

**LVISD Student Information**

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

D.O.B \_\_\_\_\_ SS# \_\_\_\_\_ Grade \_\_\_\_\_

**Parent/Guardian Information**

Name \_\_\_\_\_ / \_\_\_\_\_  
Last First

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Name \_\_\_\_\_ / \_\_\_\_\_  
Last First

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

**Emergency Contact Information**

Emergency Contact Person \_\_\_\_\_

Home Phone \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

**Physician Information**

Students' Physician \_\_\_\_\_  
Phone \_\_\_\_\_

**Insurance Information**

School accident insurance purchased (circle):      YES      NO

If YES, please provide the following:

School Insurance Company: \_\_\_\_\_

Policy Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

If NO, please complete the athletic insurance waiver form below:

**Athletic Insurance Waiver**

I choose not to purchase insurance provided by the Lago Vista ISD.  
In doing so, I acknowledge I am responsible for any medical charges  
incurred by my son/daughter while participating in practice or athletic  
competition.

My insurance carrier and policy number(s) are listed below:

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Phone Number \_\_\_\_\_

No Insurance (circle if applicable)

Signature of Parent/Guardian \_\_\_\_\_

