

Taft Pride!!!

District Registration Packet

2021-2022

TAFIL.S.D.
STUDENTREGISTRATION/EMERGENCYFORM
2021-2022

Last Name: _____ First Name: _____ Middle Name: _____ Grade: _____

Gender: _____ Birthdate: _____ SSN: _____ Entity: _____

Fed. Race: American Indian: _ Asian: _ Black: _ Native Hawaiian: _ White: _ Hisp/Lat Ethnicity: _ Non-Hisp/Lat Ethnicity: _

Birth City: _____ Birth State: _____ Birth Country: _____ Birth County: _____

Mailing Information

Name: _____ Home Phone: _____

Address: _____ City, State, Zip: _____

Mailing Address(if different from above): _____

Parent/Guardian Information

Parent/Guardian #1: _____ Email: _____

2nd Phone #: _____ 3rd Phone #: _____

Work Location: _____ Relationship of Guardian to Student: _____

Parent/Guardian #2: _____ Email: _____

2nd Phone #: _____ 3rd Phone #: _____

Work Location: _____ Relationship of Guardian to Student: _____

Emergency Contact Information

Emergency Contact 1: _____

Relationship: _____ Address: _____ Email: _____

Contact Phone: _____ 2nd phone: _____

Emergency Contact 2: _____

Relationship: _____ Address: _____ Email: _____

Contact Phone: _____ 2nd phone: _____

Emergency Contact 3: _____

Relationship: _____ Address: _____ Email: _____

Contact Phone: _____ 2nd phone: _____

List siblings at Taft I.S.D.

<u>Name</u>	<u>Grade</u>	<u>Campus</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Alert Information

Allergies/Medication: _____

List person(s) allowed to pick up student:	<u>Name</u>	<u>Phone#</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical Information

Physician: _____ Phone #: _____

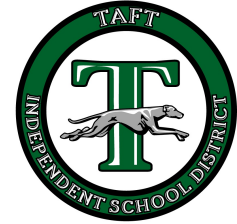
Dentist: _____ Phone #: _____

Hospital: _____ Phone #: _____

Signature: _____ Date: _____

Student Name _____

Grade _____



Acknowledgment of Electronic Distribution of Student Handbook

My child and I have been offered the option to receive a paper copy of or to electronically access at www.taftisd.net the TAFT ISD Student Handbook, Student Code of Conduct and the Electronic Acceptable Use Policy for 2021–2022.

I have chosen to:

- Receive a paper copy of the Student Handbook, Student Code of Conduct and the Electronic Acceptable Use Policy.
- Accept responsibility for accessing the Student Handbook, Student Code of Conduct and the Electronic Acceptable Use Policy by visiting the Web address listed above.

I understand that the handbook contains information that my child and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Student Code of Conduct. If I have any questions, I should direct those questions to the campus principal.

Campus: _____

Signature of student: _____

Signature of parent: _____

Date: _____

Use of Student Work in District Publications

Occasionally, TAFT ISD wishes to display or publish student artwork, photos taken by the student, or other original work on the District's Website, a Web site affiliated or sponsored by the District, such as a campus or classroom Website, and in District publications. The District agrees to only use these student projects in this manner.

Parent: Please choose one of the choices below:

I, parent of _____ (student's name), (do give) or (do not give) the District permission to use my child's artwork, photos, or other original work in the manner described above.

Parent signature: _____

Date: _____



Student Name _____

Grade _____

Notice Regarding Directory Information Parent's Response Regarding Release of Student Information

State law requires the District to give you the following information:

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 TAFT ISD 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 child's first day of instruction for this school year.

This means that the District must give certain personal information (called "Directory Information") about your child to any person who requests it, unless you have told the District in writing not to do so. In addition, you have the right to tell the District that it may, or may not, use certain personal information about your child for specific school-sponsored purposes. The District is providing you this form so you can communicate your wishes about these issues. [See **Directory Information**]

For all purposes, TAFT ISD has designated the following information as Directory Information:

- Student's name
- Address
- Telephone listing
- E-mail address
- Photograph
- Date and place of birth
- Major field of study
- Degrees, honors, and awards received
- Dates of attendance
- Grade level
- Most recent school previously attended
- Participation in officially recognized activities and sports
- Weight and height, if a member of an athletic team
- Enrollment status
- Student identification numbers or identifiers that cannot be used alone to gain access to electronic education records

Directory Information identified only for limited school-sponsored purposes remains otherwise confidential and will not be released to the public without the consent of the parent or eligible student. **Parent: Please select one of the choices below:**

I, parent of _____ (student's name), (do give) (do not give) the District permission to use the information in the above list for the *specified school-sponsored purposes*.

Parent signature _____ Date _____

As a parent, guardian or student, you have the right to give permission or not give permission for the release of student information with other persons, agencies or vendors. Your signature below provides you with the opportunity to approve or not approve such a request unless release of records is allowed under one of the exceptions under the rules implementing the Family Education Rights and Privacy Act, FERPA, (for example, transfer of records from one school district to another).

I, parent of _____ (student's name), (do give) (do not give) the District permission to use the information in the above list for *District Open Records Requests*.

Parent signature _____ Date _____



Taft ISD Health Services

Emergency Medical Form 2021-2022

Student _____

Grade _____

I, the undersigned, do hereby authorize officials of Taft ISD to contact directly the person(s) named on this form. I authorize the named physician(s) to render such treatment, as deemed necessary in an emergency for the health of said child. In the event the physician(s), parents, or other person named on this form cannot be contacted, the school officials are hereby authorized to take any action necessary deemed in their judgement (including transportation), for health of said child. I understand the school, the school district not any district employee will be financially responsible for the emergency care and transportation of said child.

Signature of Parent/Guardian

Date

Please list preferred Doctor and hospital in the event of an emergency:

Doctor's name _____

Phone: _____

Hospital _____

Phone: _____



Taft ISD Health Services

Food Allergy Information 2021-2022

Dear Parent:

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District.

“Severe food allergy” means a dangerous or life-threatening reaction to a food-borne allergen introduced by inhalation, ingestion or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic, as well as the nature of your child’s allergic reaction. This will enable the District to take the necessary precautions for your child’s safety.

Food: _____

Allergic reaction (what happens) _____

Is the reaction mild, moderate or severe(anaphylactic)? _____

Epi-pen required ____ If yes, please contact the nurse for the appropriate paperwork.

The District will maintain confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, or other appropriate personnel only with limitations of the Family Educational Rights and Privacy Act and District Policy.

Consistent with guidelines from the Texas Department of Agriculture, in order for the District to consider food substitutions, a signed medical statement must be provided. Please ask the clinic for the appropriate form. **Substitutions cannot be provided without a Doctor’s note.**

Student name _____

Grade _____

Parent/Guardian name _____

Phone _____

Signature of Parent/Guardian

Date



Taft ISD Health Services

Health History 2021-2022

Student name _____ Grade _____ Date of Birth _____

The following information will be on file in the school clinic. This information will be available to your child's teachers and support personnel. Please check all that apply to your child.

no health problems

glasses or contacts

asthma

ADD/ADHD

diabetes

chronic medical condition Specify _____

epilepsy/seizures

eczema

kidney/bladder Specify _____

migraines (verified by a Dr.)

heart condition Specify _____

hearing impairment aids/deaf

seasonal allergies

allergies to medications Specify _____

allergies to insects Specify _____

Epi pen needed for _____ Please contact nurse for paperwork.

Complete other form for food allergies

physical restrictions (A Doctor's note is required for restricted activities 3 or more consecutive days) Specify _____

emotional disorder ex. depression, anxiety Specify _____

developmental disorder ex. cerebral palsy, autism Specify _____

Signature of Parent/Guardian

Date



Taft ISD Health Services

Medication Administration 2021-2022

At times a student may have an illness/condition which does not prevent the student from attending school but does require prescription medication to be administered during school hours. If a parent and physician deem it necessary for a student to take prescription medication during school hours, the following procedures will be followed:

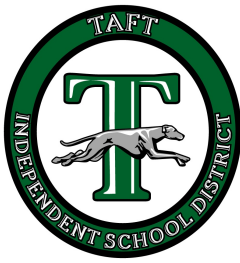
1. A request for medication administration form must be completed by the parent/guardian **AND** Physician. Please contact the school nurse to obtain the form.
2. The medication must be in the original container with the prescription label containing the student's name, name of medication, dose, date, and times for medication to be administered. **Medication labels that are altered by hand or not in the original container will not be accepted.**
3. Medication **MUST** be taken to the school clinic by the parents and given to the school nurse. The school district is not responsible for medication sent to the school with a student.
4. Non-prescription medication can be administered to your child with written permission. The medication must be brought to the clinic by the parent/guardian. The school district is not responsible for medication sent to the school with a student.
5. At the end of the school year any unused medication must be picked up by the parent/guardian. Medications not picked up will be destroyed at the end of the school year.

Non-prescription medications for minor first aid will be provided by the district only on a discretionary basis. Parental consent must be obtained. I _____, **give approval for these medications to be used to treat my child while he/she is in school. Please circle the items that can be used on your child.**

Calamine lotion	Petroleum jelly	Normal saline/isotonic eye wash
Antiseptic skin cleaner	Topical cooling gel	

Signature of Parent/Guardian

Date



Transportation Form

Bus riders must submit this form in order to ride the bus during the 2021-2022 school year.

School _____

Bus # _____

Grade _____ Age _____

Country Rider: yes no

Jr./High Hazardous Rider yes no

Petty Hazardous Rider yes no

Student's LEGAL Name _____

Address _____

Apt. # _____

City _____

Zip code _____

Riding in the AM PM BOTH

Grocery Store Hidalgo Park Harding & Victoria

Greyhound Stadium R.E.A.L.

Housing Authority Petty Stop Sign

Rincon Apt. Jr. High

Taft Terrace Apts. Latchkey

Father's Name _____

Primary Phone _____

Phone #2 _____

Mother's Name _____

Primary Phone _____

Phone #2 _____

Emergency Contact _____

Relationship _____

Primary Phone _____

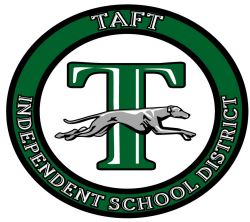
Phone #2 _____

If your child(s) will not be riding the bus please check one:

My child(s) will be a Walker: ____ or be Picked up: ____

PARENT/GUARDIAN SIGNATURE

DATE



Field Trips for the District

The students of TAFT ISD will have the opportunity to go on a number of educational field trips during the year.

_____ has permission to attend educational

Student's Name

field trips during the 2021-2022 School Year.

I, the undersigned parent, release TAFT ISD and its personnel from damages or injury that might be sustained by my child other than that resulting from gross negligence on the part of the school employee. It is understood that the classroom teacher has full custody of the child with all the authority of a prudent parent at all times during the field trip.

PARENT/GUARDIAN SIGNATURE

DATE

Emergency Information

If I cannot be contacted in case of emergency, I hereby authorize the individuals listed on the TAFT ISD - Student Enrollment/Emergency form to be notified at the school's discretion.

PARENT/GUARDIAN SIGNATURE

DATE



TAFT INDEPENDENT SCHOOL DISTRICT

400 College Street, Taft, Texas 78390
361-528-2636, ext. 2224 361-528-2223 (fax)

www.taftisd.net

Dr. Irene M. Garza, Superintendent of Schools

TOGETHER ACHIEVING FOR TOMORROW

Acceptable Use Policy

Aligned with the Children's Internet Protection Act (CIPA) of 2000 and Protecting Children in the 21st Century Act

The Taft ISD has made Internet access available to the staff and students of the District and believes the Internet offers a multitude of valuable resources and ways of enhancing the educational experience.

The Internet is an electronic highway connecting millions of computers all over the world to billions of individual subscribers who have access to electronic mail communication with one another. Further, the Internet provides users with information and news from research institutions, colleges and libraries, including discussion groups on a wide variety of topics. With access to computers and people all over the world, also comes the availability of material that may not be considered to have educational value in the context of the school environment. Although Taft ISD uses filters to restrict access and protect its students and staff from harmful material, it is impossible to restrict all harmful materials. Ultimately, the responsibility to avoid harmful material rests with the user, who must adhere to the District's strict guidelines. These guidelines are provided so that users are aware of the responsibilities they acquire when accessing the District's network. In general, the responsibilities include efficient, ethical, and legal utilization of the District's network resources.

It is important that you read all Taft ISD policies, and ask questions if you need help in understanding them. If you violate any of these provisions, your network access account may be terminated, and future access denied. Acceptance of this Acceptable Use Policy ("AUP") is construed at time of receipt, unless a denial of services form is signed and on file with the District.

Definition of Harmful Material

Material that is harmful to students and minors means any picture, image, graphic image file, or other visual depiction that:

1. Taken as a whole and with respect to students and minors, appeals to a prurient interest in nudity, sex or excretion;
 2. Depicts, describes, or represents, in a patently offensive way with respect to what is suitable for students and minor, an actual or simulated sexual act or sexual contact, actual or simulated normal or perverted sexual acts, or a lewd exhibition of the genitals; and
 3. Taken as a whole, lacks serious literary, artistic, political, or scientific value as to students and minors.
- 47 U.S.C. 254(h)(7)(G); 20 U.S.C. 6777(e)(6).

District Level

The District's system shall only be used for administrative and educational purposes that are consistent with the District's mission and goals. Commercial, income-generating, or "for profit" use of the District's system is strictly prohibited. Limited personal use of the system shall be permitted if the use:

1. Imposes no tangible cost to the District;
2. Does not unduly burden or increase the security risk of the District's computer network or resources; and
3. Has no adverse effect on an employee's job performance or on a student's academic performance.

Filtering

Taft Independent School District utilizes District-wide content filter software that is used to maintain appropriate technology boundaries, and to filter internet sites that are considered inappropriate or harmful to minors. All Internet access on District property shall be filtered by the District. Requests to access a site that has been blocked by mistake may be reviewed by campus administrators, who maintain the discretion to allow or deny any such request for access. Any changes made to the District's filtering software to allow the requested access shall be made to the requested site only, and no other changes shall be made to the categories of sites being blocked.

System Access

Access to the District's technology resources, including electronic communication devices and computers, is a **privilege**—not a right. Access may be made available to students and employees primarily for instructional purposes, and in accordance with this AUP, District policy, and state and federal guidelines. Access shall be given to all employees as a privilege via a standard user account. This standard user account allows for internet access and access to District resources. If any program must be installed to further educational or instructional purposes, the installation must be completed through the appropriate technology personnel. If additional software is necessary for classroom instruction, staff shall contact the technology department at least one (1) day prior to the day the software is necessary for instruction, in order for the software to be installed and prepared by the day of instruction.

User Responsibility

The following standards apply to **all** users of the District's communications systems and network resources:

1. Revealing your personal information or the personal information of others is prohibited.
2. Be polite. Swearing, vulgarity, ethnic or racial slurs, and any other inflammatory language is prohibited.
3. Users shall not use the computer to harass others with language, images, or threats.
4. Users shall not deliberately access or create any harmful material, as described above.
5. The individual in whose name a system account is registered and/or used is responsible for use of the system account at all times, and shall not allow others to use their login information (except for authorized staff members).
6. Users may not install any program or software unless approved through the technology department.
7. Users shall not intentionally damage the District's account system or network resources through physical abuse or software manipulation.

Failure to comply with any of the above standards may result in disciplinary action, up to and including suspension, expulsion, or termination.

Report Violations

The District plays an active role in monitoring all activities that take place on the Taft ISD Network. Daily monitoring of internet usage is taking place, and violations shall be reported to appropriate campus personnel within 48 hours of its detection. All District personnel shall report any known violation of this Acceptable Use Policy. Students must report known violations to their supervising teacher, or a technology department employee. Employees and students must report requests for personally identifying information, or similar conduct from unknown individuals, as well as communication that is or related to:

- Abusive
- Obscene
- Online Gambling
- Sexually-Oriented Material
- Threatening/Harassing
- Damaging to another person's reputation
- Promoting Violence
- Illegal

- Harmful Material

Educational Materials

Educational materials regarding the proper use of District technology resources shall be provided for employees and students, with an emphasis on safe and ethical use of technology and awareness of the District's AUP. This information helps to promote an environment of safety pertaining to electronic communication, including: internet use, technical interaction, appropriate online behavior, awareness of cyber-bullying, and responding to cyber-bullying. Each campus shall provide training on appropriate online behavior, and cyberbullying awareness and response.

Termination/Revocation of System User Account

The District may suspend or revoke user access to the District's system based on violation(s) of this AUP, District policy, and/or administrative regulations regarding acceptable use. A student or employee who knowingly introduces prohibited materials into the District's electronic environment shall be subject to suspension and/or other disciplinary actions in accordance with District policies and this AUP.

Disclaimer

System users and parents of students with access to the District's system should be aware that use of the District's system may accidentally or unknowingly provide access to other electronic communication systems in the global network that may contain inaccurate and/or objectionable material, including harmful material.

The District's system is provided on an "as is, as available" basis. The District does not make any warranties, whether expressed or implied, including without limitation those of merchantability and fitness for a particular purpose, with respect to any services provided by the system and/or any information or software contained therein. The District does not warrant that the functions or services performed by or that information or software contained on the system will meet the system user's requirements, that the system will be uninterrupted or error-free, or that defects will be corrected.

Opinions, advice, services and all other information expressed by system users, information providers, service providers or other third-party individuals in the system are those of the providers and not the District. The District shall cooperate fully with local, state or federal officials in any investigation concerning or relating to misuse of the District's electronic communications system.

*** Please Note - Acceptance of this AUP is renewed and accepted every year automatically, unless a denial of internet access form is completed and on file with the District.**

Yes, I have read the Acceptable Use Policy.



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TOGETHER ACHIEVING FOR TOMORROW

Denial of Internet Access

It is important to return this notice to your child's school within ten (10) days of your child's receipt of the Student Handbook if you choose to deny access. Failure to return the form within the ten (10) days shall be construed as you giving your permission for your child to access electronic resources on Taft ISD's network, and as you and your child's acceptance of the Acceptable Use and BYOD Policies.

Dear Parent(s)/Guardian(s),

This form is to be filled out if you **DO NOT** wish for your child to have access to Taft ISD network systems or participate in the BYOD program. By agreeing that your child may access the Taft ISD network and participate in the BYOD program, and in consideration for having access to the District's public network, you also agree to release Taft ISD, its operator, and any institutions with which they are affiliated with from any and all claims and damages of any nature arising from your child's use of, or inability to use, the District's network system.

Parents are provided the opportunity to partially restrict their child's Internet Access. Specifically, if you do not want your child to access the Taft ISD Network or participate in the BYOD program, please indicate in the checkboxes below.

Request for Denial of Internet Access

Student Name:

School:

Grade Level:

Signature of Parent/Guardian

Date:

I do NOT give permission for my child to access the Internet. (Acceptable Use Policy)

I do NOT give permission for my child to use a personal device to access the school network. (BYOD Policy)

Please return this form back to your child's campus office. You do NOT need to return this form if you give permission for both of the above.

TAFT PRIDE



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TOGETHER ACHIEVING FOR TOMORROW

Anti-Bullying Contract

Student and Parent/Guardian Agreement

Everyone has the right to feel physically and emotionally safe at school. I will do everything I can personally, as a member of my school's community, to create and preserve a physically and emotionally safe environment.

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.

We understand that Bullying will result in disciplinary action.

Student's Name

Grade

Parent/Guardian Signature

Date

Foster Care

The Texas Legislature requires that all Texas School Districts collect data regarding enrolled students who are in foster care (SB 833).

If the following situation applies to your child, please complete and return this form to your child's school as soon as possible:

Foster Care:

1. Is this student currently in the conservatorship of the Department of Family and Protective Services?

(Please check) Yes No

Student's Name (please print) _____

Please attach a copy of the Texas DFPS Placement Authorization Form (Form 2085) or a court order that designates the student in foster care.

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?

(Please check) Yes No

Student's Name (please print) _____

Please attach a copy of the verification letter you received from the Texas DFPS and CPS.

TAFT PRIDE



Family Survey
Education Service Center, Region 2
209 N. Water St.
Corpus Christi TX
78401 2021-2022
(361) 561-8400 migrantprogram@esc2.net

Student Name:	Age:	Date of Birth:	Survey Completion Date:
District:	Campus:		Grade:


Dear Parents,
 In order to better serve your children's academic needs, the school district wants to identify students who may qualify to receive supplemental educational services. **The information provided below will be kept confidential.** Please answer the following questions and return this form to your child's school.

Do you have a high school aged child under the age of 22 who lacks a U.S. issued high school diploma or GED and is currently *not enrolled* in school?

YES NO



1. In the last 3 years, have you or someone in your family moved to obtain or engage in agricultural work, livestock or fishery?

NO  here and return survey to your child's school.

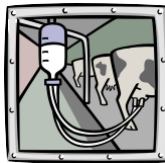
YES (Please check all that apply below and continue to question 2)



Working agricultural field work with fruits, vegetables, sunflowers, cotton, wheat, grain, sorghum



Packing or processing fruits, vegetables, chicken, beef, pork or fish



Working in a dairy farm



Working in a fishery or shrimping



Working in a slaughter house



Working on a poultry farm



Working in a ranch, livestock related activities



Working in a plant nursery, orchard, tree growing or harvesting



Other similar work, Please explain:

2. Was the move due to economic necessity?

NO  here and return survey to your child's school.

YES (Please complete below)

Please complete the following information:

Best time to contact you:

Parent/Guardian Name:

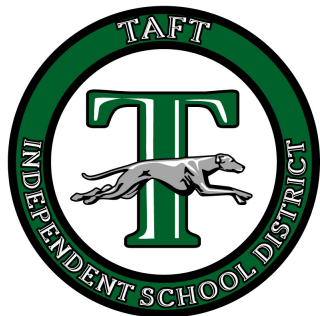
Address:

Telephone:

Alternate Telephone No:

Email Address:

Schools: Please return this survey to the Education Service Center, Region 2, ATTN: Migrant Education Program (MEP)



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TOGETHER ACHIEVING FOR TOMORROW

Student Residency Questionnaire

The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C.11434a(2), which is also known as Title X, Part C, of the No Child Left Behind Act. The answers you give will help the school determine the services the student may be eligible to receive.

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).

Name of School _____

Name of Student: _____

Sex: Male Female

Birth Date: _____ Age: _____ Social Security #: _____

Check the box that best describes with whom the student resides. (**Please note:** legal guardianship may be granted only by a court; students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in and attend school. The school cannot require proof of guardianship for enrollment or continued attendance.)

Parent(s)

Legal Guardians (s)

Caregiver(s) who are not legal guardian(s) (Examples: friends, parents of friends, etc.)

Other _____

Name of person with whom student resides: _____

Address: _____

City: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____ Other Emergency #: _____

Length of Time at Present Address: _____

Length of Time at Previous Address: _____

Name of the school where student is enrolled or in which student is attempting to enroll: _____

Last District Attended: _____ Last School Attended: _____

Please check only one box that best describes where the student is presently living:

In my own home or apartment, in Section 8 Housing, or in military housing with parent(s), legal guardian(s), or caregiver(s) (if you checked this box, check one or both of the boxes below, if applicable :) (CODE=N)

My home has no electricity (CODE=U)

My home has no running water (CODE=U)

In the home of a friend or relative because I lost my housing (examples: fire, flood, lost job, divorce, domestic violence, kicked out by parents, parent in military and was deployed, parent(s) in jail, etc.)(CODE=D)

In a shelter because I do not have permanent housing (examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing) (CODE=S)



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Student Residency Questionnaire cont. page 2

Please check only one box that best describes where the student is presently living:

- In transitional housing (*housing that is available for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, or another organization*) (CODE=S)
- In a hotel or motel (*examples: because of economic hardship, eviction cannot get deposits for permanent home, flood fire, hurricane, etc.*)(CODE=HM)
- In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or other unsheltered location (CODE=U)
- None of the above describes my present living situation:

Briefly describe your situation:

Factors contributing to the student's current living situation (check all that apply):

- Natural disaster:**
 - Tornado, storm, flood, etc.
 - Hurricane, name: _____
 - Fire: prairie, forest, grass, lightning strike, etc.
- Family issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.
- Home issues such as lack of electricity, water, heat, adequate home repair due to lack of funds, overcrowding, etc.
- Military: Parent/guardian deployed, injured or killed in action
- Incarceration of parent/guardian
- Incapacitation of parent or guardian due to health, mental health, drugs/alcohol, or other factors
- Home fire not due to natural causes (*i.e., faulty equipment/appliances/wiring, furnace, stove, fireplace, etc.*)
- Economic hardship:**
 - Loss of job resulting in inability to pay rent or mortgage
 - Income from part-time or low paying job does not cover cost of housing in the area
 - Loss of mortgage, including loss of mortgage of landlord if student/student's family is renting
 - Eviction record and/or inability to produce deposits for rent or utilities
- High medical bills that leave little or no money for housing
- Lack of affordable housing in the area
- Minor student unable to afford housing on my own
- None of the above describes the main reasons for my present living situation:

Briefly explain the contributing factors: _____



TAFT INDEPENDENT SCHOOL DISTRICT

400 College Street, Taft, Texas 78390
361-528-2636, ext. 2224 361-528-2223 (fax)
www.taftisd.net

Dr. Irene M. Garza, Superintendent of Schools

TOGETHER ACHIEVING FOR TOMORROW

Student Residency Questionnaire cont. page 3

Please provide the following information for school-age siblings (brothers and sisters) of the student:

Name	Grade Level	School	District

Signature of Parent/Legal Guardian/Caregiver/Unaccompanied Student

Date

For School Use Only

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature

Date



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TOGETHER ACHIEVING FOR TOMORROW

STUDENT: _____ CAMPUS: _____

GRADE LEVEL: _____

HOUSEHOLD – INCOME VERIFICATION 2021-2022

FOR NEW STUDENTS TO THE DISTRICT

The Household –Income Information provided will assist the TAFT ISD in completing audit requirements and reviews set forth by the Texas Education Agency. It is very important that we have the most accurate information about your child. All information will remain confidential.

PLEASE COMPLETE THE INFORMATION NEEDED BELOW.

<u>Family Size</u>	Please select the number of family members _____
<u>Gross Income</u>	Weekly \$ _____ Bi-Weekly \$ _____ Monthly \$ _____
<u>Assistance Programs</u>	Please check the program(s) that apply __TANF-Temporary Assistance to Needy Family __AFDC __Food Stamps __Other
<u>OFFICE USE ONLY</u>	
00-Not Identified Economic Disadvantage	99-Other Economic Disadvantage

Code Reference: PEIMS Standards Section 4 p4.116

I certify that all the information on this verification form is true and that all income is reported. I understand that the school will receive funds based on the information provided. I understand that I decline the disclosure of household income information.

Parent/Guardian Signature: _____ Date _____



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TOGETHER ACHIEVING FOR TOMORROW

HEALTH SERVICES-EMERGENCY MEDICAL FORM

Student _____ Teacher _____ Rm# _____ Grade _____

I, the undersigned, do hereby authorize officials of TAFT ISD to contact directly the person(s) named on this form. I authorize the named physician(s) to render such treatment, as maybe deemed necessary in an emergency for the health of said child. In the event the physician(s), parents, or other persons named on this form cannot be contacted; the school officials are hereby authorized to take any action deemed necessary in their judgment (including transportation), for the health of said child. I understand that the school, the school district, nor any district employee will be financially responsible for the emergency care and /or transportation of said child.

Signature of Parent/Guardian

Date

Please list preferred doctor and hospital in the event of an emergency:

Doctor's name: _____ Phone # _____

Hospital: _____ Phone# _____

Please list any illness, disabilities and/or special needs diagnosed by a physician:

Please list any medication currently taking:

To help protect your child's health and safety during the school day, do you grant permission to exchange his/her health information with appropriate school personnel (teacher, principals, etc.) ___Yes ___No

IMPORTANT: Your child may have an illness that requires medication for relief or cure that does not prevent his/her attending school. When possible, such medication should be taken at home. However, according to the Texas State Legislature, and the TAFT ISD Board of Trustee Policy, school personnel may dispense a medication to a student. **Medications that have to be given at school must be delivered to the school nurse's office by a parent/guardian and an informed consent signed by the parent/guardian must be obtained prior to dispensing any medication. Please do not send any medication to school with your child.**

This student may be treated or examined for first aid needs: ___Yes ___No

Health Service Staff will perform periodic assessments for vision, hearing, height, weight, dental, spine, and any other screening deemed necessary by the State Law. Staff will also check for head lice and reserves the option of dismissing students from school with repeated infestation of nits and/or active head lice.

TAFT INDEPENDENT SCHOOL DISTRICT/CHARTER SCHOOL

HOME LANGUAGE SURVEY-19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey applicable ONLY if administered for students enrolling in pre-kindergarten through grade 12)

TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN PREKINDERGARTEN THROUGH GRADE 8 (OR BY STUDENT IN GRADES 9-12): The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

To determine if your child would benefit from Bilingual and/or English as a Second Language program services, please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if Bilingual and/or English as a Second Language program services are appropriate and to inform instructional and program placement recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

For more information on the process that must be followed, please visit the following website:

https://projects.esc20.net/upload/page/0084/docs/EL%20Identification_ReclassificationFlowchart%202018.pdf

This survey shall be kept in each student's permanent record folder.

NAME OF STUDENT: _____

STUDENT ID#: _____

ADDRESS: _____

TELEPHONE #: _____

CAMPUS: _____

NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.

1. What language is spoken in the child's home **most of the time**? _____

2. What language does the child speak **most of the time**? _____

Signature of Parent/Guardian

Date

Signature of Student if Grades 9-12

Date

NOTE: If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if: 1) your child has not yet been assessed for English proficiency; and 2) your written correction request is made within two calendar weeks of your child's enrollment date.

**Texas Education Agency
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

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 44866)*

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 more:

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

Observer signature:

Campus and Date:



**Taft Independent School District
Military Connected Student Form
2021-2022**

PLEASE RETURN THIS FORM TO YOUR CHILD'S CAMPUS ONLY IF
YOUR CHILD MEETS ONE OF THE CRITERIA BELOW

In 2009 The Texas Legislature adopted the Interstate Compact on Educational Opportunity for Military Students – Texas Education Code Chapter 162. This legislation requires schools to recognize and extend certain privileges to students who are military dependents and to assist military dependent students in the transition process of changing schools when their military parents are reassigned and forced to relocate.

Parent Name: _____

Student Name: _____ Date of Birth: _____

If Known: Student ID: _____ Grade: _____ Campus: _____

Please check one box below to indicate if your child is a dependent of a member of:

For all students:

- Active Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard
[This includes Missing in Action (MIA)]
- Texas National Guard
- Reserve Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard

For Pre-Kindergarten students ONLY:

- Armed forces or reserved forces of the United States (Army, Navy, Air Force, Marine Corps, or Coast Guard) or Texas National Guard who has been injured or killed while on active duty