

# **San Augustine ISD Schools**

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## ***Registration Forms & Parent Information***

***2019-2020***





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

***This form is only required if you wish to the ethnicity of your student that is currently on file in the district.***

**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, 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 (& 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 people of North and South America (including Central America), who maintains a tribal affiliation or community attachment.
- Asian - a person having origins in any of the original people of 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 of Other Pacific Islander - a person having origins in any of the original people of Hawaii, Guam, Samoa, or Pacific Islands.
- White - A person having origins in any of the original people of Europe, the Middle East, or North Africa.

<b>Reserved for local observer. After observation and entry of data in student accounting system, file in students permanent folder.</b>	
Ethnicity - <i>Choose only one:</i> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/ Latino	Race - <i>Choose one or more:</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
<b>Observer Signature:</b>	<b>Campus/Date:</b>



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

**Notice Regarding Directory Information and Parent’s Response Regarding Release of Student 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 San Augustine High School to disclose directory information from your child’s education records without your prior written consent, you must notify the district in writing September 4, 2019.

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. In addition, 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 the following forms so that you can communicate your wishes about these issues. [See *Objecting to the Release of Directory Information in the San Augustine ISD’s Student Handbook for more information.*]

For the following school-sponsored purposes—all District publications and announcements—directory information shall include student name, address, telephone listing, photograph, honors and awards received, dates of attendance, grade level, participation in officially recognized activities and sports, and weight and height of members of athletic teams.

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.

**Parent, please check one of the choices below:**

- I, parent of \_\_\_\_\_ (student’s name), **[do give]** the district permission to use the information in the above list for the specified school-sponsored purposes.
- I, parent of \_\_\_\_\_ (student’s name), **[do not give]** the district permission to use the information in the above list for the specified school-sponsored purposes

Parent’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note that if this form is not returned within the specified time frame above, the district will assume that permission has been granted for the release of this information.**

**Directory information shall not be released for any non-school purpose.**



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

## Parent Consent for Use of Corporal Punishment

SAISD Board Policy and the laws of the State of Texas allow the use of corporal punishment as an option in the discipline plan of a public school. If utilized, corporal punishment will be administered in accordance with the law, district policy, and the Student Code of Conduct (SCOC). *[See FO and the SCOC]*

Corporal punishment will be administered as soon as possible after an offense and will not be administered in anger. The principal or a designee will make efforts to contact the parent prior to the use of corporal punishment, will document the action on a district form, and inform the parent that corporal punishment has been used.

The principal or a designee may choose not to use corporal punishment even if the parent has requested its use. Paddles used for administering corporal punishment will not be generally displayed and will be under the control of the principal or designee. Corporal punishment will be limited to spanking or paddling and will consist of an appropriate number of strikes based upon the size, age, and the physical, mental, and emotional condition of the student.

Please complete the form below:

- Yes, I give permission for the campus to administer corporal punishment to my child in accordance with Board Policy, the Student Code of Conduct, and the laws of the State of Texas.
  
- No, I do not give my permission to the campus to administer corporal punishment to my child.

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



## Letter to Households to Qualify SAISD for Compensatory Education Funding for School Year 2019–2020.

Dear Parent or Guardian:

The San Augustine School District may qualify for additional funding from the state if any of our students meet certain guidelines. The additional funding, known as the Compensatory Education Allotment, is used to provide supplemental services to students who are at-risk or not performing at an appropriate level. Please help us collect the necessary information so that we may receive additional state dollars for the benefit of our students. The district is automatically eligible for this funding if you receive food stamps or Temporary Assistance for Needy Families (TANF). Otherwise, the district may qualify for this funding depending upon your income and family size. Please complete the attached ***Form for Compensatory Education Funding Qualification*** and return it with your student as soon as possible.

***Please complete a separate form for each child.*** Attached are more detailed instructions to help you fill out the form.

- ***Households receiving food stamps or Temporary Assistance for Needy Families (TANF):*** Complete the child's name and case number and have an adult household member sign the form. If you have more than one child attending school, complete a separate form for each child.
- ***Households with one or more foster child.*** List the child's name and the amount of "personal use" income the child received last month and have an adult household member sign the form. If you have more than one foster child attending school, complete a separate form for each one.
- ***Households that do not receive food stamps or TANF:*** If you do not have a case number, you should list the names of all household members, the amount of income each person received last month, and where the income came from. An adult household member must sign the form and include his or her social security number or indicate that he or she has no social security number. If you have more than one child attending school, you should complete a separate form for each one, but you only have to complete this section once.

***Will the form be verified?*** Yes. State officials require us to verify the information that qualifies the district for the extra funding, therefore, the information that you send us may be checked at any time during the school year. School officials may ask you to send written documentation to verify that your income meets the eligibility guidelines.

***Should I report any changes?*** Yes. If your income meets eligibility guidelines, please tell us if your income increases by more than \$50 per month or \$600 per year, or if the size of your household decreases. If your household receives food stamps or TANF, you should tell us when you no longer receive these benefits. Will this information be kept confidential? Yes. We will use the information on your form only to see if your child or children meet the eligibility guidelines that will enable the district to receive the extra funding. The information will not be used for any other purpose.

***Will my child receive extra services if I complete this form?*** Not necessarily. Funding for this program is based on the number of students with certain qualifying levels of family income, but the allocated funds must be spent for students that meet different eligibility criteria. If your child has performed poorly on TAKS or other required tests, or meets other criteria for being at -risk of dropping out of school, then your child will likely receive additional services. If your child does not directly benefit-- other children in the district may benefit from this additional funding.

***If my family income does not qualify the district for extra funding now, can I apply later if my circumstances change?*** Yes. You may submit the required forms at any time. If your income does



not meet eligibility guidelines now but circumstances change (like household income decreases, household size increases, a wage earner become unemployed, the household receives food stamps or TANF), complete the form again. If you need new forms or any other help or information, call the school office.

**Why does the consent in paragraph 6 refer to free or reduced price meals or free milk when my school does not participate in that program?** State compensatory education funds are partially allotted on the basis of the number of students in a school district or charter school who are eligible for the national free or reduced-price lunch program in which some schools participate. Therefore, in order for your school to receive the amount of state compensatory education funds to which it is entitled, you are being asked to provide the same information that would be provided in an application to participate in that program. The consent paragraph is included on the form because federal law does not allow the disclosure of information about children eligible for free or reduced price meals or free milk without consent and further requires that the consent include a statement that the failure to sign does not make the child ineligible for the meal/milk program. Thank you for your help.

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#### **Instructions for Completing the Compensatory Education Funding Qualification Form**

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**1. Child information.** Print your child's name, grade, and the name of the school.

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**2. Foster child.** Complete this section if this is a foster child. List the foster child's monthly "personal use" income. Put "0" if the foster child does not receive "personal use" income. A foster parent or other official representing the child must sign the form in section #5. You are not required to list a social security number.

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**3. Food stamps or Temporary Assistance for Needy Families (TANF) benefits.** If you are receiving food stamps or TANF benefits for the child, complete this section of the form. List the current food stamp or TANF case number for the child. An adult household member must sign the form in section #5. You are not required to list a social security number.

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**4. All other households.** Complete this section of the form if the child is not a foster child and you are not receiving food stamps or TANF benefits for the child. (If you have more than one child attending public school and you are filling out a separate form for each one, you only need to complete this section once.)

- List the name of everyone in your household even if they do not have an income. Include yourself, your spouse, the child, and all other household members.
- List the amount of income each person received last month before taxes or any other payroll deductions. List the income source, such as earnings, welfare, pensions, and other income. (See examples below for types of income to report.) Each income amount should be entered in the appropriate column on the form. If any amount last month was more or less than usual, write that person's usual monthly income.



- If anyone is self-employed, write the amount of income the person earns from self-employment. For example, self-employment income could be from operating a farm or a business such as a day care center.
  - Sign the form in section #5 and list your social security number. If you do not have a social security number, write “*none*.”
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**5. Signature and social security number.** The form must have the signature of an adult household member. Unless you have a food stamp or TANF case number or the child is a foster child, the social security number of the adult who signs the form must be included. If the person who signs the form does not have a social security number, put “none.”

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**6. Consent.** The adult household member whose signature appears in 5 should sign and date the consent.

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### **Examples of Income to Report**

#### **Earnings from work**

Wages/ salaries/ tips

Strike benefits

Unemployment compensation

Worker’s compensation

Net income from self-owned business such as day care center, farm, etc.

#### **Pensions/Retirement/Social Security**

Pensions

Supplemental security income

Retirement income

Veteran’s payment

Social security

#### **Other Monthly Income/Self-Employment**

Disability benefits

Cash withdrawn from savings

Interest/dividends

Income from estates/trust/investments

Regular contributions from persons not living in the household

Net royalties/annuities/net rental income

Military allowance for off-base housing

Any other income

#### **Welfare/Child Support/Alimony**

Public assistance payments

Welfare payments

Alimony/child support payments



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

CONFIDENTIAL INFORMATION

**Form for Compensatory Education Funding Qualification School Year 2019-2020**

1. Child's name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Child's grade: \_\_\_\_\_ School: \_\_\_\_\_ SSN or student ID: \_\_\_\_\_  
(Optional)

2. Is the child a foster child? If this is a foster child, check here [ ] and list the child's monthly personal use income: \$\_\_\_\_\_. **SKIP sections #3 and #4 and GO TO section #5.**

3. Are you receiving food stamps or TANF benefits for your child? If you are receiving food stamps or TANF benefits for this child, check here [ ], list the case number, and then **SKIP section #4 and GO TO section #5.**  
Food stamp case number: \_\_\_\_\_ TANF case number: \_\_\_\_\_

4. All other households. Complete this section if the child is **not** a foster child and you are **not** receiving food stamps or TANF benefits for the child (you did not complete sections #2 or #3). (If you have more than one child attending school and you are completing a separate form for each, you may complete this section only once.)

List all household members including the child listed above. Show all income. **Then GO TO section #5.**

NAMES	CURRENT MONTHLY INCOME					
	Name of household members (include the child listed above)	Check if income is \$0	Mthly earnings (before deductions)	Mthly TANF, child support, alimony	Mthly payments from pensions, retirement, social security	Mthly from other income
1.			\$	\$	\$	\$
2.			\$	\$	\$	\$
3.			\$	\$	\$	\$
4.			\$	\$	\$	\$
5.			\$	\$	\$	\$
6.			\$	\$	\$	\$
8.			\$	\$	\$	\$
9.			\$	\$	\$	\$
10.			\$	\$	\$	\$

5. Signature and social security number. I certify that all of the above information is true and correct and that the food stamp or TANF case number is current and correct or that all income is reported. I understand that this information is being given in order for the school to receive additional state funding and that school officials may verify the information.

Signature of adult \_\_\_\_\_ Social security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Printed name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ TX \_\_\_\_\_ Zip \_\_\_\_\_

6. Consent for release of information to Texas Education Agency for program audit purposes. I consent to the release of the above information by the San Augustine school district to the Texas Education Agency for the purposes of auditing compensatory education funding reports. I understand that the Texas Education Agency will not share the information with any other entity or program. I also understand that the failure to sign this consent does not affect my child's eligibility for free or reduced price meals or free milk.

Signature of adult \_\_\_\_\_ Date \_\_\_\_\_



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

## **Release for Display of Student Work, Personal Information, and Digital Images**

Occasionally, the San Augustine ISD wishes to display or publish original student work, which may include personally identifiable student information as defined in the Student Handbook, to promote student academic and extracurricular activities on the district's Web site, a Web site affiliated or sponsored by the district, such as a campus or classroom Web site, and in district publications.

Original student work includes artwork, projects, photos taken by the student, or other academic or creative work. The district may also wish to publish or display original video and voice recordings.

The district may also wish to display a photograph or digital image of a student on the district Website or other electronic media.

The district agrees to use these digital images, student works and information only in the manner described above.

I give the district permission to use digital images of my child, and my child's artwork, photos, or other original work in the manner described above.

Parent signature: \_\_\_\_\_

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



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

**Required Family Survey  
Migrant Education Program**

School Year: _____	District Contact: <u>Donna Fontenot</u>
Phone Number: <u>(936) 275-9603</u>	School District: <u>San Augustine ISD</u>
(FOR CAMPUS USE ONLY)	

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.***

Name of child:	Birthdate:	Grade:
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Have you, or your family, moved in search of agricultural or fishing work in the last 3 years, and from one school district to another? YES  NO

***IF "NO" Stop. IF "YES" (Please check all that apply below)***

<input type="checkbox"/> Working on a farm <input type="checkbox"/> Working on a ranch <input type="checkbox"/> Working in a dairy <input type="checkbox"/> Working on poultry farm <input type="checkbox"/> Working in a plant nursery <input type="checkbox"/> Working on a fish farm	<input type="checkbox"/> Tree growing or harvesting <input type="checkbox"/> Planting/picking fruit, nuts, vegetables <input type="checkbox"/> Cotton farming/ginning <input type="checkbox"/> Other similar work: (explain) <hr/> <hr/>
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If you answered **YES** above, please complete the following information: ***(PLEASE PRINT)***

Parent/Guardian Name:	Number of children in your family:	
Address:	City:	Zip Code
Home Phone Number:	Cell Number:	Best Time to Contact You:
Father's Employer:	Mother's Employer:	



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

## Military and Foster Care Questionnaire

Due to recent House Bill 525 and Senate Bill 833, it has become necessary for San Augustine ISD to collect the status of students in regard to Military and Foster Care. This information must be reported to TEA in our District Public Education Information Management System (PEIMS) submissions.

**Please mark one box in each section:**

**Military - Is your student a dependent of an active military member?**

US Military - Army, Navy, Air Force, Marine Corps or Coastal Guard on active

duty

Texas National Guard on active duty

Reserve Force of the US Military on active duty

This **DOES NOT** apply to my student

### **FOR PRE-KINDERGARTEN STUDENTS ONLY:**

Armed forces or reserved force of the United States (Army, Navy, Air Force, Marine Corps, or Coast Guard) or Texas National Guard who has been injured or killed while on active duty.

## Foster Care

**Please check one box:**

**Foster Care - Is your student receiving Foster Care Services?**

NO - My student is not receiving Foster Care Services

YES - My student is receiving Foster Care Services

### **FOR PRE-KINDERGARTEN STUDENTS ONLY:**

NO - My Pre Kinder has not previously received Foster Care Services

YES - My Pre Kinder has previously received Foster Care Services

Student's Name:

Grade Level:



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

Parent/Guardian's Signature:	Date:
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Falsification of a document related to school records is a criminal offense under Section 37.10 Penal Code 25.001 (h) specifies that a person who knowingly falsifies information on a form required for enrollment is liable for tuition costs if the student is not eligible for enrollment in the district.

**ONLY TO BE COMPLETED IF ENROLLING IN THE DISTRICT FOR THE FIRST TIME**

**SAN AUGUSTINE INDEPENDENT SCHOOL DISTRICT/CHARTER SCHOOL  
HOME LANGUAGE SURVEY-19 TAC Chapter 89, Subchapter BB, §89.1215**

**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. 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:

<https://projects.esc20.net/upload/page/0081/docs/JuneUpdates/EnglishLearnerIdentification-ReclassificationFlowchart.pdf>

NAME OF STUDENT: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

CAMPUS: \_\_\_\_\_

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



**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:** \_\_\_\_\_

*NOTE: If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if: 1) your child has not yet been assessed for English proficiency; and 2) your written correction request is made within two calendar weeks of your child's enrollment date.*

## **Acceptable Use of the Electronic Communications System**

You are being given access to the District's electronic communications system. Through this system, you will be able to communicate with other schools, colleges, organizations, and people around the world through the Internet and other electronic information systems/networks. You will have access to hundreds of databases, libraries, and computer services all over the world.

With this opportunity comes responsibility. It is important that you read the District policy, administrative regulations, and agreement form and ask questions if you need help in understanding them. Inappropriate system use will result in the loss of the privilege of using this educational and administrative tool.

Please note that the Internet is a network of many types of communication and information networks. It is possible that you may run across some material you might find objectionable. While the District will use filtering technology to restrict access to such material, it is not possible to absolutely prevent such access. It will be your responsibility to follow the rules for appropriate use.

### **RULES FOR APPROPRIATE USE**

- You will be assigned an individual account, and you are responsible for not sharing the password for that account with others.
- You will be held responsible at all times for the proper use of your account, and the district may suspend or revoke your access if you violate the rules.
- Remember that people who receive e-mail from you with a school address might think your message represents the school's point of view.

### **INAPPROPRIATE USES**

- Using the system for any illegal purpose.
- Disabling or attempting to disable any Internet filtering device.
- Encrypting communications to avoid security review.



- Borrowing someone's account without permission.
- Downloading or using copyrighted information without permission from the copyright holder. Intentionally introducing a virus to the computer system.
- Posting messages or accessing materials that are abusive, obscene, sexually oriented, threatening, harassing, damaging to another's reputation, or illegal.
- Wasting school resources through improper use of the computer system and gaining unauthorized access to restricted information or resources.

**Students shall read and abide by the district's Electronic Devices and Technology Resources policies in the Student Handbook.**

***Students shall not:***

- Use a telecommunications device, including a cellular telephone, or other electronic device in violation of district and campus rules.
- Violate policies, rules, or agreements signed by the student or the student's parent regarding the use of technology resources.
- Attempt to access or circumvent passwords or other security-related information of the district, students, or employees or upload or create computer viruses, including off school property if the conduct causes a substantial disruption to the educational environment.
- Attempt to alter, destroy, or disable district technology resources including but not limited to computers and related equipment, district data, the data of others, or other networks connected to the district's system, including off school property if the conduct causes a substantial disruption to the educational environment.
- Use the Internet or other electronic communications to threaten district students, employees, or volunteers, including off school property if the conduct causes a substantial disruption to the educational environment.
- Send, post, or possess electronic messages that are abusive, obscene, sexually oriented, threatening, harassing, damaging to another's reputation, or illegal, including cyber bullying and "sexting," either on or off school property, if the conduct causes a substantial disruption to the educational environment.
- Use e-mail or Web sites to engage in or encourage illegal behavior or threaten school safety, including off school property if the conduct causes a substantial disruption to the educational environment.

**CONSEQUENCES FOR INAPPROPRIATE USE**

- Suspension of access to the system;
- Revocation of the computer system account; or
- Other disciplinary or legal action, in accordance with the district policies and applicable laws.



**The student agreement must be renewed each academic year.**

Printed Name of Student: \_\_\_\_\_

**Electronic Communication, Data Management & Digital Device Acceptable Use  
and Procedures Agreement**

**Student/Parent Agreement and Student Expectations:**

I have read the Network and internet Use Policy CQ(LOCAL) and understand the conditions for use of the network and internet resources provided by San Augustine ISD for the purpose of promoting educational excellence and supporting instructional goals.

By my signature below, I agree that any of the network or internet use under my user ID or account will be consistent with the policy. Furthermore, I understand that I am responsible for any transactions that occur under my user ID or account and that any violation of that policy shall be considered misconduct and a violation of the standards of conduct.

- ❖ I understand that my computer use is not private and that the district will monitor my activity on the computer system. Students and parents agree that any inappropriate use of a digital device will result in school discipline that may include the loss of the use of the device and school discipline according to the Student Handbook. Inappropriate use includes but is not limited to the following:
  - Visiting inappropriate websites
  - Sending inappropriate emails
  - Possessing inappropriate pictures and/or media files
  - Cheating
  - Install unapproved apps
  
- ❖ I have read the district's electronic communications system policy and administrative regulations. In consideration for the privilege of my child using the district's electronic communications system, and in consideration for having access to the public networks, I hereby release the district, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system, including, without limitation, the type of damage identified in the district's policy and administrative regulations. I understand that my parents and I agree to responsible for proper care of digital devices and know that any damage or loss may result in financial liability to replace the digital device.
  
- ❖ Students and parents acknowledge that SAISD may search school-owned digital devices at any time to verify contents.



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

*By signing below, we agree to the expectations and procedures as detailed above. This agreement is in effect as long as the student is enrolled in San Augustine ISD.*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**Parent's Objection to the Release of Student Information to Military Recruiters and Institutions of Higher Education**

Complete and return if you ***DO NOT*** want your child's information released!

Federal law requires that the district release to military recruiters and institutions of higher education, upon request, the name, address, and telephone number of secondary school students enrolled in the district, unless a student's parent or eligible student directs the district not to release information to these types of requestors without prior written consent.

***Parent:*** Please complete and return the following only if you ***do not*** want your child's information released to a military recruiter or an institution of higher education without your prior written consent.

I, parent of \_\_\_\_\_ (**student's name**), request that the district not release my child's name, address, and telephone number to a military recruiter or institution of higher education without my prior written consent.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Please note that if this form is not returned with the other materials identifying what the district considers directory information, the district will assume that permission has been granted for the release of this information.**

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

## ACKNOWLEDGMENT

### *Student Code of Conduct Electronic Distribution*

Dear Student and Parent:

As required by state law, the board of trustees has officially adopted the Student Code of Conduct in order to promote a safe and orderly learning environment for every student. We urge you to read this publication thoroughly and to discuss it with your family. If you have any questions about the required conduct and consequences for misconduct, we encourage you to ask for an explanation from the student's teacher or appropriate campus administrator. The student and parent should each sign this page in the space provided below, and then return the page to the student's school.

Thank you,

*Dr. Virginia Liepman*

Superintendent of Schools

*We acknowledge that we have been offered the option to receive a paper copy of San Augustine Independent School District Student Code of Conduct for the 2019-20 school year or to electronically access it on the district's website at [www.saisd.us](http://www.saisd.us). We understand that students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Code.*

### **We have chosen to:**

- Receive a paper copy of the Student Code of Conduct**
- Accept responsibility for accessing the Student Code of on the district's website.**

Signature of student: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Print name of parent: \_\_\_\_\_

Signature of parent: \_\_\_\_\_

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

**ACKNOWLEDGMENT** 

***Student Handbook***

**My child and I have received a copy of the San Augustine High School Student Handbook.**

Signature of student: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

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

**Student Name:** \_\_\_\_\_

**Parent Consent Form for District Nonemergency Mass Communications**  
***[Each parent listed must provide a signature.]***

I have been offered the option to receive nonemergency calls or texts that are closely related to the school's mission from an automatic telephone dialing system or an artificial or prerecorded voice to my wireless telephone number.

I consent to receive such nonemergency calls or texts from an automatic telephone dialing system or an artificial or prerecorded voice to my wireless telephone number. I accept responsibility for notifying the District immediately when my wireless telephone number has changed or if I wish to revoke my consent.

*If I have any questions regarding the automatic telephone dialing system or an artificial or prerecorded voice mass communications system, I should direct those questions to the principal. ES: 936.275.3424 MS/HS: 936.275.9603*

**Student's name (print):** \_\_\_\_\_

**Parent's name (print):** \_\_\_\_\_

**Parent's mobile phone number:** \_\_\_\_\_

**Parent's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent's name (print):** \_\_\_\_\_

**Parent's mobile phone number:** \_\_\_\_\_

**Parent's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**For Office Use Only**



*[If a parent's phone number changes, document the date the District/campus was notified by the parent.]*

Date the parent notified the District of a change to the phone number:

\_\_\_\_\_  
Date the District/campus made the phone number change in the automatic telephone dialing system or requested the vendor to update the phone number:

# San Augustine ISD Transportation Department

## DISTRICT TRANSPORTATION STUDENT CODE OF CONDUCT 2019-2020

I have received the Bus Rider's Handbook/Transportation Student Code of Conduct with rules for riding in district vehicles. This sheet must be signed and returned to your child's school office ASAP in order for your child(ren) to continue riding a school vehicle.

***Please list your students attending SAISD.***

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

***\*\* With my signature below, I affirm that I have read and agree with the policies found within the Transportation section of the Student Handbook \*\****

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

Home/Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

Physical Address \_\_\_\_\_

Bus Driver's Name (if known)  \_\_\_\_\_

Bus # or Animal Name (if known) \_\_\_\_\_

## Transportation Department - 936-275-9175

*Rick Russell - Director of Transportation*

**Student Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*NOTE: If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if: 1) your child has not yet been assessed for English proficiency; and 2) your written correction request is made within two calendar weeks of your child's enrollment date.*

**SAN AUGUSTINE INDEPENDENT SCHOOL DISTRICT - CHILD NUTRITION  
PHONE 936-275-9603 SPECIAL DIET ORDER FORM FAX 936-275-0481**

**Instructions: Complete and return if a SPECIAL Diet is necessary for student.**

*To be completed by a recognized medical authority such as a licensed physician, physician's assistant or nurse practitioner*

Student Name:	Parent Name:
Birth date:	Address:
School:	Grade:
Daytime phone:	Teacher:

Meals required: \_\_ Breakfast \_\_ Lunch

Diet modifications for a disability, medical condition, allergy or food intolerance will only be made when the need is certified by a licensed medical authority. When diet modifications are implemented by the school, they will continue until a medical authority specifies that they should be changed or stopped.

**\*Required information:**

**\*Child's disability or diagnosis** \_\_\_\_\_

**\*Describe the major life activity or reactions affected by the disability or diagnosis:**  
\_\_\_\_\_

**\*IS THIS A LIFE THREATENING CONDITION? Circle YES NO**

**\*Does the child require special meals? YES NO**

**\*Student is competent to make appropriate food choices? YES NO**

**\*Please submit a diet plan or complete the following:**

<b>FOODS TO BE OMITTED</b>	<b>ALLOWABLE SUBSTITUTIONS</b>
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Student Name: \_\_\_\_\_

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***I certify that the above named student needs special school meals as described above, due to the student's disability or medical condition.***

*Signature of Authorized Medical Authority	Phone Number:	Date
Signature of Parent:		Date

*This Institution is an Equal Opportunity Provider.*

### San Augustine Independent School District 2019-2020 Student Health information and Medication Consent Form

Student <u>First</u> Name:		Middle Name:	Last Name:		Grade:
Birth Date:	Place of Birth:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity:	
				<input type="checkbox"/> Black	<input type="checkbox"/> White
				<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other: _____
Student Address:		City:		State:	
Mother's Name:		Home Phone:		Cell Phone:	
Mother's Employer:		Work Phone:		Email Address:	
Father's Name:		Home Phone:		Cell Phone:	
Father's Employer:		Work Phone:		Email Address:	
<b><i>If the student lives with someone other than a parent complete this section:</i></b>					
Person Student Lives with:		Relationship:	Home Phone:	Cell Phone:	
Address:		Work Phone:	Email:		

<b>In the event that a parent/guardian cannot be located at the above numbers, the following persons have my permission to pick up my child:</b>			
1)Additional Contact:	Relationship:	Home Phone:	Cell Phone:
2)Additional Contact:	Relationship:	Home Phone:	Cell Phone:
3)Additional Contact:	Relationship:	Home Phone:	Cell Phone:

Student's Doctor/Health Care Provider:	Phone:	Fax:
Does student have any ALLERGIES to medication:	YES/NO	If Yes please list medications:



Does student have any ALLERGIES to Food/Environment:      YES/NO      If Yes please list:					
Has student ever been diagnosed or been prescribed any of the following:					
<b>Illness</b>	<b>Yes</b>	<b>No</b>	<b>Illness</b>	<b>Yes</b>	<b>No</b>
Seizures			Asthma		
Diabetes			Heart Condition		
Attention Deficit Disorder (ADHS/ADD)			Hearing		
Vision			Hearing Aids		
Glasses			Other (please list):		
Please list all Prescription medications including inhalers and nebulizers, that student takes at home:					
Please explain any other health concerns:					

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

**PLEASE FILL OUT/SIGN AND RETURN TO SCHOOL!**

**PERMISSION AND GUIDELINES FOR ADMINISTRATION OF MEDICATION**

1. **NO MEDICATION WILL BE ALLOWED AT SCHOOL UNLESS** it is in original labeled container (no baggies/napkins). ALL medication must be taken directly to nurse's office *Student Medication Form* or *Permission to self-carry Emergency Medication Form* must be on file filled out and signed by parent /guardian. Only medications the *absolutely cannot be given at home* will be administered during school by authorized school personnel.
2. *If your child has a temperature of 100.0 or greater, keep them at home until they have been fever free for 24 hours without taking fever-reducing medication.* If your child reports to the nurse's office with a temperature of 100.0 or greater, you will be notified to come pick them up.
3. Prescription medication must be properly labeled and in the original container and a proper prescription label that contains the following information: Student's name, date, physicians name, physician's directions for administration, expiration date, name, and strength of medication.
4. All student *medication prescribed by physician* must be accompanied by a *School Medication Form* signed and dated by a parent/guardian requesting the medication be given at school. The *first dose* of a new medication *WILL NOT* be given at school.
5. Over-the-counter medication *provided by the parent*, properly labeled and in the original container may be administered to the student with a *School Medication Form* completed and signed per parent/guardian. All such medication must be stored in the nurse's office.
6. Over -the- counter medication *provided by the district* may be administered only by authorized school personnel and in accordance with a consulting doctor's standing order.
7. A list of all medications provided by the District is included below. Parent are given an opportunity below to consent to the administration of each nonprescription medication, individually.
8. Please remember to pick up all of your child's medication and inhalers by the last day of school or they will be discarded.

**NO MEDICATION (PRESCRIPTIONS OR OTHERWISE) SHALL BE ADMINISTERED TO THOSE STUDENTS WHO DO NOT HAVE A CURRENT SIGNED STUDENT HEALTH INFORMATION AND MEDICATION CONSENT TO TREATMENT FORM ON FILE IN THE NURSE'S OFFICE AND THE ABOVE PROCEDURES FOLLOWED!**



### MEDICAL AUTHORIZATION

*If necessary, I hereby consent to emergency medical treatment for my child, as well as authorized health related information to be released to the appropriate district staff for the care, safety, and welfare of my child.*

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

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

**PLEASE FILL OUT/SIGN AND RETURN TO SCHOOL!**

### OVER THE COUNTER MEDICATIONS APPROVED BY DISTRICT

Please check any of the following over the counter medications you consent for San Augustine ISD trained professionals to administer:

MEDICATION:	YES	NO	MEDICATION	YES	NO
Tylenol/Acetaminophen (age appropriate)			Antibiotic ointment or cream		
Vaseline/Carmex			Hydrocortisone cream 1%		
Benadryl (emergency only)			Rubbing Alcohol (91%)		
Orajel/ Anbesol			Sting Relief		
Peppermint			Cough Drop		

*If necessary, I hereby consent to the administration of the above marled non-prescriptions, over-the-counter medications for my child and understand that after 3 consecutive days of receiving OTC medicines my child will need to be seen by a doctor:*

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

### Emergency Medication Authorization

Under the districts supervising physicians, San Augustine ISD provides the following emergency medication:

MEDICATION	YES	NO	MEDICATION	YES	NO
Albuterol Solution for Nebulizer			Glucagon		


