# STUDENT REGISTRATION DATA – SAISD

## Required Annually

**Campus #:** _____ **Campus Name:**_____ **Bus Zone:** _____

**Student ID:** _____ **Control #:** _____ **School Year:**_____ **Route #:** _____

***Please Print***

| **Student Last Name** *(As It Appears On The Birth Certificate or Court Order)* | **First Name** | **Middle Name** | **(Jr., Sr., III)** |
|---|---|---|---|

| **Grade** | **Age as of Sept. 1st** | **Birth Date (MM DD YYYY)** | **Birth City / County** | **Birth State / Country** | **SSN or State ID** | **Gender** |
|---|---|---|---|---|---|---|

**Student's Home Address:** **Apt. #** **City/State:** **Zip:**

**Home Phone:**

| **Parent/Guardian Name 1:** | **Relationship:** | **Driver License #:** | **State:** | **Date of Birth:** |
|---|---|---|---|---|

**Parent/Guardian 1 Address:**
*(If different from student's)* **Apt. #** **City/State:** **Zip:**

**Parent/Guardian 1 Home Phone:** **Work Phone:** **Cell Phone:** **E-Mail Address:**

| **Parent/Guardian Name 2:** | **Relationship:** | **Driver License #:** | **State:** | **Date of Birth:** |
|---|---|---|---|---|

**Parent/Guardian 2 Address:**
*(If different from student's)* **Apt. #** **City/State:** **Zip:**

**Parent/Guardian 2 Home Phone:** **Work Phone:** **Cell Phone:** **E-Mail Address:**

**Student Lives With:** ☐ **Both Parents** ☐ **Parent 1** ☐ **Parent 2** ☐ **Other:**

**Parent Employed on Federal Property:** ☐ **Yes** ☐ **No**

**Parent Military:**
☐ **1 – Member of US Military** ☐ **2 – Member of Texas National Guard**
☐ **3 – Member of US Military Reserves** ☐ **4 – PK Eligible Military Dependent**

**Child has medical insurance:** ☐ **Yes** ☐ **No**

**If yes, please check one of the following:**
☐ **P – Private Insurance** ☐ **C – CHIP**
☐ **M – Medicaid** ☐ **L – CareLink**
☐ **T – Military (CHAMPUS/Tricare)**

**CUSTODY: Court Orders** ☐ **Yes** ☐ **No If Yes, provide copy.**

**Last School Attended:** **Other SAISD Schools Attended:**

**Last Local District Attended:**

**Names Of Other Children In School:**

| **Name** | **School** | **Grade** | **Name** | **School** | **Grade** |
|---|---|---|---|---|---|
| **1.** | | | **4** | | |
| **2.** | | | **5.** | | |
| **3** | | | **6.** | | |

**MEDICAL/EMERGENCY DATA**

**I hereby give permission for the authorized officials of the San Antonio Independent School District to manage in a manner consistent with District policy any emergency that involves, who is my son/daughter/ or is under my legal guardianship. Such emergency shall include treatment by a school official, transportation to a hospital emergency room or other appropriate facility. I understand that such permission shall be valid when the principal, after reasonable effort, cannot contact me by telephone. I also understand that there may be occasions such as during football games, out-of-town trips, etc., where the principal or his designate may not be able to contact me. The principal, or his designate, has authorization in those cases to act on my child's behalf. I further understand that I will assume financial responsibility connected with this emergency.**

**Signature of Parent or Legal Guardian:** **Date:**

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# STUDENT REGISTRATION DATA – SAISD

## Required Annually

**Student ID:**_____

**Control Number:**_____

*STUDENT'S LAST NAME* *FIRST NAME* *MIDDLE NAME*

**EMERGENCY CONTACTS.** **I authorize school officials to contact these persons in an emergency situation and to release my child during school hours to these persons unless otherwise instructed:**

| Contact Order | Emergency Contact Name | Relation to Child | Home Phone | Work Phone | Cell Phone | Driver License # | DL State | Person Can Pick Up or Transport Student? Y/N |
|---|---|---|---|---|---|---|---|---|
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |

**MUST BE COMPLETED BY PERSON ENROLLING THE STUDENT:** **Identification Verified By:** **Date Verified:**

**Your Name:** **Address:** **Your Date Of Birth:** **Texas Driver's License:**

**I Hereby Certify That The Above Is True And Correct:**

*Signature Of Parent Or Legal Guardian* *Date*

## SCHOOL USE ONLY

| ENTRY DATE | ENROLLMENT CODE | ELIGIBILITY CODE | | |
|---|---|---|---|---|
| _____ (MM DD YYYY) | ☐ 0 – Not Enrolled<br>☐ 1 - Enrolled | ☐ 0 – Enrolled – Not In Membership<br>☐ 1 – Eligible – Full Day<br>☐ 2 – Eligible ½ Day | ☐ 3 – Eligible Transfer – Full Day<br>☐ 4 – Ineligible – Full Day<br>☐ 5– Ineligible ½ Day | ☐ 6 – Eligible Transfer – ½ Day program<br>☐ 7 – Eligible – alt. attendance program<br>☐ 8 – Ineligible – alt. attendance program |

**Birth Certificate Verified:** **Date Verified:** **Health Record Verified:** **Date Verified:**

**Withdrawal Date:** **Withdrawal Code:** **To (School/District):**

**Re-Entry Date:** **Re-Entry Code:** **From (School/District):**

**Withdrawal Date:** **Withdrawal Code:** **To (School/District):**

**Re-Entry Date:** **Re-Entry Code:** **From (School/District):**

**Withdrawal Date:** **Withdrawal Code:** **To (School/District):**

**Re-Entry Date:** **Re-Entry Code:** **From (School/District):**

**NOTES:**

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SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

# STUDENT RESIDENCY QUESTIONNAIRE

**(Required for all Students)**

This questionnaire is intended to address the actions required for McKinney-Vento Education Act, 42 U.S.C. 11435 and Fostering Connections 110-351. Your answers will help determine if your student is eligible for services through the Transitions Program. Eligible student status remains active for one academic year.

*Please print.*

| | | | |
|---|---|---|---|
| Name of School: | | | |
| Name of Student: | | | Grade: |
| *Last* | *First* | *Middle* | |
| SSN: | Date of Birth: / / | Age: | Gender: ___Male ___Female |
| Name of Parent/Guardian: | | | |
| Home Address: | City/State: | | Zip: |
| Home Phone: | Mobile: | Work: | |
| Emergency Contact: | Relationship: | | Phone: |
| How many children do you have enrolled in SAISD? | How long has the student lived at this address? | | |

Does the student live in a temporary address or in a foster or kinship care setting ___Yes ___No

**If "Yes", please continue by checking any box that applies:**

- ___ In a home with a friend/relative due to loss of housing? (examples; eviction, foreclosure, unemployment, fire, domestic violence, utilities disconnected etc.)
- ___ In a shelter or a shelter sponsored transitional housing? Where?_____
- ___ In a hotel/motel due to financial hardship, or loss of housing? Which hotel or motel?_____
- ___ In a car or campsite?
- ___ Moving from place to place?
- ___ Unaccompanied youth living with friend or relative?
- ___ Safety Plan with Child Protective Services?
- ___ Foster Care (CPS Foster or Kinship placement?
- ___ Other: _____

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

*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).*

**CAMPUS USE ONLY *(File the completed form in the student's permanent record folder)*:**

Campus #: _____ Student ID#:_____

**MCkinney-Vento Act**: Administrator Determination: ___Yes ___No **Is family situation urgent? ___Yes ___No**

Provide additional information to support determination:_____

_____

**Fostering Connections Act**: If identified, please fax to the Transitions Program

***If student is determined to be eligible, fax completed form to Transitions Program at 228-3193.***

Administrator Signature: _____ Printed name:_____

Date Faxed: _____

Parents may call Transitions Program at 210-554-2635 for further assistance.

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SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

# STUDENT HEALTH INVENTORY
## (Required Each Year)

STUDENT ID:

Name of School: _____ School Year: _____

The school nurse must have this information to ensure that your child is carefully attended in an emergency. Be sure that the facts are accurate and complete, and return this form to the school nurse as soon as possible. **Please notify us immediately of any changes in your child's condition.** Thank you.

***Please print.***

**Name of Student:** _____
Last First Middle

Grade: DOB: Age: Gender: ___ Male ___ Female

The School Nurse may need to contact you during the school day. Please provide the best phone numbers to reach Parent/Guardian #1:

Name: _____ Home:_____ Cell:_____ Business:_____

The best phone numbers to reach Parent/Guardian #2:

Name:_____ Home:_____ Cell:_____ Business:_____

**The official record of your child's contact information is the Student Registration Data Form. Please notify the office IMMEDIATELY of any changes to your child's address, phone numbers, or emergency contacts.**

**ILLNESSES/ HEALTH CONDITIONS**: Please check if your child has had or presently has any of the following:

- ☐ Asthma
- ☐ Diabetes
- ☐ Frequent Ear Infections
- ☐ Epilepsy or Seizures
- ☐ Heart Problems
- ☐ Hearing Problem
- ☐ Wears Hearing Aid
- ☐ Rheumatic Fever
- ☐ Kidney Conditions/Infections
- ☐ Physical Handicap
- ☐ Major Surgery
- ☐ Vision Problem
- ☐ Wears Glasses/Contact Lenses
- ☐ Behavioral/Emotional Issues

**ALLERGIES**:

- ☐ Drug: specify_____ Symptoms:_____
- ☐ Food: specify_____ Symptoms:_____
- ☐ Insect: specify_____ Symptoms:_____
- ☐ Other:_____ Symptoms:_____
- ☐ _____ Symptoms:_____
- ☐ **PLEASE INDICATE IF THERE ARE NO KNOWN ALLERGIES**

**MEDICATIONS**:

___ Taking Medication at School ___ Taking Medication at home

Name of Medication: _____

Reason for Medication: _____

**If any of the above conditions are checked, please explain:**

Are there any treatments or physical activity restrictions necessary at school? ___YES ___NO

**If *"Yes"*, please explain:**

Other health problems or instructions not listed above:

**Please notify the school nurse to discuss other health issues concerning your child.**

Name of Doctor: Address: Phone:

In case of emergency, I prefer that my child be taken to: Hospital, if possible.

Signature of Parent/Guardian: Date:

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# SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

## Migrant Education Program
## Family Survey

| District: San Antonio ISD | Campus: | |
|---|---|---|
| Student Name: | Age: | Grade Level: |

Dear Parents:
In order to better serve your children, our school district is helping the State of Texas 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 form to your child's school.

1. **Within the past 3 years have you, <u>or your child</u>, moved from one school district, city or state to another?**
   ☐ **YES** or ☐ **NO**
2. **If yes, did you, or your child, move so you could work or look for work in agriculture or fishing?**
   ☐ **NO** (STOP here and return survey to your child's school.) ☐ **YES** (Please ☒ check all that apply below)

| | | | |
|---|---|---|---|
| Fruit, vegetables, sunflower, cotton, wheat, grain, farms or ranches, fields & vineyards ☐ | Working in a cannery ☐ | Working on a dairy farm ☐ | Working in a fishery ☐ |
| Working on a poultry farm ☐ | Working in a plant nursery, orchard, tree growing or harvesting ☐ | Working in a slaughterhouse ☐ | Other similar work, please explain: _____ _____ |

| Please complete the following information: (Please print) | Best time to contact you:_____ | Date: | |
|---|---|---|---|
| **Parent/Guardian Name:** | **Home Address/Apt Name:** | **City:** | **Zip Code:** |
| | | | |
| **Telephone number:** | **Mailing Address:** | **City:** | **Zip Code:** |
| | | | |

**For School Use Only:** Please fax survey with two **YES** responses to 210-434-1929.

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SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

# DIRECTORY INFORMATION and FERPA NOTICE

**(Required Annually)**

Student's Name: _____ ID#:_____

**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 San Antonio ISD to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing within 10 days of your child's first day of instruction.**

**Release for School Purposes: SAISD has designated the following information as directory information for school-sponsored purposes only: your child's name, address, telephone number, photograph, honors and awards received, date and place of birth, dates of attendance, grade level, most recent school attended, participation in officially recognized activities and sports, and the weight and height of members of athletic teams. Also, the names, addresses and dates of birth of entering seniors may be disclosed to the Department of Education only, in order for SAISD to participate in the Free Application for Federal Student Aid (FAFSA) Completion Project, which allows SAISD to provide valuable support to senior students seeking financial aid for college.**

The District often needs to use student directory information for publication in the district yearbook, campus and district newsletters, a student directory and other school-sponsored publications. This information will not be used for other purposes without the consent of the parent or eligible student. Unless you object to the use of your child's information for these limited purposes, the school will not need to ask your permission each time the district wishes to use this information for the school-sponsored purposes listed above.

Please complete the following if you do **not** want to your child's information used for **school-sponsored purposes.**

☐ I do **NOT** give the district permission to use information in the list above for school-sponsored purposes.

**Release to Military Recruiter or Universities**: Federal law requires Districts receiving assistance under the Elementary and Secondary Education Act of 1965 (20 U.S.C. Section 6301 et. seq.) to provide a military recruiter or an institution of higher education, on request, with the name, address, and telephone number of a secondary student 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. Please complete the following if you do not want your child's information released to a military recruiter or an institution of higher education without your prior written consent:

☐ I do **NOT** give the district permission to release my child's information to a military recruiter or institution of higher education upon their request, without my prior written consent.

Parent's Signature: _____ Date:_____

**Failure to return this form within 10 days will be automatic permission to release the above information.**

***Note to Schools**: Data Clerks must enter restriction codes in student database annually. File and retain completed forms until replaced.*

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## SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

# Parent-Student Handbook Acknowledgment

Dear Students and Parents:

The **SAISD Parent-Student Handbook** contains the Student Code of Conduct, the Acceptable Use Policy for Electronic Communications, and other District policies and procedures.

The SAISD Board of Education officially adopted the Student Code of Conduct in order to promote a safe and orderly learning environment for every student. Please review the Student Code of Conduct thoroughly. If you have any questions, we encourage you to ask for an explanation from the student's teacher or campus administrator.

The student and a parent or guardian should complete the information below, sign in the spaces provided, and then return this document to the student's school.

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**We acknowledge** that we have been offered the option to receive a paper copy or to electronically access the 2013-2014 Parent-Student Handbook at www.saisd.net. We are responsible for reading and understanding the information contained in this publication. The handbook is the same for high school, middle school, and elementary school.

We have chosen to (CHECK ONE BOX):

☐ Access the Parent-Student Handbook on the District web site at www.saisd.net.

or

☐ Receive a paper copy of the Parent-Student Handbook. (Limit one per family.)

Printed Name of Student: _____ ID #_____

Signature of Student: _____ Date: _____

School: _____ Grade Level: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

**Please sign this page and return it to your student's school.**

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# Mandatory School Attendance Rules

(Required for all Students Each Year)

Dear Parent and Student,

State law requires every child in school to attend school daily. **You may be subject to criminal prosecution if your child is absent for:**

- 10 days or parts of days within a 6 month period in the same school year, or
- 3 days or parts of days within a four week period.

**Acceptable excuses from attending school are the following, provided that documentation is submitted to the campus within 48 hours of the absence:**

- Religious holy day.
- Appointment with a healthcare professional if student commences classes or returns to school on the same day.
- Attending funeral services for a member of the student's immediate family (includes parent or sibling).
- Visiting a college or university during the student's junior and senior years of high school.
- Required court appearances.
- Certain situations when a parent or guardian is on active military duty.
- Special education assessment procedures and special education-related services.
- Appearing at a government office to complete paperwork for the student's application for U.S. citizenship.
- Taking part in a U.S. naturalization oath ceremony.
- Serving as an election clerk.
- Sounding "Taps" at a military honors funeral held in this state for a deceased veteran.
- A temporary absence due to any reason that the teacher, principal, or Superintendent deems excused.

**Tips on Doctor's Visits:**

- Please schedule doctor's appointments after school hours or on weekends whenever possible.
- If an appointment is scheduled during school hours, please send your child to school before the appointment or return your child to school after the appointment. Otherwise the absence might be unexcused.

**It is your responsibility to timely provide proper documentation for each excused absence request.**

Parent notes to request an excused absence must include:

1. Student's name and ID#
2. Date of the absence and reason for the absence;
3. Current address and phone number; and
4. Parent's name and original signature.

All parent notes will be reviewed by the campus administrator in charge of attendance. If the cause for the absence is acceptable to the administrator, the absence will be excused. If the cause is not acceptable, the student will receive an unexcused absence. Excessive unexcused absences may lead to criminal prosecution, as described above.

| _____ | ____/____/____ | _____ |
|---|---|---|
| **PARENT/GUARDIAN SIGNATURE** | **DATE** | **NAME OF CAMPUS** |
| _____ | _____ | _____ |
| **STUDENT NAME** | **STUDENT ID** | **GRADE LEVEL** |

# SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

## PERMISSION FOR PHOTOGRAPHS, VIDEOTAPES, AND AUDIO RECORDS

Campus Name: _____

**Student Name** (*Printed*): _____ _____ _____
Last First Middle

Student ID#: _____ Grade: _____

**Parent/Guardian's Name** (*Printed*): _____

In order to shine a spotlight on all of the great events happening in SAISD, school staff or the media will sometimes need to take photographs, videotapes, or audio records of students for promotional purposes. Photos, videos or audio records produced by school staff may be used in school publications or promotions, or they may be posted on district or campus websites or social media. Please sign below if you would like to grant permission to the district, campus and the media to photograph, videotape or audio record your child at school/student events and activities located at the campus or District/school-sponsored forums, for use in District or Campus communications and/or by the media, solely for the purpose of promoting campus and District activities and programs.

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

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