



RETURNING STUDENT ENROLLMENT CHECKLIST

Local ID# _____

OEISD Campus _____

PK MILITARY

Odem-Edroy Independent School District Returning Student Registration Requirements

School Year 2017-2018

Date: _____

_____ AM/PM

(Last)_____
(First)_____
(Middle)_____
(Grade)**Student Information:** Transfer Student (Out-of-District)

Documentation/Forms	Returned ✓	Initialed by PEIMS Clerk
Proof of Residency: Must provide a current copy from the following list (To be collected in August) <ul style="list-style-type: none"> • Utility Bill (Cable, Electric, Water) • Rental or Lease Agreement • Builder's Letter • Contract of Sale 		
Individual Student Information Card – Available at registration to review and sign		
Additional Emergency and Authorized Pick Up		
Student Residency Questionnaire		
Family Survey (Migrant)		
Food Allergy Information		
Health Information		
Medical Information Card		
Bus Transportation Request Form		
Technology Acceptable Use Policy		
Receipt of Handbook and Student Code of Conduct- To be signed at Schedule Pickup		
Military Connected Student Form		
Student Foster Care Form		
Home – School Compact		
Disclosure of Directory Information		
Free and Reduced Lunch Application – To be signed at Schedule Pickup		

Please call your prospective campus if you need to update any information during the school year.**For office use only**_____
(Signature of collecting PEIMS Clerk)_____
(Date)



ADDITIONAL EMERGENCY AND AUTHORIZED PICK UP FORM 2017-2018

Local ID# _____

OEISD Campus _____

PLEASE PRINT

Student's Legal Name (as appears on birth certificate): _____
(Last) (Jr, III, etc) (First) (Middle)

Preferred Name: _____ Date of Birth: ____/____/____ Gender: M F Grade Level: _____

Emergency Contacts and Medical Information (To be used only if the Parent/Guardians cannot be reached).

Emerg. Contact Name: _____ Relationship to Student: _____
(Last, First)

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Authorize to Pick Up? YES NO

Emerg. Contact Name: _____ Relationship to Student: _____
(Last, First)

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Authorize to Pick Up? YES NO

Emerg. Contact Name: _____ Relationship to Student: _____
(Last, First)

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Authorize to Pick Up? YES NO

Emerg. Contact Name: _____ Relationship to Student: _____
(Last, First)

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Authorize to Pick Up? YES NO

Parent/Guardian's Signature _____ Date _____

Reminder If any of the above information changes during the school year, please contact the school office immediately.



STUDENT RESIDENCY QUESTIONNAIRE 2017-2018

Local ID# _____

OEISD Campus _____

PK MILITARY

PLEASE PRINT

Purpose: This form is to help identify students in homeless situations as required by the McKinney-Vento Homeless Assistance Improvements Act, 42 U.S.C.11434a(2) for Odem-Edroy ISD.

Name of School _____

Name of Student: _____ Gender M F
(Last) (First) (Middle)

Date of Birth: ____/____/____ Social Security #: _____
(Month) (Date) (Year) (or student identification number)

Age: _____ Grade _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11434a(2). The answers to this residency information help determine the services the student may be eligible to receive.

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

If you answered NO, you may stop here.

If you answered YES to the above questions, please complete the remainder of this form.

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

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent(s)/Legal Guardians(s) _____

Address _____ Zip _____ Phone _____

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).

Signature of Parent/Legal Guardian _____ Date _____

For office use only: Campus Enrollment Designee(s): Please send a copy of this form that documents (Yes to questions 1 & 2) per interoffice to Lillie Ocanas, Central Office. Please retain a copy of this form regardless of yes/no answer with student enrollment forms.

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

_____ Date

_____ McKinney-Vento Liaison Signature


Student Name:	Age:	Grade:
	Date of Birth:	Date:



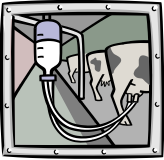






Dear Parents,
 In order to better serve your children's academic needs, Odem-Edroy school district wants to identify students who may qualify to receive supplemental educational services. **The information provided below will be kept confidential.** Please answer the following questions and return this 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. Within the past 3 years have you and your family traveled or moved from one district, city or state to another to work or look for temporary work in agriculture, livestock or fishing?

NO  here and return survey to your child's school. **YES** (Please check all that apply below and continue to question 2)

 <p>Working agricultural field work with fruits, vegetables, sunflowers, cotton, wheat, grain, sorghum</p> <input type="checkbox"/>	 <p>Packing or processing fruits, vegetables, chicken, beef, pork or fish</p> <input type="checkbox"/>	 <p>Working in a dairy farm</p> <input type="checkbox"/>	 <p>Working in a fishery or shrimping</p> <input type="checkbox"/>	 <p>Working in a slaughter house</p> <input type="checkbox"/>
 <p>Working on a poultry farm</p> <input type="checkbox"/>	 <p>Working in a ranch, livestock related activities</p> <input type="checkbox"/>	 <p>Working in a plant nursery, orchard, tree growing or harvesting</p> <input type="checkbox"/>	 <p>Other similar work, Please explain:</p> <hr/> <hr/> <hr/>	

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

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:	

ODEM-EDROY INDEPENDENT SCHOOL DISTRICT
ONE OWL SQUARE
ODEM, TEXAS 78370

2017-2018

REQUEST FOR FOOD ALLERGY INFORMATION

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 in order to enable the District to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body 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 or severely allergic, as well as the nature of your child's allergic reaction to the food.

Food:	Nature of allergic reaction to the food:

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy. [See FL]

Student name: _____ Date of birth: _____

Grade: _____

Parent/Guardian name: _____

Work phone: _____ Home phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form was received by the school: _____



HEALTH INFORMATION
2017-2018

Local ID#

OEISD Campus

PK MILITARY

checkbox

PLEASE PRINT

Date:

Name of Student:

Grade: Birth Date:

Has your child ever been enrolled in Odem-Edroy ISD?

Please list any illnesses, injuries, operations or hospitalizations (mental/medical) your child has encountered: (examples: asthma, seizures, tubes, migraines, etc.)

List any medications taken daily or on a regular basis and the condition for which medication is given:

Severe Allergies to Food or Medicines

Severe Allergies to Insects/Bees

I will bring EpiPen/Benadryl for my child when he/she begins school as per doctor's orders:

checkbox YES

checkbox NO

Other children in the home (please list with date of birth):

lines for listing other children

I give my permission for Odem-Edroy ISD employees to give my child the following checked medications during school hours if needed. Please check the following items your child can use. If you want your child to have access to things like Tylenol and Tums you have to provide the age appropriate medication, in the original container, with signed consent.

- Eye saline eyewash
Peppermint/sugar free peppermint
White Petrolatum (chapped lips)

- Unscented hand lotion
Sting Ease stick

Parent/Guardian Signature

Date

Home Phone Number

Cell Phone Number

Work Phone Number

Other Phone Number



MEDICAL INFORMATION CARD 2017-2018

Local ID# _____

OEISD Campus/Classroom _____

PK MILITARY

PLEASE PRINT

Grade _____

Student's Name: _____
(Last) (Jr, III, etc) (First) (Middle)

Name of Primary Contact _____

Emergency phone _____

Mother/Guardian _____ Place of Work _____ Work# _____

Father/Guardian _____ Place of Work _____ Work# _____

Mom's Cell Phone No. _____ **Dad's Cell Phone No.** _____

Family Physician _____ Office Phone _____ Office Address _____

Please list all allergies: (Drugs, Food, Bees, insects, etc.) _____ Epi Pen Needed: _____
Benadryl Needed: _____

What (if any) chronic diseases does your child have? _____

What medications will your child take at school? _____

What medications does your child take daily? _____

COMMENTS: _____

In the event of an accident or serious illness, I request the school to contact me when time allows. If the school is unable to reach me, I hereby authorize the school to contact the physician indicated above and follow his instructions. If the Physician is not available, the school is authorized to make whatever arrangements deemed necessary. Permission for Emergency Treatment is good for one year only.

Yes _____ No _____

Signature of Parent/Guardian _____ **Date:** _____

Reminder If any of the above information changes during the school year, please contact the school office immediately.



**BUS TRANSPORTATION REQUEST FORM
2017-2018**

Local ID# _____

OEISD Campus _____

PK MILITARY

PLEASE PRINT

REQUEST FOR STUDENT SCHOOL BUS TRANSPORTATION

***Please Circle one:**

- NO** – I do not require bus services at this time.
- YES** – If bus service is required, please complete the following.

Dear Parent,

Transporting your children is a great responsibility for all of us, especially for the drivers who must pilot the buses through traffic and all kinds of weather. Our drivers must devote all of their skills and energies to driving. They must give their full attention to the traffic and are unable to act as disciplinarians for the children.

Bus rules have been adopted by the school district and are printed in each campus handbook. It explains in some detail what is expected of the children who ride our buses and gives you guidelines on what you, as parent, can expect of us. All of these rules are designed to assure the safety of the riders.

PLEASE discuss these rules with your child and impress upon him/her the need for full cooperation on the school bus. Remind your child that any infraction of these rules could result in suspension of bus riding privileges which could cause great inconvenience for the child and parent.

Please complete and return this sheet with the registration packet so we can have information on file and know you understand our rules. Your child's safe transportation is our primary goal. This information will remain confidential. If you have any questions or comments, feel free to call (361) 368-8121, ext. 266.

Bus Number (if you know it) _____ School Year _____

Student's Name _____ Age _____ Grade _____ School _____

Physical Drop Off Address _____

Subdivision _____ Home Phone Number _____

Emergency Phone Number Mother (Cell): _____ Father (Cell): _____

Guardian (Cell): _____

Home Room Teacher _____

Will your child ride morning and afternoon? _____ Morning Only? _____ Afternoon Only? _____

Important - Please include any other description that would help us locate your house:

(Parent/Guardian Print Name)

Date

(Parent/Guardian Signature)

Date

The information requested above is the minimum information needed at this time.

Please call (361) 368-8121, ext. 266 if student is a new rider or has moved.

Below to be filled in by Transportation Department

The above student meets the guidelines for bus transportation and is assigned to bus number _____

Director of Bus Transportation _____ Date _____



**STUDENT FOSTER CARE FORM
2017-2018**

Local ID# _____

OEISD Campus _____

Welcome to Odem-Edroy Independent School District. We are requesting the following information from you in order to best meet the needs of your child. Thank you for your assistance.

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

PLEASE PRINT

THE LEGISLATURE OF THE STATE OF TEXAS has enacted an amendment on SECTION 1 Section 7.029, Education Code to include the following:

This legislation requires schools to recognize and collect data as to the foster care status of all students.

Parent Name: _____

Student Name: _____ Date of Birth: _____

If Known: Student ID: _____ Grade: _____ Center: _____

Please check one box below to indicate if the following applies to your child:

For all students:

Student is currently in the conservatorship of the Department of Family and Protective Services

For Pre-Kindergarten students ONLY:

Pre-kindergarten student was previously in the conservatorship of the Department of Family and Protective Services



**MILITARY CONNECTED STUDENT FORM
2017-2018**

Local ID# _____

OEISD Campus _____

Welcome to Odem-Edroy Independent School District. We are requesting the following information from you in order to best meet the needs of your child. Thank you for your assistance.

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

PLEASE PRINT

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



DIRECTORY INFORMATION

2017-2018

Local ID#

205905001

OEISD Campus

PK MILITARY

NOTICE OF PARENT AND STUDENT FAMILY EDUCATIONS RIGHTS AND PRIVACY ACT (FERPA) and DIRECTORY INFORMATION

The Odem Edroy Independent School District (OEISD) maintains general education records which are available to the parent, guardian, or person standing in lawful control of the student under a court order. Both parents/guardians have access to the records unless the school is in possession of a court order limiting access.

Federal law provides that student “**educational records**” are confidential. School records are defined as being directly related to a student and maintained by the school including, but not limited to: attendance, grades, discipline, test scores, health and immunization, and psychological or counseling records. Directory information is **not** confidential under FERPA.

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 Odem Edroy ISD to disclose directory information from your child’s education records without your prior written consent, you must notify the district in writing by the tenth (10th) day of receipt of this notice.

Odem Edroy has designated the following information as directory information: *student's name and grade level.*

1. **Student directory information is available to the public unless the parent/guardian restricts the release of the information.** According to the Texas Public Information Act (TPIA), Odem Edroy ISD must release directory information promptly upon request and may not ask requestors the reason for the requested information. Parents/guardians have the right to restrict the release of directory information, but must do so in writing within ten (10) days of receipt of this document or enrollment or see number 3 below.
2. Parents/guardians may alter their choice regarding directory information at any time by completing and submitting the Student Directory Release Form. Decisions regarding directory information will remain until a subsequent written request is made to alter the previous decision.
3. Schools must notify parents and eligible students of their FERPA rights annually. In addition to this form, FERPA information is found in the Student/Parent Handbook available in both English and Spanish on-line at www.OEISD.org or a paper copy, by request, from your child’s school.

STUDENT DIRECTORY INFORMATION RELEASE FORM

Directory information identified above is subject to release to the public unless you indicate that you do not want the information released. For the following school-sponsored purposes: Odem-Edroy I.S.D. has designated the following information as directory information as stated above:

- Student's name
- Grade Level

Parent: Please check one of the choices below for release of Directory Information to the Public:

I **DO** give permission to disclose the information in the above list to the public:

I **DO NOT** give permission to disclose the information circled in the above list to the public. For any information that is not circled I give permission for the remainder of the items to be released in accordance with District policy.

Parent: Please check one of the choices below for release of Directory Information to military recruiters and Institutions of Higher Education:

I **DO** give permission to disclose the information in the above list to military recruiters and Institutions of Higher Education for the specified school-sponsored purposes.

I **DO NOT** give permission to disclose the information circled in the above list for the specified school-sponsored purposes. For any information that is not circled I give permission for the remainder of the items to be released in accordance with District policy.

In addition to Directory Information, by checking the box below, you are giving permission for disclosure of Student Records and information limited to school sponsored purposes:

By checking this box, you give permission to allow for the following information to be used for **limited school-sponsored** purposes which includes, but is not limited to: student recognition activities, yearbook or student newspaper, newsletters, printed programs for extracurricular activities, news releases to and photographs by local media, and honor roll. For any item circled you do not give permission for that information to be used for limited school sponsored purposes:

- *Student's name*
- *Address*
- *Telephone listing*
- *Electronic mail address*
- *Photograph*
- *Date and place of birth*
- *Dates of attendance*
- *Grade Level*
- *Enrollment Status*
- *Participation in officially recognized activities and sports*
- *Weight and Height of members of athletics teams*
- *Honors and awards received*
- *Most recent educational agency or institution attended*

Please consider your responses carefully prior to making final decisions. Should you have questions or need further assistance for a complete understanding, see your campus administrator or contact the attendance office at your campus.

Student's Name _____ Grade _____

Parent/Guardian's Signature _____ Date _____