STUDENT REGISTRATION DATA – SAISD
Required Annually

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

Student ID: _____ **Control #:** _____ **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 Military: ☐ **Yes** ☐ **No**

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

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

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

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

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	Cell Phone	Work 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 ☐ 1 - Enrolled	☐ 0 – Enrolled – Not In Membership ☐ 1 – Eligible – Full Day ☐ 2 – Eligible ½ Day	☐ 3 – Eligible Transfer – Full Day ☐ 4 – Ineligible – Full Day ☐ 5– Ineligible ½ Day	☐ 6 – Eligible Transfer – ½ Day program ☐ 7 – Eligible – alt. attendance program ☐ 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 McKinney-Vento Education Act, 42 U.S.C. 11435. Your answers will help determine if you are eligible for McKinney-Vento Services through the Transitions Program. Eligible McKinney-Vento 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?		

Is this a temporary address due to a financial loss or other hardship (such as eviction, foreclosure, unemployment, fire, domestic violence, etc.)? Yes No **If "Yes", please answer the question below.**

Only if answered "**Yes**" above, please check student's current living situation:

- 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?
- In a shelter sponsored transitional housing?
- In a hotel/motel due to financial hardship, or loss of housing?
  What is the name of motel/hotel?
- In a car or campsite?
- Moving from place to place?
- Child Protective Services Safety Plan?
- Unaccompanied youth living with friend or relative?
- 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:

#_____ Student ID#:_____

Administrator Determination of McKinney-Vento Status: Yes No

Is family situation urgent? Yes No

Provide additional information to support determination:_____

_____

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

Administrator Signature: _____ Date Faxed: _____

File the completed form in the student's permanent record folder.

Parents may call Transitions Program at 227-1206 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)

Certain information about District students is considered directory information under the federal Family Educational Rights and Privacy Act (FERPA) and will be released to anyone who follows the procedures for requesting information, unless the parent or guardian objects to the release of the directory information about the student. If you do not want SAISD 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. SAISD has designated the following as directory information: student name, address, telephone number, dates of attendance, grade level, and most recent school attended.

Please check the following if you do **NOT** want your child's information released:

☐ I do **NOT** give the district permission to release the information listed above in response to a request unrelated to school-sponsored purposes without my 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 name, address, and telephone number to a military recruiter or institution of higher education upon their request, without my prior written consent.

The District often needs to use student information for the following school-sponsored purposes: publication in the district yearbook, campus and district newsletters, a student directory and other school-sponsored publications. For these specific school purposes, the district would like to use 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, and participation in officially recognized activities and sports. Also included are the weight and height of members of athletic teams. This information will not be used for other purposes without the consent of the parent or eligible student, except as described above at Directory Information. 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** want to consent to your child's information used in a **school-sponsored publication.**

☐ I **DO** give the district permission to use the information in the above list for the specified school-sponsored purposes.

Student's Name: _____ ID#:_____

Parent's Signature: _____ Date:_____

*Federal law requires Districts receiving assistance under the Elementary and Secondary Education Act if 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.

NOTE: Failure to return this form within ten days will be automatic permission to release the designated directory 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.

We acknowledge that we have been offered the option to receive a paper copy or to electronically access the 2012-2013 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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