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 [<u>current</u> 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, <u>updated</u> 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 $9^{th} 12^{th}$

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

Student ID CANLANTONILO INDEDENDENTE COLOGI. DISTRICT											
Number:		SAN ANTONIO INDEPENDENT SCHOOL DISTRICT STUDENT REGISTRATION DATA						Bus	Zone:		
Control Number:						Required An		IA		Ro	oute #:
CAMPUS #:		CAMPUS NAME:				-			SCHOOL YEAR:	201	0-2011
Please Print	t.										
(Legal Surname /	Stud As It Appears On The Birth	lent Last Name Certificate or Co		Student's Name)	First	First Name Middle Nar			ne	(Jr	r., Sr., III)
						/		1			
Grade	Age as of Sept. 1st	Е	Birth Date (MM DD YY)	(Y)	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:					А	ot. #	City/State:			Zip :
Student's Home	Phone:			Cell Phone:							
Parent/Guardia	n Name 1:					Relationship:			Occupation:		
Parent/Guardia	n 1 Address:					А	ot. #	City/State:			Zip :
	n 1 Home Phone:			Work Phone:		Cell Phone:		E-Mail Address:			
Parent/Guardia	n Name 2:					Relationship:			Occupation:		
Parent/Guardia (If different from						А	ot. #	City/State:			Zip :
Parent/Guardia	n 2 Home Phone:			Work Phone:		Cell Phone:		E-Mail Address:			
Student Lives W	/ith:		Both Parents		Parent 1	Parent 2	Other		Parent Military:	Yes	No
								Parent	Employed on Federal Property:	Yes	No
Child has medic	al insurance:		Yes		No	If yes, please check one of the following:	C – CHIP L – CareLink		P – Private Insurance M – Medicaid	T – Milita (CHAMPU	nry IS/Tricare)
Identification IUST BE COMPLETED BY PERSON ENROLLING THE STUDENT: Verified By: Date Verified:											
Your Name:	LILD DI FERSON ENROI	-LING IIIL 310	JOEN I.	Address:			Your Date of Birth		Texas Driver's License:		
Hereby Certify	That The Above Is True	And Correct									
Signature Of Parent Or Legal Guardian Date											

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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 – 1/2 Day

7 - Eligible - Alternative Attendance Program

8 - Ineligible - Alternative Attendance Program

ELIGIBILITY CODE

ENROLLMENT CODE

1 - Enrolled

0 - Not Enrolled

PRINCIPAL/ADMINISTRATOR USE ONLY:

ENTRY DATE

(MM DD YYYY)

Revised May 2010 Form F1-A PDF

Student ID Number:						,	
Control					STUDENT'S LAST NAME	FIRST NAME	MIDDLE NAME
Number:		CUSTODY: Court Orders	Yes	No			
MEDICAL/EMER							
son/daught understand games, out-	er/ or is under my legal that such permission sh of-town trips, etc., wher	guardianship. Such emergency all be valid when the principal, a	shall include treatment b fter reasonable effort, ca may not be able to contac	District to manage in a manner co by a school official, transportation innot contact me by telephone. I ct me. The principal, or his desig	n to a hospital emergency room of also understand that there may	or other appro	oriate facility. I such as during football
	rent or Legal Guardian:			· 			Date:
IN CASE OF AN	EMERGENCY, PLEASE CONTACT:						
1. Name:		Relationship:	Phone Number:	: 2. Name:	R	elationship:	Phone Number
I authorize	school officials to releas	e my child during school hours to	o the following persons u	inless otherwise instructed:			
	NAME OF EMERGE		RELATIONSHIP	ADDR	ESS	Apt	PHONE NUMBER(S)
1							
2							
3							
4							
•							
MISCELLANEOU	S DATA:						
Last School Atte	ended:			Other SAISD Schools Attended:			
Local District At	tended:						
Name Of Other	Children In School: Name:	School:	Grade:	Name:		School:	Grade:
SCHOOL USE ON	ILY:						
Birth Certificate	Verified:		Date Verified:	Health Record Ve	rified:	Da	te Verified:
Withdrawal Dat	e:		Withdrawal Code:	To (School/Distri	ct):		
Re-Entry Date:			Re-Entry Code:	From (School/Dis	strict):		
Withdrawal Dat	e:		Withdrawal Code:	To (School/Distri	ct):		
Re-Entry Date:			Re-Entry Code:	From (School/Dis	strict):		
Withdrawal Dat	e:		Withdrawal Code:	To (School/Distri	ct):		
Re-Entry Date:			Re-Entry Code:	From (School/Dis	strict):		
NOTES:							

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Revised May 2010 Form F1-A PDF



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:	Loot Name		First Name	Mida	la Nama
SSN:	Last Name Date of Birth:	Age:	First Name Gender:	Male	le Name Female
Name of Parents/Guardians:					
Home Address:		Apt:	City/State:		Zip:
Home Phone:		Cell Pho	ne:	Work Pho	one:
Emergency Contact:		Relationship:		_ Pho	one:
How many children do you	ı have enrolled in SAISD?		How long has the	student lived a	t this address?
-	rary address due to a financi on, foreclosure, unemployme			Yes	☐ No
If '	"Yes", continue to <u>SEC</u>	TION A.	If "No", go to <u>§</u>	SECTION E	<u>3</u> .
SECTION A: Please che	ck student's current livi	ng situation:			
In a shelter? In a shelter specified in a hotel/more What In a car or cate Moving from Child Protecti	place to place? ive Services Safety Plan? ied youth living with frience	nip, or loss of hous tel?	_		- - ate:
Presenting a fals	se record or falsifying records is	an offense under Sec	tion 37.10, Penal Code,	and enrollment o	f the child under
1	false documents subjects the pe	erson to liability for tuit	ion or other costs. TEC S	Sec 25.002(3)(d).	
Campus Use Only:	#				
Student ID: Provide additional information	_	ermination of McKin Is family	ney-Vento Status: y situation urgent?	YesYes	No No
If student is determined to be	McKinney-Vento eligible, p	lease fax completed	d form to Transitions I	Program at 22	8-3193.
Administrator Signature:				Date Faxed:	
	Please have parent call Tr (File the completed	_	n for further assistan permanent record folder		

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Revised May 2010 FORM F1-C PDF



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:		5	Student ID:
Name of Student:		_					
	Last Name	_	First Na	_	_	iddle Nar	me
SSN:	_Date of Birth:	_Age		Gender:	Male	Ш	Female
Name of Parents/Guardians:							
Home Address:		_Apt:		City/State:			Zip:
Home Phone:	Cell Phone	: <u></u>		Work Phone:			
Emergency Contact:		_Rela	ationship:		_	Phone:	
If I cannot be reached, you	may contact the following re	lative	or friends. Be	sure these n	ames are l	isted or	the "Student
Registration Data Form" so	your child can be released	to the	m in an emerg	jency.			
Name:		_	Name:				
Address:		_	Address:				
Relationship:	Apt#	_	Relationship:				Apt#
Phone:			Phone:				
Asthma Diabetes Ear Infections Epilepsy or Seiz Heart Problem Hearing Problet Wears Hearing Taking Medica Name of Medication	zures m Aid Date of lation at home	OTH	Rheumatic Fev Kidney Condition Physical Handing Major Surgery Vision Problem Wears Glasses Wears Contact ER INFORMAT Chicken Pox	ver ons/Infections icap			ERGIES: Drug Food Insect Other: Birth Weight:
Reason for Medication	-						
If any of the above conditions c			4 a a b a a l 2				No.
Are there any treatments or phy	sical activity restrictions neces	sary a	t school?		Yes	Ш	No
If "Yes", please explain: Other health problems or instru	ctions not listed above:						
	otify the school nurse to disc		thar haalth issu	uos concornin	a vour chil		
Name of Doctor:	-	uss o	In case of eme				cen to
Address:		_	0400 0. 00	.goo,, . p.o.o			
Phone:		_	Hospital, if possil	ble.			
Signature of Parent/Guardia	<u> </u>					Date:	
orginature or Parent/Gualdia	1					Date: _	

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Revised May 2010 FORM F1-G PDF



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

•	children, our school district is heducational services. The infor	. •	
	questions and return this form t		be rept confidential.
ame of School:		Age: Grade:	Student ID:
ame of Student:	Last Name	First Name	Middle Name
ork or look for work in ag	nave you moved from one cit riculture or fishing? There and return survey to your ch		t you or your family could
YES (Plea	se "X" check all that apply below)	Continue to question #2:	4 .
Fruit, vegetables, soybeans,			
sunflower, cotton, wheat, grain, sugar beets, agricultural farms or ranches, fields & vineyards	Working in a cannery	Working in a dairy farm	Working in a fishery
Working in a slaughter	Working on a poultry farm	Working in a plant nursery, orchard, tree	Other similar work, please explain:
house	Working on a pounty family	growing or harvesting	
	family go with you or join yo		
<u> </u>	nere and return survey to your child se complete below.)	d's school.)	
ease complete the information rent/Guardian Name:	below. (Please print)	Best time to o	contact you:
ome Address/Apt Number:		City:/Zip:	
ome:	Mobile:	Work:	

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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Revised May 2010 Form F1-L PDF



attended.

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

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 imited 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 if 1965 (20 U.S.C. Section 6301 et. seq.) to provide a military recruiter or an institution of higher ducation, 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 hese 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.

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

Revised May 2010 Form F1-M PDF



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. Please review the Code of Conduct thoroughly. If you have any questions, we encourage you to ask for an explanation from teachers, the school counselors, or campus administrators.

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

* * * * * * * * * * * * * * * * * *

Student Acceptable	SAISD Parent-Student Handbook which includes the SAISD Studer le Use Policy for Electronic Communication Systems for the 2010 reading and understanding the rules, expectations, and other in	0-2011 school year. I am/We
I have chosen to:		
	Receive a paper copy of the SAISD Parent-Student Handbosame for high school, middle school, and elementary school family.	
	Accept responsibility for accessing the SAISD Parent-Studen web site at www.saisd.net .	t Handbook by visiting the
→ For Students:		
Student's Name [Pleas	se print]:	Student ID:
Student's Signature:		Date:
Parent/Guardian's Na	me [Please print]:	
Parent/Guardian's Sig	nature:	Date:
0.11		Grade Level:
→ For Employees:		
Employee's Name [Plo	ease print]:	
Employee's Signature	:	Date:
School/Department:		

 $\label{lem:please sign} \textbf{Please sign this page and return it to the student's teacher or the employee's supervisor.}$

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Revised May 2010 Form F1-N PDF

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.

