



FAYETTEVILLE INDEPENDENT SCHOOL DISTRICT

Jeff W. Harvey, Superintendent

P.O. Box 129 • 618 N Rusk St • Fayetteville, Texas 78940

Phone 979-378-4242 Fax 979-378-4246



Brynn Lopez, Principal

www.fayettevilleisd.net

Lisa Dyer, Dean of Students

Please bring the following documentation along with your student's registration paperwork:

A copy of the student's Social Security Card

A copy of the student's Birth Certificate

Proof of Residency in Fayetteville ISD's district

A copy of the parent(s) ID (driver's license or passport)

Please list the school that your student previously attended

Updated immunization record

If available, please provide the student's most recent report card and STAAR Scores.

For questions, please contact Priscilla Malota at 979-378-4242 or at pmalota@fayettevilleisd.net

Thank you,

Priscilla Malota
FISD Counselor



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Special Programs Student Information

Student Name: _____ Student DOB: _____

Name and Location of Previous School: _____

Grade Level (2018-2019 School Year): ____ Parent Name: _____ Parent Phone: _____

Please indicate if your student is currently enrolled in any of the following special programs:

____ Bilingual Education

____ Dyslexia

____ Gifted and Talented

____ English as a Second Language (ESL)

____ Section 504

____ Special Education

____ Speech

____ Other _____

____ Not Enrolled in any Special Programs

I certify that I am the parent/guardian of the child listed above and that all information is correct and true to the best of my knowledge.

Parent/Guardian Signature

Date



**Texas Education Agency
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

Part 2. Race: What is the person's race? (Choose one or more)

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Student/Staff Name (please print)

(Parent/Guardian)/(Staff) Signature

Student/Staff Identification Number

Date

Exhibit 1B

Agencia de Educación de Texas

Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal de las Escuelas Públicas de Texas

El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).

Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.

Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).

Parte 1. Etnicidad: ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)

- Hispano/Latino** – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.
- No Hispano/Latino**

Parte 2. Raza. ¿Cuál es la raza de la persona? (Escoja uno o más de uno)

- Indio Americano o Nativo de Alaska** – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo América Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.
- Asiático** – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.
- Negro o Africano-Americano** – Una persona con orígenes de cualquier grupo racial negro de África.
- Nativo de Hawai u otras islas del pacífico** – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.
- Blanco** – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

Nombre del Estudiante/Miembro de Personal
(por favor use letra de imprenta)

Firma (Padre/Representante legal)
/(Miembro de personal)

Número de Identificación del
Estudiante/Miembro del personal

Fecha

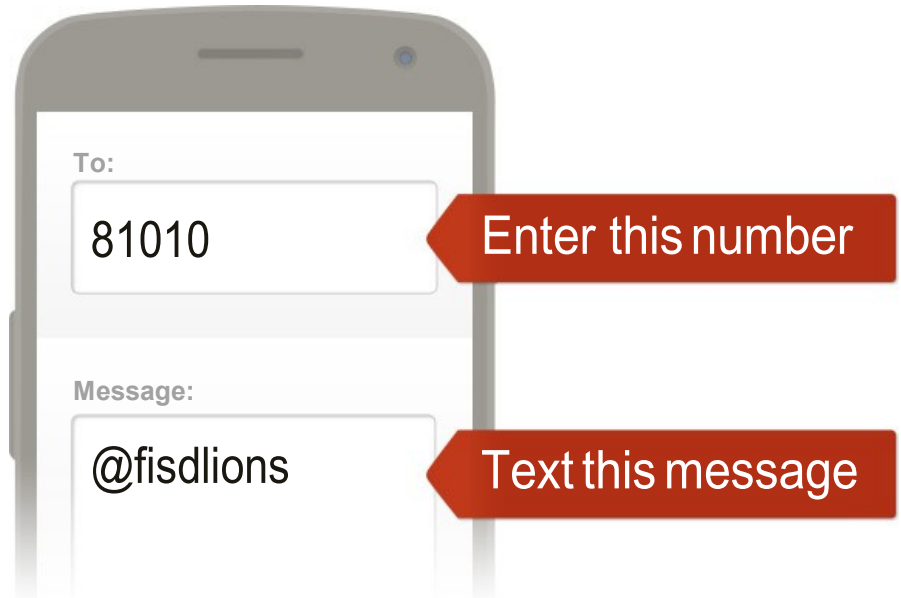
Agencia de Educación de Texas – Marzo 2009

FISD would like you to join Fayetteville ISD Student Information!



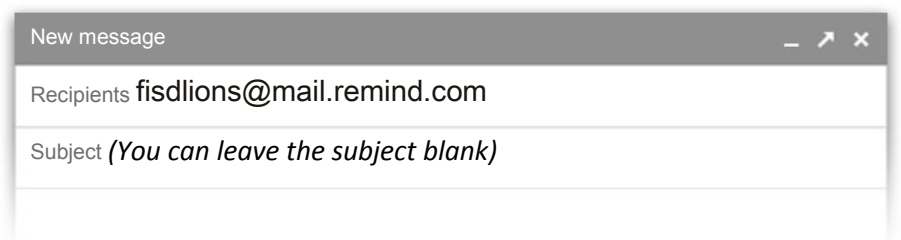
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Texas Education Agency
Division of Equal Education Opportunity

**Application for Transfer
2019-2020**

Authority for Data Collection: Texas Education Code 21.061; Civil Action 5281, Section A

Planned use of Data: To complete the report required by Federal Court Order Civil Action 5281.

Student's Name		Social Security Number	Ethnic Code	Sending Co. District Number	Receiving Campus Number	Grade Level 2019-2020	Student in District Last Year	
Last	First						Yes	No
					075-906-001			
					075-906-001			
					075-906-001			

This section must be completed by parent or guardian:

I have been informed of the receiving district's policy concerning tuition charges, if any, for a transferred student whose grade is taught in the student's district of residence; and I accept responsibility for the payment of tuition.

Signed _____

Street Address _____ Home Phone _____

This form should be completed according to the column instructions. Use the Texas School Directory for county-district and campus numbers. County-district and campus numbers must be correct and complete for both the sending and the receiving districts to ensure that information is properly registered in the computer.

Column Instructions

Student's name

Social Security Number

Ethnic Code

Enter the appropriate ethnic code using the following designation:

- (1) American Indian or Alaskan Native
- (2) Asian or Pacific Islander
- (3) Black, not Hispanic
- (4) Hispanic
- (5) White, not Hispanic

Sending County-District Number

Enter the county-district number for the student

Grade

2019-2020 FISD TRANSFER AGREEMENT

This Transfer Agreement establishes the terms and conditions for _____ (student) to attend Fayetteville ISD as transfer student for the 2019-2020 school year, although the student is a resident of the _____ ISD. The student's parent or other person having lawful control of the student, _____ (parent/guardian) requests that the student be permitted to Fayetteville ISD in the 2019-2020 school year and agrees to the following terms and conditions for that transfer.

1. This transfer is effective for the current school year only. District approval of this transfer creates no right or expectation that the student will be admitted as a transfer for any subsequent school year.
2. This transfer is approved for the named student only. District approval of this transfer creates no right or expectation that another student from the same family will be admitted as a transfer.
3. In accordance with Fayetteville ISD District of Innovation Plan and Board policy FDA (LOCAL),
 - a. Non-resident students who have been accepted as a district transfer may have such transfer status revoked by the Superintendent at any time during the year if the student is assigned discipline consequences of suspension (in or out of school), placement in a disciplinary alternative program, or expelled.
 - b. Non-resident students not meeting the district's 90% attendance standard will be subject to immediate revocation of transfer status.
 - c. Non-resident students whose parent/guardian is uncooperative in addressing the student's behavior or truancy concerns will be subject to immediate revocation of transfer status.
4. The parent/guardian of the student will be responsible for transportation to and from the District.
5. The student and parent/guardian acknowledge that eligibility of transfer students for participation in any UIL activity or other activities governed by UIL rules and regulations will be determined in accordance with UIL rules and regulations.
6. Except as modified by this transfer agreement, the student will be subject to all policies, regulations, rights, privileges, and responsibilities of enrollment in the District for the 2019-2020 school year.

The District and the parent/guardian agree that this transfer agreement is the entire agreement controlling the admission and enrollment of the student in the District for the 2019-2020 school year.

Parent/Guardian's signature: _____ Date: ____ - ____ - ____

Principal signature: _____ Date: ____ - ____ - ____

Superintendent signature: _____ Date: ____ - ____ - ____

Fayetteville Independent School District

Non-Resident Request to Transfer into the District

Checklist

Completed and Signed FISD Transfer Agreement

Completed and Signed TEA Data Collection Form

Non-Resident Application for Transfer

Your child's application should include:

School Records

Attendance Records

Discipline Records

Most Recent Report Card

Most Recent STAAR/EOC Exam (3rd – 11th)

Please include the documents listed above when submitting this application. Until this application is complete, including all applicable documentation listed above, your child's transfer request will not be considered. Please complete the following fields in the application prior to submitting this transfer request to the Fayetteville Independent School District. **It is important to note, if you have multiple children for whom you wish to request transfer, a separate application must be completed for each of those children.**

Also, please be advised that knowingly presenting false information on the transfer application and requested documentation shall result in automatic denial of the transfer approval. If false information is knowingly provided by the student or the persons representing the student, during the school year, the student transfer is immediately, automatically, and permanently revoked. The student's resident district shall be notified in writing, and charges may be filed with proper authorities. In addition to the transfer being revoked, the parent may be, under the provisions of Texas Education Code (TEC) 20.002(d), liable for payment of tuition and fines.

Fayetteville Independent School District

Non-Resident Student Application for Transfer

1. Student's Name: _____ Date of Birth: _____

2. Current Address: _____

3. School District in which the student resides: _____

4. Parent's Name: _____

5. Parent's Address: _____

6. Parent's Email Address: _____

7. Parent's Cell Number: _____

8. Reason for transfer request:

9. Has the student ever been enrolled in Fayetteville ISD? Yes No

10. What grade is your child going into? _____

11. Student's Attendance Record:

- How many days was the student absent in the school year prior to the year for which a transfer is requested? _____
- If this request is for a Mid-Year Transfer, how many days has the student missed in the current school year? _____
- If the student missed more than ten percent of the days in the school year, please provide an explanation:

Has the student been expelled or removed to a DAEP for one or more days in the most recent school year? Yes No

During the preceding year? Yes No

If yes to either question, for what offense(s)? _____

As a parent or person standing in the position of legal responsibility for the child named in the request, I acknowledged that I have accessed and read Fayetteville ISD Board Policy FDA (LEGAL) and FDA (LOCAL) and the Transfer Agreement that must be executed before the child is enrolled in the District. The information provided in this form is true and factual to the best of my knowledge, and I understand that if any of this information is ever found to be incorrect, this application may be denied and/or my child's transfer approval revoked.

Parent Signature: _____ Date _____

For Official Use Only

All completed documents received
Application, Agreement, TEA Data Date: _____ By: _____

Documents reviewed and verified Date: _____ By: _____

Interview with Superintendent Date: _____ By: _____

QUESTIONNAIRE FOR KINDERGARTEN and PK PARENTS

Child's name: _____ (as you want him/her called at school)

Birthday: _____ Age: _____ (years) _____ (months)

Please list the names and ages of your child's brothers and sisters.

Has your child had preschool or playgroup experience?

How many years _____

Name of the school _____

Does your child have any difficulties with speech? _____

Does your child have any health problems or allergies?

Does your child have any special interests?

Is your child afraid of anything?

What responsibilities does your child have at home?

What form of discipline do you use at home?

If your child is reading, how did he/she learn and how long has he/she been reading?

Is there anything else that you would like to tell me about your child?

What are your expectations for the kindergarten or PK program?

What specific things would you like to see happen this year?

Would you be interested in helping in the classroom? _____

Is there a particular day and time that is best for you? _____

What skills has your child acquired?

- | | |
|---|------------------------------------|
| _____ Knows birthday | _____ Can recognize numbers to 10 |
| _____ Knows address | _____ Likes to listen to stories |
| _____ Knows phone number | _____ Can tie shoes |
| _____ Can say full name | _____ Can button own clothing |
| _____ Can print first name | _____ Can zip own clothing |
| _____ Counts to(how far?) | _____ Has experience with crayons |
| _____ Know the names of colors | _____ Has experience with scissors |
| _____ SOME _____ ALL | Recognizes capital letters |
| _____ SOME _____ ALL | Recognizes lower case letters |
| _____ Knows the difference between right and left | |

Pre- Kindergarten

Parents must present the following documentation at the time of registration:

- Official birth certificate
- Social security card
- Proof of residency
- Copy of birth certificate or drivers' license of the parent or guardian enrolling the student
- Shot records

5 doses of DTP, Dtap, OT with one on/after 4th birthday or 4 does if one dose is on/after 4th birthday

4 doses of Polio with one on/after 4th birthday or 3 doses if one dose is on/after 4th birthday

2 dose of MMR, 1st dose shall be received on/after 1st birthday, 2nd on/after 4th bday

3 doses of Hepatitis B

2 dose of varicella, 1st dose on/after 1st birthday, 2nd on/after 4th bday

2 doses of Hepatitis A, 1st dose shall be received on/after 1st birthday, 2nd on/after 4th bday

Kindergarten Registration (new students to FISD)

Parents must present the following documentation at the time of registration:

- Official birth certificate
- Social security card
- Proof of residency
- Copy of birth certificate or drivers' license of the parent or guardian enrolling the student
- Shot records

5 doses of DTP, Dtap, OT with one on/after 4th birthday or 4 does if one dose is on/after 4th birthday

4 doses of Polio with one on/after 4th birthday or 3 doses if one dose is on/after 4th birthday

2 dose of MMR, 1st dose shall be received on/after 1st birthday, 2nd on/after 4th bday

3 doses of Hepatitis B

2 dose of varicella, 1st dose on/after 1st birthday, 2nd on/after 4th bday

2 doses of Hepatitis A, 1st dose shall be received on/after 1st birthday, 2nd on/after 4th bday