

## **San Saba Independent School District BEGINNING OF YEAR ENROLLMENT PACKET**

Dear Parents / Guardians:

- Student Registration Form
  - Returning SSISD students should make any necessary changes on the preprinted form
  - New SSISD students need to complete the blank form
- Texas Migrant Education Survey
- Student Residency Questionnaire
- Assessment of Student Health / Medication Policy (front and back)
- School Bus Rider Contract and Information
- Student Activity and Transportation Permission / Consent to Medical Treatment
- School – Parent Compact
- Student Handbook & Code of Conduct - Parent Acknowledgement Form (first two pages)
- TEA Ethnicity/Race Data Questionnaire
- Corporal Punishment Notification

Specific to **High School Students**, these additional forms must be completed and returned:

- Extracurricular Drug Testing Authorization Form
- Extracurricular Code of Conduct Acknowledgment (last page)
- Vehicle Registration Form

Specific to **Middle School Students**, these additional forms must be completed and returned:

- Extracurricular Drug Testing Authorization Form
- Extracurricular Code of Conduct Acknowledgment (last page)
- Transportation Information

Specific to **Elementary School Students**, this additional form must be completed and returned:

- Transportation Information

Please **keep** the following documents for your information and records:

- San Saba ISD Student Handbook and Code of Conduct Booklet
- (HS and MS only: Extra-Curricular Code of Conduct)
- (HS only: Fees and Dues / Dual Credit Information {front and back})

If you have any questions, please do not hesitate to call your child's school.

High School – (325) 372-3786

Middle School – (325) 372-3200

Elementary School – (325) 372-3019

## San Saba Independent School District TEXAS MIGRANT EDUCATION SURVEY

**Dear Parents:** Our school is cooperating with the Region 15 Education Service Center to identify the families who work in agriculture. Your answers to these questions will help us to determine how many children in our district need to be included in the Texas Migrant Education Program survey of eligible children.

**Do you, or someone in your family, ever travel to other towns or out of state to plant, harvest, haul or process crops?**

Yes  No

**Have you, or someone in your family, ever been involved in ginning cotton, hauling hay, shearing sheep, tending livestock, or other seasonal activities?**  Yes  No

**Have you, or someone in your family ever worked temporarily as a farm or ranch hand?**  Yes  No

**When was the last time you, or someone in your family, traveled to obtain work in agriculture?**

Month \_\_\_\_\_ Year \_\_\_\_\_ **Did your children travel with you?**  Yes  No

**What type of work were you looking for?** \_\_\_\_\_  
(Example: picking, hauling, plowing, spraying, shearing, sorting, packing, chopping, milking, cannery work).

Parent or Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Best time to contact you: \_\_\_\_\_

**Children in your family:** Child's Name Grade

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**Estimados Padres/Madres:** Nuestra escuela está cooperando con el Centro de Servicio de Educación de la Región 15 para identificar las familias que han trabajado en la agricultura. Sus repuestas a estas preguntas nos ayudarán a determinar cuantos niños/as de nuestro distrito necesitan ser incluidos en la encuesta del Programa de la Educación de los Emigrantes de niños/as eligibles.

**¿A usted o alguien más en su familia viajado a otros pueblos o a otros estados a plantar, cocechar, transportar o a procesar cocechas?**  Sí  No

**¿A usted o alguien más en su familia en algún tiempo ha estado envuelto en la desmotación de algodón, transportando heno, trasquilando carneros, cuidando ganado, o trabajado en otras actividades temporales en la agricultura?**  Sí  No

**¿A usted o alguien más en su familia trabajado temporalmente de trabajador/a de granja o de un rancho?**  Sí  No

**¿Cuándo fue la última vez que usted o alguien más en su familia ha viajado para obtener trabajo en la agricultura?**

Mes \_\_\_\_\_ el año \_\_\_\_\_ **Viajaron sus niños con usted?**  Sí  No

**¿Qué tipo de trabajo buscaba usted?** \_\_\_\_\_ (Ejemplo: pisca, transportando, arando, rociando, trasquilando, clasificando, envasando, desajando, ordeñando, hecho trabajo de enlatar.)

Nombre de los Padres o Tutores Legales: \_\_\_\_\_

Dirección: \_\_\_\_\_ Teléfono: \_\_\_\_\_

El mejor tiempo para contactarle: \_\_\_\_\_

**Número de niños/as en la familia:** Nombres Grado Escolar

# San Saba Independent School District STUDENT RESIDENCY QUESTIONNAIRE

## PLEASE PRINT

As required by the McKinney-Vento Homeless Education Assistance Improvement Act, 42 U.S.C. 11435, school districts must identify homeless students. The answers to this residency information help determine the services a homeless student may be eligible to receive.

Is your current address a temporary living arrangement?  Yes  No

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 living? (Check one box)

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

School name: \_\_\_\_\_

Name of student: \_\_\_\_\_

Gender:  Male  Female Date of birth: \_\_\_\_\_

Social security number: \_\_\_\_\_

Name of parent/legal guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*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 and other costs. TEC SEC.25.002(3)(d).*

## School Use Only

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- Student lives apart from parent/guardian for school purposes
- Student and parent live with another family – not homeless
- Student comes under the McKinney Act

### Instruction for Registrars:

Mark in PEIMS as appropriate

Send a copy of the questionnaire to your campus counselor

Keep a file of all questionnaires of homeless students and non-homeless students on campus

• **Please send a copy to Brenda Martinez, Homeless Liaison, at the Central Office** •

## El Distrito Escolar Independiente de San Saba Cuestionario Sobre el Domicilio del Estudiante

Nombre de la escuela: \_\_\_\_\_ Grado actual: \_\_\_\_\_

Nombre del estudiante: \_\_\_\_\_  
Apellido                      Nombre de pila                      Segundo nombre

No. de matrícula: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_  
mes / día / año

¿Viene solo el estudiante?  Sí  No (marque el cuadro)  
*(No en custodia física de un padre o tutor)*

**La intención de este cuestionario es cumplir con la ley número 42 de McKinney-Vento U.S.C. 11435 (MV ACT). Las respuestas a este cuestionario ayudarán a determinar la elegibilidad para los servicios que el estudiante podrá recibir.**

1. ¿Su domicilio actual es un alojamiento temporal?  
(Marque 'Sí', si usted **NO** alquila, renta, o vive en casa propia)

Sí  No

2. ¿Su alojamiento temporal es debido a la pérdida de su domicilio?  
(Incendio, dificultades económicas, desalojo, violencia intrafamiliar)

Sí  No

3. ¿Fueron desplazados de su hogar debido a un desastre natural?  
(huracán, tornado, etc.)

Sí  No

Actualmente, ¿dónde vive el estudiante? (Marque todo lo que aplica)

- En un refugio (de emergencia, para niños, violencia intrafamiliar, etc.)
- Domicilio Compartido (vive con amigos o familiares)
- Sin techo (en un carro, campamento, etc.)
- Hotel/Motel

Domicilio Previo: \_\_\_\_\_  
Número y calle                      Ciudad                      Estado                      Código postal

Última escuela a la que asistió:

\_\_\_\_\_  
Nombre completo de la escuela                      Ciudad                      Estado                      Distrito

### Hermanos en SSISD:

Nombre/s \_\_\_\_\_

Grado escolar \_\_\_\_\_

Escuela/s \_\_\_\_\_

Nombre del padre/s tutor/es legales \_\_\_\_\_

Dirección actual: \_\_\_\_\_  
Calle y número

\_\_\_\_\_  
Ciudad                      Código Postal

\_\_\_\_\_  
Teléfono                      Dirección de correo electrónico

La presentación de un expediente falso o la falsificación de expedientes es un delito bajo la Sección 37.10, del Código Penal y la matrícula de un niño bajo documentos falsos está sujeta a la responsabilidad personal por las cuotas de matrícula u otros costos. TEC Sec.25.001(h) Educación.

**San Saba Independent School District  
Student Health Information Form  
2018-2019**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Campus: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Bus Rider:  Yes  No Bus # \_\_\_\_\_ / Driver \_\_\_\_\_ AM \_\_\_\_\_  
PM \_\_\_\_\_

**\*\*We MUST be able to contact someone if your child becomes ill or is injured. Make sure you have completed contact information in the admission packet.**

**\*\* IF IT CHANGES NOTIFY THE SCHOOL WITH UPDATED INFORMATION IMMEDIATELY\*\***

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Indicate if your child has any of the following health conditions:

Allergy to:  Medication  Food  Bites/Stings  Other \_\_\_\_\_

Asthma  Diabetes  Epilepsy/Seizure  Other \_\_\_\_\_

If you checked any of the boxes above OR if your child has medical conditions not listed, please explain.

**\*\*Please contact the school nurse at 325-372-7310 for any questions or concerns. \*\*ANY Medication to be taken at school requires a medication request form that must be completed and turned in to the school nurse BEFORE the first day of classes. \*\*NO STUDENT may carry inhalers or epi-pens without proper documentation from physician. \*\*NO OTHER MEDICATIONS ALLOWED TO BE CARRIED BY STUDENTS\*\*See our website for form(s) & procedures.**

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It may be necessary for school personnel to provide basic first aid to your child. Please initial the appropriate box below:

I give permission for my child to receive basic first aid  I do not give permission for my child to receive basic first aid.

Your child may have one or more of the following screenings performed: Vision, Hearing, Spinal, Acanthosis. If you do not want your child to be screened for one or more of the above screenings, contact the school nurse to complete the appropriate paperwork.





## El Distrito Escolar Independiente de San Saba Autobús/Vehículo Contrato y Información

### Por favor, imprimir

El nombre del alumno: \_\_\_\_\_ Campus \_\_\_\_\_ Grado \_\_\_\_\_

mi alumno no viajar en autobús a la escuela. (No complete el resto del formulario).

mi estudiante viajar en autobús a la escuela. (Complete el resto del formulario).

La ruta no: \_\_\_\_\_ Run no: \_\_\_\_\_ Bus nº: \_\_\_\_\_ Conductor: \_\_\_\_\_

Yo \_\_\_\_\_  
primer nombre del estudiante      apellido del estudiante

y \_\_\_\_\_  
nombre de padre/madre/guardian      apellidos de padre/madre/guardian

acepta regirse por el Distrito Escolar Independiente de San Saba reglamentos del autobús y somos conscientes de las restricciones que se imponen por la violación de los Reglamentos indicados en este formulario.

Firma del estudiante: \_\_\_\_\_

Padre Firma: \_\_\_\_\_

Dirección: \_\_\_\_\_

Número de teléfono: \_\_\_\_\_

Fecha de comenzar a venir en autobús : \_\_\_\_\_

### Restricciones por Violación de las Normas y Reglamentos del Autobús Escolar

La primera infracción:

el conductor del autobús le avisará al estudiante verbalmente durante la primera mala conducta.

Segunda infracción:

el conductor del autobús tendrá el estudiante al director de la escuela, quienes, a su vez, los padres de correo una carta modelo que afirma que esto sea la segunda advertencia de falta de conducta.

Tercera infracción:

el conductor del autobús tendrá el estudiante al director de la escuela, que informará de ello a los padres, por escrito, que se han quitado los privilegios de autobús. La duración de la expulsión será determinada por el director. Una copia de esta carta será enviada a la dirección de transporte y al Superintendente.

**Si usted tiene cualesquiera preguntas con respecto a su hijo drop off/ubicación de entrega, póngase en contacto con su escuela o con el Director de Transporte, Alton Tinney, al (325) 372-5633.**







**Texas Education Agency  
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? (Choose only one)**

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

**Not Hispanic/Latino**

**Part 2. Race: What is the person's race? (Choose one or more)**

**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 or African American** - A person having origins in any of the black racial groups of Africa.

**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.

\_\_\_\_\_  
Student/Staff Name (please print)

\_\_\_\_\_  
(Parent/Guardian)/(Staff) Signature

\_\_\_\_\_  
Student/Staff Identification Number

\_\_\_\_\_  
Date

# 2018-2019 Estándares de datos PEIMS

## Anexo F: Guía para el informe de origen étnico y raza

Agencia de Educación de Texas

Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal de las Escuelas Públicas de Texas

El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).

Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.

Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).

### Parte 1. Etnicidad: ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)

- Hispano/Latino** – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.
- No Hispano/Latino**

### Parte 2. Raza: ¿Cuál es la raza de la persona? (Escoja uno o más de uno)

- Indio Americano o Nativo de Alaska** – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo América Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu
- Asiático** – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam..
- Negro o afroamericano** – Una persona con orígenes de cualquier grupo racial negro de África
- Nativo de Hawai u otras islas del pacífico** – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico
- Blanco** – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África

Nombre del estudiante/miembro de personal (escribir en letra de molde)

Firma de padre/representante legal/miembro del personal

Número de identificación del estudiante/miembro de personal

Fecha

Agencia de Educación de Texas

**San Saba Independent School District  
CORPORAL PUNISHMENT NOTIFICATION AND PERMISSION FORM**

Student: _____	Grade: _____
Parent phone number(s): _____	

FQ  
(LOCAL)

**CORPORAL PUNISHMENT**

Corporal punishment may be used as a discipline management technique in accordance with the Student Code of Conduct. Corporal punishment shall be limited to spanking or paddling the student and shall be administered only in accordance with the following guidelines:

**GUIDELINES:**

1. The student shall be told the reason corporal punishment is being administered.
2. Corporal punishment shall be administered only by the principal or designee.
3. The instrument to be used in administering corporal punishment shall be approved by the principal.
4. Corporal punishment shall be administered in the presence of one other District professional employee and in a designated place out of view of other students.

**PARENT REQUEST**

The District shall honor a parent request that corporal punishment not be administered to his or her child; however, the District shall impose other disciplinary measures consistent with the offense.

**PLEASE READ THE ABOVE POLICY VERY CAREFULLY AND THEN CHECK THE BOX OF YOUR CHOICE BELOW, SIGN AND RETURN WITH THE ENROLLMENT PACKET:**

- I do **NOT** grant permission for SSISD to administer corporal punishment to my child.
- I do grant permission for SSISD to administer corporal punishment to my child.

Student's name: \_\_\_\_\_

Parents' name(s): \_\_\_\_\_

Parent signature: \_\_\_\_\_

(Parents will be notified prior to the administration of corporal punishment.)

**El Distrito Escolar Independiente de San Saba  
Castigos Corporales Formulario de n Y AUTORIZACIÓN**

Nombre del estudiante: \_\_\_\_\_ Grado: \_\_\_\_\_

Numero de contacto del padre: \_\_\_\_\_

FQ  
(local)

el castigo corporal

el castigo corporal puede ser utilizado como una técnica de manejo de disciplina de conformidad con el Código de Conducta del Estudiante. Los castigos corporales se limitará a las nalgadas o remando el estudiante y se administrarán de acuerdo con las siguientes directrices:

Instrucciones:

1. El estudiante será dijo la razón el castigo corporal está siendo administrada.
2. Los castigos corporales se administrará únicamente por el director o su designado.
3. El instrumento que se utiliza para administrar el castigo corporal será aprobado por el director.
4. El castigo corporal deberá administrarse en presencia de otro distrito y profesional de los empleados en un lugar designado, fuera de la vista de otros estudiantes.

Solicitud del padre

El distrito respetará la solicitud del padre de que el castigo corporal no debe ser administrado a su hijo; sin embargo, el distrito deberá imponer otras medidas disciplinarias consistentes con el delito.

**Por favor lea la política anterior CON MUCHO CUIDADO Y, a continuación, active la casilla de su elección, a continuación, firmar y devolver CON EL PAQUETE DE INSCRIPCIÓN:**

- Yo **NO** doy permiso a SSISD de infligir castigos corporales a mi hijo.
- Yo **SI** doy permiso para SSISD de infligir castigos corporales a mi hijo.

Nombre del  
estudiante: \_\_\_\_\_

Padres' nombre(s):  
\_\_\_\_\_

Padre firma: \_\_\_\_\_

*(Los padres serán notificados antes del castigo corporal por el director de la escuela.)*

## 2018-2019 San Saba Independent School District

**Please complete and return this form to your child's campus.**

### **ACKNOWLEDGMENT OF ELECTRONIC DISTRIBUTION OF STUDENT HANDBOOK AND STUDENT CODE OF CONDUCT:**

As required by state law, the board of trustees has officially adopted the SCOC in order to promote a safe and orderly learning environment for every student. We urge you to read the SCOC thoroughly and to discuss it with your student.

My child and I have been offered the option to receive a paper copy of or to electronically access at [www.san-saba.net](http://www.san-saba.net) the San Saba ISD Student Handbook and the Student Code of Conduct (SCOC) for 2018–19.

#### **I have chosen to:**

- Accept responsibility for accessing the Student Handbook and the Student Code of Conduct by visiting the web address listed above.
- Receive a paper copy of the Student Handbook and the Student Code of Conduct.

I understand that the handbook contains information that my child and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Student Code of Conduct. If I have any questions regarding this handbook or the Code of Conduct, I should direct those questions to the principal at the respective campus.

Printed name of student: \_\_\_\_\_ Signature of student:

\_\_\_\_\_

Printed name of parent: \_\_\_\_\_ Signature of parent:

\_\_\_\_\_

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Date: \_\_\_\_\_

### **Media Release**

**I give permission for my child's artwork and/or school work in the form of video or other pieces of positive work to be broadcast on the school's website or in the newspaper with educator approval.**

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **Student Directory Information**

#### **San Saba ISD**

**Certain information about district students is considered directory information and will be released to anyone who follows procedures for requesting the information, INCLUDING THE MILITARY, unless the parent or guardian objects to the release of directory information about the student. If you do not want SAN SABA ISD to disclose directory information from your child's education records without prior written consent, you must notify the district in writing two weeks of enrollment:**

*Student name, address, telephone listing, e-mail address, photograph, date of birth, major field of study, degrees, honors, and awards received, dates of attendance, grade level, most recent school previously attended, participation in officially recognized activities and sports, weight and height, if a member of an athletic team*

## 2018-2019 El Distrito Escolar Independiente de San Saba

**Por favor, complete y envíe este formulario a su niño del campus.**

### Reconocimiento de la distribución electrónica del Manual del alumno y el Código de Conducta del Estudiante (CCDE):

Como requerido por la ley estatal, la Junta de Síndicos ha aprobado oficialmente el CCDE para promover un ambiente de aprendizaje seguro y ordenado para cada estudiante. Le instamos a leer el CCDE cuidadosamente y discutir con su estudiante.

Mi hijo y me han ofrecido la posibilidad de recibir una copia en papel o electrónicamente a la [www.san-saba.net](http://www.san-saba.net) acceso San Saba ISD Manual del alumno y el Código de Conducta el Estudiante (CCDE) para 2018-19.

#### He escogido:

aceptar responsabilidad para acceder al manual del estudiante y el Código de Conducta del Estudiante visitando la dirección web que aparece más arriba.

recibir una copia en papel del Manual del alumno y el Código de Conducta del Estudiante.

Entiendo que el manual contiene información que mi hijo y yo pueda necesitar durante el año escolar y que todos los estudiantes serán responsables por su comportamiento y estarán sujetos a las consecuencias disciplinarias descritas en el Código de Conducta del Estudiante. Si tengo alguna duda con respecto a este manual o el código de conducta, debo dirigir esas preguntas al principal en los respectivos campus.

Nombre impreso de estudiante: \_\_\_\_\_ Firma del estudiante:

\_\_\_\_\_

Nombre impreso de un padre: \_\_\_\_\_ Firma del padre:

\_\_\_\_\_

Escuela: \_\_\_\_\_ Nivel: \_\_\_\_\_ Fecha: \_\_\_\_\_

### Comunicado de Prensa

Le doy permiso para que mi hijo los trabajos de arte y/o trabajo escolar en forma de vídeo u otras piezas de la labor positiva que se emite en la escuela o en el sitio web del periódico con aprobación del educador.

Firma de un padre: \_\_\_\_\_ Fecha: \_\_\_\_\_

### Directorio de Estudiantes Información

#### San Saba ISD

Cierta información sobre los estudiantes del distrito se considera la información de directorio y será liberado para cualquiera que siga los procedimientos para solicitar la información, incluidos los militares, a menos que el padre o tutor se opone a la liberación de la información de directorio sobre el estudiante.

**Si no desea que San Saba ISD divulge la información del directorio de los registros educacionales de su hijo sin el consentimiento previo por escrito, usted debe notificar al distrito por escrito durante dos semanas de el registro escolar:**

*nombre del estudiante, dirección, número telefónico, dirección de correo electrónico, fotografía, fecha de nacimiento, campo principal de estudio, grados, honores y premios recibidos, fechas de asistencia, el nivel escolar más reciente, asistido anteriormente a la participación en actividades y deportes oficialmente reconocidos, peso y estatura, si un miembro de un equipo de atletismo*



**San Saba Independent School District  
Elementary & Middle School Transportation Information**

Student name \_\_\_\_\_ Campus \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parents/Guardian name(s) \_\_\_\_\_

Parents/Guardian signature \_\_\_\_\_

**My child will have the following means of transportation after school:**

\_\_\_\_\_ Ride School Bus – Driver's name \_\_\_\_\_

\_\_\_\_\_ Ride Hill Country Van

\_\_\_\_\_ Walk/Ride bike home

\_\_\_\_\_ Picked up by parent

\_\_\_\_\_ Picked up by the following persons (please notate contact phone number):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**El Distrito Escolar Independiente de San Saba  
Elementary y Middle School Información del Transporte**

Student name \_\_\_\_\_ Campus \_\_\_\_\_ Grado \_\_\_\_\_

Dirección \_\_\_\_\_ Teléfono \_\_\_\_\_

Nombre(s) de Padre(s) \_\_\_\_\_

Firma de Padre(s) \_\_\_\_\_

**Mi hijo tendrá los siguientes medios de transporte después de la escuela:**

\_\_\_\_\_ Ride School Bus - nombre del conductor \_\_\_\_\_

\_\_\_\_\_ Ride Hill Country Van

\_\_\_\_\_ Para caminar/correr en bicicleta home

\_\_\_\_\_ recogido por sus padres

\_\_\_\_\_ recogido por las siguientes personas (Favor de anotar el número de teléfono de contacto):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**San Saba Independent School District  
HOME LANGUAGE SURVEY**

Student Name: \_\_\_\_\_

Campus: \_\_\_\_\_

Grade: \_\_\_\_\_

**TO BE FILLED OUT BY PARENT OR GUARDIAN:**

1. What language is spoken in your home most of the time? \_\_\_\_\_

2. What language does your child speak most of the time? \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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**El Distrito Escolar Independiente de San Saba  
ENCUESTA DEL IDIOMA DEL HOGAR**

Nombre del estudiante: \_\_\_\_\_

Campus: \_\_\_\_\_

Grado Escolar: \_\_\_\_\_

**PARA SER RELLENADO POR LOS PADRES O LOS TUTORES:**

¿Cuál es el Idioma más hablada en su hogar? \_\_\_\_\_

¿Cuál Idioma habla su niño/a la mayoría del tiempo? \_\_\_\_\_

\_\_\_\_\_  
Firma de los Padres o del Tutor Legal

\_\_\_\_\_  
fecha

**San Saba Independent School District  
REQUEST FOR STUDENT RECORDS**

Student Name \_\_\_\_\_

Previous School Attended \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

**Please send the requested information for the enrolling student (please circle):**

Complete Transcript of Grades

Birth certificate

Social Security Card

Original Home Language Survey

Special Programs (*GT, Special Education, etc*)

Immunization record

Key to Grading system

Credits Awarded

Grades to date

Standardized test scores

Days Enrolled

List of Absences

Recent Report Card

**Please fax information to appropriate school:**

San Saba High School  
325-372-3478  
Attn: Kay Barklay

San Saba Middle School  
325-372-5228  
Attn: Sara Huron

San Saba Elementary  
325-372-6187  
Attn: Sandra Snoddy

Please mail any remaining information to the appropriate school at:  
808 West Wallace  
San Saba, Texas 76877

I authorize the release of Special Education records for the above-named student. Please release medical records, psychological records, social and/or vocational records and educational records as well as related information that you have available regarding this student to the above-named school district. I understand that this information will be treated in a confidential manner and that it will not be released to any other individual or agency without my written permission.

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

\_\_\_\_\_  
Date

**San Saba Independent School District  
808 West Wallace  
San Saba, Texas 76877  
325-372-3771**

# San Saba Independent School District

## RESIDENCY POWER OF ATTORNEY

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Custodian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, appoint \_\_\_\_\_,  
Parent/Guardian Custodian

as my attorney-in-fact for the purpose of taking any and all actions and exercising any and all powers, that I could take or exercise for the purpose of the attendance of my child, \_\_\_\_\_, in the San Saba Independent School District, as he or she deems proper and advisable. I understand that the school district will deal exclusively with the appointed custodian and not me in all matters related to my child's education in the District, unless and until I revoke this Power of Attorney in writing.

### The following specific acts and powers are granted by this Power of Attorney:

1. To receive and discuss the student's class work with appropriate District personnel.
1. To examine and receive copies of student's records and report cards from the District.
1. To give permission for the student's participation in various activities, such as, but not limited to, field trips and travel for extracurricular activities.
1. To be notified concerning medical problems and to give consent for the care and treatment of the student.
1. To be notified and consulted concerning the student's attendance and tardiness.
1. To represent the student in any disciplinary actions initiated by the District.
1. To give permission, if required, for disciplinary actions involving the student.
1. To perform any other duties, responsibilities, and privileges normally afforded to the parents of students in the District, including those for a student referred to or served by the district's program for students with disabilities.

My signature below means that I accept those decisions and actions made and taken by my attorney-in-fact on behalf of my child under the terms of this Power of Attorney. I understand that I can revoke this Power of Attorney at any time by providing a written statement revoking the Power of Attorney to San Saba Independent School District within five calendar days of revocation.

This Power of Attorney is effective only for the limited period of the \_\_\_\_\_ academic school year.

I understand that if I have provided false information to the District that I will be liable to the district for \$\_\_\_\_\_. Presenting false information or false records for identification is a criminal offense under Texas Penal Code § 37.10, and enrolling a child under false documents makes a person liable for the costs stated above.

\_\_\_\_\_  
Parent/Guardian Signature Date

State of Texas, County of San Saba

Before Me, the undersigned authority, on this day personally appeared, \_\_\_\_\_, known to me personally to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that \_\_\_\_\_ executed same for the purposes and considerations therein expressed.

Given under my hand and seal of office on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas (Notary seal)

**San Saba Independent School District  
ACCEPTANCE OF RESIDENCY POWER OF ATTORNEY**

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Custodian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, accept the powers and responsibilities granted to me by  
Custodian

this Power of Attorney for \_\_\_\_\_, in attendance in the San Saba Independent School District, as set out below.

Student

I understand that by accepting this Power of Attorney, I will bear responsibility and have authority to make all decisions and take all actions relating to the student's attendance in the named school district as if the student were my own child.

**I accept the following specific authority and powers under this Power of Attorney:**

1. To receive and discuss the student's class work with appropriate District personnel.
1. To examine and receive copies of the student's records and report cards from the District.
1. To give permission for the student's participation in various activities, such as, but not limited to, field trips and travel for extracurricular activities.
1. To be notified concerning medical problems and to give consent for the care and treatment of the student.
1. To be notified and consulted concerning the student's attendance and tardiness.
1. To represent the student in any disciplinary actions initiated by the District.
1. To give permission, if required, for disciplinary actions involving the student.
1. To perform any other duties, responsibilities, and privileges normally afforded to the parents of students in the District, including those for a student referred to or served by the district's program for students with disabilities.

By my signature below, I attest that the student named in this Power of Attorney resides with me at the address stated for the majority of the time and will reside at that address during the \_\_\_\_\_ school year.

I understand that if I have presented false information on District enrollment forms I will be liable to the District for \$ \_\_\_\_\_. I also understand that presenting false information or false records for identification is a criminal offense under Texas Penal Code § 37.10, and enrolling a child under false documents makes a person liable for the costs stated above.

\_\_\_\_\_  
Custodian Signature

\_\_\_\_\_  
Date

State of Texas, County of San Saba

Before Me, the undersigned authority, on this day personally appeared, \_\_\_\_\_, known to me personally to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that \_\_\_\_\_ executed same for the purposes and considerations therein expressed.

Given under my hand and seal of office on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Notary Seal)

\_\_\_\_\_  
Notary Public in and for the State of Texas