



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/ Military/Foster Information
- Acknowledgement of Student Handbook form/Picture Permissions
- Verification of Residency form
- Proof of residency (rental agreement, utility bill, contract, internet bill, 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

Student Name: _____

-
- | | | | |
|--|---|---|--|
| <ul style="list-style-type: none"> <input type="radio"/> USDE Ethnicity and Race Reporting Standard **if new enrollee <input type="radio"/> Foster: Placement Authorization-Foster Care/Residential Care AND Designation of Education Decision-Maker | <ul style="list-style-type: none"> <input type="radio"/> Authorization Agreement for Voluntary Adult Caregiver (If the student is living with another relative but not the parent(s).) <input type="radio"/> Power of Attorney (This is needed for a minor student residing in the FISH district but whose parent/guardian, or other person having lawful control under | <p>court order and does not reside in the FISH district, shall present a Power of Attorney assigning responsibility for the student in all school-related matters to an adult resident of the FISH district. (Board Policy)</p> <ul style="list-style-type: none"> <input type="radio"/> Previous report card and withdrawal form **if transfer or new-to-district | <ul style="list-style-type: none"> <input type="radio"/> Home Language Survey **if new enrollee <input type="radio"/> Lunch application **if applicable <input type="radio"/> Transfer form **if applicable <input type="radio"/> Bus Conduct form **if applicable |
|--|---|---|--|

If registering for Pre-K include:

- Lunch application
- Proof of income/Food Stamp



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STUDENT ENROLLMENT FORM 2020-2021

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: _____

County: _____ Mailing Address/PO Box: _____ 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: _____

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

Cell/Home Phone: (_____) _____ - _____ Work/Other 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 ___ RtI-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.

I have discussed bullying with my child, and we understand that Bullying will result in disciplinary action.

Student Name: _____ Parent/Guardian Signature: _____ Date: _____

Military- Please select one.

- Not a military-connected student
- Student in grade KG-12 is a dependent of an active duty member of the United States military
- Student in grade KG-12 is a dependent of an active duty member of the Texas National Guard (Army, Air Guard, or State Guard)
- Student in grade KG-12 is a dependent member of a reserve force in the United States military
- Pre-kindergarten student is:
 - o a dependent of an active duty member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who is order to active duty by proper authority, or
 - o is the child of a member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who was injured or killed while serving on active duty.
 - o Note: A student remains eligible for enrollment if the child's parent leaves the armed forces or is no longer on active duty after the child begins a prekindergarten class.
- Student in grade KG-12 is a dependent of a former member of one of the following:
 - o The United States military
 - o The Texas National Guard (Army, Air Guard, or State Guard)
 - o A reserve force in the United States military
- Student in grade KG-12 was a dependent of a member of a military or reserve force in the United States military who was killed in the line of 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). 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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Verification of Residency Form and Other Qualifications for Enrollment in FISD

Student Name: _____

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: _____

****FISD will request proof of residency for all prekindergarten, kindergarten, new students, and questionable in-district addresses provided.**



FAMILY SURVEY

2020-2021

Dear Parents,

In order to better serve your children, the _____ 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/traveled 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:

chickens

picking fruits and vegetables

lumber

eggs

moves to work in the summer

dairy work

plant nurseries

field work

meat processing

ranching

canneries

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 ashleystandifer@frankstonisd.net.

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



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FISD HEALTH SERVICES: School Year 2020-2021

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
MS/HS School Nurse
903-876-5937

Michelle Prater, LVN
Elementary Nurse
903-876-5939