DULLES MIDDLE SCHOOL

REQUIREMENTS FOR NEW STUDENT REGISTRATION

*FIRST – Complete the online registration at www.fortbendisd.com

STUDENTS CANNOT REGISTER UNTIL ALL RESIDENCY REQUIREMENTS HAVE BEEN APPROVED.

*Please note that all items are required to complete the enrollment process.

- ☐ **1. Proof of Residency** (3 documents: must have name and physical address)

    _ a. Copy of Deed or Lease
    _ b. Current Photo ID of Parent/Guardian (Driver's License)
       *Address on ID must match lease/deed. To change address, go to DPS website.
    _ c. Current Utility Bill (Electric, Gas or Water within the last 30 days, NO PAST DUE)

- ☐ **2. Birth Certificate** of Student

- ☐ **3. Social Security Card** of Student

- ☐ **4. Current Immunization Record** of Student

- ☐ **5. Last Report Card from previous school.**

ADDITIONAL FORMS REQUESTED IF:

1. **The student is not currently living with parent(s):** *Notarized Power of Attorney Form*

2. **The parent(s) and the student are currently living with another family that resides in the Dulles Middle School attendance zone:** *Notarized FBISD Dual Residency Forms*

3. **The parent(s) and the student have ot moved into their home with an address in the Dulles Middle School attendance zone, but will move within 30 days:** *Intent to Reside form.*

STUDENTS MUST BE ACCOMPANIED BY THEIR PARENT OR LEGAL GUARDIAN
FBISD Board Policy requires that a student under the age of 18 can be enrolled in a school only by a natural parent, a foster parent assigned by the state authorized entity, an adoptive parent, a court-appointed guardian who lives in Fort Bend ISD, or the person to whom any of the above have granted a Power of Attorney assigning responsibility for the student while enrolled in Fort Bend ISD schools. Additional information concerning Power of Attorney is available from the Registrar.

**PLEASE NOTE*: An appointment is necessary if registering your student between May and the first day of school for the upcoming year. Please call 281-634-5784 to make an appointment.*

Appointment Date:_____   Appointment Time:_____