Age (bring one item from numbers 1 – 3 below)**
 - 1) Birth Certificate
 - 2) Passport
 - 3) Adoption Records
- B. Student Social Security Card (if applicable)**
- C. Proof of Residency - Required Yearly (bring one item from numbers 1-4 below)**
 - 1) Current Utility Bill (gas, water, electric, internet/cable) under parent or guardian's name
 - 2) Lease agreement under the parent or guardian's name
 - 3) Notarized Alternate Proof of Residency Form (if applicable - form can be picked up at the campus) **AND** current utility bill or lease agreement
- D. Student Immunization Record**
- E. Parent/Guardian Official ID**
 - 1) Power of Attorney (if applicable) – In cases where the student's guardian is someone other than a parent or stepparent

ENROLLMENT FORMS – Bring all forms from the Registration Packet

IT IS A CRIME UNDER SECTION 37.10 TEXAS PENAL CODE, TO KNOWINGLY FALSIFY INFORMATION ON A FORM REQUIRED FOR ENROLLMENT OF A STUDENT. IN ADDITION TO POSSIBLE CRIMINAL PENALTIES, THE FAMILY OF INELIGIBLE STUDENTS IS LIABLE FOR THE MAXIMUM TUITION FEE ESTABLISHED BY THE DISTRICT OR THE AMOUNT THE DISTRICT HAS BUDGETED FOR EACH STUDENT AS MAINTENANCE AND OPERATING EXPENSES.

I acknowledge receipt of the NOTICE. I further acknowledge that all of the information contained on the registration Documents is true and correct.

DATE:

NAME OF STUDENT:

PRINTED NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

ANTHONY ISD STUDENT ENROLLMENT FORM

FORMULARIO DE MATRICULACIÓN DE ESTUDIANTES DEL DISTRITO DE ANTHONY

School	Year/Año	Campus Code/Código escolar	Campus Name/Nombre de la escuela
2026-2027		071906101	Anthony Elementary School

PLEASE PRINT/USE LETRA DE MOLDE

Student's Last Name Apellido del Estudiante	First Name Primer Nombre	Middle Name Segundo Nombre	Generation Generación	Grade Grado	Sex: M or F Sexo: M o F
Physical Address (Domicilio)	Mailing Address (Dirección Postal)	City (Ciudad)	State (Estado)	Zip Code (Codigo postal)	
Place of Birth Lugar de Nacimiento	Birth Date Fecha de Nacimiento	Ethnicity: American Indian – Asian – Black not Hispanic, Hispanic – white Etnicidad: indio americano – asiático – negro no hispano, hispano – blanco			
Do you reside on Federal Property? Y or N Vive en propiedad federal? Sí o No		Is either parent employed on Federal Property? Y or N Padres trabajan en propiedad federal? Sí o No			
Telephone Teléfono		Unlisted Y or N Privado Si o No		Previous School Escuela anterior	
How many years has the student lived in the US? Cuantos años tiene el estudiante viviendo en los EE.UU?		Date first enrolled in US school? Fecha original de matriculación?		Has student ever attended school at Anthony ISD? Ha asistido a escuela del distrito?	
☐ 1 yr/año ☐ 2 yrs/año ☐ 3 yrs/año ☐ 4 yrs/años ☐ 5+ yrs/años		(mm/dd/yyyy)		YES ☐ NO ☐	
LIST SCHOOLS ATTENDED ANOTE ESCUELAS ASISTIDAS	SCHOOL ADDRESS DOMICILIO DE ESCUELA(S)	City Ciudad	State Estado	Zip Code Código Postal	Year(s) Año(s)
1.					
2.					
Mothers Last Name Apellido de Madre	First Name Primer Nombre	Maiden Name Apellido de Soltera	Title Título		
Home Address (Domicilio)	City (Ciudad)	State(Estado)	Zip (Código Postal)	Email Address (Correo Electrónico)	
Telephone Teléfono	Cell Phone Teléfono Celular	Work Phone Teléfono de Trabajo	Date Of Birth Fecha de Nacimiento		
Employer (Empleador)	Occupation (Ocupación)		Military Rank/Unit (Grado Militar)		
Work Address Domicilio de Trabajo	City Ciudad	State Estado	Zip Code Código Postal		
LIST OTHER STUDENTS LIVING IN HOUSEHOLD/ANOTE A OTROS ESTUDIANTES QUE VIVEN EN CASA.					
NAME/NOMBRE	AGE/EDAD	GRADE/GRADO	SCHOOL/ESCUELA		

Father's Last Name Apellido del Padre	First Name Primer Nombre	Middle Name Segundo Nombre	Title Título	
Home Address (Domicilio)	City (Ciudad)	State(Estado)	Zip (Código Postal)	Email Address (Correo Electrónico)

Telephone (Teléfono)	Cell Phone (Teléfono Celular)	Work Phone (Teléfono de Trabajo)	Date Of Birth (Fecha de Nacimiento)

Employer (Empleador)	Occupation (Ocupación)	Military Rank/Unit (Grado Militar)

Work Address Domicilio de Trabajo	City Ciudad	State Estado	Zip Code Código Postal

Guardian's Last Name Apellido del Padre	First Name Primer Nombre	Middle Name Segundo Nombre	Title Título	

Home Address (Domicilio)	City (Ciudad)	State(Estado)	Zip (Código Postal)	Email Address (Correo Electrónico)

Telephone Teléfono	Cell Phone Teléfono Celular	Work Phone Teléfono de Trabajo	Date Of Birth Fecha de Nacimiento

Employer (Empleador)	Occupation (Ocupación)	Military Rank/Unit (Grado Militar)

Work Address Domicilio de Trabajo	City Ciudad	State Estado	Zip Code Código Postal

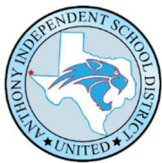
Is your child in Special programs? Esta su hijo(a) en Programas Especiales?	Special Education/Educación Especial	☐
	Speech/Terapia de lenguaje	☐
	504 Program/Programa 504	☐
	Bilingual-ESL/Bilingüe ESL	☐
	At Risk/En Riesgo	☐
	Gifted & Talented/Dotado y Talentoso	☐
	Other/Otro _____	☐
	How many years in the program/Cuantos años en el programa? _____	
	None of the above/Ninguna de las anteriores	☐

With Whom does the Student live? Con quien vive el estudiante	☐ Both Parents Ambos Padres	☐ Father Padre	☐ Mother Madre	☐ Guardian Listed Tutor
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Information on person enrolling the student Información de la persona matriculando al estudiante			
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Last Name (Apellido)	First Name (Primer Nombre)	Date of Birth (Fecha de Nacimiento)	Relationship (Relación al Estudiante)

Signature of person enrolling (Firma de la persona matriculando al estudiante)	Date (Fecha)



Confidential Income Survey

School Year 2026-2027

Anthony ISD is required to collect and report the socioeconomic status of each student to the Texas Education Agency (TEA) for purposes of the annual state accountability ratings and for federal reporting.

SECTION A

Are you receiving SNAP or TANF benefits for your child? ☐ Yes ☐ No

SNAP case number: _____ TANF case number: _____

If you answered YES on any of the above, skip SECTION B and go to Section C.

SECTION B – (Complete only if all answers in SECTION A are NO)

How many members are in the household (including all adults and children)? _____

TOTAL YEARLY INCOME BEFORE DEDUCTIONS OF ALL HOUSEHOLD MEMBERS \$ _____

Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's compensation, unemployment and all other sources of income (before any type of deductions).

SECTION C – STUDENT INFORMATION

Student's Name	Grade

SECTION D – CERTIFY AND CONSENT FOR RELEASE

Check the boxes below. (required)

☐ I certify all information on this form is true and all income is reported.

☐ I consent to the release of the above information by the Anthony school district to the Texas Education Agency for the purposes of auditing compensatory education funding reports. I understand that the Texas Education Agency will not share the information with any other entity or program. I also understand that the failure to sign this consent does not affect my child's eligibility for free or reduced price meals or free milk.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Registrar Use ONLY:

Qualified-PEIMS Code 99 (Circle One): Yes No Opt Out

Initial: _____ Date: _____

District Official Review:

Initial: _____ Date: _____



HOME LANGUAGE SURVEY-19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey applicable ONLY if administered for students enrolling in pre-kindergarten through grade 12)

TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN PREKINDERGARTEN THROUGH GRADE 8 (OR BY STUDENT IN GRADES 9-12):

The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

To determine if your child would benefit from Bilingual and/or English as a Second Language program services, please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if Bilingual and/or English as a Second Language program services are appropriate and to inform instructional and program placement recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

This survey shall be kept in each student's permanent record file. A copy of this survey shall follow the student while enrolled in any public or open enrolled charter school in Texas.

The district will maintain this form as part of your child's student record.

Name of Student: _____ **Grade:** _____

What language is spoken in the child's home most of the time? _____

What language does the child speak most of the time? _____

What is the student's country of birth? _____

NOTE: If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if: 1) your child has not yet been assessed for English proficiency; and 2) your written correction request is made within two calendar weeks of your child's enrollment date.

Print Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ **Date:** _____



Serving the Educational Communities of El Paso & Hudspeth Counties

Education Service Center
Region 19

6611 Boeing Drive
El Paso, Texas 79925-1010 (915) 780-5309
www.esc19.net FAX: (915) 780-5016

MHE-MP-F056.4 – Family Survey

School District: _____ School Name: _____ School Year: _____

Name(s) of student(s): _____

Dear Parents,

In order to better serve your children's academic needs, our program wants to identify students who may qualify to receive supplemental educational services. The information you provide will be kept confidential. Please answer the following questions and return this form to your child's school.

1. Within the past 3 years have you and your family traveled or moved from one district, city or state to another to work or look for temporary work in agriculture, live stocking or fishing?

☐ NO (STOP here and return survey to your child's school) ☐ YES (Please check ☐ all that apply below & continue to question 2)

 Picking onion, pepper, pecans, lettuce, tomato, grapes, etc. ☐	 Working in a poultry farm ☐	 Working in a dairy farm ☐	 Working in a slaughter house ☐	 Packing or processing fruits, vegetables, chicken, beef, pork or fish? ☐
 Working in a plant nursery, orchard, tree growing or harvesting ☐	 Working in a fishery ☐	Other similar work, please explain: _____ _____ _____ _____		



2. Did the children in your family go with you?

☐ NO (STOP and return survey to your child's school) ☐ YES (Please complete below)

Parent (Guardian) Name: _____ Best time to contact you: _____

Home Address: _____ Apt. No. _____

City: _____ Zip Code _____ Telephone No. _____

For School Use Only: Please send survey with two YES responses to ESC 19 MEP Program

ANTHONY INDEPENDENT SCHOOL DISTRICT STUDENT REGISTRATION



ANTHONY ISD

840 SIXTH STREET

ANTHONY, TX 79821

PHONE: (915) 886-6500 FAX: (915) 886-2420

STUDENT RESIDENCY QUESTIONNAIRE

Name of School: _____

Name of Student: _____

Sex: ☐ Female ☐ Male

Birth Date: ____/____/____ Age: ____ Social Security ____
Month Day Year (or student ID number)

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C 11435.

The answer to this residency information helps determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? ____Yes ____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship?
____Yes ____ No

If you answered YES to the above questions, please complete the remainder of this form.

If you answered NO, you may stop here.

Where is the student presently living? (Check one)

- ____ In a motel
____ In a shelter
____ With more than one family in a house or an apartment
____ Moving from place to place
____ In a place not designed for ordinary sleeping accommodations such as a car, park, or
campsite

Name of Parent(s) Legal Guardian(s): _____

Address: _____ Zip: _____ Phone: _____

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec 25.002(3) (d).

*Signature of Parent/Legal Guardian: _____



RELEASE OF DIRECTORY INFORMATION FORM

NOTICE REGARDING DIRECTORY INFORMATION AND PARENT'S RESPONDS REGARDING RELEASE OF STUDENT INFORMATION

State law requires the district to give you the following information:

Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about the student. If you do not want Anthony ISD to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing by September 15th of each year.

This means that the district must give certain personal information (called "directory information") About your child to any person who requests it, unless you have told the district that it MAY, or MAY NOT, use certain personal information about your child for specific school-sponsored purposes. The district is providing you with this form so you can communicate your wishes about these issues.

Unless you object to the use of your child's information for these limited purposes, the school will not need to ask your permission each time the district wishes to use this information for the school sponsored purposes listed.

For school –sponsored purposes, Anthony ISD has designated the following information as directory information under Policy FL (LOCAL):

<ul style="list-style-type: none">• Student's name• Address• Telephone number• E-mail address• Photograph• Date and place of birth• Major Field of study• Degrees, honors, and awards received• Dates of attendance	<ul style="list-style-type: none">• Grade level• Most recent school previously attended• Participation in officially recognized activities and sports• Weight and height, if a member of an athletic team• Enrollment
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Directory information identified only for limited school-sponsored purposes remains otherwise confidential and will not be released to the public without the consent of the parent or eligible student.

PARENT: Please Circle one of the choices below:

I, parent of _____ (student's name), (DO GIVE) (DO NOT GIVE) the district permission to use the information in the above list for the specified school-sponsored purposes.

Parent/Guardian Name (Signature): _____ Date: _____

ANTHONY INDEPENDENT SCHOOL DISTRICT STUDENT REGISTRATION



**ANTHONY ISD
840 SIXTH STREET
ANTHONY, TX 79821
PHONE: (915) 886-6500 FAX: (915) 886-2420**

STUDENT MEDIA RELEASE

During the school year, opportunities arise to provide positive information and publicity about our programs and events to the general public or specific audiences. In some cases, we may receive request from the news media or professional persons to interview, photograph, and /or film students or non-profit publications, television or radio broadcasts, or for educational information and training or various publications and brochures printed by ANTHONY ISD and parent-teacher organizations.

Permission is needed for your child to be the subject of any news media publicity or to be included in district publications. Your selection will be kept on file for future reference and will remain in effect unless revoked in writing by the parent/guardian.

_____ **YES**, I do give permission for my child to be interviewed, photographed, and/or filmed for public news media, professional education information, or any other non-profit publication for public use (e. g newsletters).

_____ **NO**, I do NOT give permission for my child to be interviewed, photographed, and/or filmed for public news media, professional education information, or any other non-profit publication for public use (e. g newsletters).

Parent/Guardian Signature: _____

Date: _____

ANTHONY INDEPENDENT SCHOOL DISTRICT

MILITARY-CONNECTED STUDENT SURVEY

All information **MUST** be completed by a parent, school personnel, or community liaison.

School _____ Grade _____ Date _____

Student Name _____ AISD ID# _____

IS STUDENT MILITARY RELATED? ☐ **NO (STOP HERE)** ☐ **YES (CONTINUE 1-6)**

Dear Parent or Guardian:

The State of Texas requires schools to collect data relating to the enrollment of military-connected students. This collection is done to allow educational institutions the ability to monitor critical elements of education success for children who are dependents of military personnel and to show the state's commitment to military personnel and their children.

For students in grades kindergarten through 12:

1. Is the student a dependent of an active-duty member of the United States military?

☐ Yes ☐ No

2. Is the student a dependent of a current member of the Texas National Guard (Army, Air Guard, or State Guard)?

☐ Yes ☐ No

3. Is the student a dependent of a current member of a reserve force in the United States military?

☐ Yes ☐ No

For pre-kindergarten students only:

4. Is the student a dependent of an active-duty member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who is ordered to active duty by proper authority or who was injured or killed while serving on active duty?

☐ Yes ☐ No

For students in grades kindergarten through 12:

5. Is the student a dependent of a former member (veteran) of the following: the United States military, the Texas National Guard (Army, Air Guard, or State Guard), or a reserve force in the United States military?

☐ Yes ☐ No

6. Is the student a dependent of a member of a military or reserve force in the United States military who was killed in the line of duty?

☐ Yes ☐ No

Parent/Guardian Signature: _____ **Date:** _____

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?

☐ **Not Hispanic/Latino**

☐ **Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

PART 2. RACE: What is the person's race? (Choose one or more)

☐ **American Indian/Alaskan Native 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/African American Black or African American** - A person having origins in any of the black racial groups of Africa.

☐ **Hawaiian/Pacific Islander 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.

Name of Student: _____ Grade: _____

Print Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____