



## ***Enrollment Packet***

To enroll your student, you will need the following items to register:

- Completed enrollment packet
- Certified Birth Certificate
- Up-to-date immunization record
- Child's social security card
- Parent/Guardian's photo identification
- Proof of residence
  - Utility bill (gas, electric or water – cannot be cell phone), or
  - Original lease or rental agreement with current payment receipt, or
  - Property tax statement for primary residence.

*\*\*\*If you and your family live with someone else and cannot provide proof of residence on your own, please bring a signed letter from the person who owns the property stating that you, the parent/guardian, and the student reside in their residence. You will also be required to have one of the above proof of residence from that person.*

***Enrollment is complete when all above documents have been provided.***

# REGISTRATION FORM

PLEASE PRINT

STUDENT NAME			
Last	First	Middle	
DOB	Social Security #	Gender	Nick Name
		__ Male __ Female	
Is the child currently, or has the child previously been in the Foster Program?		Yes _____	No _____
Is the child a dependent of a member of Active Duty (Army, Navy, Air Force, Marine Corps, or Coast Guard), the Texas National Guard, or Reserve Duty (Army, Navy, Air Force, Marine Corps, or Coast Guard)?		Yes _____	No _____
<b>With whom does the student live?</b>	<input type="checkbox"/> Both Parents <input type="checkbox"/> Other (Name and relationship with the student) <input type="checkbox"/> Father <input type="checkbox"/> Mother		
Parent Information			
Name/Relationship		Name/Relationship	
Street Address		Street Address	
City, St, Zip		City, St, Zip	
Employer		Employer	
Cell:	Home:	Cell:	Home:
Work:	Other:	Work:	Other:
Phone preferred: Cell Home Work Other		Phone preferred: Cell Home Work Other	
Email Address		Email Address	
Driver's License # and State		Driver's License # and State	
Emergency Contact Information			
Name/Relationship		Name/Relationship	
Cell:	Home:	Cell:	Home:
Work:	Other:	Work:	Other:
Phone preferred: Cell Home Work Other		Phone preferred: Cell Home Work Other	
Vehicle Make/Model		Vehicle Make/Model	
Driver's License # and State		Driver's License # and State	
Medical Information			
Doctor Name & Number			
List any known allergies			

**TEXAS PUBLIC SCHOOL ETHNICITY AND RACE**

Part 1. Ethnicity (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 (choose one or more):

\_\_\_\_\_ **American Indian or Alaskan 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 other Indian subcontinent including, 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 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.

**List of other children living in the home**

Name	Age	Grade	School Attending

The information on this form is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records or information is a violation of state law and may subject you to tuition cost for your child. I certify that the information given is correct. I authorize the school to contact the persons named on this form and the named physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physician, or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the child listed on the front of this form. I will not hold the school district financially responsible for emergency care and/or transportation.

\_\_\_\_\_ Parent or Guardian Signature

\_\_\_\_\_ Date



## S&S C.I.S.D. School / Program Information

Date first enrolled in U.S. schools?	Has student ever been retained? If yes, at what grade level?
What was the last school that the student attended?	
Name	Phone number
Address, City, State	Fax number
Was the student ever enrolled in special programs?	
__ Yes __ No Special Education	__ Yes __ No Gifted and Talented
__ Yes __ No Speech Therapy	__ Yes __ No 504 Program
__ Yes __ No Occupational Therapy / Physical Therapy	__ Yes __ No Dyslexia
__ Yes __ No Reading Intervention	__ Yes __ No English as a Second Language
__ Yes __ No Math Intervention	__ Yes __ No Other
_____ My child was not enrolled in any special programs at their previous school.	

\_\_\_\_\_

Parent or Guardian Signature

\_\_\_\_\_

Date



**Acknowledgement of Electronic Distribution of Student Handbook and Student Code of Conduct**

My child and I have been offered the option to receive a paper copy of or to electronically access at [www.sscisd.net](http://www.sscisd.net) the S&S CISD Student Handbook and the Student Code of Conduct. I have chosen to:

- Receive a paper copy of the Student Handbook and the Student Code of Conduct.
- Accept responsibility for accessing the Student Handbook and the Student Code of Conduct by visiting the web address listed above.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**Acceptable Use Agreement**

As the parent or legal guardian of the above student, I have read, understand and agree that my child or ward shall comply with the terms of the S&S CISD’s Acceptable Use and Internet Safety Policy for the student’s access to the school district’s computer network and the internet. (policy online at [www.sscisd.net](http://www.sscisd.net))

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**Parent Statement Prohibiting Corporal Punishment**

I have read the information on the use of corporal punishment in the S&S CISD Code of Conduct and the use of corporal punishment. This form must be submitted annually and can be revoked by the parent at any time.

- I prohibit the use of Corporal Punishment with my child.
- I will allow the use of Corporal Punishment with my child.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**Notice Regarding Directory Information and Parent’s Response Regarding Release of Student 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 the S&S CISD to disclose directory information from your child’s education records without your prior written consent, you must notify the district in writing within ten school days of your child’s first day of instruction for this school year. 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. S&S CISD has designated the following information as directory information:

Student’s name	Address	Telephone Listing	Email Address
Photograph	Date and place of birth	Dates of attendance	Grade level
Most recent school previously attended	Enrollment Status	Student identification numbers	Video and/or Voice Recordings

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



# S&S C.I.S.D.

## Student Residency Questionnaire

By completing this questionnaire, you help the district comply with the McKinney-Vento Act 42 U.S.C.11434a(2), Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers help the district identify services that the student may be eligible to receive.

STUDENT NAME			
Last	First	Middle	
DOB	Address	Gender	Grade
		__ Male __ Female	
Name of person completing this form			Relationship to Student

**1. Where is the student living now? Check all that apply.**

- Owner-occupied home
- Rental unit
- Military housing
- Long-term, agreed-upon living arrangement with a family member or friend
- Emergency shelter or transitional housing\*
- Motel/hotel\*
- Campground\*
- Non-traditional housing space including cars, parks, public spaces, abandoned building, and bus or train station that is a public/private place not designated for, or originally used as regular accommodation for people\*
- Foster care placement for 6 months or less\*
- Temporary shared housing with friends, family or others due to:
  - Loss of personal housing\*
  - Economic hardship\*
  - Other, similar reason \_\_\_\_\_.\*

\*\*Living in these situations may qualify the student for services, including immediate enrollment, transportation, school supplies, and educational advocacy and community referrals as a family in transition.

**2. Does the student live with a parent or legal guardian?**

- Yes
- No, with whom does the student reside and what is their relationship to the student \_\_\_\_\_

Does the student have siblings enrolled at other S&S CISD campuses? If yes, siblings' names and campuses. \_\_\_\_\_

**3. Has the student been placed in Texas Department of Family and Protective Services kinship care, volunteer care, or foster care?**

- Yes
- No

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of McKinney-Vento Liaison

\_\_\_\_\_  
Date



# S&S C.I.S.D.

## Home Language Survey (PK-12)

The Texas Education Code requires schools to determine the language(s) spoken at home by each student. The information is essential in order for schools to provide meaningful instruction to all students. Please answer the following questions.

STUDENT NAME			
Last	First	Middle	
DOB	Address	Gender	Grade
		__ Male __ Female	

**Part A: Required for identification of immigrant and/or migrant students.**

Place of Birth (Country of Origin) City _____ Country _____	Date of initial entry into U.S. schools Month _____ Day _____ Year _____	Number of complete academic years in a U.S. school _____
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Within the past 3 years have you moved from one city or state to another so that you or your family could work or look for work in agriculture or fishing? No \_\_\_\_\_ Yes \_\_\_\_\_

**Part B: Required for identification of students that may need an oral language proficiency assessment.**

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

**Nombre del alumno**

Apellido	Primer nombre	Oriente	
Fecha de nacimiento	Domicilio	Género	Grado
		__ Macho __ Hembra	

**Part A: Necesarios para la identificación de los inmigrantes o los estudiantes migrantes.**

Lugar de nacimiento Ciudad _____ País _____	Fecha de inicio a las escuelas de los Estados Unidos Mes _____ Día _____ Año _____	Numero de años escolares completos en escuelas estadounidenses _____
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¿Ha trabajado usted o un miembro de su familia en trabajos de agricultura o en la industria pesquera en los últimos tres años? Sí \_\_\_\_\_ No \_\_\_\_\_

**Part B: Necesarios para la identificación de los estudiantes que pueden necesitar una evaluación del dominio del idioma oral.**

1. ¿Qué idioma se habla en su hogar casi siempre? \_\_\_\_\_
2. ¿Cuál idioma habla su hijo/a en casa casi siempre? \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature (Firma del padre o guardián)

\_\_\_\_\_  
Date (Fecha)



# S&S C.I.S.D.

## 2016-2017 Family Survey / Encuesta De Familia

Dear Parents,

In order to better serve your children, the S&S School District would like to identify students who may qualify to receive additional educational services. The information provided below will be kept confidential. Please answer the following questions and return this survey form to your child's school. Or, if you prefer, for more information, call 903-564-6051.

1. Have you moved within the last 3 years? No \_\_\_\_\_ Yes \_\_\_\_\_

2. If yes, have you done agricultural or fishing related work since your move? (e.g., field work , canneries, lumbering, dairy work, meat processing) No \_\_\_\_\_ **(stop here and return survey to the school)**  
 Yes \_\_\_\_\_ **(please complete the information below)**

If you answered ".Yes" to both of the questions above, an education representative may contact you to find out whether your child is eligible for additional educational services. Please provide the following information:

Name of child	Age	Grade
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Parent/Guardian Name:

Address:

Telephone Number:

Best Time to Contact You:

Estimados padres,  
 Para mejorar los servicios educativos de sus hijos, el distrito escolar de S&S CISD, quisiera indentificar estudiantes que puedan calificar para recibir servicios educativos adicionales. Todo la informacion proporcionada sera mantenida confidencial. Favor de responder las siguientes preguntas y devolver esta forma a la escuela de su nino/a. O, si prefiere, para mas informacion, llame a: 903-564-6051.

1. Ha cambiado .de residencia usted o alguien en su familia dentro de los ultimas tres anos?  
 No \_\_\_\_\_ Si \_\_\_\_\_

2. Si usted contesto "si" en la pregunta anterior, (ha trabajado usted en la agricultura o en . la pesca? (por ejemplo, la labor, fabrica de conservas, explotaci6n de boques, trabajo en la lecherfa, el proceso de came)  
 No \_\_\_\_\_ **(PARE aquÍ y envÍe la encuesta a la escuela)**  
 Si \_\_\_\_\_ **(Por favor, complete la informaci6n a continuaci6n)**

Si usted contest "Si" en las dos preguntas anteriores, un representante del distrito escolar quizas se vaya a comunicar con usted para averiguar sis u nino/a califica para servicios educativos adicionales. Favor de completar la siguiente informacion.

Nombre de su Nino/a:	Edad	Grado
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Nombre del Padre/Guardián:

Dirección:

Numero de telefono: \_\_\_\_\_ La mejor hora para-localizarlo: \_\_\_\_\_





# S&S C.I.S.D. 2016-2017 Statement of Residence

STATE OF TEXAS

GRAYSON COUNTY

Full Name of Parent or Guardian \_\_\_\_\_

Name and age of student(s): 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Address of residence in S&S CISD \_\_\_\_\_

(Street Address)

(City)

(Zip)

Full Name of owner or renter (occupant) of residence:  
\_\_\_\_\_

I hereby state that I do actually reside full-time at the residence stated above. I also realize that supplying false information or false records for identification is a criminal offense under Penal Code 37.10, (Education Code 21.0313). By giving false information, I realize that I become liable for the amount the district budgeted per student as maintenance and operating expense, as well as all legal expenses for the S&S CISD to collect these amounts.

\_\_\_\_\_  
(Signature of Parent or Guardian)

*\*\*\*If you and your family live with someone else, please have the person who owns (or is renting) the property sign the statement below.*

As owner, or renter (occupant) of the above named residence, I do hereby state that the above named adult(s) and student(s), do reside with me on a full-time basis. I also realize that supplying false information or false records for the identification is a criminal offense under Penal Code 37.10 (Education Code 21.0313).

\_\_\_\_\_  
(Signature of owner, renter, etc.)



**S&S C.I.S.D.**  
**2016-2017 Notice to Students and Parents**  
**Regarding Drug-Free Schools**

The S&S Consolidated Independent School District believes that student use of alcohol and illicit drugs is both wrong and harmful. Consequently, the district has established a code of student conduct that prohibits the use, sale, possession, and distribution of alcohol and illicit drugs by students on school premises or as part of any school activity, regardless of its location. Compliance with this code of conduct is mandatory, and students shall be disciplined if they are found to have violated this code of conduct. (See policy FNCD (L)).

The district's policies and its Discipline Management Plan provide a range of disciplinary sanctions for alcohol and drug-related offenses. Students may be suspended for up to six days or expelled for a period of time ranging from seven school days to the end of the school year. In addition, they may be referred to appropriate law enforcement officials for criminal prosecution. Procedural requirements for the imposition of suspension and expulsion are set out in the district's policies at FOA, FOA (L), FOD, and FOD (L). The principal of your school will be glad to provide you access to or a copy of these policies.

Depending on the nature and severity of a drug or alcohol-related offense, a student may be required to complete an appropriate rehabilitation program either in lieu of or in addition to other school discipline. The principal or counselor of your school can provide you with information about rehabilitation and re-entry programs that are available in our community or within reasonable access of our community.

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

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Parent's Signature

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Student's Signature



**Request for Transcript**

The student listed below was enrolled in your school and has now enrolled here.

STUDENT Information			
Last Name	First Name	DOB	Grade
School Information			
Name of Last School Attended	Phone Number	Fax Number	
Address	City	Zip	

We request the following information:

- Birth Certificate
- Social Security Number
- Transcript of Grades
- Cumulative Records
- Health Records

Please include the following information if applicable:

- Special Education Records
- Test Results (State and Local Testing)
- Response to Intervention Records
- Gifted and Talented Records
- Section 504 Records
- Dyslexia Records
- English as a Second Language Records
- Any other data that will assist us in their placement at our school

Thank you for your assistance. These records may be sent or faxed to:

S&S Elementary School  
P.O. Box 837  
Sadler, Texas 76264  
Fax: 903.893.0767  
Attention: Gina Broom

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

Principal/Secretary Signature: \_\_\_\_\_

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