HOMESCHOOL UIL PARTICIPANT

BURKBURNETT ISD

2026-2027 SCHOOL YEAR

Please complete the following form for our records.

_____ _____ _____

First Name Middle Name Last Name

Street Address: _____

City, State: _____

Phone: _____

Date of Birth: _____ Campus: ☐ BMS ☐ BHS

Grade: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Medical Conditions/Allergies: _____

Gender: ☐ Male ☐ Female

Ethnicity:

☐ Hispanic ☐ Non-Hispanic

Race:

☐ American Indian/Alaskan Native
☐ Asian
☐ Black
☐ Nat Hawaii/Pac Islander
☐ White

Over→

Activity (List all that apply)

_____

_____

_____

Parent's Signature: _____ Date: _____

Please, Return to Campus Registrar or Brad Avens.