

BOYD INTERMEDIATE/ MIDDLE SCHOOL
STUDENT ENROLLMENT FORM 2019-2020

Student's Legal Name: _____
(as shown on birth certificate) Last First Middle Generation

Preferred Name: _____

Date of Birth: ___/___/___ Birth Place: _____ Grade: _____
City State/Country

Student's Social Security # ___/___/___ Sex: [] Male [] Female

Student's Language: _____ Parent's Language: _____

Ethnicity (choose only one) [] Hispanic/Latino [] Not Hispanic/Latino

Race (choose one or more)

- [] American Indian/Alaska Native [] Black or African American [] White
[] Asian [] Native Hawaiian/Pacific Islander

Student's Residence: _____
(Physical Address) Street City State Zip

Mailing Address: _____ Home Phone (____) _____
P.O. Box City State Zip

*** Please provide a proof/verification of residency***

Student lives with (check all that apply):

- [] Father [] Stepmother
[] Mother [] Legal Guardian (Proof of Guardianship required)
[] Grandparents [] Temporary Guardian (Signed Power of Attorney required)
[] Stepfather [] Other

Priority ___ Parent/Guardian Relationship to Student: _____ Legal Guardian? _Y_ _N

Name: _____ Employer: _____

Home Address: _____
Street City State Zip

Mailing Address: _____
P.O. Box or Route City State Zip

Home Phone Number (____) _____ Cell Phone Number (____) _____

Work Phone Number (____) _____ Email Address _____

Priority ___ Parent/Guardian Relationship to Student: _____ Legal Guardian? _Y_ _N

Name: _____ Employer: _____

Home Address: _____
Street City State Zip

Mailing Address: _____
P.O. Box or Route City State Zip

Home Phone Number (____) _____ Cell Phone Number (____) _____

Work Phone Number (____) _____ Email Address _____

If child does not reside with both parents, are there any restrictions regarding visitation and pickup at school? If yes, please give a brief explanation below. We must have a certified copy of the latest divorce/custody decree with a raised seal.

Has child ever been retained? Y N If yes, what grade(s)?

Was the student enrolled in any of the following programs? (check all that apply)

- 504
- Bilingual/ESL
- Dyslexia
- Free/Reduced Lunch Program
- Gifted/Talented
- Migrant/Immigrant
- Occupational Therapy
- Physical Therapy
- Special Education
- Speech Therapy

Will the student ride the bus to school? Yes No

If yes, parent/guardian must contact Transportation Department @ (940) 433-9514 to arrange transportation services.

List all children residing in household:

Last Name	First Name	Date of Birth	School

EMERGENCY CONTACT/AUTHORIZATION TO PICK UP FROM SCHOOL

(To be used if parents/guardians listed on Page 1 cannot be located OR are unable to pick up child)

Name: _____ Relationship: _____

Home # _____ Work # _____ Cell # _____

Name: _____ Relationship: _____

Home # _____ Work # _____ Cell # _____

EARLY DISMISSAL PROCEDURE

On rare occasions it may become necessary to dismiss school early because of severe weather conditions, interruption of electrical or gas services, or other unforeseen emergency conditions. In such instance, every effort will be made to notify you by means of radio and television (Channel 5, WBAP 820AM). Should it become necessary to have an unscheduled early dismissal of children from school during the day because of emergency conditions, please have my child do the following:

- Ride the bus early
- Walk home early
- Go home with emergency contact listed above.

Information on person enrolling child: Education Code 25.002(f)

Last Name	First Name	Middle Initial	Date of Birth
			/ /

Address	City	State	Zip Code

I affirm that all the above information is true and correct for the above named student.

Signature of Parent/Guardian Date

FOSTER CARE AND MILITARY CONNECTED STUDENTS

The Texas Legislature requires that Boyd ISD collect data regarding the foster care status of all students enrolled in Boyd ISD (SB 833). In addition, Boyd ISD is required to collect data regarding students who are Military Connected (SB 525).

If either of the two following items apply to your student, please complete and return this form to your student's school as soon as possible:

FOSTER CARE:

1. Is your student currently in the conservatorship of the Department of Family and Protective Services?
 Yes (please check)
Student's Name (please print) _____
Please attach a copy of the Texas DFPS Placement Authorization Form (Form 2085) or a court order that designates the student is in foster care.
2. **PK student only:** Was your PK student previously in the conservatorship of the Department of Family and Protective Services following an adversary hearing held as provided by Section 262.201, Family Code?
 Yes (please check)
Student's Name (please print) _____
Please attach a copy of the verification letter you received from the Texas DFPS and CPS.

MILITARY CONNECTED:

1. Is your student a dependent of a member of the United States military serving in the Army, Navy, Air Force, Marine Corps, or Coast Guard on active duty?
 Yes (please check)
2. Is your student a dependant of a member of the Texas National Guard (Army, Air Guard, or State Guard)?
 Yes (please check)
3. Is your student a dependent of a member of a reserve force of the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard)?
 Yes (please check)
4. **PK student only:** Is your PK student a dependent of an active duty uniformed member of the Army, Navy, Air Force, Marine Corps, or Coast Guard, or activated/mobilized uniformed member of the Texas National Guard (Army, Air Guard, or State Guard) who was injured or killed while serving on active duty?
 Yes (please check)

If you checked any of the above:

Student's Name (please print) _____

Grade _____ ID Number _____ Elementary Homeroom Teacher _____

Encuesta Ocupacional 2019-2020

Fecha: _____ Distrito: _____ Escuela: _____ Grado: _____
 Nombre del Estudiante: _____ Fecha de Nacimiento: _____

El distrito escolar está ayudando al estado de Texas a identificar estudiantes que califican para recibir servicios educativos adicionales. Simplemente, en el caso de que alguien en su familia haya trabajado temporalmente en la agricultura.

1. En los últimos tres años ¿Alguien de su familia ha vivido o permanecido temporalmente en algún pueblo o ciudad (ya sea por un fin de semana o un poco mas) por razones de buscar trabajo en la AGRICULTURA? (Ejemplo: recogiendo nueces o transportando paja)

No SI

2. ¿Alguna vez ha trabajado en empleo temporal o estacional en EE.UU. como los mencionados aquí abajo?

No SI (Por favor marque todos los trabajos que aplican.)

Por favor complete el resto de la información siguiente:

Nombre del Padre/Tutor 1: _____ Nombre del Padre/Tutor 2: _____
 Domicilio/apartamento: _____ Calle _____ Ciudad _____ Código Postal _____
 Numero de Teléfono: _____
 Dirección de correo postal (Marque si es el mismo domicilio.): _____ Calle _____ Ciudad _____ Código Postal _____

Toda su información será confidencial. Solo para uso de la escuela:
 Por favor envíe todas las encuestas a migrant@esc11.net.

2019-2020 Occupational Survey

Today's Date: _____ District: _____ Campus: _____ Grade: _____
 Student Name: _____ Date of Birth: _____

Our school district is helping the state of Texas identify students who may qualify to receive additional educational services, because someone in your family has engaged in temporary, agriculture work.

1. In the last three years, did you live/stay somewhere temporarily (for the weekend or longer) in order to work or look for work in AGRICULTURE? (Example: picking pecans or hauling hay)

No Yes

2. Have you performed any of the jobs listed below (temporarily or seasonally) within the U.S.?

No Yes (Please check all that apply below.)

Please complete below:
 Parent 1/Guardian Name: _____ Parent 2/Guardian Name: _____
 Home Address/Apt Name: _____ Street _____ City _____ Zip _____
 Telephone Numbers: _____
 Mailing Address: (Check if same as home address) _____ Street _____ City _____ Zip _____

The information provided below will be kept confidential.
 For School Use Only: Please email migrant@esc11.net.



Today's Date:

2019-20 Student Residency Questionnaire

PLEASE COMPLETE (1) ONE FORM FOR EACH STUDENT

STUDENT NAME: (LAST NAME, FIRST NAME)	CFISD STUDENT ID:	BIRTH DATE: / /
ADDRESS WHERE STUDENT SLEEPS AT NIGHT: (Include City, State, and Zip)		CFISD SCHOOL:
HOW LONG HAS THE STUDENT BEEN AT THIS ADDRESS? # years # months # weeks # days		BEST CONTACT PHONE #:
PREVIOUS ADDRESS – WITHIN THE LAST YEAR: (Include City, State, and Zip)	HOW LONG DID THE STUDENT LIVE AT THIS PREVIOUS ADDRESS? # years # months # weeks # days	
LAST SCHOOL ATTENDED:	LAST DISTRICT ATTENDED:	CURRENT GRADE LEVEL:
NAME OF PERSON(S) WITH WHOM STUDENT RESIDES:		
PLEASE INDICATE HOW THE STUDENT IS RELATED TO THE INDIVIDUAL(S) THEY ARE RESIDING WITH. <input type="checkbox"/> One or Both Parents <input type="checkbox"/> Legal Guardian (granted only by a court) <input type="checkbox"/> Foster Guardian (granted by CPS) <input type="checkbox"/> Caregiver (Examples: friends, relatives, etc.) <input type="checkbox"/> Alone with NO adult(s)		

1. The student currently lives in a home or apartment owned or rented by a parent or legal guardian? YES NO
2. Does the home have running water, electricity, heat and/or large enough space for the size of the family? YES NO



If you answered **YES** to the questions above, **skip the remainder of the form.**
 If you answered **NO** to one of the questions above, *please complete the remainder of the form.*

3. Is your current address a temporary living arrangement due to any of the following: loss of housing, natural disaster (such as flood, tornado, wildfire, or hurricane), eviction/foreclosure, domestic violence, home fire, unhealthy living conditions, incarceration of parent/ legal guardian? YES NO
 - If YES, date the natural disaster or incident took place: _____
 - Where the natural disaster or incident took place, including county: _____
4. Check only one of the following to describe where the student lives:
The student lives in...
 - Emergency shelter because I do not have permanent housing (Name of shelter or organization: _____)
 - Hotel/Motel, because of loss of housing, or economic hardship (Name of hotel/motel: _____)
 - Transitional housing (housing available only for a certain length of time and partly or completely paid for by a church, nonprofit, or other: please specify _____)
 - Home of a friend/relative due to loss of housing (examples: fire, flood, lost job, divorce, eviction, etc.)
(Name and relationship of person residing with _____)
 - A place not designed for ordinary sleeping accommodations (car, park, campground, street, abandoned building or substandard housing: please specify _____)

STUDENT RESIDENCY QUESTIONNAIRE (PAGE 2)

STUDENT NAME: (LAST NAME, FIRST NAME)	CFISD CAMPUS:
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5. Are there any other children in the home enrolled in school? YES NO

Provide information for school-age children living in the home. If necessary, use the back of the form to list additional students.

Last Name	First Name	Grade	School	Sibling
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

Please explain your situation in specific details *(additional information will assist with determining eligibility)*:

FOR SCHOOL USE ONLY

Signature of Parent/Guardian/Caregiver or Unaccompanied Student:	Today's Date:
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Presenting a false record or falsifying records is a criminal offense punishable by up to 10 years and \$10,000. TEXAS PENAL CODE §37.10. A person who enrolls a child under false documents may be liable for the cost of tuition or other costs. TEXAS EDUCATION CODE §25.002(d).

I have read and understood the information provided above. I understand that if any of the responses given on this form are found to be false, I will be subject to criminal, civil and administrative penalties. I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.

This form helps determine the services the student may be eligible to receive under the McKinney-Vento Act (42 U.S.C. 11435). Answers to this residency form are private and will be shared with District staff only to the extent necessary to provide services. Because this information is not maintained in your child's permanent school record, it must be collected each school year. Please answer fully and honestly to assist school staff in appropriately enrolling your child.

DISTRICT USE ONLY	
<input type="checkbox"/> Accompanied Youth (in physical custody of parent/legal guardian)	<input type="checkbox"/> Unaccompanied Youth (NOT in physical custody of parent/legal guardian)
<input type="checkbox"/> Student qualifies as homeless.	<input type="checkbox"/> Student does NOT qualify as homeless.
McKinney-Vento Homeless Liaison Signature:	Date:
Comments:	



Boyd Independent School District Health Services
 Whitney Lamance, RN 940-433-9560 Ext. 562 BIS/BMS
 Tori Hall, RN 940-433-9520 Ext. 524 BES/BHS
 Emergency Contact Form/Allergy Disclosure Form

IMPORTANT MEDICAL INFORMATION

- My child has NO KNOWN MEDICAL PROBLEMS
- My child has the following medical problems:

- Does your child require accommodations or modifications for any medical problem listed? **Circle:** yes or no
- What are the accommodations or modifications recommended by your physician? (documentation from physician is required)

- List medication(s) your child takes on a routine basis: (specify if they take at home or will take at school)

- Does your student have allergic reactions to medications, food, insect bites, etc? **Circle:** yes or no
 If yes, please list:
 Medication(s): _____
 Food(s): _____
 Insect(s): _____
- Is this allergic reaction considered to be life-threatening? **Circle:** yes or no
- Does your child require accommodations or modifications for any allergy listed? **Circle:** yes or no?
 o You must fill out the request for food allergy information form
- What does the reaction look like and what is the treatment and accommodations recommended by students' physician? (documentation is required for modifications and accommodations)

- PREFERRED FAMILY PHYSICIAN: _____ Phone # _____
- PREFERRED HOSPITAL: _____ City: _____
- HEALTH INSURANCE: (please circle) Medicaid CHIPS NO insurance Private Insurance

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event of a medical emergency at school, the school will first attempt to contact the students parents. If the parents cannot be reached, and the child needs immediate medication treatment, the information below would be given to the hospital or clinic. The purpose of the EMERGENCY MEDICAL TREATMENT for is to obtain medical treatment for your child in the event you cannot be contacted. The school does not assume any financial responsibility, but does promise to provide the best care possible to our students in the event of an emergency.

I understand that by signing below I am granting authorization that:

- *My child will be taken to a hospital or clinic nearest and most appropriate to the school or activity he/she is attending.*
- *I release BISSD staff members and trustees from any and all claims for liabilities for the injuries that occur to my child as a result of the medical care she receives once care is given to emergency facility.*
- *Release of health information pertaining to my child may be given to other health care professionals involved with my child.*

 Signature of Parent or Guardian

 Student Name

 Date

 Grade

Directory Information – Name: _____ Gr: _____

State law requires the district to give you the following information:

Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about the student. If you do not want Boyd ISD to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing by September 09, 2016, within ten school days of child's first day of instruction for this school year.

This means that the district must give certain personal information (called "directory information") about your child to any person who requests it, unless you have told the district in writing not to do so.

You have the right to tell the district that it may, or may not use certain personal information about your child for specific ***school-sponsored purposes***. The district is providing you this form so you can communicate your wishes about these issues.

For ***school-sponsored purposes*** Boyd ISD has designated the following information as **directory information**. Please mark **YES** to allow information to be distributed or **NO** to exclude your child's information.

YES	NO	Name:
		Student's name
		Address
		Telephone listing
		Photograph (for web page and yearbook)
		Date of birth
		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
		Enrollment status

Directory information identified only for ***limited school-sponsored*** purposes remains otherwise confidential and will not be released to the public without the consent of the parent or eligible student.

Parent signature _____ Date _____

For all other purposes, Boyd ISD has designated the following information as directory information:

- Student's name
- Address

Parent signature _____ Date _____

**Parent's Response Regarding Release of Student Information to
Military Recruiters and Institutions of Higher Education**

Federal law requires that the district release to military recruiters and institutions of higher education, upon request, the name, address, and phone number of secondary school students enrolled in the district, unless the parent or eligible student directs the district not to release information to these types of requestors without prior written consent.

Parent: Please complete the following only if you **do not** want your child's information released to a military recruiter or an institution of higher education without your prior consent.

Parent signature _____ Date _____

Bus Student Information Sheet

2019-2020

Please fill out for each child you anticipate requiring bus services at any point this school year.

AM

PM

please check if student is new to district

Student

Last Name: _____ First Name: _____ Grade: _____

Parent/Guardian

Last Name: _____ First Name: _____

Email: _____

Physical Address: _____

Pick up/ drop off address if different than above: _____

Home phone: _____ Cell phone: _____ Work Phone: _____

Emergency Phone/ Contact info if different than above: _____

List any medical problems the driver should be aware of:

List name and grade of any siblings that will be riding the bus

Please be advised of the following rules:

Please initial your understanding of these rules: _____

1. Student must stay seated with feet on the floor at all times.
2. No yelling or screaming or throwing items on the bus.
3. No hitting or fighting
4. Student must keep head, arms and feet inside bus at all times.
5. There will be no cursing, foul or inappropriate language or gestures
6. Students will show respect to others.
7. There will be no eating or drinking on the bus. This includes gum and candy. Water is accepted
8. Driver has the right to assign or reassign seats at any time.
9. Students needing dropped off at another location will require a note signed by the office. The office will need a note from both student's parents. If there is no note they will not be allowed on the bus.
10. Student must be out waiting for bus at bus stop location.

If you have any questions, please contact the Transportation Director at (940) 433-2327 ext 514

Sharon Nelson snelson@boydisd.net

Brenda Riley briley@boydisd.net

If you need assistance or have any questions about this document, please contact:

Transportation at phone 940-433-2327 or email snelson@boydisd.net or briley@boydisd.net

Translation services are available.

Si necesita asistencia o tiene alguna pregunta sobre este documento, comuníquese con:

Transportation teléfono 940-433-2327 or correo electrónico snelson@boydisd.net or briley@boydisd.net

Los servicios de traducción están disponibles.