



Frankston Independent School District

Established 1929

Post Office Box 428, Frankston, Texas 75763 • 903-876-2556

Required Documents for Enrolling a Student at Frankston ISD

- Student Enrollment Sheet
- Anti-bullying Contract/Corporal Punishment/Military/Foster Information
- Acknowledgement of Student Handbook form/Picture Permissions
- Verification of Residency form
- Proof of residency (rental agreement, utility bill, contract, etc.)
- Family Survey
- Student Residency Questionnaire
- Health Services Form
- Current immunization (shot) records
- Student's birth certificate
- Student's social security card
- Parent/guardian's VALID driver's license or state ID card with current address

USDE Ethnicity and Race Reporting Standard **if new enrollee

Foster: Placement Authorization- Foster Care/Residential Care AND Designation of Education Decision-Maker

Power of Attorney (This is needed for a minor student residing in the FISD district but whose parent/guardian, or other person having lawful control under court order and does not reside in the FISD district, shall present a Power of

Attorney assigning responsibility for the student in all school-related matters to an adult resident of the FISD district. (Board Policy)
 Previous report card and withdrawal form **if transfer or new-to-district

Home Language Survey **if new enrollee
 Lunch application **if applicable
 Transfer form **if applicable
 Bus Conduct form **if applicable

If registering for Pre-K include:

Lunch application

Proof of income/Food Stamp

If all documents are not provided, an **administrator or campus counselor, must sign off** and list a date for the remaining documents to be turned in. Failure to provide all documents will prevent enrollment. By signing below, I understand that enrollment will not occur until all required documents are received.

Met with administrator/counselor: _____

Date: _____

Parent/Guardian Signature: _____

Remaining forms due by: _____



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STUDENT ENROLLMENT FORM 2019-2020

Student's Legal Name (as appears on birth certificate): _____

(First) (Middle) (Last) (Jr., III, etc)

Grade Level: _____ Date of Birth: _____ Place of Birth: _____

State ID or Social Security Number: _____ Gender: ___M ___F

Physical Address: _____ City: _____ Zip: _____

Mailing Address (If PO Box is used): _____ City: _____ Zip: _____

Person Enrolling Student: _____ Relationship (if not listed below): _____

Student lives with: ___Both Parents ___Father ___Step Father ___Mother ___Step Mother ___Other

Parent/Guardian's Name #1: _____ Relationship to Student: _____

Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email Address: _____

****Phone number you would like to receive emergency and regular automated messages from the school:** Home Cell

Parent/Guardian's Name #2: _____ Relationship to Student: _____

Address of P/G #2 (if different): _____ City: _____ Zip: _____

Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email Address: _____

Other siblings attending FISD and their grade: _____

Emergency Contacts (To be used only if the parent/guardian cannot be reached; they may also pick up):

Contact's Name #1: _____ Relationship to Student: _____ Phone #: _____

Contact's Name #2: _____ Relationship to Student: _____ Phone #: _____

Contact's Name #3: _____ Relationship to Student: _____ Phone #: _____

Last District/School Campus attended: _____

Check if the student has been previously enrolled in the following programs/services: ___Retained ___Grade level retained

___Special Education ___Gifted & Talented ___504 ___Title 1 Services ___Dyslexia ___Bilingual/ESL ___Behavior ___Rtl-tier ___

Is there a Custody Judgment regarding this child that the school needs to have on file? ___YES ___NO

Signature of Person Enrolling Student: _____ Date: _____

****ALERT(S):** [office completes]



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Anti-Bullying Contract Student and Parent/Guardian Agreement

Everyone has the right to feel physically and emotionally safe at school. FISD will aid in creating, and keeping, a physically and emotionally safe environment by working with students and parents in addition to staff.

Student's Responsibility:

- I commit that I will not bully my peers.
- When I witness bullying, I will report it immediately to an Adult/Staff Member.

Parent/Guardian's Responsibility:

- I commit to encourage my child to always respect others, I have instructed my child not to bully.
- I have advised my child to report any bullying to a Teacher, Counselor, or Administrator.

We understand that Bullying will result in disciplinary action.

Student Name: _____

Grade: _____

Parent/Guardian Signature: _____

Date: _____

Corporal Punishment

Refer to the Student Code of Conduct (SCOC) and district and board policy.

Parent Statement: I have read the information about the use of corporal punishment in Frankston ISD as well as its accordance with local policy.

- I will **ALLOW** corporal punishment to be administered to my child. Parent notification will occur before administration of corporal punishment.
- I do **NOT allow** administration of corporal punishment.

Military

- Not a military connected student

Documentation for the below is a parent's statement of fact.

- Student is a dependent member of the Army, Navy, Air Force, Marine corps, or Coast Guard on active duty.
- Student is a dependent member of Texas National Guard (Army, Air, or State)
- Student is a dependent member of a reserve force in the United States military.
- Pre-K: 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, State) who was injured or killed while serving on active duty.

Foster Care

- Foster care does not apply to the student.

The Texas Legislature requires that all Texas School Districts collect data regarding enrolled students who are in foster care (SB 833). If the following situation applies to your child, please complete and return this form to your child's school as soon as possible. Please attach a copy of the Texas DFPS Placement Authorization Form (Form 2085) or a court order that designates the student in foster care or attach a copy of the verification letter you received from the Texas DFPS and CPS.

1. Is this student currently in the conservatorship of the Department of Family and Protective Services?
Yes **No**
2. PK student only: Was your PK student 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? **Yes** **No**



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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 of the campus my child attends.

Student Name: _____ Date: _____ Parent Initials: _____

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 information, 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 all ways listed above.

Date: _____ Parent Initials: _____



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Verification of Residency Form and Other Qualifications for Enrollment in FISD

Student Name: _____ Grade: _____

PHYSICAL 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.

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

Parent Initials: _____



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FAMILY SURVEY

2019-2020

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: _____

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

Please provide the following information:

Name of Child _____

Date of Birth _____ Grade _____

Parent/Guardian Name _____

Telephone number _____ Best time to contact you _____

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.



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Student Residency Questionnaire

This form helps determine the services that the student may receive under the McKinney-Vento Act (42 U.S.C. 11435). **The responses to this housing form are private and will be shared with district staff only to the extent necessary.** This information is not kept in your child's permanent academic file, so it must be collected each school year. Please respond fully and honestly to help the school staff properly enroll your child.

Student's name: _____ Birth Date: _____ Campus: _____ Grade: _____

Please answer the following questions:

1. Is your current domicile a temporary housing arrangement due to one of the following: loss of housing, economic hardship, domestic violence, unhealthy housing conditions, incarceration of the parent or legal guardian? Yes No

2. Are you a student over five and under 21 years of age who **does not** live in the home with their **parents or legal guardian**? Yes No

****If you answered "YES" to one or both questions, CONTINUE FILLING OUT THIS FORM. **If you answered "NO" to both questions, STOP.**

IF YOU ANSWERED YES TO ONE OR BOTH QUESTIONS, "X" all boxes below that best describe where the student sleeps at night, leave nonapplying blank.			
In a home that the student's parent or legal guardian owns or rents (C189=0)			
In a place that does not have windows, doors, running water, heat, electricity, or is overcrowded (C189=3)			
Staying with a friend or relative because of loss of housing, economic hardship, or a similar reason (C189=2) <i>(Examples: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)</i>			
In a shelter (C189=5) <i>(Examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)</i>			
In an unsheltered location, such as: (C189=3)			
<ul style="list-style-type: none"> a tent a car, truck, van 	<ul style="list-style-type: none"> an abandoned building on the streets 	<ul style="list-style-type: none"> at a campground in the park 	<ul style="list-style-type: none"> in a bus or train station other similar place
In a hotel or motel because of loss of housing or economic hardship (C189=4) <i>(Examples: eviction, foreclosure, cannot get deposits for permanent home, flood, fire, hurricane)</i>			
In a transitional housing program (C189=5) <i>(Housing that is available as part of a program for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, governmental agency, or another organization)</i>			
The student lives here because of a natural disaster. "X" the type of disaster below and provide the requested information:			
___Hurricane--Name of hurricane: _____ ___Flood ___Tornado ___Wildfire	___Other: _____ Date the natural disaster took place: _____	Where the natural disaster took place, including county: _____	
If the student does not sleep in any of the places described above, tell where the student sleeps:			

Do you have children ages 5 years old who are not enrolled in school? Yes No If so, how many?: _____ Age (s)?: _____

Name (s) of parent or legal guardian: _____ Phone number Contact: _____

Email: _____ Most recently attended School: _____ School Year: _____

Filing a false record or falsifying records is a criminal offense punishable for up to 10 years and \$5,000. TEXAS PENAL Code § 37.10. A person who registers a child under false documents may be responsible for the cost of tuition or other Expenses. TEXAS Education Code § 25,002 (d). I have read the information provided. I understand that if some of the answers provided are false, I will be subject to pay criminal, civil and administrative consequences. I declare under penalty of perjury under the laws of this state that the information provided herein is true and correct and of my personal knowledge.

Signature: _____ Print Name: _____ Date: _____

The SRQ form must be returned to the District Homeless Liaison within 24 hours of completion if any of the responses to the first two questions are "yes." The form may be delivered or emailed to chastitywages@frankstonisd.net.

District Homeless Liaison Notes: _____ DNQ _____ Qualifies as Homeless _____ District Liaison Signature: _____



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Home Language Survey

Encuesta del idioma en el hogar

Ngôn ngữ được sử dụng tại nhà

Student Name: _____

Student DOB: _____

Grade: _____

Nombre del Estudiante

Fecha de Nacimiento

Grado

Tên học sinh

Ngày sinh

Lớp

The State of Texas requires each school district to conduct a language background survey of all students upon entrance into a public school. To comply with this mandate and to better serve your children, please complete this form.

El estado de Texas requiere que cada distrito escolar lleve a cabo una encuesta de idioma de todos los estudiantes que ingresan a una escuela pública. Para cumplir con este reglamento y para servir mejor a sus hijos, por favor el formulario.

Bang Texas đòi hỏi mỗi quận học để tiến hành một cuộc khảo sát nền ngôn ngữ của tất cả các sinh viên khi lối vào một trường công. Để thực hiện theo ủy nhiệm này và để phục vụ tốt hơn cho trẻ em của bạn, xin vui lòng điền vào mẫu đơn này.

To Be Completed by Parent/Guardian or Student (Grades 9-12)

Para ser completado por el padre, tutor legal o estudiante (Grados 9-12)

Cha mẹ hay người giám hộ hoặc học sinh từ lớp 9-12

1. What language is spoken in your home most of the time? _____ ¿Qué idioma se habla con mayor frecuencia en su hogar? Ngôn ngữ nào thường dùng tại nhà?

2. What language does your child (do you) speak most of the time? _____ ¿Qué idioma habla su hijo (o usted) con mayor frecuencia? Ngôn ngữ nào học sinh thường nói tại nhà?

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Nombre del padre tutor legal

Firma del Padre/Tutor legal

Fecha

Tên phụ huynh / người giám hộ (chữ in)

Chữ ký phụ huynh / người giám hộ

Ngày



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FISD HEALTH SERVICES: School Year 2019-2020

STUDENT NAME: _____ BIRTHDATE: _____ GRADE: _____ GENDER: male female
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 _____ **Provide Epipen to keep at school**

YES_ NO_ Asthma, diagnosis by Dr., with inhaler YES_ NO_ **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 providers needs to be aware of? _____

Is your child taking any kind of routine medication **DAILY**? YES_ NO_ If yes, 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 listed above and follow his instructions. If this is not possible, the school will refer the student for emergency medical services.

Medicine Administration: Circle YES or NO below.

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

YES I GIVE FISD nurses permission to administer over the counter medications as they deem necessary (Ex. Abrasion ointment/cough drops/Tums/Tylenol/Ibuprofen per dosage instructions)

NO I DO NOT GIVE FISD nurses permission to administer over the counter medications

Parent/Guardian Signature: _____

Date: _____

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

Michelle Prater, LVN
Elementary Nurse
903-876-5939