



Shanklin Elementary School  
2018-2019  
Student Registration Form

STUDENT ID: \_\_\_\_\_

Entry Date: _____		Grade: <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup>	
Last Name: _____		First Name: _____ Middle Name: _____	
SSN: _____	<input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian		
Date of Birth: _____		Birth Place: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Physical Address: _____		City: _____ ZIP: _____	AM Transportation: <input type="checkbox"/> Bus # _____ <input type="checkbox"/> Car <input type="checkbox"/> Other: _____
			PM Transportation: <input type="checkbox"/> Bus # _____ <input type="checkbox"/> Car/Pickup <input type="checkbox"/> Walk/Drive <input type="checkbox"/> Afterschool Care
Mailing Address: _____		City: _____ ZIP: _____	

I affirm that the above named student lives with me at the address listed above and spends the majority of nights at the address listed above and is within the legal definition of residence for school attendance purposes. I affirm that the registered student spends the majority of his/her nights at the registered address I understand that making a false statement in this document for the purpose of school enrollment is a criminal offense under Article 37.10 of the Texas Penal Code and could subject me to imprisonment or fine. I also understand that enrollment of a child under false documents is a violation of 25.001 of the Texas Education Code under Texas Law. Parent/Guardian Initials: \_\_\_\_\_

Student Lives With (Please check all that apply):  Father  Mother  Stepparent  Guardian  Other: \_\_\_\_\_

Father's Name/ Guardian: _____		Mother's Name/Guardian: _____	
Receive Mailouts <input type="checkbox"/> Yes <input type="checkbox"/> No    Language preference <input type="checkbox"/> English <input type="checkbox"/> Spanish		Receive Mailouts <input type="checkbox"/> Yes <input type="checkbox"/> No    Language preference <input type="checkbox"/> English <input type="checkbox"/> Spanish	
Address: _____ City/ZIP: _____		Address: _____ City/ZIP: _____	
Home Phone: _____	Cell Phone: _____	Home Phone: _____	Cell Phone: _____
Employer: _____	Work Phone: _____	Employer: _____	Work Phone: _____
Email: _____		Email: _____	

Court Ordered Restraints: <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If a family member or individual has restricted contact with the student the office must have a copy of the current court order on file.</i>	Date Received In Office: _____
---	---	--------------------------------

Please List at least 2 Adults that may be contacted and are authorized to transport your child or in case of emergency without a note or phone call from you:

Name: _____	Name: _____
Phone: _____	Phone: _____
Relationship to Student: _____	Relationship to Student: _____
Name: _____	Name: _____
Phone: _____	Phone: _____
Relationship to Student: _____	Relationship to Student: _____

*The information on this form is true and correct to the best of my knowledge.*

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

Date of birth: \_\_\_\_\_



**Shanklin Elementary School  
2018-2019  
Student Registration Form**

STUDENT ID: \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

*Please List any other siblings enrolled in LISD:*

<b>Name:</b>	<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
<b>Campus:</b>	<b>Campus:</b>	<b>Campus:</b>	<b>Campus:</b>

**Military Connected:**       Yes  No

Please check box to indicate if child is a dependent member of:

- Active Duty: Army, Navy, Air Force, Marine Corps or Coast Guard (including Missing in Action)
- Texas National Guard
- Reserve Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard

**Foster Care:**       Yes  No

Is the student currently in the conservatorship of the Department of Family and Protective Services?

*Office Use Only: Documentation Provided*  
 POA  DFPS Form  Adoption-Court Doc

**Student Code of Conduct**

I have read, understand and agree to abide by Luling Independent School District's Student Code of Conduct for the 2018-2019 school years. I understand that my student will be held accountable for the behavior expectations and disciplinary consequences outlined in the Student Code of Conduct. I understand that the Student Code of Conduct governs all behavior at school, at school-sponsored and school-related activities, and during school-sponsored travel. I also understand the Student Code of Conduct governs some designated behaviors occurring within 300 feet of school property, some designated behaviors off-campus, and for any school-related misconduct regardless of time or location. I understand that a referral for criminal prosecution is possible for certain violations of law.

**Student/Parent Handbook**

The Student Handbook and Student Code of Conduct may be accessed through the school website at <http://www.lisd.txed.net>

- I choose to access the Shanklin Elementary School Handbook and Luling ISD Code of Conduct through the school website.
- I choose to receive a hard copy of the Shanklin Elementary School Handbook and Luling ISD Code of Conduct.

My child and I have read the enclosed notice regarding drug-free schools and understand that my child will be subject to school discipline and possibly to criminal prosecution if he/she is found to have violated the district's code of student conduct which prohibits the use, possession, sale or distribution of illicit drugs and/or alcohol on school premises or at any school activity.

My signature acknowledges that I have received and or read the above named handbook, and student code of conduct.

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

**EQUAL OPPORTUNITY AND NON-DISCRIMINATION STATEMENT:** Luling Independent School District does not discriminate on the basis of race, religion, color, national origin, sex, age, or disability in providing education, access to services, activities and programs, and equal employment opportunities in accordance with the Titles VI and VII of the Civil Rights Act of 1964 as amended; Title IX of the Education Amendments of 1972; Age Discrimination of 1975; Section 504 of the Rehabilitation Act of 1973, as amended; Individuals with Disabilities Education Act of 1997; and local Board Policies EB (Legal). NISD uses board adopted procedures set out in FNG (Local) for prompt and equitable resolution of complaints alleging discrimination, Title IX violations or sexual harassment. Copies of procedures can be obtained upon request.

**(For Office Use Only)**

**Teacher Name:** \_\_\_\_\_ **Control Nbr:** \_\_\_\_\_

# LEONARD SHANKLIN ELEMENTARY

122 E. Houston St.

Luling, TX 78648

Phone: (830) 875-2515 / Fax: (830) 875-6708

## GENERAL INFORMATION SURVEY

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

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

### TO BE COMPLETED BY PARENT OR GUARDIAN

1. Does your child have any special health problems? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, describe the problem:

\_\_\_\_\_

2. Has your child ever been placed in a special education program?

YES \_\_\_\_\_ NO \_\_\_\_\_

3. Did your child receive speech therapy in his/her previous school?

YES \_\_\_\_\_ NO \_\_\_\_\_

4. Has your child ever received 504 accommodations?

YES \_\_\_\_\_ NO \_\_\_\_\_

5. Has your child ever been placed in a gifted and talented program?

YES \_\_\_\_\_ NO \_\_\_\_\_

6. Has your child ever been placed in a Bilingual Class?

YES \_\_\_\_\_ NO \_\_\_\_\_

7. Has your child ever been placed in an ESL Class?

YES \_\_\_\_\_ NO \_\_\_\_\_

8. Has your child ever been retained? If yes, what grade and year?

YES \_\_\_\_\_ NO \_\_\_\_\_ Grade retained \_\_\_\_\_ YEAR \_\_\_\_\_

9. Has your child ever been diagnosed with Dyslexia?

YES \_\_\_\_\_ NO \_\_\_\_\_

10. Is there any other information you feel might be useful to us and aid in the placement of your child?

\_\_\_\_\_

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



LULING INDEPENDENT SCHOOL DISTRICT

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 \_\_\_\_\_



IMMIGRANT QUESTIONNAIRE

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

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

Sex: Male Female Grade \_\_\_\_\_ Date of Enrollment \_\_\_\_\_

In what country was the student born? \_\_\_\_\_

What years have you attended a US school? \_\_\_\_\_

Luling ISD does not discriminate on the basis of race, color, national origin, sex, or disability in providing education services, activities and programs.



CUESTIONARIO DE IMMIGRANTE

Nombre Del Estudiante \_\_\_\_\_

Fecha de Nacimiento \_\_\_\_\_

Sexo: Masculino Femenino Grado \_\_\_\_\_ Fecha de Inscripción \_\_\_\_\_

¿En que país nació el estudiante? \_\_\_\_\_

¿Qué años hay asistido a una escuela de Estados Unidos? \_\_\_\_\_

El distrito escolar independiente de Luling no discrimina por motivos de raza, religión, color, origen nacional, sexo o discapacidades en proveer servicios educacionales, actividades o programas.