

Frankston ISD Enrollment Forms

Frankston Independent School District Registration Forms 2017-2018 School Year

Students and Parents,

The following pages contain forms that can be filled out online. Please fill in all highlighted fields on each form. Some information such as student/parent name, address, and date will automatically fill in after you type the information in the first time.

Please read each form carefully. Once you have completed all the forms, click on the box that says "Print" and the registration forms will print out for you. Some forms require a parent/guardian and or the student's signature. **THE FORMS MUST BE PHYSICALLY SIGNED AFTER THEY ARE PRINTED OUT.**

If you have more than one child in Frankston Schools please click on the "Reset" button in order to clear the forms of all information and then fill out the forms for the next child.

After the forms have been signed, please be sure they are turned into the appropriate campus office.

To get started, just scroll down to the first form and begin.

Thank you and Welcome Back to School!!

Frankston ISD Enrollment Forms 2017-2018

Enrollment Date: _____

Social Security No.: _____ - _____ - _____ Student ID No.: _____ Grade: _____

Students Name: _____ Sex: M F
Last First Middle

Date of Birth: Month _____ Day _____ Year _____ Age as of September 1: _____

Mailing Address: _____ City: _____ Zip: _____

Physical Address: _____ City: _____ Zip: _____

Please answer both parts of the Ethnicity and Race, United States Federal Register (71 FR 44866)

Choose One Ethnicity: Hispanic Not Hispanic

Choose one or more on Race:

Black/African American White Asian Native Hawaiian/Other Pacific Islanders American Indian/Alaska Native

Father's Name: _____ Address: _____

Home Phone: _____ Work Phone: _____

Mother's Name: _____ Address: _____

Home Phone: _____ Work Phone: _____

Guardian's Name: _____ Address: _____

Home Phone: _____ Work Phone: _____

County of Residence: _____ Bus Route: _____

Name and Address of the school your student last attended:

School Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

With whom will you reside while attending FISD:

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____

Student may be picked up by:

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

I hereby acknowledge that all the information on this form is true and correct to the best of my knowledge.

Signed: _____ Date: _____

E-mail Address: _____

Special Instruction Survey

Student's Name: _____

Name of other Children in your Household:

Child's Name	Age	Grade

1. My child was enrolled in a remedial program (Title 1) or a local program Yes No
2. My child was enrolled in a Special Education resource class for specific subjects. Yes No
3. My child was enrolled in a Special Education program for speech with a speech therapist. Yes No
4. My child was enrolled in a 504 program Yes No
5. My child has a hearing problem. Yes No
6. My child needs to wear glasses at school. Yes No
7. My child was in a gifted/talented program. Yes No
8. My child is a migrant student. Yes No
9. My child was enrolled in a bilingual/English as a second language program. Yes No
10. My child has repeated a grade (If yes, check grade(s) repeated. Yes No
 K 1 2 3 4 5
11. My child has a behavior problem in school Yes No
 If Yes, Explain: _____
12. My child has Special Needs: Yes No
 If Yes, Explain: _____

CORPORAL PUNISHMENT: Refer to the Student Code of Conduct (SCOC) and district policy. See Board Policy FO and the SCOC)

Parent Statement Prohibiting Corporal Punishment: I have read the information on the use of corporal punishment in Frankston ISD, and: I agree that my child may receive corporal punishment (paddling) in accordance with local policy. I understand that I will be contacted before corporal punishment will be administered.

Yes No

- MILITARY INFO:**
- 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)

Documentation for the above three military connected student is a parent's statement of the fact

- PRE-K ONLY:**
- Pre-kindergarten student is a dependent of an active duty uniformed member of the Army, Navy, Air Force, Marine Corps or Coast Guard or activated/mobilized uniformed member of the Texas National Guard (Army, Air Guard, or State Guard) who was injured or killed while serving on active duty.

Documentation for the above military connected student is a parent's statement of the fact

Not a Military Connected Student

Foster Care Info: Caregiver must provide a copy of the Texas DFPS Placement Authorization Form (Form 2085) or a court order that designates the student is in the conservatorship of the Department of Family and Protective Services.

- Student is currently in the conservatorship of the Dept. of Family and Protective Services
- Pre-K student is previously in the conservatorship of the Dept. of Family and Protective Services following an adversary hearing held as provided by Section 262.201 Family Code
- Foster Care does not apply to the student

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Acknowledgment of Electronic Distribution of Student Handbook and Code of Conduct

I accept responsibility for accessing the Student Handbook and the Student Code of Conduct by visiting **www.frankstonisd.net**.

I understand that the handbook contains information that my child and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Student Code of Conduct. If I have any questions regarding this handbook or the Code of Conduct, I should direct those questions to the principal at 903-876-3219.

Student's Name

Date

Signature of Parent

Notice Regarding Directory Information and Parent's Response Regarding Release of Student Information

Certain information about 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 Frankston ISD 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.

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 this form so you can communicate your wishes about these issues. (See Directory Information in the Student Handbook for more information.)

PARENT: Please fill in the blanks and circle one of the choices below:

I, parent of _____ (student's name)

(do give)

(do not give)

the district permission to release the information in response to a request.

***EXCEPTION**

I understand that names and pictures for use on our website, Facebook page, yearbook, newspaper release and team rosters are considered directory information.

I **(do give)** **(do not give)** the district permission to allow my child to be included in such pictures and rosters.

(Please circle one)

Parent's Signature _____ Date: _____

Frankston ISD Enrollment Forms 2017-2018
Verification of Residency Form and Other Qualifications for Enrollment in FISD Schools

Student's Name: _____ Grade: _____

Address: _____ City: _____ Zip: _____

The answers to the following questions must be on file with the District in order to ensure proper enrollment and/or continued uninterrupted educational benefits as a FISD Student. Failure to answer all questions may result in a loss of educational benefits to the student.

Before answering the questionnaire, please read the following notice of penalties and acknowledge your understanding of the applicability of these penalties for providing false information to the District.

NOTICE OF PENALTIES

Section 25.001 of the Texas Education Code provides that a person who knowingly falsifies information on a District form required for student enrollment may be held liable to the District if it turns out the student is not eligible for enrollment but is enrolled on the bases of false information. A person may be held liable, for the period during which the ineligible student is enrolled, for the greater of (1) the minimum tuition fee the District may charge to transfer students under 25.003 of the Texas Education Code; or (2) the amount the District has budgeted for each student as maintenance and operation expenses. See FISD Board Policy (Legal).

In addition to the civil fees which may be assessed against a person who provides false information, please be advised that Section 37.10 of the Texas Penal Code makes it a crime for a person to knowingly make false entry on a District form, or if the person makes, presents, or uses any record with knowledge of its falsity and with intent that it be taken as a genuine governmental record with knowledge of its falsity.

This form will also serve as the emergency contact information in case there is an emergency or disaster that would require a student to move to a safe area such as a shelter at a local and surrounding church. A valid phone number must be supplied as well as a valid legal physical address. Please complete the form in its entirety. Please write below the name, address and home and work (if any) phone number of a person to contact in an emergency situation.

_____	_____	_____
Last Name	First Name	M.I.
Address: _____	City: _____	Zip: _____
Telephone Number: _____	Work Number: _____	

Please print below your full name, address, home and work (if any) telephone numbers. Address must be a physical address – rural route number, street or apartment number but NOT a post office box number.

_____	_____	_____
Last Name	First Name	M.I.
Address: _____	City: _____	Zip: _____
Telephone Number: _____	Work Number: _____	

Do you reside in the Frankston Independent School District? Yes No

I acknowledge I have read the "Notice of Penalties" as set out above for providing false information to the District. Yes No



FAMILY SURVEY

2017-2018

Dear Parents,

In order to better serve your children, the Frankston Independent 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.

For more information, call: Nicci Cook (903) 876-2556

1. Have you moved within the last 3 years?

➤ Yes _____ No _____

2. Have you moved in order to do temporary or seasonal work?

➤ Yes _____ No _____

3. Check the temporary or seasonal work that applies:

- | | | |
|--|--|--|
| <input type="checkbox"/> chickens | <input type="checkbox"/> picking fruits and vegetables | <input type="checkbox"/> lumber |
| <input type="checkbox"/> eggs | <input type="checkbox"/> moves to work in the summer | <input type="checkbox"/> dairy work |
| <input type="checkbox"/> plant nurseries | <input type="checkbox"/> field work | <input type="checkbox"/> meat processing |
| <input type="checkbox"/> ranching | <input type="checkbox"/> canneries | <input type="checkbox"/> fencing |

If you answered "yes" to questions 1 and 2 above, Marisol Mancha from the Region 7 Education Service Center may contact you to find out whether your child is eligible for additional educational services. Please provide the following information:

Name of Child _____

Date of Birth _____ Grade _____

Parent/Guardian Name _____

Telephone number _____ Best time to contact you _____

Created: 01/27/2016

Reviewed: 01/06/2017

Revised:

Frankston ISD Enrollment Forms 2017-2018

Student Homeless Survey Questionnaire

Frankston ISD Campus Name: _____

Student's Name: _____		Birth Date: Month _____ Day _____ Year _____	
		<input type="checkbox"/> Male <input type="checkbox"/> Female SSN _____ - _____ - _____	
Current Address: _____		Telephone #: _____	
City: _____ Zip: _____			
Previous Address: _____		County: _____	
City: _____ Zip: _____		Cell Phone # _____	
Last School Attended: _____		Last Date Attended: _____	
		Grade Level: _____	
Student resides with:		<input type="checkbox"/> Parents <input type="checkbox"/> Legal Guardian (granted by court) <input type="checkbox"/> Unaccompanied Youth <input type="checkbox"/> Caregiver (friends, relatives, etc.)	
Signature: _____		Date: _____	

Presenting a false record of falsifying information for enrollment purposes is an offense under Section 37.10, Penal Code. Enrollment of the child under false documents subjects the person to liability or other costs TEC 25.002 (3) (d).

This questionnaire is intended to address the McKinney-Vento Homeless Education Assistance Improvement Act (42 U.S. C. 11435). The answer to this residency information helps determine the service the student may be eligible to receive.

1. Is the student's current address a temporary living arrangement? Yes No
2. Is the temporary living arrangement due to loss of housing, economic hardship, or other? Yes No

If you answered YES to both of the above questions, please complete the remaining portion of the form.
 If you answered NO, to either question 1 or 2, skip questions 3, 4, and 5.

3. Where is the student presently living? (Please check one box)
 - In a hotel/motel In a shelter
 - In the home of a friend/relative due to loss of housing (examples: fire, flood, lost job, divorce, eviction, etc.)
 - In a place not designed for ordinary accommodation such as a car, park, or campsite.
 - Moving from place to place due to loss of housing (example: fire, flood, lost job, divorce, eviction, etc.)
4. Natural Disaster Relief Student
 - Tornado, storm, flood, etc. Hurricane, Name: _____ Fire: Prairie, forest
5. Please provide the name, grade, and school information of siblings:

Name	Grade	School Name	District
		Frankston	FISD
		Frankston	FISD

DISTRICT USE ONLY	
<input type="checkbox"/> Student qualifies as homeless	<input type="checkbox"/> Student does NOT qualify as homeless
Signature of Homeless Liaison: _____	Date: _____

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HOME LANGUAGE SURVEY (PK – 12) (English)

Student Name: _____

School: Frankston Elementary

Student Address: _____

Home Phone: _____

Date of Birth: _____
Month / Day / Year

Grade: _____

Social Security #: _____

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

Part A:		
(I) Place of Birth (Country of Origin) City _____ Country _____	(I) Date of initial entry into U.S. schools Mo ____ Day ____ Year ____	(I) Number of complete academic years in a U.S. school. _____
(I) When your child lived outside the U.S., did he or she attend school regularly? (Check one.) <input type="checkbox"/> Yes, my child attended school regularly in all previous grades outside the U.S. <input type="checkbox"/> No, my child missed significant portions of one or more school years, as specified: Specify grade and time period, including month and year (example: Grade 2, Jan. 2002 through May 2002). Do not include periods of absence that lasted less than one month. Do not include regularly scheduled school holidays or vacations.		
(M) Has your family worked in either the AGRICULTURE or FISHING industry in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Part B:		
1. What language is spoken in your home most of the time? English _____ Spanish _____ Vietnamese _____ Other (specify) _____		
2. What language does your child speak most of the time? English _____ Spanish _____ Vietnamese _____ Other (specify) _____		
_____ (Parent or Guardian Signature) and Date		_____ (Parent or Guardian Signature) and Date

Signed copy of the Home Language Survey (HLS) must be filed in the student's permanent folder.

In Part A-(I), Yes indicates identification of immigrant student. An immigrant student is one who was born outside of the United States and has been attending schools in the United States for less than three complete academic years.

In Part A-(M), Yes indicates identification of migrant student.

Yes, NEEDS OLPT TESTING (If entering grades PK-12) Student must be tested, identified, and placed in an appropriate program within 4 weeks of their enrollment.

Yes, NEEDS ENG. NRT TESTING (If entering grades 2-12)

In Part B, an answer of a language other than English to either question identifies a student for language proficiency assessment (LAS testing).

FISD HEALTH SERVICES 2017-2018

STUDENT'S NAME _____ BIRTHDATE _____ GRADE _____
Last First

BEST NUMBERS TO BE REACHED AT:

Mother _____ PH # _____ Cell # _____

Father _____ PH # _____ Cell # _____

Additional contacts, if parents cannot be reached that can pick your child up:

Name _____ PH # _____ Cell # _____

Name _____ PH # _____ Cell # _____

Additional Siblings in School:

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

PLEASE CHECK YES OR NO

YES ___ NO ___ Allergies, Food, _____ Nature of allergic reaction to food _____
YES ___ NO ___ Acute Allergies, **REQUIRING EPIPEN**, Allergic to _____ **Pls provide Epipen to keep at school**
YES ___ NO ___ Asthma, diagnosis by Dr., With inhaler yes ___ no ___ **Pls provide one to keep at school**
YES ___ NO ___ Blood Pressure Problems, With medication yes ___ no ___
YES ___ NO ___ Seizures, with medication yes ___ no ___ Date of last seizure _____

Is there any other important health information that FISD health service needs to be aware of:

Is your child taking any kind of routine medication on a **DAILY** basis? YES ___ NO ___ Please list: _____

For Emergency Use

Hospital Preference _____ Insurance _____

Physician Name: _____ Telephone: _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I authorize the school to call the physician indicated below and follow his instructions. If this is not possible, the school will refer the above named student for emergency medical services.

ELEMENTARY, MIDDLE SCHOOL, HIGH SCHOOL

Medication is given only when the school district has received a written request from the parent to administer prescription medication. Medications that can be administered at home should be. Example: twice a day/before school and at bedtime, three times a day/before school, after school and at bedtime.

I give FISD Nurse's Office permission to administer the following over the counter medications as they deem necessary. **By initialing the slot next to each medication verifies my permission to administer that medication, any medication that I do not want given, I will not initial**

_____ Tylenol chewable or elixir or tab, dose per instructions based on age/wt prn q 4 hrs prn pain/fever
_____ Ibuprofen chewable or elixir or tab, dose per instructions based on age/wt prn q 4 hrs prn pain/fever
_____ Tums antacid chews 1-2 tab q 4hrs prn indigestion/upset stomach based on age/weight

Amy Porter, LVN
HS/MS School Nurse
903-876-5937

Michelle Prater, LVN
Elementary Nurse
903-876-5939

Date

Parent/Guardian Signature

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FOR HIGH SCHOOL STUDENT'S ONLY

Parent's Objection to the 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 to release information to these types of requestors without prior written consent. (See **Release of Student Information to Military Recruiters and Institutions of Higher Education** 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 institution of higher education without my prior written consent.

Parent Signature: _____ Date: _____