

## CRANDALL HIGH SCHOOL 972-427-6150

All enrollments are by appointment only during the following dates.

July 30 – August 16

Please complete the attached New student packet and bring all personal and school records below:

### Documents needed for New School Year 2019.2020

Copy of Birth Certificate

Copy of Social Security

Shot Record

Testing records EOC scores

Parent Driver's license/ID current

Proof of Residency Current Utility Bill – (2) Electric Bill, Gas, Water, Lease or Contract

### Documents from last school:

Withdrawal

Transcript very important

Most current report card

EOC/STAAR Scores

If applies: Current records for 504/ARD/IEP/LPAC/SPED

To set up an appointment please call or email

Donna Stamper, Registrar [dstamper@crandall-isd.net](mailto:dstamper@crandall-isd.net), or call 972-427-6150 ext. 5309  
Counselors, Billy Edmonds, ext. 5312, Kathy Cox, ext. 5313, and Laurie Blair, ext. 5318.

Please send the name of your student

Grade

Date of Birth

School last attended

**\*\*Please notice that all student and school records must be completed to be enrolled. Please request the above documents from your school. If I have to request, it will take longer, meaning I have to wait on the last school to send them.**

**\*\*\*After enrollment is complete you will receive a login and password to Skyward so that you can complete the other part of enrollment online.**

ENTRY DATE: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

### CRANDALL ISD STUDENT REGISTRATION/INFORMATION FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Ethnicity: (Choose one) Hispanic \_\_\_\_\_ Not Hispanic \_\_\_\_\_

Race: (Check one or more) American Indian or Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American \_\_\_\_\_  
Native Hawaiian or Other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_

**Family 1—this is the parent/guardian info for whom the student resides with in CISD**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Primary Physical Address: \_\_\_\_\_ POBox \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Family 1—other adult that resides in this home (Step Parent/Grandparent/Other: \_\_\_\_\_)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

**Family 2—other custodial parent info**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Primary Physical Address: \_\_\_\_\_ POBox \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Family 2—other adult that resides in this home ((Step Parent/Grandparent/Other: \_\_\_\_\_)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

**ARE THERE ANY CUSTODY RESTRICTIONS THAT NEED TO BE APPLIED TO YOUR CHILD? \_\_\_ Yes \_\_\_ No**

*\*If so, you MUST discuss this with a Campus Administrator at the time of enrollment and provide legal documentation.*

**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**

Sibling Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Does your child have any health problems about which the school should know?  Yes  No

Does your child take any medication on a daily basis?  Yes  No

Has your child previously been identified as a disabled child under Section 504?  Yes  No

Has your child ever received therapy for Speech or Language Development?  Yes  No

Is the student currently receiving Speech or Language Development Services?  Yes  No

Has your child previously been enrolled in Special Education?  Yes  No

Has your child previously been enrolled in a gifted or accelerated program?  Yes  No

Has your child ever been enrolled in the At-Risk program?  Yes  No

Has your child ever been enrolled in LEP/ESL/Bilingual?  Yes  No

Has your child ever been retained?  Yes  No If yes, what grade: \_\_\_\_\_

Is your child a dependent of a member of the US Military on Active Duty, or Texas National Guard, or a reserve force in the US Military?  Yes  No

If you answered yes to any above, please explain: \_\_\_\_\_

*certify that the above information is true and correct. Presenting false information or false records for identification is a criminal offense under Penal Code 37.10.*

**EMERGENCY CONTACTS OTHER THAN PARENTS-LIST IN ORDER TO BE CONTACTED:**

**Contact 1:**  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 May pick up student from school?  Yes  No

**Contact 2:**  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 May pick up student from school?  Yes  No

**Contact 3:**  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 May pick up student from school?  Yes  No

As the parent or guardian: The information collected on this document is needed as a permanent school record of your child and will be used by school personnel. By signing below you certify that the information is correct. I, the undersigned, do hereby authorize officials of this school to contact, directly, the persons named on this form and do authorize the named physician of online registration to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event the physician, parents, or other persons named on this form cannot be contacted, the school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation of said child.

**IDENTIFICATION:** Texas Education Code 25.0001 (h)  
 A person who knowingly falsifies information on a form required for a student's enrollment in the District shall be liable if the student is not eligible for enrollment. If enrolled, the person is liable for the greater amount of the maximum tuition fee or the amount the district had budgeted for each student as maintenance and operating expenses, whichever is greater.

Texas Education Code Section 25.001 ©  
 The board of trustees of a school district or the board's designee may require evidence that a person is eligible to attend the public schools of the district at any time the board or its designee considers an application for admission of the person. The board of trustees or its designee shall establish minimum proof of residency acceptable to the district. The board of trustees or its designee may make reasonable inquiries to verify a person's eligibility for admission.

I hereby swear that I reside at the stated address and that the named student is my legal responsibility. I accept responsibility and liability for enrolling the named student in Crandall ISD. Responsibility for student enrollment includes but is limited to:  
 \*Student attendance in school \*Financial responsibility for damages \*Financial responsibility for emergency medical treatment \*Student discipline

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

- Documentation required for student enrollment:**
- \*Birth certificate
  - \*Social Security Card
  - \*Immunization Records
  - \*Proof of Residency-current utility bill
  - \*Copy of parents/guardians drivers license

Crandall INDEPENDENT SCHOOL DISTRICT/CHARTER SCHOOL

HOME LANGUAGE SURVEY -19 TAC Chapter 89, Subchapter BB, §89.1215  
(Home Language Survey applicable ONLY if administered for students enrolling in pre-kindergarten through grade 12)

TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN PREKINDERGARTEN THROUGH GRADE 8 (OR BY STUDENT IN GRADES 9-12): The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

To determine if your child would benefit from Bilingual and/or English as a Second Language program services, please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if Bilingual and/or English as a Second Language program services are appropriate and to inform instructional and program placement recommendations. Once your child is assessed, changes to the Home Language Survey responses are not permissible.

If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel. For more information on the process that must be followed, please visit the following website: <http://web.esc20.net/LPAC-Interactive/InteractiveFlowchart-EN.htm>.

This survey shall be kept in each student's permanent record folder.

NAME OF STUDENT: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
CAMPUS: \_\_\_\_\_

NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.

- 1. What language is spoken in the child's home most of the time? \_\_\_\_\_
- 2. What language does the child speak most of the time? \_\_\_\_\_

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

Signature of Student if Grades 9-12 \_\_\_\_\_ Date \_\_\_\_\_

**TB Questionnaire**

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Organization administering questionnaire \_\_\_\_\_ Date \_\_\_\_\_

Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed in by the child.

Adults who have active TB disease usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills and night sweats.

A person can have TB germs in his or her body but not have active TB disease (this is called latent TB infection or LTBI).

Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) is used to see if your child has been infected with TB germs. No vaccine is recommended for use in the United States to prevent tuberculosis. The skin test is not a vaccination against TB.

We need your help to find out if your child has been exposed to tuberculosis.

Place a mark in the appropriate box:	Yes	No	Don't Know
TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know: has your child been around anyone with any of these symptoms or problems? or has your child had any of these symptoms or problems? or has your child been around anyone sick with TB?			
Was your child born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?			
Has your child traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks?  If so, specify which country/countries?			
To your knowledge, has your child spent time (longer than 3 weeks) with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?			

Has your child been tested for TB? Yes \_\_\_ (if yes, specify date \_\_\_/\_\_\_/\_\_\_) No \_\_\_  
 Has your child ever had a positive TB skin test? Yes \_\_\_ (if yes, specify date \_\_\_/\_\_\_/\_\_\_) No \_\_\_

**For school/healthcare provider use only**

\*\*\*\*\*

PPD administered Yes \_\_\_ No \_\_\_

If yes,  
Date administered \_\_\_/\_\_\_/\_\_\_ Date read \_\_\_/\_\_\_/\_\_\_ Result of PPD test \_\_\_\_\_ mm response

Type of service provider (i.e. school, Health Steps, other clinics) \_\_\_\_\_

PPD provider \_\_\_\_\_ signature \_\_\_\_\_ printed name \_\_\_\_\_

Provider phone number \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

If positive, referral to healthcare provider Yes \_\_\_ No \_\_\_

If yes, name of provider \_\_\_\_\_