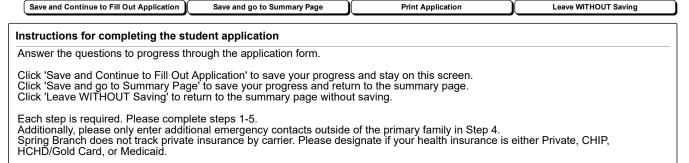Sowmya Manu   Exit

Online Enrollment Access

New Student Enrollment: Application Form

Save and Continue to Fill Out Application	Save and go to Summary Page	Print Application	Leave WITHOUT Saving

Instructions for completing the student application

Answer the questions to progress through the application form.

Click 'Save and Continue to Fill Out Application' to save your progress and stay on this screen.
Click 'Save and go to Summary Page' to save your progress and return to the summary page.
Click 'Leave WITHOUT Saving' to return to the summary page without saving.

Each step is required. Please complete steps 1-5.
Additionally, please only enter additional emergency contacts outside of the primary family in Step 4.
Spring Branch does not track private insurance by carrier. Please designate if your health insurance is either Private, CHIP, HCHD/Gold Card, or Medicaid.

Asterisk (*) denotes a required field   Please Note: Only one step may be edited at a time

Step 1: Student Information   [Edit]   [View Only]   ✓ Date Completed: 06/28/2016

* Last Name: Manu   * First Name: Eshika   Middle Name: [____]

Name Suffix: [▼]   * Gender: Female ▼

* Date of Birth: 12/09/2011   Age: 4   Birth City: Bangalore   Birth State: Other ▼

Birth Country: India   Birth County: Bangalore

☑ Does student live within this school district?

Social Security Number: [____]   State ID: 935943606

* Is Student Hispanic/Latino?: No ▼

* Federal Race:
(select all that apply)
☐ American Indian or Alaskan Native
☑ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

* Language Spoken Most: KANNADA ▼   * Language Spoken at Home: KANNADA ▼

* Language District should use: ENGLISH ▼

☐ Has student attended a state school?   ☐ Has student attended this district previously?

Previous School District: [____]   School in the District Student Previously Attended: [____]

You are enrolling your student into the **Next School Year (2016 - 2017)**

☐ First Day of School (08/22/2016)   * Enrollment Date 08/09/2016

* Expected Grade Level PK ▼   * Expected School to Enroll into THE BEAR BLVD SCHOOL ▼   School Locator

Additional Information:
(on the Student for the District)
[____]
Maximum characters: 5000, Remaining characters: 5000

[Complete Step 1 and move to Step 2: Family/Guardian Information]   [Complete Step 1 Only]

Step 2: Family/Guardian Information   [Edit]   [View Only]   ✓ Date Completed: 06/28/2016

Enter Information for the Primary Guardian and the Family this Student lives with

Enter Information for the Family this Student lives with

* Primary Phone: (408) 476-5443

* Home Address:
House #: [____]   Direction: [____]   Street Name: 8222 Kingsbrook Rd,   Apartment: 578,
P.O. Box: [____]   Address 2: [____]   City: Houston   State: TX ▼   Zip Code: 77024

☐ Should the District keep this address confidential?

Enter Information for the Primary Guardian of the Family this Student lives with   [Remove this Guardian]

* Last Name: Manu   * First Name: Sowmya   Middle Name:

Name Suffix: [▼]   Name Prefix: [MRS ▼]   Date of Birth: 08/03/1982   Gender: [Female ▼]

* Relationship to Child: [Mother ▼]   Marital Status: [Married ▼]

☑ Does this guardian have custody of the child?   ☑ Is this guardian allowed to pick up the student from school?

Cell Phone: (832) 225-1522   Work Phone: Contact Email Address: sowmya.manu@yahoo.com

Enter Information for a Guardian of the Family this Student lives with   [Remove this Guardian]

* Last Name: Srinivasa   * First Name: Manu   Middle Name:

Name Suffix: [▼]   Name Prefix: [MR ▼]   Date of Birth: 06/24/1974   Gender: [Male ▼]

* Relationship to Child: [Father ▼]   Marital Status: [Married ▼]

☑ Does this guardian have custody of the child?   ☑ Is this guardian allowed to pick up the student from school?

Cell Phone: (408) 476-5443   Work Phone: Contact Email Address: manu.srinivasa@gmail.com

Are there other Legal Guardians who live at this address?

[Yes, I want to Add another Legal Guardian who lives at this address]

Are there other Legal Guardians who live at a different address?

[Yes, I want to Add a Legal Guardian who lives at a Different Address]   [No, Complete Step 2 and move to Step 3: Medical/Dental Information]   [No, Complete Step 2 Only]

Step 3: Medical/Dental Information   [Edit]   [View Only]   ✓Date Completed: 06/28/2016

Allergy/Medical Condition: Nothing   ☐ Is this condition critical info that staff should be alerted to?

Physician Last Name: Sheena   Physician First Name: Helene   Physician Middle Name: R

Name Suffix: [▼]   Name Prefix: [▼]

Insurance: Cigna

[Complete Step 3 and move to Step 4: Emergency Contact Information]   [Complete Step 3 Only]

Step 4: Emergency Contact Information   [Edit]   [View Only]

✓Date Completed: 06/28/2016

Enter the Information for Emergency Contact #1   [Remove this Emergency Contact]

* Last Name: Durgasi   * First Name: Sanyasamma   Name Suffix: [▼]

Name Prefix: [▼]   ☐ Is this contact allowed to pick up the student from school?

* Primary Phone: (404) 341-8729   Cell Phone: Work Phone:

Relationship to Child: [Aunt/Uncle ▼]

Do you have other Emergency Contacts to add for this student?

[Yes, I want to Add another Emergency Contact Record]   [No, Complete Step 4 and move to Step 5: Additional District Forms]   [No, Complete Step 4 Only]

Step 5: Additional District Forms   [Edit]   [View Only]   [Save]   [Save and Collapse Step]

Instructions for completing the Additional District Forms

*****Adobe Reader is required in order to print forms*****

Select the option to 'Save and Print' each form after you complete the form. Select 'Save' to return to the form screen to select the next form. Please ensure that you 'Save' each form in step 5 to ensure information isn't lost during the step.

Asterisk (*) denotes a required form

* Required Form: [***Online Emergency Clinic Card**]   ☑ This form

* Required Form: [**Online Student Information Card**]   ☑ This form

* Required Form: [***Online Handbook Acknowledgement**]   ☑ This form

* Required Form: [**NSOE Technology Responsible Use Policy 2016-2017 R2**]   ☑ This form

* Required Form: [***Online Children's Online Privacy Protection Act**]   ☑ This form

* Required Form: [***Online Student Military and Foster Care Questionnaire R2**]   ☑ This form

* Required Form: [***Online Home Language Survey Grade PK-12**]   ☑ This form

* Required Form: [***Online Migrant Survey R2**]   ☑ This form

* Required Form: [***Online Student Residency Questionnaire R2**]   ☑ This form

* Required Form: [***Online Texas Public Student/Staff Ethnicity and Race Data**]   ☑ This form

* Required Form:	*Online Pell Grant Form	☑ This form
* Required Form:	*Online Income Survey	☑ This form
* Required Form:	*Online Prekindergarten Qualification Criteria R2	☑ This form

Complete Step 5

Submit Application to the District

* All steps must be Completed before an Application can be Submitted *

Save and Continue to Fill Out Application	Save and go to Summary Page	Print Application	Leave WITHOUT Saving