

**Boyd High School  
Student Enrollment Questionnaire**

Student Name:		Today's Date:
Date of Birth:	Grade:	School: Boyd High School

Your child may be eligible for additional educational services through Title X, Part C McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

**Where are you and your family currently living? Please check one of the boxes below.**

<p><b>Section A</b></p> <p><input type="checkbox"/> Rent/own my own home or apartment</p> <p><b>STOP:</b> <i>If you checked the box that you rent/own your own home or apartment skip to the bottom of the page, sign the form, and then submit to school personnel. If you do not rent/own your own home or apartment, please continue to the next section.</i></p> <hr/> <p><b>Section B</b></p> <p><input type="checkbox"/> Temporarily with another family member or friend until we can locate affordable housing</p> <p><input type="checkbox"/> In an emergency or transitional shelter</p> <p><input type="checkbox"/> In a vehicle, park, campground, or on the streets</p> <p><input type="checkbox"/> In a house, building, or trailer WITHOUT running water or electricity</p> <p><input type="checkbox"/> In a hotel or motel</p> <p><input type="checkbox"/> With an adult that is not a parent or legal guardian</p> <p><input type="checkbox"/> Alone or in different locations, without an adult serving as a caregiver</p> <p><input type="checkbox"/> Wherever I can find a place to stay at night</p> <p><input type="checkbox"/> Other Please Explain:</p>
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**If you checked a box in section B, in the space below please list all children currently living with you who attend "name" Public Schools.**

First and Last Name of Student	Male or Female	Date of Birth	Grade	School Name

Would you like to be contacted by an employee of the school to discuss additional educational services that may be available to your child?       YES       NO

*The undersigned certifies that the information provided is correct and accurate.*

(Print) Parent/Guardian or Adult Caring for the Student: \_\_\_\_\_

Relationship to the Student: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Section 9528 of the No Child Left Behind Act of 2001  
Parental Objection to Release of Student Information to  
Military Recruiters, College/University Recruiters or Prospective Employers**

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Student's Name

Dear Parent/Guardian:

Under the federal "No Child Left Behind" Act, public high schools must give the names, addresses and telephone numbers of students to military recruiters, college/university recruiters and prospective employers if the recruiters request the information (P.L. 107-110, Section 9528; 10 USC 503). However, students (over 18) or their parent has the right to instruct the school in writing that this information is not to be released.

If you do not consent to the release of this information to 1) military recruiters, 2) colleges/university recruiters and/or 3) prospective employers, please check the appropriate box below. To be certain your wishes are respected, return this form with your registration packet.

DO NOT release student contact information to Colleges/Universities, prospective employers or Military Recruiters.

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Signature of Student or Parent\*\*\*

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Date of Signature

\*\*\*If student is 18 or over

# NOTICE TO PARENTS: Directory Information

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 8, 2017; 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**:

- Student's name
- Address
- Telephone listing
- Photograph
- 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

**I give permission for Boyd High School to release information for the below school- sponsored purposes and unrelated school- sponsored purposes unless stated below.**

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.

I **(do not give)** the district permission to use the information in the above list for the specified **school-sponsored purposes**.

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

- Student's name
- Address

I **(do not give)** the district permission to release the information in this list in response to a request unrelated to school-sponsored purposes.

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

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

# Acknowledgement Form

Printed name of student:

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

Please check the following:

- I would like to receive the Boyd High School Daily Newsletter via email

Email address: \_\_\_\_\_

- I would like to receive messages via School Messenger at the following phone number(s)

\_\_\_\_\_

- Accept responsibility for accessing the Student Handbook and the Student Code of Conduct by visiting [www.boydisd.net](http://www.boydisd.net). The Handbook should be online at the beginning of the 18/19 school year. To receive a paper copy of the Handbook, please stop by the high school office.

## Policies

\_\_\_\_\_ (please initial) **I have read the Attendance Procedures and Dress Code Guidelines**

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, I should direct those questions to Dr. Susan Foster at [sfoster@boydisd.net](mailto:sfoster@boydisd.net)



Boyd Independent School District  
Drug/Alcohol Screening Test  
Parent/Student Consent

I, \_\_\_\_\_ (print name of PARENT/GUARDIAN) am parent/guardian of  
\_\_\_\_\_ (print name of STUDENT) a student enrolled in the Boyd Independent School District.

Each student is encouraged to participate in school sponsored extracurricular activities and University Interscholastic League (UIL) competition. The opportunity to participate is a privilege offered to eligible students on an equal opportunity basis. The use of alcohol or other drugs by students participating in UIL and extracurricular activities presents a hazard to the health, safety, and welfare of the students. The policy will affect those students who participate in UIL and/or extracurricular activities in grade 7-12. This policy is a preventative measure. For drug testing policies go to [www.boydisd.net](http://www.boydisd.net) and search board of trustees/board policy/drug testing.

I represent that I have the authority to consent to drug/alcohol testing of my child. I understand Boyd Independent School District's policy regarding illegal substance use and participation in BISD sponsored extracurricular activities and /or UIL practice and competition. I understand that it is the practice of BISD to conduct drug/alcohol tests for the purpose of carrying out this policy and before allowing students to participate in or to continue participating in extracurricular activities and UIL practice and competition.

**PLEASE CIRCLE** the extracurricular activity/activities your student is involved in:

Athletics (Sports including Managers), Band, Choir, Agriculture, UIL Academics, Art, Cheerleading, Theatre, Speech/Debate

Please place a check mark in the blank.

- I volunteer my child to participate in the drug/alcohol testing of the district.
- My child is **NOT involved in extracurricular activities** and I choose to opt out of drug/alcohol testing.

I understand that my child cannot be compelled to give a urine sample. I understand that if he/she gives a urine sample it will be tested for drugs and/or alcohol. I understand that giving a urine sample, when requested by BISD, is a condition of my child's continued participation in extracurricular activities. I understand that, if a test of my child's sample reveals an unexplained presence of a drug or alcohol, BISD may take action against him/her up to and including termination from participation in extracurricular activities. An exception will be made for the use of legally prescribed medications taken under the direct supervision of a physician. Based on my understanding of the above, I hereby authorize Compliance Consortium Corporation and other trained personnel to collect urine samples from my child for the purpose of testing for the presence of drugs and/or alcohol.

I further authorize the officers, employees and agents of Compliance Consortium Corporation and BISD to communicate my child's drug/alcohol test results both orally and in writing to each other, and me, and to the BISD administrators and personnel responsible for administering the testing program and extracurricular activities, and to communicate such test results at any BISD administrative or legal proceeding. I also authorize the officers, employees and agents of Compliance Consortium Corporation and BISD to have continuous access to my child's urine sample/test results for the purpose of any further analysis or study that may be necessary, and require the results to be communicated to me prior to any BISD administrative proceedings or disciplinary actions. I understand that no physician/patient relationship is established by the collection of this urine sample by Compliance Consortium Corporation and that no privilege of confidentiality will attach to these test results.

Listed below are the prescription medications my child is taking on a regular basis under a doctor's care:

I hereby release and hold harmless BISD and Compliance Consortium Corporation, and their trustees, officers, employees, agents, representatives, and medical staff members from any and all liability, claims, damages and costs that may arise as a result of any action taken on an unfavorable outcome that occurs as a result of this drug/alcohol test.

This is a legal consent and release liability form.

Please read it carefully and be sure your questions have been answered before signing.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Witness/School Official

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student School ID#

\_\_\_\_\_  
Grade

**Bus Driver  
Information Sheet  
2018-2019**

Do you anticipate your child requiring bus services at any point this school year?

Yes

NO

please ck if student is new to district

If no, please move on to the next registration form.

If yes, please continue to fill out the information below.

-----  
Student Name: \_\_\_\_\_ Campus: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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 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.

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

Sharon Nelson [snelson@boydisd.net](mailto:snelson@boydisd.net)

Brenda Riley [Briley@boydisd.net](mailto:Briley@boydisd.net)

Bus office use only:

- Contacted parent
- Updated on school and bus roster
- Filed in Big Office binder
- Given to Bus driver







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

## Boyd ISD Student Acceptable Use Policy 2018-2019 School Year

At Boyd ISD, we use technology to enhance our mission of teaching 21st century skills and knowledge that will impact and better prepare students to succeed in the global community. These technologies may include, but are not limited to, district provided equipment as well as personal devices. It is our policy to maintain and promote a learning environment that educates students on meaningful, safe, and responsible use of technology. We want the students to embrace the following guidelines so they may become responsible, digital citizens.

I will use technology in a meaningful, safe, and responsible way.

- I understand that I represent Boyd ISD in all my online activities and that what I do on social networking websites should not reflect negatively on my fellow students, teachers, or school.
- I will use technology resources productively and appropriately for school-related resources.
- I will avoid using any technology resource in a way that would disrupt the activities of others.
- I will use email and other means of communication (edmodo, blogs, chat, discussion boards, podcasting, etc) responsibly and respectfully.
- I understand that the school internet, school devices, and my school accounts are property of Boyd ISD and anything I do will be monitored.
- I understand that the campus and district administrators define what is inappropriate conduct if it is not specified in this agreement. I

will use technology in accordance with the laws of the United States and the State of Texas.

- Criminal acts – These include, but are not limited to, “hacking” or attempting to access computer systems without authorization, harassing email, cyberbullying, cyberstalking, child pornography, vandalism, and/or unauthorized tampering with computer systems.
- Libel laws - Publicly defaming people through the published material on the Internet, email, etc.
- Copyright violations - Copying, selling or distributing copyrighted material without the express written permission of the author or publisher (users should assume that all materials available on the Internet are protected by copyright), or engaging in plagiarism (using someone else's words or ideas as your own).

### IPAD INFORMATION

#### WHY THE DISTRICT PROVIDES AN IPAD FOR EVERY STUDENT?

An iPad is a powerful technology device. When each student has an iPad just for his or her own use, the device can be personalized to meet individual interests and learning styles. iPads include a camera, wireless internet, a word processor, and access to all sorts of easy-to-use software applications (known as “apps”). iPads also come with built-in features that make learning easy and enjoyable for everyone. Internet access at home is not required. Everything a student needs to use an iPad after school can be downloaded during the school day. iPads are easy to carry and their batteries last a long time, so learning can take place anywhere.

Grades K-5	All iPads will stay on campus in the classroom. iPads will not be allowed to go home. Ipad must be turned in everyday to the teacher or librarian. There is NO issuance fee. See the Replacement/Deductible Cost table below for lost, stolen, or damaged iPads fees associated with this plan. Students may opt to use a personal device.
Grades 6-12	Students will have the option to pay an issuance fee of \$30.00 and take their iPad home daily or check their iPad out daily from the library. See the Replacement/Deductible Cost table below for lost, stolen, or damaged iPads fees associated with this plan. Students may opt to use a personal device.

#### Expectations for using the iPad.

- Keep usernames, passcodes, and passwords private.
  - Know where your iPad is at all times.
  - Store and share your work in your Google Drive.
  - Put your lunch number as your passcode.
  - Must be used to support your learning and be school appropriate.
  - Follow the care guide and troubleshooting tips.
- \*\*\*Only school approved apps will be installed on your iPad\*\*\*

#### Caring for your iPad.

- Keep your school provided case on at all times. (unless you are cleaning the screen)
- Do not stack items on your iPad.
- Charge your iPad every night to a full charge.
- NEVER LEAVE THE IPAD UNATTENDED.
- Keep food and drinks away from your iPad.
- Do not let anyone else use your iPad. (This includes family members)
- Only use a soft lint free cloth to clean your iPad screen.
- Do not attempt to repair your iPad. (You may only follow the troubleshooting tips when your iPad is not properly working)
- Immediately report any damage to your iPad and/or lost or stolen iPads to the librarian. You must also file a police report for stolen iPads.

#### What happens if my iPad becomes damaged, lost, or stolen?

- REPORT all damaged, lost, or stolen iPads immediately to the campus technician or librarian. Students will be able to check iPad out each day during the repair process.
- For damaged iPads that can be repaired, see the deductible table below. You must get your iPad repaired within 30 days of damaging it.
- For a lost iPad, you will be responsible for the cost of the iPad.
- For a stolen iPad: You must file a police report. See the deductible table below for fees.

Parents/Guardians have 30 days to pay any bills. Payment plans may be set-up in the office of your child's campus, if needed. If bills are not cleared within 30 days, students/parents/guardians will be billed for the full cost of the repairs.

## Boyd ISD Student Personal Device Acceptable Use Policy 2018-2019 School Year

Boyd ISD's mission to provide your child a 21st century learning environment and to better prepare them for the global community requires the use of today's best technology. All Boyd ISD iPads and computers are loaded with the latest softwares, apps, and are ready to connect to our wireless network. They are also configured to go through our web content filter no matter the location of your child.

With that stated, your child can choose to use their own personal device. Boyd ISD reserves the right to require profile restrictions to be installed on personal devices if it is deemed necessary to accomplish the educational mission of the campus. Students are allowed one device to be connected to the Boyd ISD network wi-fi. Personal devices are only allowed to connect to the Guest Network.

All student devices must have the required instructional apps downloaded. The student is responsible for purchasing the required apps.

### Responsible Use:

- You must comply with the Boyd ISD Responsible Technology Use Guidelines.
- You must connect to the guest wi-fi and sign into the rocket.
- Record the serial number of your device at home.
- Devices will be brought to school charged each and every day.
- Set a password on your device.
- Students are responsible for lost, stolen, or damaged devices. Boyd ISD will not be held responsible for lost or damaged personally owned devices.
- Student owned devices are subject to the same guidelines as the school owned devices.
- Do not share or loan your personal device.

My student has the appropriate device and will accept responsibility for repairing, replacing, and upgrading the device, as necessary. I also understand all school policies and guidelines must be followed.

I have read and understand the Boyd ISD Student Personal Device Acceptable Use Policy.

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Device Name \_\_\_\_\_

Cell phones are not considered as a school device. Devices that will be approved:

Laptops

Tablets

Chromebooks

iPads

Replacement/Deductible  
Cost

iPad mini 16GB - \$249.00	Deductible for repairs/stolen - \$25.00 Issued \$50.00 Library Checkout
iPad mini Case - \$20.00	Charging Cube - \$3.00 / Charging Cord \$5.00

Google Apps for

Education The following are the Educational Objectives of Google Apps for Education:

- Group project sharing for classroom assignments
- Digital assignment turn-in of class assignments
- Online disk storage for school work-related assignments

District educators make every reasonable effort to monitor student conduct related to class content in order to maintain a positive learning community. All Google Apps participants will respect the teachers' time and professionalism by supporting the same positive approach.

All Google Apps participants will be respectful in their postings and comments. Inappropriate language, personal insults, profanity, spam, racist, sexist or discriminatory remarks, cyberbullying or other threatening comments will not be tolerated.

All Google Apps user files and email communications are subject to review by administrative district staff; the use of this service is for class-related projects and assignments. As such, users should avoid use for non-school related purposes; as a district-monitored service, there should be no expectation of privacy.

No student, or other participant, may include any information on the site that could compromise the safety of him/herself or other class members. Participants should avoid specific comments about school location, schedules or personal information.

All Google Apps users must protect their log-in and password information and class passwords (if any). If participants suspect that a password has been compromised, they must notify the teacher immediately. No Google Apps participant may share his/her login information or protected information about the site with anyone who is not an authorized participant. Digital plagiarism of other users' work is unacceptable.

Students in grades K-6 will not have access to send and receive emails with their google account. Students in grades 7-8 will have access to email and will only be able to send and receive emails within the boydisd.net domain. Students in grades 9-12 will have full access to their email.

Student use must follow all other expectations as listed in the Boyd ISD Student Handbook. Failure of students to follow these guidelines may result in disciplinary action and/or termination of this service.

Parent/Guardian  
Consent

Google Apps for Education runs on an Internet domain owned by the school and is intended for educational use. Your student's teachers will be using Google Apps for lessons, assignments, and communication. Google Apps for Education is also available at home, the library, or anywhere with Internet access. School staff will monitor student use of Apps when students are at school. Parents are responsible for monitoring their child's use of Apps when accessing programs from home. Students are responsible for their own behavior at all times.

I agree to parent expectations and give my child permission to use Google Apps for Education. I have read and understand the Acceptable Use Policy.

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

Student Consent

I agree to abide by Student Expectations of Acceptable Use Policy.

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

6th-12th Grade ONLY

My student will use the following option as their student device for the 2017-2018 school year:

\_\_\_\_\_ Pay \$30.00 and take the school iPad home daily.

\_\_\_\_\_ Check the iPad from the library daily and return at the end of each school day.

\_\_\_\_\_ Bring a personal device. Device Name \_\_\_\_\_ SIGN THE PERSONAL DEVICE AGREEMENT

\*\*\*iPads will be issued the first week of school. If your student is planning to pay the \$30.00 issuance fee and take the iPad home, they will see the Librarian the first week of school to collect their iPad.\*\*\*