

Attachment II

Forms to be returned.

Please Sign and Return all forms to your child’s teacher and keep packet stapled together.

Check when completed	Forms to be signed and returned
	Acknowledgment Form
	Notice Regarding Directory Information / Release of Name and Photo Permission Please complete both sections with a signature and date.
	Educational Video Permission Form
	Acknowledgment of Poth ISD Illness Guidelines
	Partners in Learning – Student/Parent/Teacher Compact
	Ice Cream and Extra Food Charges Letter
	Family Survey
	All Aboard Transportation Form Must be completed by all students for field trip purposes.
	Residency Questionnaire
	Student Health Information Form and Medication Policy
	Request for Allergy Information

ACKNOWLEDGMENT FORM

2018 – 2019

Signing this form below verifies that my child and I have received a copy or will take the responsibility of accessing electronically, the Poth Elementary Student/Parent Handbook or the Handbook/ Additions or Changes, which includes the Acceptable Use Policy and the Student Code of Conduct for 2018 - 2019.

I understand that this 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 questions regarding this handbook or attachments, I should direct those questions to the principal at 830-484-3321.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

**Notice Regarding Directory Information and
Parent's Response Regarding Release of Student Information**

Regarding students records, I understand that the Federal Family Educational Rights and Privacy Act (FERPA) and the state law require that "directory information" on my child be released by the District to anyone who requests it unless I object in writing to the release of any or all of this information. I also understand that to be in compliance with the No Child Left Behind Act of 2001, the District will release to military recruiters and institutions of higher education, upon request, the name, address, and telephone listing of my child, unless I direct the District not to release this information without prior written consent. This objection must be filed, in writing, with the principal within ten days of my child's first day of instruction for this school year 2018- 2019.

Directory information includes my child's:

- Name
- Address
- Grade Level

In exercising my right to limit release of this information, I have marked through the items of directory information listed above that I direct the District NOT to release without my prior written consent.

Parent Signature: _____ Date: _____

Student Name: _____ Grade: _____

Release of Name and Photo Permission

I, _____, **DO** give permission for the District and Poth Education Foundation to release my child's name and photograph to the local papers, District web site, Yearbook, campus digital yearbook, and rosters/programs for all school-sponsored events.

I, _____, **DO NOT** give permission for the District and Poth Education Foundation to release my child's name and photograph to the local papers, District web site, Yearbook, campus digital yearbook, and rosters/programs for all school-sponsored events.

Print Name of Student: _____ Grade: _____

Signature of Student: _____

Signature of Parent/Guardian: _____ Date: _____

**POTH ELEMENTARY SCHOOL
PARTNERS IN LEARNING
STUDENT/PARENT/TEACHER COMPACT 2018/2019**

.....
WE KNOW THAT STUDENTS LEARN BEST WHEN EVERYONE
WORKS TOGETHER TO ENCOURAGE LEARNING
.....

Student Goals:

- I will attend school regularly and be on time.
- I will do my best in class and on my school work.
- I will ask for help when I don't understand something.
- I will come prepared each day (supplies, books, completed work).
- I will keep a positive attitude towards self, others, school and learning.
- I will discuss with my parents what I am learning about in school.
- I will read frequently at home.
- Other: _____



○ Student Signature: _____
.....

Parent Goals:

- I will ensure that my child attends school regularly and is on time.
- I will provide enough time and an environment at home that allows my child to complete school work and/or study at home.
- I will encourage my child to do his/her best work.
- I will be aware of my child's progress by attending conferences and requested meetings, monitoring homework, checking schoolwork and communicating with school staff.
- I will reinforce to my child the importance of respect for self and others.
- I will communicate with the teacher my concerns so that we can work together toward resolution.
- Other: _____

○ Parent Signature: _____
.....

Teacher Goals:

- I will be a positive role model.
- I will provide a positive learning environment that builds self-esteem and academic knowledge where students can be successful.
- I will maintain high expectations for myself and the students.
- I will communicate and work with families to support student learning.
- I will show respect to parents, students and family situations.
- I will collaborate and work together with parents/guardians to address concerns in a timely manner.
- Other: _____

Teacher Signature: _____

WELCOME BACK TO SCHOOL!!

Dear Parents,

We, here at the Poth ISD Cafeteria would like to welcome everyone back to school for the year 2018-2019. Attached with this letter, you will find a copy of August Menu. We encourage you to look over our menu for breakfast and lunch. We try very hard to place nutritious as well as well liked items for your child to enjoy. Breakfast is \$1.35. Reduced is 30 cents. There is a charge for extras. Please encourage your child to eat – this is the most important meal of the day. Breakfast begins at 7:15 am.

Our lunch menus consist of: choices of two vegetables, fruit of the day or fresh fruit, whole wheat bread or roll along with a warm nutritious meat item. A variety of milk is also included in your child's meal. The cost of this lunch for full pay is \$2.15 for grades K thru 5th and \$2.40 for 6th thru 12th and .40 cents for reduced.

Please see attached: The Poth Independent School District Charge Policy.

If there are any questions or suggestions you may have, please call me at 830-484-0081 or E-Mail at bmoy@pothisd.us.

Thank You,
Betty Moy
Poth I.S.D. Cafeteria Director

Please check yes or no if your child may charge extra's for breakfast or lunch on their account.

 YES NO

(All students including Free and Reduced must have money in their accounts to charge extras.)

The Poth ISD cafeteria carries a variety of Blue Bunny Ice Cream. The cost is 75 cents. Your child may purchase this ice cream several ways. **Please check one of the following so we may keep it on our records.**

- My child **MAY** take out ice cream money out of his (hers) account that is set up for lunches and **has extra money in ice cream.** All free and reduced students must have money in their accounts –they are not allowed to charge.
- My child **MAY NOT** take money for ice cream out of his or her lunchroom account and can only buy ice cream if **or she has brought their 75 cents.**

Please Print

STUDENT'S NAME: _____ GRADE: _____ TEACHER: _____

Parent's Signature: _____









2018-2019 Family Survey

Date:	District: Poth ISD	Campus:	
Student Name:		Date of Birth:	Grade Level:

Dear Parents,

In order to better serve your children, our school district is helping the State of Texas identify students who may qualify to receive additional educational services. Please answer the following questions and return this form to your child's school. **The information provided below will be kept confidential.**

NO (STOP here and return survey to your child's school.) **YES** (Please check all that apply below)

 Fruit, vegetables, sunflower, cotton, wheat, grain, on farms or ranches, fields & vineyards <input type="checkbox"/>	 Working in a cannery <input type="checkbox"/>	 Working on a dairy farm or ranch. <input type="checkbox"/>	 Working in a fishery <input type="checkbox"/>
 Working on a poultry farm <input type="checkbox"/>	 Working in a plant nursery, orchard, tree growing or harvesting <input type="checkbox"/>	 Working in a slaughterhouse <input type="checkbox"/>	 Other similar work, please explain: _____ _____

Please complete the following information: (Please print)		Best time to contact you: _____	
Parent/Guardian Name:	Home Address/Apt Name:	City:	Zip Code:
Telephone Number:	Mailing Address:	City:	Zip Code:
Please list any children who reside in the home who are under age 22 and NOT enrolled in school:			



BUS RIDERS RULES AND REGULATIONS

All or any changes of students pickup or drop off location will need to be in before 1:00PM.

Rules defining student conduct are designed to protect the passengers and shall be observed at all times. Bus safety rules shall include, but not be limited to, the following:

- The bus driver is in charge of students on the bus. Students shall follow the driver's directions at all times.
- Only authorized personnel and eligible bus students assigned to a specific bus are permitted to ride the bus.
- Buses will stop at established stops only. Students will not be permitted to leave the bus until the bus arrives at an established bus stop or the appropriate school. Students shall load and unload at their designated bus stop only.
- Students shall wait for a bus by remaining on the sidewalk. If there is no sidewalk, students will wait next to (but not in) the street. Students must wait until the bus comes to a full stop before boarding or leaving the bus.
- Students will remain properly seated at all times and not block the center aisle. Any or all students may be assigned seats.
- Students must keep their hands, head, feet and personal objects inside the bus at all times.
- Scuffling, shoving, or fighting is prohibited on the bus and at established bus stops.
- Littering or throwing items inside or from the bus is prohibited.
- Students are not allowed to consume food or drink on the bus. The use of all tobacco products is prohibited.
- Students shall not deface or vandalize the bus or related equipment. Students that violate this rule will be required to pay for damages.
- Students are not to engage in loud talking, yelling, the use of profanity, inappropriate language or gestures, on the bus.
- Students are not allowed to bring animals or harmful objects (i.e. weapons, drugs, alcohol, fireworks, etc.)
- Students while on the bus and when exiting or entering the bus are required to comply with and will be subject to the Student Code of Conduct Discipline Rules established by the School District.
- Students, while on the bus, while entering or exiting the bus and while at or in the general area of the designated loading and unloading zone area, are required to comply with and will be subject to the Student Code of Conduct/Discipline Rules established by the School District and Student Transportation Specialists.
- Pre-Kindergarten and Kindergarten must have authorized adult at bus door or the child will not be released.

(Disciplinary Procedures on next page)

CUT ON DOTTED LINE & RETURN ONLY THE INFORMATION CARD

Date: _____ Trip Only: _____ Bus #: _____ A.M. _____ P.M. _____

Student Name: _____ DOB _____

School: _____ Grade: _____ Bus #/Stop: _____

In case of accident or illness, the driver or principal may notify:

Parent/Guardian: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PM Dropoff Location: _____ If no answer, call: _____

2nd contact: _____ Phone: _____

I have read and understood the bus rules and have reviewed them with my children.

Parent/Guardian Signature: _____

Additional comments (i.e. Medical/Allergies) use back of card if necessary. _____

THE FOLLOWING DISCIPLINARY PROCEDURES FOR BUS TRANSPORTATION WILL APPLY:

(Parents will be notified by phone and mail after each offense)

- **FIRST OFFENSE**

A verbal and written warning is issued to the student.

- **SECOND OFFENSE:**

A three-day suspension is issued to the student.

- **THIRD OFFENSE:**

A ten-day suspension is issued to the student.

- **FOURTH OFFENSE:**

A thirty-day suspension is issued to the student.

- **FIFTH OFFENSE:**

Student will be suspended for the remainder of the school year.

- **SEVERE CLAUSE:**

If a student's conduct while on the bus or while exiting or entering the bus either jeopardizes the safety of other students and/or the driver, or constitutes an offense under the Student Code of Conduct/Disciplinary Rules that could result in expulsion or removal to the District's Alternative Education Program, a suspension of the student's bus transportation privileges will immediately be placed into effect for a period of time up to the remainder of the school year. This suspension will be in addition to any other disciplinary action that may be taken by the School District with respect to the conduct referred to in this clause.

Student Residency Questionnaire

The information on this form is required to meet The Education for Homeless Children and Youth (EHCY) program, authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.), also known as the McKinney-Vento Act.

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 or other costs. Texas Education Code Sec. 25.002(3)(d).

All of the questions below refer to the student that is enrolling.

School	
Student Last Name	
Student First Name	
Parent Phone Number	
Birth Date	
Grade	
Last District Attended if not Poth	
Address where the student sleeps at night (Street Address, Apartment #, City, Zip)	
How long has the student been at this address?	

“X” all boxes below that best describe where the student sleeps at night, leave those blank that do not apply:

	In a home that the student’s parent or legal guardian owns or rents (C189=0)
	In a place that does not have windows, doors, running water, heat, electricity, or is overcrowded (C189=3)
	Staying with a friend or relative because of loss of housing, economic hardship, or a similar reason (C189=2) <i>(Examples: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)</i>
	In a shelter (C189=5) <i>(Examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)</i>
	In an unsheltered location, such as: a tent, a car or truck, a van, an abandoned building, on the streets, at a campground, in the park, in a bus or train station, other similar place (C189=3)
	In a hotel or motel because of loss of housing or economic hardship (C189=4) <i>(Examples: eviction, foreclosure, cannot get deposits for permanent home, flood, fire, hurricane)</i>
	In a transitional housing program (C189=5) <i>(Housing that is available as part of a program for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, governmental agency, or another organization)</i>
	The student lives here because of a natural disaster. “X” the type of disaster below and provide the requested information: ___ Hurricane - Name of hurricane: _____ ___ Flood ___ Tornado ___ Wildfire ___ Other - Please describe: _____ Date the natural disaster took place: _____ Where the natural disaster took place, including county: _____
	The student does not sleep in any of the places described above. Where the student does sleep:

Signature of Person Providing Information
Parent/Legal Guardian/Caregiver/Unaccompanied Student

Date

For School Use Only

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature

Date

Poth Independent School District

STUDENT HEALTH INFORMATION FORM

STUDENT NAME: _____ DOB: _____ STUDENT ID: _____

ADDRESS: _____

CAMPUS: _____ GRADE: _____

PARENT/GUARDIAN: _____ RELATIONSHIP TO STUDENT: _____

PHONE: (BEST # DURING THE DAY) _____ (ALT. #): _____ EMAIL: _____

PARENT/GUARDIAN: _____ RELATIONSHIP TO STUDENT: _____

PHONE: (BEST # DURING THE DAY) _____ (ALT. #): _____ EMAIL: _____

ALTERNATE CONTACTS TO CALL IN CASE OF AN EMERGENCY AND PARENTS/GUARDIANS CANNOT BE REACHED:

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

PHYSICIAN(S) NAME: _____ PHONE: _____

_____ PHONE: _____

_____ PHONE: _____

PREFERRED HOSPITAL: _____ PHONE: _____

INDICATE IF YOUR CHILD HAS ANY OF THE FOLLOWING HEALTH CONDITIONS:

- | | | |
|---------------------------------------|-------------------------------|---------------------------------------|
| 1. ADD/ADHD | 2. CYSTIC FIBROSIS | 3. MIGRAINE HEADACHE |
| 4. ALLERGY: FOOD** | 5. DIABETES* | 6. MUSCULAR/ORTHOPEDIC DISORDER |
| 7. ALLERGY: INSECT BITE/STING* | 8. EATING DISORDER | 9. PSYCHIATRIC/PSYCHOLOGICAL DISORDER |
| 10. ALLERGY: OTHER* | 11. EPILEPSY/SEIZURES* | 12. SPECIAL NEEDS |
| 13. ASTHMA* | 14. HEARING CONDITION | 15. VISION LOSS |
| 16. BLOOD DISORDER | 17. HEART CONDITION | 18. CHICKEN POX-month/day/year _____ |
| 19. CEREBRAL PALSY | 20. KIDNEY DISORDER | 21. OTHER _____ |

***PARENT MUST PROVIDE POTH ISD HEALTH SERVICES WITH APPROPRIATE ACTION PLANS SIGNED BY THE PHYSICIAN. (EX. FOOD ALLERGY AND ANAPHYLAXIS PLAN, ASTHMA ACTION PLAN, SEIZURE ACTION PLAN, DIABETES MANAGEMENT PLAN)**

****PARENT MUST PROVIDE THE POTH ISD STUDENT NUTRITION OFFICE WITH A NOTE FROM THE DOCTOR FOR ANY SPECIAL DIETARY CONSIDERATIONS REGARDING SCHOOL LUNCHES.**

IF YOU CHECKED ANY OF THE BOXES ABOVE OR IF YOUR CHILD HAS MEDICAL CONDITIONS NOT LISTED, PLEASE EXPLAIN (INCLUDING SPECIFIC FOOD, MEDICATION OR OTHER SERIOUS ALLERGIES AND REACTIONS): _____

PAST HISTORY OF INJURIES/ILLNESSES/HOSPITALIZATIONS/SURGERIES: _____

I, THE UNDERSIGNED, DO HERBY AUTHORIZE OFFICIALS OF THE POTH INDEPENDENT SCHOOL DISTRICT TO CONTACT ALTERNATIVE ADULTS AND PHYSICIANS LISTED. I AUTHORIZE THE SCHOOL NURSE, OR TRAINED PERSONNEL, TO RENDER TREATMENT DEEMED NECESSARY IN CASE OF AN EMERGENCY. I AUTHORIZE MEDICAL INFORMATION TO BE SHARED WITH APPROPRIATE PERSONNEL. I WILL NOT HOLD POTH ISD FINANCIALLY RESPONSIBLE FOR THE EMERGENCY CARE AND/OR TRANSPORTATION OF SAID CHILD.

PARENT(S)/GUARDIAN(S) SIGNATURE: _____ DATE: _____

(Continue on back)

Student Name: _____ D.O.B.: _____ (Circle One) Male/ Female

MEDICATION POLICY

An adult must transport medication to and from school.

Parents should make every effort to schedule the student’s medication in a manner that medicine brought to school will be kept at a minimum.

Example:

- Medication 2 times daily: before school and at bedtime
- Medication 3 times daily: before school, after school and bedtime
- Medication 4 times daily: before school, at school at lunchtime, after school and bedtime

The only medication the school nurse or designated school employee may administer to a student is one that is in the **original container, properly labeled and not expired.**

For prescription medication, properly labeled means the label on the container was placed by a pharmacist, is intact and readable.

For over the counter medicines, the medicine must be in the original bottle and the label must state the name of the medication, dose, how and when to be administer.

A physician’s order and documentation is needed for any medications to be dispensed to the student. This includes the prescription and non-prescription (over-the-counter) medication. (This note can be obtained from the school nurse)

Parent(s)/Guardian(s) must send a note requesting the administration of the medication. The note must include:

- ✓ **NAME OF THE STUDENT AND GRADE LEVEL**
- ✓ **NAME OF MEDICINE**
- ✓ **DOSE TO BE GIVEN**
- ✓ **WHEN TO GIVE THE MEDICINE AND FOR HOW LONG**
- ✓ **INDICATE IF THE MEDICATION IS TO BE SENT HOME EVERY DAY**

Poth Elementary students **are not allowed** to carry medicine while on school grounds (the only exception is physician ordered emergency medications).

Medication must be taken to the nurse and picked up from the nurse by a responsible person.

Students assume responsibility for coming to the clinic to take their medicine.

Medication must be sent from home; Poth ISD does not keep medications in stock to give out to the students.

All medications must be picked up by the end of the school year. Any medications left in the nurse’s office after the last day of school will be disposed of.

Parent/Guardian Signature

Printed Name of Parent/Guardian