

Dear Parent/Guardian,

The SAISD is proud to announce electronic registration forms to assist parents in expediting the registration process! Parents of both returning and new students to the District can now complete the registration forms at home and bring all signed, completed forms to the appropriate campus during the week of registration.

To complete the registration process at the appropriate campus you will need:

- Completed forms
- Proof of residency [current home telephone bill (cell phone bills are not acceptable), utility bill, or mortgage/lease contract, (hand-written receipts must be notarized)]
- Proof of parent/guardian identity
- Documents: student's original birth certificate, student social security card, updated shot records, unofficial transcript and/or report card from previous school
- Bring all printed, signed forms to the appropriate campus during the week of August 9<sup>th</sup> – 12<sup>th</sup>

**(You must take all forms and go to campus to finish registration process.)**

Student ID Number: \_\_\_\_\_

# SAN ANTONIO INDEPENDENT SCHOOL DISTRICT STUDENT REGISTRATION DATA Required Annually

Bus Zone: \_\_\_\_\_

Control Number: \_\_\_\_\_

Route #: \_\_\_\_\_

CAMPUS #: \_\_\_\_\_ CAMPUS NAME: \_\_\_\_\_

SCHOOL YEAR: 2010-2011

Please Print.

|   |                     |                         |                     |                          |
|---|---------------------|-------------------------|---------------------|--------------------------|
| Student Last Name<br><small>(Legal Surname As It Appears On The Birth Certificate or Court Order Changing The Student's Name)</small> |                     | First Name              | Middle Name         | ( <i>Jr., Sr., III</i> ) |
| Grade   | Age as of Sept. 1st | Birth Date (MM DD YYYY) | Birth City / County | Birth State / Country    |
| SSN or State ID   |                     |                         |                     |                          |

GENDER: Check "X"  M - Male  F - Female

Check "X" CUSTODY: Court Orders  Yes  No

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

Student's Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Name 1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

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

Parent/Guardian Name 2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

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

Child has medical insurance:  Yes  No

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

**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* \_\_\_\_\_

|   |   |
|---|---|
| <b>PRINCIPAL/ADMINISTRATOR USE ONLY:</b><br>ENTRY DATE: _____<br>ENROLLMENT CODE:<br><input type="checkbox"/> 0 - Not Enrolled<br><input type="checkbox"/> 1 - Enrolled | <b>ELIGIBILITY CODE</b><br><input type="checkbox"/> 0 - Enrolled - Not In Membership<br><input type="checkbox"/> 1 - Eligible - Full Day<br><input type="checkbox"/> 2 - Eligible ½ Day<br><input type="checkbox"/> 3 - Eligible Transfer - Full Day<br><input type="checkbox"/> 4 - Ineligible - Full Day<br><input type="checkbox"/> 5 - Ineligible ½ Day<br><input type="checkbox"/> 6 - Eligible Transfer - ½ Day<br><input type="checkbox"/> 7 - Eligible - Alternative Attendance Program<br><input type="checkbox"/> 8 - Ineligible - Alternative Attendance Program |
|---|---|

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Student ID Number: \_\_\_\_\_

STUDENT'S LAST NAME FIRST NAME MIDDLE NAME

Control Number: \_\_\_\_\_

CUSTODY: Court Orders

Yes

No

**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: \_\_\_\_\_

**IN CASE OF AN EMERGENCY, PLEASE CONTACT:**

| 1. Name: | Relationship: | Phone Number: | 2. Name: | Relationship: | Phone Number: |
|----------|---------------|---------------|----------|---------------|---------------|
|          |               |               |          |               |               |

I authorize school officials to release my child during school hours to the following persons unless otherwise instructed:

|   | NAME OF EMERGENCY CONTACTS | RELATIONSHIP | ADDRESS | Apt | PHONE NUMBER(S) |
|---|----------------------------|--------------|---------|-----|-----------------|
| 1 |                            |              |         |     |                 |
| 2 |                            |              |         |     |                 |
| 3 |                            |              |         |     |                 |
| 4 |                            |              |         |     |                 |

**MISCELLANEOUS DATA:**

Last School Attended: \_\_\_\_\_ Other SAISD Schools Attended: \_\_\_\_\_

Local District Attended: \_\_\_\_\_

**Name Of Other Children In School:**

| Name: | School: | Grade: | Name: | School: | Grade: |
|-------|---------|--------|-------|---------|--------|
|       |         |        |       |         |        |
|       |         |        |       |         |        |
|       |         |        |       |         |        |
|       |         |        |       |         |        |

**SCHOOL USE ONLY:**

| 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

2010-2011

This questionnaire is intended to address the McKinney-Vento Homeless 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: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID: \_\_\_\_\_
Name of Student: \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_
SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: [ ] Male [ ] Female
Name of Parents/Guardians: \_\_\_\_\_
Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
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", continue to SECTION A. If "No", go to SECTION B.
SECTION A: 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 hotel/motel? \_\_\_\_\_
[ ] In a car or campsite?
[ ] Moving from place to place?
[ ] Child Protective Services Safety Plan?
[ ] Unaccompanied youth living with friend or relative?
[ ] Other: \_\_\_\_\_
SECTION B:
Print Name of Parent/Legal Guardian: \_\_\_\_\_
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, please fax completed form to Transitions Program at 228-3193.
Administrator Signature: \_\_\_\_\_ Date Faxed: \_\_\_\_\_
Please have parent call Transitions Program for further assistance 227-1206.
(File the completed form in the student's permanent record folder.)

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SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

STUDENT HEALTH INVENTORY AND EMERGENCY INFORMATION

Required Each Year
2010-2011

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 and/or contact information. Thank you.

Please print.

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID: \_\_\_\_\_
Name of Student: \_\_\_\_\_ Last Name First Name Middle Name
SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: [ ] Male [ ] Female
Name of Parents/Guardians: \_\_\_\_\_
Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

If I cannot be reached, you may contact the following relative or friends. Be sure these names are listed on the "Student Registration Data Form" so your child can be released to them in an emergency.

Name: \_\_\_\_\_ Name: \_\_\_\_\_
Address: \_\_\_\_\_ Address: \_\_\_\_\_
Relationship: \_\_\_\_\_ Apt# \_\_\_\_\_ Relationship: \_\_\_\_\_ Apt# \_\_\_\_\_
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

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

- [ ] Asthma
[ ] Diabetes
[ ] Ear Infections
[ ] Epilepsy or Seizures
[ ] Heart Problem
[ ] Hearing Problem
[ ] Wears Hearing Aid

- [ ] Rheumatic Fever
[ ] Kidney Conditions/Infections
[ ] Physical Handicap
[ ] Major Surgery
[ ] Vision Problem
[ ] Wears Glasses
[ ] Wears Contact Lenses

ALLERGIES:

- [ ] Drug
[ ] Food
[ ] Insect
[ ] Other: \_\_\_\_\_

OTHER INFORMATION:

[ ] Chicken Pox

[ ] Birth Weight: \_\_\_\_\_

Date of Illness: \_\_\_\_\_

[ ] Taking Medication at home

[ ] Taking Medication at school

Name of Medication: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

If any of the above conditions 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: \_\_\_\_\_

Notify the school nurse to discuss other health issues concerning your child.

Name of Doctor: \_\_\_\_\_

In case of emergency, I prefer that my child be taken to \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Hospital, if possible.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

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SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

PK-12 HOME LANGUAGE SURVEY

Required for New SAISD Students

2010-2011

Dear Parent or Guardian or Student (grades 9-12):

We are surveying home language to help determine the best instructional program for your child. With this and other school information, our teacher can do their best to meet the needs of each student and provide the quality educational program we all want for our students.

Please take time to answer this brief survey for each child you have enrolled in our school. Mark only one language for each question.

Thank you for your cooperation.

Please print.

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID: \_\_\_\_\_
Name of Student: \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_
SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: [ ] Male [ ] Female
Name of Parents/Guardians: \_\_\_\_\_
Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

MARK ONLY ONE LANGUAGE FOR EACH QUESTION:

1. What language is spoken in your home most of the time? [ ] English [ ] Spanish [ ] Other Language: \_\_\_\_\_
2. What language does your son or daughter speak most of the time? [ ] English [ ] Spanish [ ] Other \_\_\_\_\_
3. What was the first language your child spoke? [ ] English [ ] Spanish [ ] Other \_\_\_\_\_
4. Has your child lived outside the U.S. for two or more consecutive years? [ ] Yes\* [ ] No \_\_\_\_\_
\* If YES, indicate when: (from month/year to month/year)
5. When your child lived outside the U.S., did he or she attend school regularly? (Check one)
[ ] Yes, my child attended school regularly in all previous grades outside the U.S.
[ ] 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. 2000 through May 2000).

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

FOR SCHOOL USE ONLY:

- \* Please issue this survey only to students new to the District.
\* Please make sure that only one answer has been marked.
\* If the parents checked English in all three questions, then input a "98" in Home Language field on screen WST1106.
\* If the parents checked Spanish or Other in either question, then input appropriate language code in Home Language field on screen WST1106; then give the language survey to the LPAC Coordinator for Testing.



SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

Migrant Education Program Family Employment Survey
Required for New SAISD Students
2010-2011

Dear Parent or Guardian:

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.

Name of School: Age: Grade: Student ID:

Name of Student: Last Name First Name Middle Name

1. Within the past 3 years have you moved from one city or state to another so that you or your family could work or look for work in agriculture or fishing?

- NO (STOP here and return survey to your child's school.)
YES (Please "X" check all that apply below) Continue to question #2:

Image of a farm building. Text: Fruit, vegetables, soybeans, sunflower, cotton, wheat, grain, sugar beets, agricultural farms or ranches, fields & vineyards.

Image of people in a cannery. Text: Working in a cannery.

Image of a dairy farm. Text: Working in a dairy farm.

Image of a fisherman. Text: Working in a fishery.

Image of a slaughterhouse. Text: Working in a slaughter house.

Image of a poultry farm. Text: Working on a poultry farm.

Image of a plant nursery. Text: Working in a plant nursery, orchard, tree growing or harvesting.

Image of a farm field. Text: Other similar work, please explain:

2. Did the children in your family go with you or join you at a later date?

- NO (Stop here and return survey to your child's school.)
YES (Please complete below.)

Please complete the information below. (Please print)
Parent/Guardian Name:
Home Address/Apt Number:
Home: Mobile: Work:
Best time to contact you:
City:/Zip:

For School Use Only: Please fax survey with two YES responses for Q#1 and Q#2 to (210) 434-1929.

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SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

Notice Regarding Family Educational Rights and Privacy Act (FERPA)  
**DIRECTORY INFORMATION**  
Required for All SAISD Students  
2010-2011

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 the San Antonio Independent School District 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. The San Antonio Independent School District has designated the following as directory information: student name, address, dates of attendance, grade level, and most recent school attended.

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

I do **NOT** give the district permission to release the information in the list in response to a request unrelated to school-sponsored purposes without my prior written consent.

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 do **NOT** give the district permission to release my child's name, address, and telephone number to a military recruiter or institutions 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 and telephone listing, 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: \_\_\_\_\_

Student ID: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*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.

**NOTE: Failure to return this form within ten days after date of issue will be automatic permission to release the designated directory information.**

*Note to Schools: Key restriction code in student database. File and retain completed forms until replaced.*

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SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

Parent-Student Handbook Acknowledgment
Required for All SAISD Students
2010-2011

To the Students, Parents or Guardians, and Employees of SAISD:

This SAISD Parent-Student Handbook contains the 2010-2011 SAISD Student Code of Conduct, Acceptable Use Policy for Electronic Communications, Other District Policies and Procedures, and a Glossary.

The San Antonio Independent School District Board of Education officially adopted the 2010-2011 SAISD Student Code of Conduct in order to promote a safe and orderly learning environment for every student.

The student and a parent or guardian should each sign this page on the space provided below and then return the page to the student's teacher. If the recipient is an employee of SAISD, the employee shall sign on the space provided and return the page to the employee's principal or supervisor.



I/We acknowledge that I/we have received the option to receive a paper copy or to electronically access at www.saisd.net the SAISD Parent-Student Handbook which includes the SAISD Student Code of Conduct and the Student Acceptable Use Policy for Electronic Communication Systems for the 2010-2011 school year.

I have chosen to:

[ ] Receive a paper copy of the SAISD Parent-Student Handbook. The handbook is the same for high school, middle school, and elementary school. Please request one per family.

[ ] Accept responsibility for accessing the SAISD Parent-Student Handbook by visiting the web site at www.saisd.net.

For Students:

Student's Name [Please print]: Student ID:
Student's Signature: Date:
Parent/Guardian's Name [Please print]:
Parent/Guardian's Signature: Date:
School: Grade Level:

For Employees:

Employee's Name [Please print]:
Employee's Signature: Date:
School/Department:

Please sign this page and return it to the student's teacher or the employee's supervisor.

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# SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

## Texas Education Agency / Texas Public School Student/Staff Ethnicity and Race Data Questionnaire Required for All SAISD Students 2010-2011

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 4486 6)*

### Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

**Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**Not Hispanic/Latino**

### Part 2. Race: What is the person's race? (Choose one or more)

**American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

**Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American** - A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_  
Student/Staff Name (please print)

\_\_\_\_\_  
(Parent/Guardian)/(Staff) Signature

\_\_\_\_\_  
Student/Staff Identification Number

\_\_\_\_\_  
Date

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:

\_\_\_\_\_ Hispanic / Latino

\_\_\_\_\_ Not Hispanic / Latino

Race – choose one or

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White

Observer signature:

Campus and Date:

Meal Applications are available at all SAISD  
campuses, Food & Child Nutrition Services, or  
on-line at

<https://fsapps.saisd.net>

If you complete the meal application on-line,  
please print your confirmation number and bring it  
with you to your child's school during registration  
as proof. For assistance please call 210-223-2201.

*NOTE: One on-line application per household  
(family). List all students attending San Antonio  
ISD schools including new students, Pre Kinder,  
and Kinder.*

\* \* \* \* \*

