



ENROLLMENT REQUIREMENTS FOR THE **2019-2020** SCHOOL YEAR

DEAR PARENT/GUARDIAN,

ENCLOSED ARE THE ENROLLMENT DOCUMENTS THAT YOU NEED TO COMPLETE FOR YOUR STUDENT TO BE ENROLLED IN GRAPELAND SECONDARY SCHOOLS, GRADES 6 THROUGH 12.

YOU WILL ALSO NEED TO HAVE THE FOLLOWING IN ORDER **TO COMPLETE REGISTRATION**:

- **TWO (2) PROOFS OF PHYSICAL ADDRESS IN GRAPELAND.**
(Electric Bill, Water Bill, Telephone Bill, Cable Bill, Mortgage/Rent Documents)

They **MUST** be in the name of the person enrolling the student.

- **CURRENT DRIVER'S LICENSE**

The name and address on driver's license **MUST** match the name and address that you provided on the 2 proofs of residency documents. If the documents do not match, a revised driver's license must be obtained in order for the registration process to be completed.

- **WITHDRAWAL FORM FROM THE SENDING SCHOOL**

- **PREVIOUS SCHOOLS NAME, ADDRESS AND TELEPHONE NUMBER**

- **BIRTH CERTIFICATE**

- **SOCIAL SECURITY CARD**

- **IMMUNIZATION RECORD**

* **IMPORTANT** – ALL students entering 7th – 10th grade, are **required** to have the following additional immunizations to enroll in GISD:

***Meningococcal**: 1 dose

***Tdap**: 1 dose of Tdap is required if at least 5 years have passed since the last dose of tetanus-containing vaccine.

***Varicella**: (Chickenpox) 2 doses - a student's illness of chickenpox (documented with a written statement) meets the requirement for Varicella.

IF THE STUDENT IS NOT YOUR BIOLOGICAL CHILD, YOU WILL NEED TO PROVIDE LEGAL DOCUMENTS THAT SHOW PROOF YOU ARE THE LEGAL GUARDIAN OF THE STUDENT.

I HAVE READ ALL THE ABOVE ENROLLMENT REQUIREMENTS AS STATED ABOVE:

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



GRAPELAND I.S.D.
Student Registration and Emergency Information
2019-2020 School Year

Student's Name: _____
Last First Middle

Birth Date: _____ Social Security # _____ - _____ - _____ Sex: M ___ F ___

Physical Address: _____

Mailing Address (if different from above) _____

Father's Information **Mother's Information**

Father's Name: _____
Employer: _____
Work Number: _____
Cell Number: _____
Home Number: _____

Mother's Name: _____
Employer: _____
Work Number: _____
Cell Number: _____
Home Number: _____

Guardian Information (Only complete if legal guardianship papers were provided)

Name: _____
Work Number: _____
Home Number: _____
Cell Number: _____

Student lives with: _____ Siblings attend GISD? Yes ___ No ___
Language Spoken in home: _____ Language Spoken/Understood by student: _____

ETHNICITY and RACE DATA QUESTIONNAIRE

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/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.

COMPLETE THE FOLLOWING INFORMATION TO IDENTIFY WHO YOUR CHILD MAY BE RELEASED TO

- 1. NAME: _____ TELE# _____ REALATIONSHIP: _____
- 2. NAME: _____ TELE# _____ REALATIONSHIP: _____
- 3. NAME: _____ TELE# _____ REALATIONSHIP: _____

PARENT/GUARDIAN SIGNATURE: _____ Date: _____



**GRAPELAND INDEPENDENT SCHOOL DISTRICT
STUDENT MEDICAL & EMERGENCY INFORMATION
SCHOOL YEAR 2019 – 2020**

GRADE _____

STUDENT'S NAME:

_____ LAST FIRST MIDDLE

ADDRESS:

_____ STREET# CITY STATE ZIP CODE

PHONE# _____ CELL# _____

PARENT/GUARDIAN NAME:

EMPLOYER & WORK#: _____

FATHER

MOTHER

LIST ANY MEDICAL CONDITIONS OR SPECIAL NEEDS: _____

TO ENSURE YOUR CHILD'S SAFETY DURING SCHOOL HOURS, MEDICAL CONDITIONS OR SPECIAL NEEDS WILL BE MADE KNOWN TO EACH OF YOUR CHILD'S TEACHERS. _____ PLEASE INITIAL

LIST ANY KNOWN ALLERGIES: _____ FOOD ALLERGIES: _____

LIST ANY MEDICATIONS TAKEN REGULARLY:

RELEASE: I, the undersigned, do hereby authorize officials of Grapeland ISD to contact alternative adults and physicians listed. I authorize the school nurse, or designated personnel, to render ANY treatment deemed necessary in case of an emergency (including, but not limited to the use of an AED and/or epi-pen). I authorize the medical information of the student to be shared with appropriate personnel for the welfare, care, and safety of the student. I will not hold Grapeland ISD or any GISD employee financially or legally responsible for the emergency care and/or transportation of said child.

In the case of life threatening emergency, 911 will be called and the student will be transferred to the nearest emergency room via ambulance or designated personnel if necessary.

STUDENT'S DOCTOR: _____ TELEPHONE#: _____

In the event that the parent cannot be contacted, your child will be released in the care of one of the authorized adults listed below.

NAME	TELEPHONE NUMBER	RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PARENT/GUARDIAN SIGNATURE

DATE

GRAPELAND ISD

REQUEST FOR FOOD ALLERGY INFORMATION

(This document is to be maintained in the Student's Cumulative Folder)

Dear Parent,

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as how your child reacts when exposed to the food that is listed.

No information to report (Check is not allergic to anything)

Food:	Nature of Allergic Reaction to Food	Life-Threatening

TO REQUEST A SPECIAL DIET, MODIFICATION OF A MEAL PLAN OR PROVIDE OTHER INFORMATION FROM YOUR DOCTOR ABOUT YOUR CHILD'S FOOD ALLERGY, YOU MUST CONTACT THE SCHOOL NURSE OR SCHOOL ADMINISTRATOR WHERE YOUR CHILD ATTENDS!

The District will maintain the confidentiality of the information provided about and may disclose the information to teachers, school counselors, school nurse, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District Policy.

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian's Name: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form received by Campus: _____



2019-2020 Seasonal Flu Shot Vaccine Consent Form

I acknowledge that Aurora Concepts provided me and I have been afforded the opportunity to read the Notice of Privacy Practices and CDC Vaccine Information Statement for the Inactivated Influenza Vaccine (IIV) on their website: www.auroraconcepts.net under the 'Patient Resources' tab.

I give permission to Aurora Concepts and their administrators to give my child the vaccine in my absence, to communicate with other healthcare providers, as needed, and for data entry, billing and storage according to Texas Department of Health policies, to assure optimal healthcare for my child. I hereby release Aurora Concepts, and my child's school district from any and all liability associated with the administration and potential side effects of the vaccine.

YES, I wish to for my child to receive the flu vaccine. (please complete this form) **NO, I do not wish for my child to receive the flu vaccine. (do not proceed with form)**

Printed Name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date _____

Full, Legal Name of Student (First Name Middle Initial, Last Name) PLEASE PRINT		Name of School		
Parent/Guardian Name (First Name Middle Initial, Last Name)		Relationship to Student		Homeroom Teacher / Grade
Address		Email Address		Birth Date (month / date / year) Age Sex
City		Zip Code		Home Phone # Cell Phone #

Please CHECK ONE and fill out the following questions

Insurance CHIP/STAR/Medicaid American Indian/Alaskan Native

Underinsured (insurance does not cover Flu vaccine) My child does not have health insurance \$5 Administrative Fee requested date of clinic

Insurance Company: _____ Member ID: _____

Policy Holder's Name: _____ Policy Holder's Date of Birth: _____

The current health care laws require us to bill your insurance company for the vaccine. There will be no out of pocket expense for those insured.

QUESTIONS : CHECK YES OR NO FOR EACH QUESTION

Yes <input type="checkbox"/>	No <input type="checkbox"/>	1.) Is your child 4 years or older?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	2.) Do any of the following apply to your child? (If you answer YES, your child cannot receive a Flu Vaccine at school - please contact your child's doctor) Allergy to chicken eggs or egg products Life threatening reaction(s) to flu vaccine in the past Allergy to Latex Has had Guillain-Barre syndrome (very rare)
Yes <input type="checkbox"/>	No <input type="checkbox"/>	3.) Do any of the below apply to your child? Has long-term health problems with weakened immune system, heart disease, lung disease (e.g. cystic fibrosis), liver disease, kidney disease, or metabolic disorders (e.g. diabetes) or blood disorders (e.g. sickle disease or thalassemia)

IF YOU HAVE ANY HEALTH QUESTIONS, PLEASE CONTACT YOUR CHILD'S PEDIATRICIAN OR CALL AURORA CONCEPTS AT 936-598-3296 TO SPEAK TO A NURSE.

AREA FOR OFFICIAL USE ONLY FOR ADMINISTRATION

VIS CDC IIV _____	. IIV 0.5 ML IM Injection (Flulaval)
LOT NUMBER _____	EXP DATE _____
VACCINE MANUFACTURER _____	TITLE OF VACCINE ADMINISTRATOR _____
SIGNATURE _____	DATE _____ (RD IM) OR (LO IM)



Formulario de consentimiento para la vacuna contra la gripe estacional 2019-2020

Reconozco que Aurora Concepts me brindo la oportunidad de leer el aviso de practicas de privacidad y la declaracion de informacion sobre vacunas CDC para la vacuna contra la influenza inactivada (IIV) en su sition web: www.auroraconcepts.net en la pestana Recursos para el paciente.

Doy mi permiso a Aurora Concepts y sus administradores para darle a mi hijo la vacuna en mi ausencia, para comunicarme con los proveedores de atencion medica, segun sea necesario, y para la entrada de datos, facturacion y almacenamiento de acuerdo con las politicas del Departamento de Salud de Texas, para asegurar una atencion medica optima para mi hijo. Por la presente, publico Aurora Concepts y distrito escolar de mi hijo de cualquier responsabilidad relacionada con la administracion y los posibles efectos secundarios de la vacuna.

Si, Quiero vacuna contra la gripa **NO , No quiero** vacuna contra la gripa

Nombre de Padre	Firma de padre	Fecha
Nombre completo y legal		Nombre de Escuela
Nombre de Padre	Relacion al Estudiante	Maestro/Grado
Dirreccion	Correo Electronico	Fecha de Nacimiento
Ciudad	Codigo Postal	Telefono Celular

Favor de escoger y llenar los siguientes preguntas

Asegurnza Privado <input type="checkbox"/>	CHIP/STAR/Medicaid <input type="checkbox"/>	Indio Americano/Navitvo de Alaska <input type="checkbox"/>
Asegurana no cubre <input type="checkbox"/>	Mi hijo(a) no tiene aseguranzz (Habra un cobro de\$5) <input type="checkbox"/>	
Nombre de Aseguranza:	Numero de Identificación:	
Titular de la Poliza:	Fecha de Nacimiento del titular:	

Las leyes actuales de atención médica nos exigen que le facturemos a su compañía de seguros por la vacuna. No habrá gastos de bolsillo para los asegurados.

PREGUNTAS: ESCOGE SI O NO PARA CADA PREGUNTA

Si <input type="checkbox"/>	No <input type="checkbox"/>	1.) ¿Su hijo(a) tiene más de cuatro años?
Si <input type="checkbox"/>	No <input type="checkbox"/>	2.) ¿Alguno de los siguientes se aplica a su hijo? (Si responde que si, su hijo no puede recibir la vacuna contra la gripe en la escuela. (Comuníquese con el medico de su hijo(a) ¿Alergia a huevos de gallino o productos de huevo? ¿Reacciones que amenazan la vida a la vacuna contra la gripe en el paso? ¿Alergia al látex? ¿Síndrome Hashas Guillain-Barre (muy raro)
Si <input type="checkbox"/>	No <input type="checkbox"/>	3.) ¿Alguno de los siguientes se aplica a su hijo(a)? ¿Tiene problemas de salud a largo plazo con un Sistema immune debilitado, enfermedad cardíac, enfermedad pulmonar, hepatica, renal o trastornos metabolicos o trastornos sanguineos?

Si Usted tiene preguntas, comuníquese con el pediatra de su hijo o hable a Aurora Concepts, para hablar con una enfermera. (936)598-3296

AREA PARA USO OFICIAL SOLO PARA LA ADMINISTRACION

VIS CDC IIV _____	IIV 0.5 ML IM Injection (Flulaval)
LOT NUMBER _____	EXP DATE _____
VACCINE MANUFACTURER _____	TITLE OF VACCINE ADMINISTRATOR _____
SIGNATURE _____	DATE _____ (RD IM) OR (LO IM)

Grapeland ISD
Socioeconomic Information Form
***CONFIDENTIAL**

Student Name _____ Student Grade _____ Student Date of Birth _____

School Name _____ Student ID _____

Grapeland ISD is required to collect and report the socioeconomic status of each student to the Texas Education Agency for purposes of the annual state accountability ratings and for federal reporting. Please note that this form is not sent to the Texas Education Agency and that the income levels indicated for your family are not reported to the Texas Education Agency. Only the Economic Disadvantaged status of each student as determined by the information provided is reported to the Texas Education Agency

SECTION A

Do you receive Supplemental Nutrition Assistance (SNAP)? Yes No

Do you receive Temporary Assistance to Needy Families (TANF)? Yes No

If you answered YES on either of the above, skip SECTION B and continue to the SIGNATURE section.

SECTION B (Complete only if all answers in SECTION A are NO)

How many members are in the household (include all adults and children)? _____

TOTAL YEARLY INCOME BEFORE DEDUCTIONS OF **ALL** HOUSEHOLD MEMBERS (check one box below):

Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's compensation, unemployment and all other sources of income (*before any type of deductions*)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$0 – \$23,107 | <input type="checkbox"/> \$47,638– \$55,815 | <input type="checkbox"/> \$80,347– \$88,523 | <input type="checkbox"/> \$113,055–121,231 |
| <input type="checkbox"/> \$23,108– \$31,284 | <input type="checkbox"/> \$55,816–\$63,992 | <input type="checkbox"/> \$88,524– \$96,700 | <input type="checkbox"/> 121,232 – 129,408 |
| <input type="checkbox"/> \$31,285 - \$39,461 | <input type="checkbox"/> \$63,993– \$72,169 | <input type="checkbox"/> \$96,701– \$104,877 | <input type="checkbox"/> 129,409 – 137,585 |
| <input type="checkbox"/> \$39,462- \$47,637 | <input type="checkbox"/> \$72,170– \$80,346 | <input type="checkbox"/> \$104,878– \$113,054 | <input type="checkbox"/> \$137,586 and above |

SIGNATURE Please check one of the following two boxes as appropriate.

In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA) no student shall be required, as part of any program funded in whole or in part by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent or legal guardian.

I certify that all the information on this form is true and that all income is reported. I understand the school will receive federal funds and will be rated for accountability based on the information I provide.

I choose not to provide this information. I understand that the school's disbursement of federal funds and accountability rating may be affected by my choice.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Effective July 1, 2019 – June 30, 2020

Household Size	Total Income												
	Annual		Monthly		Twice Per Month		Every Two Weeks		Weekly				
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced			
No. of Household Members													
1	\$16,237	\$23,107	\$1,354	\$1,926	\$677	\$963	\$625	\$889	\$313	\$445			
2	\$21,983	\$31,284	\$1,832	\$2,607	\$916	\$1,304	\$846	\$1,204	\$423	\$602			
3	\$27,729	\$39,461	\$2,311	\$3,289	\$1,156	\$1,645	\$1,067	\$1,518	\$534	\$759			
4	\$33,475	\$47,638	\$2,790	\$3,970	\$1,395	\$1,985	\$1,288	\$1,833	\$644	\$917			
5	\$39,221	\$55,815	\$3,269	\$4,652	\$1,635	\$2,326	\$1,509	\$2,147	\$755	\$1,074			
6	\$44,967	\$63,992	\$3,748	\$5,333	\$1,874	\$2,667	\$1,730	\$2,462	\$865	\$1,231			
7	\$50,713	\$72,169	\$4,227	\$6,015	\$2,114	\$3,008	\$1,951	\$2,776	\$976	\$1,388			
8	\$56,459	\$80,346	\$4,705	\$6,696	\$2,353	\$3,348	\$2,172	\$3,091	\$1,086	\$1,546			
For each additional family member, add	+\$5,746	+\$8,177	+\$479	+\$682	+\$240	+\$341	+\$221	+\$315	+\$111	+\$158			

These guidelines are based on 130% (free) and 185% (reduced) of the federal poverty guidelines and are effective July 1, 2019– June 30, 2020.



ACKNOWLEDGMENT

Student / Parent Handbook Acknowledgment Student Code of Conduct Acknowledgment

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. Also included have been the Student / Parent Handbook which identifies policies in place as of the printing of this document. Please understand that if any of these policies change throughout the year, you will be notified in writing.

We urge you to read this publication thorough/y 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 campus administrator.

The Student Code of Conduct is available on the District's Website at www.grapelandisd.net and/or as a hard copy to students, parents, teachers, administrators, and to others on request.

Please check one of the following:

I will review the Student Code of Conduct on the District's Web site

I am requesting a hard copy of the Student Handbook

The student and parent should each need to sign this page in the space provided below, and then return the page to the student's school

We acknowledge that we have received information on how to obtain a copy of the Grapeland HS/JH Student / Parent Handbook and the Grapeland ISD Student Code of Conduct for the 2018-2019 school year. We understand that students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Code. We understand that the policies included must be followed to attend Grapeland HS/JH. We also understand that if a policy is changed, each student will be notified in a written letter that will be sent home advising of the policy change.

Student's Printed Name: _____ Grade: _____

Student's Signature: _____

Parent's Name Printed: _____

Parent's Signature: _____ Date: _____

_____ 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

INDEPENDENT SCHOOL DISTRICT/CHARTER SCHOOL

Cuestionario sobre el idioma que se habla en el hogar

19 TAC Chapter 89, Subchapter BB §89.1215

DEBE DE COMPLETARSE POR EL PADRE O TUTOR PARA ESTUDIANTES QUE CURSEN DESDE PREKINDER HASTA EL OCTAVO GRADO: (O POR EL ESTUDIANTE SI CURSA GRADOS DEL 9-12): El estado de Texas requiere que la siguiente información se complete para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Es la responsabilidad del padre o tutor, no de la escuela, proporcionar la información del idioma requerida por las siguientes preguntas.

Querido padre o guardián:

Para determinar si su hijo(a) se beneficiara de los servicios de los programas bilingües y/o de inglés como segundo idioma, por favor responda las dos preguntas siguientes.

Si cualquiera de sus respuestas indica el uso de un idioma que no sea inglés, entonces el distrito escolar debe realizar una evaluación para determinar que tanto se comunica su hijo(a) en inglés. Esta información de evaluación se usará para determinar si los servicios de programas bilingües y/o de inglés como segundo idioma son apropiados e informarán las recomendaciones en cuanto a la instrucción y la asignación del programa. Una vez completada la evaluación de su hijo(a), no se permitirán cambios a las respuestas en el cuestionario.

Si tiene preguntas sobre el propósito y el uso del cuestionario sobre el idioma que se habla en el hogar, o si necesita ayuda para completar el cuestionario, por favor comuníquese con el personal del distrito escolar.

Para más información sobre el proceso que debe seguirse, por favor visite el siguiente sitio web: <https://projects.esc20.net/upload/page/0081/docs/LPAC-TrainingFlowchartSpanish-Accessible.pdf>.

Este cuestionario se archivará en el expediente del estudiante.

NOMBRE DEL ESTUDIANTE: _____ ID#: _____

DIRECCIÓN: _____ TELÉFONO: _____

ESCUELA: _____

Nota: Indique sólo un idioma por respuesta.

1. ¿Qué idioma habla su hijo(a) en su hogar la mayoría del tiempo? _____

2. ¿Qué idioma habla su hijo(a) la mayoría del tiempo? _____

Firma del padre o tutor _____ Fecha _____

Firma del estudiante si esta en los grados 9-12 _____ Fecha _____

Grapeland Independent School District Military Dependent and Foster Care Questionnaire

Please check the appropriate box.

Military Dependent:

- Not a military connected student
- Student is a dependent of a member of the Army, Navy, Air Force, Marine Corps, or Coast Guard on Active Duty.
- Student is a dependent of a member of the Texas National Guard (Army, Air Guard, or State Guard)
- Student is a dependent of a member of a reserve force in the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard)
- PRE-K STUDENTS ONLY—Pre-kindergarten student is a dependent of:

1) an active duty uniformed member of the Army, Navy, Air Force, Marine Corps, or Coast Guard, 2) activated/mobilized uniformed member of the Texas National Guard (Army, Air Guard, or State Guard), or 3) activated/mobilized members of the Reserve components of the Army, Navy, Marine Corps, Air Force, or Coast Guard; who are currently on active duty or who were injured or killed while serving on active duty.

Foster Care:

- Student is not currently in the conservatorship of the Department of Family and Protective Services.
- Student is currently in the conservatorship of the Department of Family and Protective Services.
- PRE-K STUDENTS ONLY — Pre-kindergarten student was previously in the conservatorship of the Department of Family and Protective Services following an adversary hearing held as provided by Section 262.201, Family Code.

Parent Name: _____

Student Name: _____

Student Grade Level: _____

Date: _____

Grapeland Independent School District

Internet Safety Policy

1. Computers and the computer network use shall be for the study, research, teaching or administrative purpose of Grapeland ISD.
2. Users shall follow all applicable laws during computer and computer network use.
3. Users must logon to the computer using their assigned username and password. Users are responsible for all activity which occurs under their username.
4. Users shall not alter or destroy; attempt to alter or destroy another user's computer files, Grapeland ISD software, compute hardware or computer network equipment.
5. Users shall not bypass or attempt to bypass any Grapeland ISD policy or safety procedure.
6. Students shall not post on the Internet any information, in any form, that would be considered harmful to Grapeland ISD or the Grapeland ISD community.
7. Vandalism will result in cancellation of system use privileges. Replacement costs for the destroyed equipment will be imposed for acts of vandalism. Vandalism is defined as any malicious attempt to harm or destroy district equipment or materials, data of another user of the district's system or any of the agencies or other networks that are connected to the Internet. This includes, but is not limited to, the uploading or creating of computer viruses.

As a parent or guardian of this student, I have read the Internet Safety Policy Agreement. I understand that this access is designed for educational purposes. I also recognize that it is impossible for Grapeland ISD to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to issue an account for my child and certify that the information contained on this form is correct.

(Print Name of Student)

(Grade Level)

(Student Signature)

(Date)

(Parent or Guardian's Signature)

(Date)

STUDENT CONDUCT

2019-2020

Applicability of School Rules

As required by law, the District has established a Student Code of Conduct that prohibits certain behaviors and defines standards of acceptable behavior, both on and off campus, and consequences for violation of the standards. Students and parents need to be familiar with the standards set out in the Student Code of Conduct, as well as campus and classroom rules.

One of the disciplinary actions used at Grapeland Secondary Schools is corporal punishment. The student will always have the option of an alternative punishment. Should you **NOT** approve of corporal punishment being used with your student, please complete below.

Name of Student: _____

(PLEASE CHECK ONE OF THE CHOICES BELOW)

No corporal punishment

Yes, corporal punishment can be used with a phone call to the parent/guardian prior to its administration.

Yes, corporal punishment can be used.

No prior phone call is requested by the parent/guardian.

Signature of Parent/Guardian: _____ **Date:** _____



Student Permission Form Grapeland Independent School District School year: 2019-2020

During the school year your child may have the opportunity to experience distance learning via videoconferencing. In order for your child to participate, Grapeland Independent School district requires your written permission. Your signature is requested below on three separate items. **You may elect to give your permission on one, two, all three or none of these items. Omission of a signature on any portion of this form will be interpreted to mean your child does NOT have your permission for that particular item.** Please complete the form(s) below and return to your child's teacher. If you have any questions or need further explanation, please feel free to contact your child's teacher.

Student Name (please print): _____

Parent/Guardian Name (please print): _____



VIDEOCONFERENCING PARTICIPANT WAIVER

I understand that in a Distance Learning Classroom (videoconferencing lab) my child's voice, physical presence, and participation in classroom activities will be transmitted to distance learning sites and will be electronically recorded. I understand that my signature indicates my child's voice, presence, participation, and electronic recording of these classes will not be a violation of my child's or my personal rights and hereby release any claims for the use of such.

Parent/Guardian Signature: _____ Date: _____



WEB SITE PICTURE NOTIFICATION/PERMISSION

To effectively illustrate the educational activities of students in our schools, the Grapeland ISD may desire to post your child's picture to the district web site. The name of students will not be posted, only their picture. In order to use this picture, we are requesting your permission. Please complete the following:

- I give my permission for my child's picture to be posted on the Grapeland ISD web site.
- I would prefer that my child's picture **NOT** be place on the Grapeland ISD web site.

Parent/Guardian Signature: _____ Date: _____

You may visit our web site at: www.Grapelandisd.net



TELEVISION/NEWSPAPER PARTICIPANT WAIVER

I give my permission for my child to be interviewed and/or photographed for television and/or newspaper. I understand that my signature indicates that this will not be a violation of my child's or my personal rights and hereby release any claims for the use of such.

Parent/Guardian Signature: _____ Date: _____

Grapeland ISD
Anti-Bullying Education

Grapeland ISD and its stakeholders understand the importance of supporting a safe and bully-free learning environment. Everyone should enjoy our school equally, and feel safe and secure regardless of color, race, gender, religion, popularity, ability, or intelligence. Bullying can involve physical contact such as shoving, pushing as well as verbal or emotional distress caused by name-calling, making fun of, etc.

By being better educated, the stakeholders of Grapeland ISD agree to:

1. Promote the respect of all students.
2. Immediately report all instances of bullying to a faculty member or campus principal.
3. Support students who have been/are subjected to bullying.
4. Encourage the discussion of anti-bullying education in the classroom.
5. Become aware of the district's policies and practices in regard to bullying. This information can be found in the GISD Student Handbook and Student Code of Conduct.

Our signatures below affirm we are aware of our responsibilities.

Please sign and date this page and return it to the student's school.

Student Signature

Date

Parent Signature

Date

Student Residency Questionnaire

The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as Title X, Part C, of the No Child Left Behind Act. The answers you give will help the school determine the services the student may be eligible to receive.

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. TEC Sec. 25.002(3)(d).

Name of Student: _____ Gender: Male Female
Last First Middle

Birth Date: _____ / _____ / _____ Grade: _____ Social Security #: _____
Month / Day / Year (or student identification number)

Check the box that best describes with whom the student resides. (*Please note: legal guardianship may be granted only by a court; students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in and attend school. The school cannot require proof of guardianship for enrollment or continued attendance.*)

- Parent(s)
- Legal Guardians(s)
- Caregiver(s) who are not legal guardian(s) (*Examples: friends, relatives, parents of friends, etc.*)
- Other _____

Name of person with whom student resides: _____

Address: _____

City: _____ ZIP: _____

Home Phone #: _____ Cell Phone #: _____ Other Emergency #: _____

Length of Time at Present Address: _____

Length of Time at Previous Address: _____

Name of the school where student is enrolled or in which student is attempting to enroll: _____

Last District Attended: _____ Last School Attended: _____

Please check only one box that best describes where the student is presently living:

- In my own home or apartment, in Section 8 housing, or in military housing with parent(s), legal guardian(s), or caregiver(s) (*if you checked this box, check one or both of the boxes below, if applicable:*) (CODE=N)
 - My home has no electricity (CODE=U)
 - My home has no running water (CODE=U)
- In the home of a friend or relative because I lost my housing (*examples: fire, flood, lost job, divorce, domestic violence, kicked out by parents, parent in military and was deployed, parent(s) in jail, etc.*) (CODE=D)
- In a shelter because I do not have permanent housing (*examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing*) (CODE=S)

- In transitional housing (*housing that is available for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, or another organization*) (CODE=S)
- In a hotel or motel (*examples: because of economic hardship, eviction, cannot get deposits for permanent home, flood, fire, hurricane, etc.*) (CODE=HM)
- In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or other unsheltered location (CODE=U)
- None of the above describe my present living situation *Briefly describe your situation:* _____

Factors contributing to the student's current living situation (check all that apply):

- Natural disaster
 - Tornado, storm, flood, etc.
 - Hurricane, name: _____
 - Fire: prairie, forest, grass, lightning strike, etc.
- Family issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.
- Home issues such as lack of electricity, water, heat, adequate home repair due to lack of funds, overcrowding, mold, etc.
- Military: Parent/guardian deployed, injured or killed in action
- Incarceration of parent/guardian
- Incapacitation of parent or guardian due to health, mental health, drugs/alcohol, or other factors
- Home fire not due to natural causes (*i.e., faulty equipment/appliances/wiring, furnace, stove, fireplace, etc.*)
- Economic hardship:
 - Loss of job resulting in inability to pay rent or mortgage
 - Income from part-time or low paying job does not cover cost of housing in the area
 - Loss of mortgage, including loss of mortgage of landlord if student/student's family is renting
 - Eviction record and/or inability to produce deposits for rent or utilities
- High medical bills that leave little or no money for housing
- Lack of affordable housing in the area
- Minor student unable to afford housing on my own
- None of the above describe the main reasons for my present living situation *Briefly explain the contributing factors:* _____

Please provide the following information for school-age siblings (brothers and/or sisters) of the student:

Name	Grade Level	School	District

Signature of 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

FAMILY SURVEY 2019-2020

Name of Child _____ Grade Level _____ Date _____

School District _____ School Campus _____

In order to better serve your children, the school district would like to identify students who may qualify to receive additional educational services.

Please answer the following questions and return this survey to your child's school.

1. Has someone in your immediate family or household *moved/traveled* in the last *three years* *with* or *without* your child to *work or try to work* in *agricultural or fishing* related activities? (e.g. ranch work, field work, poultry production, canneries, dairy work, meat processing, etc.)

Yes _____ No _____



2. Has your child moved in the last three years for any reason? (e.g. new job in the family, shorter commute to work, cheaper housing, etc.)

Yes _____ No _____

*If you answered "Yes" to **both** questions above, provide the following information:*

Name of child _____ D.O.B. _____ Age _____ Grade _____

Father/Guardian _____ Mother/Guardian _____

Home Address _____
Street City State ZIP

Father/Guardian Phone _____ Mother/Guardian Phone _____

Email _____ Other Phone _____



For questions, please contact *Kim Chapa*
 (936) 435-8239 or FAX (936) 435-8481
 Education Service Center, Region 6

ENCUESTA DE FAMILIA 2019-2020

Nombre de su hijo/a _____ Grado _____ Fecha _____

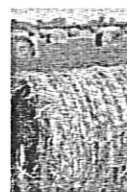
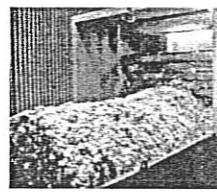
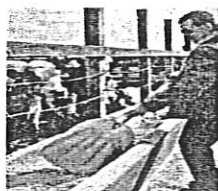
Distrito Escolar _____ Escuela _____

Para mejorar los servicios educativos de sus hijos, el distrito escolar quisiera identificar estudiantes que cumplan con los requisitos para recibir servicios educativos adicionales.

Favor de responder a las siguientes preguntas y regresar esta hoja a la escuela de su hijo/a.

1. ¿Alguien de su familia inmediata o de su casa se mudó/viajó en los últimos tres años con o sin su hijo/a para buscar trabajo o trabajar en la agricultura o en la pesca? (Por ejemplo, en ranchos ganaderos o granjas avícolas, en trabajo del campo, en fábricas de conservas o procesadoras de carnes o productos lácteos, etc.)

Sí _____ No _____



2. ¿Se ha mudado/cambiado de residencia su hijo/a en los últimos tres años por cualquier razón? (Por ejemplo, trabajo nuevo en la familia, distancia de manejo más corta al trabajo, vivienda más barata, etc.)

Sí _____ No _____

Si usted contestó "Sí" a las dos preguntas anteriores, proporcione la siguiente información:

Nombre de su hijo/a _____ Fecha de nacimiento _____ Edad _____ Grado _____

Padre/Tutor _____ Madre/Tutora _____

Domicilio _____

Teléfono del Padre/Tutor _____ Calle _____ Ciudad _____ Estado _____ Código postal _____
Teléfono del Madre/Tutor _____

Correo electrónico _____ Otro Teléfono _____



Para mayor información, llame a *Kim Chapa*
(936) 435-8239 o FAX (936) 435-8481
Centro de Servicios Educativos, Región 6

Parent's Response Regarding Release of Student Information to
Military Recruiters and Institutions of Higher Education

Federal law requires that the district release to military recruiters and institutions of higher education, upon request, the name, address, and phone number of secondary school students enrolled in the district, unless the parent or eligible student directs the district not release information to these types of requestors without prior written consent. [See Release of Student Information to Military Recruiters and Institutions of Higher Education on page 12 for more information.]

Parent: Please complete 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 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 institutions of higher education upon their request without my prior written consent.

Parent Signature: _____ Date: _____

Respuesta de los padres con respecto a la liberación de información del
estudiante a

Los reclutadores militares e instituciones de educación superior

La ley federal requiere que la liberación del distrito a los reclutadores militares e instituciones de educación superior, sobre la solicitud, el nombre, dirección y número de teléfono de los estudiantes de secundaria matriculados en el distrito, a menos que el padre o el estudiante se dirija directamente con el distrito no divulgar información a estos tipos de solicitantes sin previo consentimiento por escrito: [Ver la liberación de información del estudiante a los reclutadores militares y las instituciones de educación superior en la página 12 para más información].

Padres: Por favor complete lo siguiente solamente si no quiere la información de su hijo/a que sea dada a un reclutador militar o una institución de educación superior sin su consentimiento previo.

Yo padre de _____ (nombre del estudiante), solicitar que el distrito No suelte el nombre, dirección y número de teléfono a un reclutador militar o instituciones de educación superior a su petición de mi hijo sin mi consentimiento.

Firma del padre: _____ Fecha: _____

2019/2020 Grapeland I.S.D.
Transportation Department

Transportation Director

Paul Peck

Date: _____

Transportation Coordinator

Kristi Streetman

To be completed and returned only if bus transportation is needed.

Dear Bus Rider Parents:

This form must be completed by parents of Grapeland ISD Bus Riders, even if your child or children rode the school buses last year. **We must have current 911 physical addresses.** (P.O. Boxes will not be accepted). We also need directions from the campus that your child will be attending to your home or the location of your child's morning pick up and afternoon drop off, please use County, Farm to Market and Private Road names and numbers so we can physically locate your home. Home, cell and work phone numbers must also be provided so we can contact you in the event of any problems. **This information is required to better serve your child's riding needs and our needs in case of an emergency.**

Child(s) Name:

1. _____ Grade: _____

2. _____ Grade: _____

3. _____ Grade: _____

4. _____ Grade: _____

PHYSICAL Address: _____

Directions:

Parents Name: _____

Home #: _____ Cell #: _____ Work #: _____

Thank you for taking the time to fill out your information. If you have any questions, please call Paul Peck at 936-546-6268 Kristi Streetman 936-222-5007.

(For Transportation Office use only)

Rider assigned to route # _____ Route Name: _____