

# May High School Registration Packet

**2018-2019**



**Steve Howard, Superintendent**  
**Nick Heupel, Lead Principal**  
**Allison Williams, Assistant Principal**

**3400 CR 411 E**  
May, Texas 76857-0030  
Phone: (254) 259-2131  
Fax: (254) 259-2706



Official Use Only

MAY ISD  
STUDENT REGISTRATION FORM  
SCHOOL YEAR 2018-19

Local ID# \_\_\_\_\_  
Grade \_\_\_\_\_ Teacher \_\_\_\_\_  
Date of Entry \_\_\_\_\_ Eligibility Code \_\_\_\_\_  
WD Date \_\_\_\_\_ Re-entry Date \_\_\_\_\_  
WD Date \_\_\_\_\_ Re-entry Date \_\_\_\_\_  
Bus # \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_  
Campus \_\_\_\_\_

STUDENT NAME \_\_\_\_\_  
Last First Middle

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

Street Address: \_\_\_\_\_  
Street Address Apt. # City State Zip Code

STUDENT'S SOCIAL SECURITY NUMBER \_\_\_\_\_

SEX M F (circle one)

DATE OF BIRTH \_\_\_\_\_

HOME PHONE \_\_\_\_\_

ETHNIC CODE (Circle One of the following)

Hispanic/ Latino

Non Hispanic/ Latino

RACE: (Circle one or more regardless of ethnicity)

American Indian or Alaska Native

Asian

Black or African

White

Native Hawaiian/other Pacific Islander

LEGAL PARENT/GUARDIAN 1 NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_

RELATIONSHIP (Circle one in each column)

- 1 Father
- 2 Mother
- 3 Sister
- 4 Brother
- 5 Aunt
- 6 Uncle
- 7 Grandfather
- 8 Grandmother
- 9 Other
- 1 Natural
- 2 Step
- 3 In-Law
- 4 Other
- 5 Husband
- 6 Wife
- 7 Foster
- 8 Deceased

BUSINESS PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

ADDRESS IF DIFFERENT FROM ABOVE:

\_\_\_\_\_

Does student live with Parent/Guardian 1? Yes No (Circle one)

PARENT/GUARDIAN 2 NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last First Middle

RELATIONSHIP (Circle one in each column)

- 1 Father
- 2 Mother
- 3 Sister
- 4 Brother
- 5 Aunt
- 6 Uncle
- 7 Grandfather
- 8 Grandmother
- 9 Other
- 1 Natural
- 2 Step
- 3 In-Law
- 4 Other
- 5 Husband
- 6 Wife
- 7 Foster
- 8 Deceased

BUSINESS PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

ADDRESS IF DIFFERENT FROM ABOVE:

\_\_\_\_\_

Does student live with Parent/Guardian 2? Yes No (Circle one)

STUDENT HEALTH INFORMATION: (Circle one of the following)

P - Private/Employer Based  
M - Medicaid

C - Chip  
N - No Insurance

Last *school* student attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Was student expelled or suspended at the time of withdrawal from last school? Yes \_\_\_\_\_ No \_\_\_\_\_

Was student enrolled in an Alternative Education Program (AEP)? Yes \_\_\_\_\_ No \_\_\_\_\_

Was student enrolled previously in Speech Therapy *or* Special Education? Yes \_\_\_\_\_ No \_\_\_\_\_

Was student enrolled previously in Bilingual *or* ESL program? Yes \_\_\_\_\_ No \_\_\_\_\_

Was student served in a dyslexia program? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent / Guardian E-mail Address \_\_\_\_\_

It may be necessary to contact you during the school day. If you cannot be reached, the school will call the person(s) you name below in sequential order. The persons listed below will be allowed to pick your child up from school. (Must list at least two, preferably relatives over age 18)

1) Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relation \_\_\_\_\_

2) Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relation \_\_\_\_\_

3) Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relation \_\_\_\_\_

My child may be photographed or interviewed by anyone approved by the school. Yes \_\_\_\_\_ No \_\_\_\_\_

My child may participate in school-sponsored field trips. Yes \_\_\_\_\_ No \_\_\_\_\_

My child may be assigned an adult mentor. Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a school-age child residing in your home who is not attending school and has not graduated from High School? Yes \_\_\_\_\_ No \_\_\_\_\_

Your child(ren) may be eligible for additional services if they qualify. Therefore, it is important that you answer the questions listed below. Have your children or your family moved within the past 36 months in order to seek any of the following:

A. Temporary or seasonal agricultural or fishing work? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Work in transporting agricultural products or fish to market on a temporary basis? Yes \_\_\_\_\_ No \_\_\_\_\_

C. Work in processing these products on a temporary basis? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide the following information for all brothers, sisters, and any other children who live in the student's household.

NAME	AGE	GRADE	SCHOOL ATTENDING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**I certify that the above named child resides at the street address given for all substantial purposes at the time of enrollment. I understand that the record on my child will be made available to me if my request is made to the proper school authorities. I further understand that my signature below gives my permission as directed above and my assurance that all information that I have provided is true and correct to the best of my knowledge.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# ENROLLMENT / RESIDENCY

## IMPORTANT NOTICE TO PARENT/GUARDIAN ABOUT ENROLLMENT

Presenting false information or false records when enrolling a student is a criminal offense under Penal Code 37.10, and enrolling a student under false documents makes a person liable for tuition or other costs.

A person who knowingly falsifies information on a form required for a student's enrollment in the District shall be liable to the District if the student is not eligible for enrollment but is enrolled on the basis of false information. The District may charge the maximum tuition fee or an amount the District has budgeted per student as maintenance and operating expense, whichever is greater, for the period during which the ineligible student is enrolled.

A child must be enrolled by the child's parent, legal guardian, or other person with legal control under a court order. If a person with legal authority to enroll the child cannot be identified and located, the District shall notify the Department of Protective and Regulatory Services and shall admit the child. The District shall direct any communication that is required with a parent to the Department of Protective and Regulatory Services unless the Department specifies otherwise.

[Education Code 25.002(f)]

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date

*A driver's license or other acceptable photo ID of the person signing above will be required upon enrolling a new student.*

## STUDENT RESIDENCY QUESTIONNAIRE

(McKinney-Vento Homeless Education Assistance Improvements Act 42 USC 11435)

1. Is your current address a temporary living arrangement?  
 Yes       No
2. Is this temporary living arrangement due to loss of housing or economic hardship?  
 Yes       No

***STOP HERE if you answered NO to these questions. If YES, then continue.***

Where is the student presently living? (Check one box.)

- Motel  
 Shelter (emergency shelter such as Salvation Army, Red Cross, etc.)  
 With more than one family in a house or apartment  
 In a place not designed for ordinary sleeping accommodations (car, park, campsite, etc.)

Student Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender:  male       female      Social Security #: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

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

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*This information may help determine the services the student could be eligible to receive.*

**HEALTH INFO FORM  
SCHOOL YEAR 2018-2019**

**This form must be completely filled out for ALL (new AND returning) students attending May schools. Health Services must have an updated form each school year.**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City./State/Zip Code \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

**EMERGENCY CONTACTS:**

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relation \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relation \_\_\_\_\_

My child has the following: (Please check all that apply.)

- **Asthma** What triggers the asthma? \_\_\_\_\_  
How often do asthma attacks occur? \_\_\_\_\_ Date of last asthma attack: \_\_\_\_\_  
What is used to control the asthma? \_\_\_\_\_
- **Seizures** Describe what happens during seizures: \_\_\_\_\_  
How often do seizures occur? \_\_\_\_\_  
Date of last seizure: \_\_\_\_\_ How many minutes do seizures usually last? \_\_\_\_\_  
What is used to control the seizures? \_\_\_\_\_
- **Allergies** Food\* Allergic to: \_\_\_\_\_  
Medications Allergic to: \_\_\_\_\_  
Insect bites/stings Medications used: \_\_\_\_\_
- **Other Condition** Describe: \_\_\_\_\_

\*PARENTS/GUARDIANS **MUST** REPORT LIFE-THREATENING FOOD ALLERGIES TO CHILD NUTRITION STAFF  
Additional medications not listed above: \_\_\_\_\_

**Note:** Please let your school nurse know if your child has any of the above medical conditions so that further information can be obtained and your child's condition can be properly cared for while at school

If an ambulance is called I would like my child transported to the following hospital: \_\_\_\_\_

My child's medical needs are currently served by:

Private insurance  CHIP  Medicaid  Clinic Card  No insurance

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

**\*\*In order for your child to receive any medication at school, including Tylenol or Benadryl, it must be provided with your child's name and directions, including dosage and frequency.**

I give my permission for Tylenol or generic equivalent to be given at school.  Yes  NO (Must sign below to be effective)

I give my permission for Benadryl or generic equivalent to be given at school for local and systemic allergic reactions such as hives, welts, severe swelling, generalized itching, or tingling of mouth or throat.  YES  NO (Must sign below to be effective)

I HEREBY GRANT MY AUTHORIZATION AND CONSENT TO MEDICAL CARE, TREATMENT, PROCEDURE, TRANSPORTATION, OR PHYSICIAN CONSULTANT DEEMED NECESSARY IN ORDER TO INSURE SAFETY OF MY CHILD.  YES  NO (Signature REQUIRED below)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# ACKNOWLEDGEMENT FORM

*I have received, reviewed, and understand the:*

MAY ISD **Student Handbook** (or opted for electronic distribution)

MAY ISD **Code of Conduct** (or opted for electronic distribution)

MAY ISD **Parent teacher Compact** (elementary only – conferences TBA)

MAY ISD **Policies Addendum**

**Homework/Grading Policy**

**Exemption Policy**

**Bus Rider Rules and Regulations**

*I realize that failure to comply could result in loss of riding privileges.*

## **Acceptable Technology Usage (Electronic Communication & Data) Policy**

For the student: *I understand that violation of the District's electronic communications systems policy may result in suspension or revocation of system access.*

For the parent: *I have read the District's guidelines, and in consideration for the privilege of using the electronic communications system (particularly the computer network) and having access to the public networks, I release the district, its operators, and any institutions with which they are affiliated from any and all claims and damages arising from my child's use of, or inability to use, the system, including the type of damage identified in the District's policy and administrative regulations.*

**My child has permission to participate in the District's electronic communications system.**     **YES**     **NO**

Parent Signature: \_\_\_\_\_

## **Permission to Publish Photos on Web Page or the local newspaper**

**I give permission for my child's photo to be published on the May ISD web page or the local newspaper.**

**YES**     **NO**    Parent Signature: \_\_\_\_\_

*I understand that the Student Handbook, Code of Conduct, and Policies Addendum contain 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 Code.*

Print name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of parent: \_\_\_\_\_

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

## **Notice Regarding Directory 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 May ISD to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing by September 5, 2013/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.

### **Parent's Response Regarding Release of Student Information**

For the following school-sponsored purposes: identified in FL(LOCAL), May ISD has designated the following information as directory information:

- Student's name
- Photograph
- Date and place of birth
- Major field of study
- Degrees, honors, and awards received
- Grade level
- Participation in officially recognized activities and sports
- Weight and height, if a member of an athletic team

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 circle 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 \_\_\_\_\_

For all other purposes, May ISD has designated the following information as directory information:

- Student's name
- Grade level

**Parent: Please circle one of the choices below:**

I, parent of \_\_\_\_\_ (student's name), **(do give) (do not give)** the district permission to release the information in this list in response to a request unrelated to school-sponsored purposes.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

### **Use of Student Work in District Publications**

Occasionally, the May ISD wishes to display or publish student artwork or special projects on the district's Web site and in district publications. The district agrees to only use these student projects in this manner.

**Parent: Please circle one of the choices below:**

I, parent of \_\_\_\_\_ (student's name), **(do give) (do not give)** the district permission to use my child's artwork or special project on the district's Web site and in district publications.

Parent signature: \_\_\_\_\_

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

# APPENDIX 1

## **Parent Statement Prohibiting Corporal Punishment**

A parent has the responsibility of submitting a signed statement to the principal each year if he or she chooses to prohibit the use of corporal punishment with his or her child. A parent may reinstate permission at any time during the school year by submitting a signed statement to the principal. Corporal punishment will be administered in accordance with the law, district policy, and the Student Code of Conduct (SCOC). {See FO and the SCOC}

Corporal punishment will be administered as soon as possible after an offense and will not be administered in anger. The principal or a designee may choose not to use corporal punishment even if the parent has requested its use. Any use of corporal punishment will be documented on a district form. The principal or a designee will inform the parent when corporal punishment is used. Paddles used for administering corporal punishment will not be generally displayed and will be under the control of the principal or designee. Corporal punishment will be limited to spanking or paddling and will consist of an appropriate number of strikes based upon the size, age, and the physical, mental and emotional condition of the student. Before corporal punishment is used, the district may give the student a choice between other disciplinary measures and corporal punishment.

### **Parent Statement Prohibiting Corporal Punishment:**

I have read the information on the use of corporal punishment in May ISD and I **prohibit** the use of **corporal punishment** with my child.

This form must be submitted annually and can be revoked by the parent at any time.

Name of Parent or Gaurdian \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Name of Student \_\_\_\_\_

Campus \_\_\_\_\_

Grade \_\_\_\_\_

Parent's Objection to the Release of Student Information to:  
Military Recruiters and Institutions of Higher Education

Federal law requires that the district release student information (name, address, phone #) to military recruiters and institutions of higher education, upon request, unless the parent of eligible student directs the district not to release information to these types of requestors without written consent. {See Release of Student Information to Military Recruiters and Institutions of Higher Education for more information.}

Parent: 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, parent of \_\_\_\_\_ (student's name), request that the district **not** release my child's name, address or telephone number to a military recruiter or institutions of higher education, upon their request, without my prior written consent.

Parent Signature \_\_\_\_\_ 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

\_\_\_\_\_

\_\_\_\_\_ Date

Student/Staff Identification Number

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:

# 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.mayisd.com](http://www.mayisd.com) the May ISD Student Handbook and the Student Code of Conduct for 2017-2018.

I have chosen to:

- Receive a paper copy of the Student Handbook and the Student Code of Conduct.
- Accept responsibility for accessing the Student Handbook and the Student Code of Conduct 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 regarding this handbook or the Code of Conduct, I should direct those questions to the principal at 254-259-2131 (High School) or 254-259-3711 (Elementary).

Printed name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of parent: \_\_\_\_\_

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

## **Home/School Communication System**

In an effort to continue communication between home and school, May ISD uses a call out system called Blackboard Connect to send automated messages during the year. You may receive these messages as reminders for upcoming school events, testing dates, and school closings due to bad weather. We have expanded the system to include the opportunity to receive text messages and/or emails along with the phone calls. Please provide the following information if you would like to receive text messages and/or emails. Thank you for helping us update our system to better serve you.

**Please provide the following information:**

Student's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Enter the email address that will receive automated written messages

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

Enter the best number(s) to receive automated voice messages

Text Messages: \_\_\_\_\_

Enter the cell phone number to receive automated text messages