



**ODEM- EDROY INDEPENDENT SCHOOL  
DISTRICT 2019-2020**

Local ID# \_\_\_\_\_

OEISD Campus \_\_\_\_\_

**PK-4  
NEW STUDENT ENROLLMENT CHECKLIST**

PK MILITARY

**NEW STUDENT REGISTRATION REQUIREMENTS**

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

\_\_\_\_\_ **AM/PM**  
 (Last) (First) (Middle) (Grade)

| Documentation/Forms  | Returned<br>✓ | Initialed by<br>PEIMS Clerk |
|--|---------------|-----------------------------|
| <b>Proof of Residency:</b> Parents must provide <b>TWO current original forms</b> from the following list <ul style="list-style-type: none"> <li>• Utility Bill(Cable, Electric, Water)</li> <li>• Contract of Sale</li> <li>• Builders Letter</li> <li>• Rental or Lease Agreement</li> </ul> |               |                             |
| Birth Certificate  |               |                             |
| Social Security Card   |               |                             |
| Immunization Records   |               |                             |
| Copy of Parent/Guardian Driver's License   |               |                             |
| Student Registration Form  |               |                             |
| Additional Emergency and Authorized Pick Up Form   |               |                             |
| Student Enrollment and Residency Questionnaire   |               |                             |
| Home Language Survey   |               |                             |
| Student Foster Care Form   |               |                             |
| Military Connected Student Form  |               |                             |
| Ethnicity and Race Form  |               |                             |
| Home-School Compact  |               |                             |
| Student Records Release Form   |               |                             |
| Directory Information  |               |                             |
| Technology Resources and Acceptable Use Policy   |               |                             |
| Textbook/Library Book Responsibilities Form  |               |                             |
| Migrant Family Survey  |               |                             |
| Food Allergy, Health, and Medical Information Forms  |               |                             |
| Bus Transportation Form  |               |                             |
| Community Eligibility Provision – PEIMS Income Survey  |               |                             |
| Receipt of Student Handbook and Student Code of Conduct – <b>Signed at Schedule Pick up</b>  |               |                             |

**\*\*PLEASE CALL YOUR PROSPECTIVE CAMPUS IF YOU NEED TO UPDATE ANY INFORMATION DURING THE SCHOOL YEAR. THANK YOU\*\***

**For office use only**

\_\_\_\_\_  
(Signature of collecting PEIMS Clerk)

\_\_\_\_\_  
(Date)

**ODEM ELEMENTARY Registration Form for School Year 2018 - 2019**

Campus Name: ODEM ELEMENTARY

Campus Phone: (361) 368-3881

Campus Fax: (361) 368-2317

**STUDENT INFORMATION**

Local ID \_\_\_\_\_ Student Name \_\_\_\_\_ Grade Level \_\_\_\_\_ Orig Entry Dt \_\_\_\_\_ Track \_\_\_\_\_ SSN \_\_\_\_\_  Hispanic  Pacific Islander  
 White  Black  
 Asian  American Indian  
Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birth Place \_\_\_\_\_ Age (Sept 1st) \_\_\_\_\_ Texas Unique ID \_\_\_\_\_  
Address: \_\_\_\_\_ Student Home Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_  
Student Email: \_\_\_\_\_ Will your child be using bus transportation to get to school?  Yes  No

**PARENT INFORMATION**

1. Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_ 2. Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, St, Zip: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Bus Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Bus Ph: \_\_\_\_\_  
Other Ph: \_\_\_\_\_ Phone Pref:  Cell  Home  Business  Other Other Ph: \_\_\_\_\_ Phone Pref:  Cell  Home  Business  Other  
Receive Mailouts:  Yes  No Language Pref:  English  Spanish Receive Mailouts:  Yes  No Language Pref:  English  Spanish  
Emergency Contact:  Yes  No Email: \_\_\_\_\_ Emergency Contact:  Yes  No Email: \_\_\_\_\_  
Svc Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Enrolling Person: \_\_\_\_\_ Svc Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Enrolling Person: \_\_\_\_\_  
Right to Transport:  Yes  No Driver License #: \_\_\_\_\_ State: \_\_\_\_\_ Right to Transport:  Yes  No Driver License #: \_\_\_\_\_ State: \_\_\_\_\_  
Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_  
Vehicle Plate #: \_\_\_\_\_ State: \_\_\_\_\_ Vehicle Plate #: \_\_\_\_\_ State: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Bus Ph: \_\_\_\_\_  
Other Ph: \_\_\_\_\_ Phone Pref:  Cell  Home  Business  Other Right to Transport:  Yes  No Driver License #: \_\_\_\_\_ State: \_\_\_\_\_  
Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Bus Ph: \_\_\_\_\_  
Other Ph: \_\_\_\_\_ Phone Pref:  Cell  Home  Business  Other Right to Transport:  Yes  No Driver License #: \_\_\_\_\_ State: \_\_\_\_\_  
Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_  
Doctor: \_\_\_\_\_ Bus Ph: \_\_\_\_\_ Dentist: \_\_\_\_\_ Bus Ph: \_\_\_\_\_  
Hospital: \_\_\_\_\_ Bus Ph: \_\_\_\_\_ Other Medical: \_\_\_\_\_ Bus Ph: \_\_\_\_\_  
List any Allergies or Health Concerns: \_\_\_\_\_

**SIBLING INFORMATION**

| Brothers/Sisters | Grade | School | Brothers/Sisters | Grade | School |
|------------------|-------|--------|------------------|-------|--------|
| _____            | _____ | _____  | _____            | _____ | _____  |

**BUS INFORMATION**

Eligible: \_\_\_\_\_ Seat: \_\_\_\_\_ Special Requirements \_\_\_\_\_  
Route: \_\_\_\_\_ Run: \_\_\_\_\_ Transportation: \_\_\_\_\_  
Pickup Stop: \_\_\_\_\_ Dropoff Stop: \_\_\_\_\_ Special Seating: \_\_\_\_\_  
Pickup Assigned: \_\_\_\_\_ Dropoff Assigned: \_\_\_\_\_ Wheelchair: \_\_\_\_\_  
Pickup Route: \_\_\_\_\_ Dropoff Route: \_\_\_\_\_

**The above information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records or information is a violation of state law and may subject you to tuition cost for your child. I certify that the information given above is correct. I authorize the school to contact the person named on this form and the above named physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physician, or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.**

Parent or Guardian Signature \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

**(For Office Use Only)**

Teacher Name: \_\_\_\_\_ Control Nbr: \_\_\_\_\_ Eligibility Code: \_\_\_\_\_  
Birth Certificate on File: \_\_\_\_\_ Mil Conn: \_\_\_\_\_ Foster Care: \_\_\_\_\_ Immunization on File: \_\_\_\_\_ Title I: \_\_\_\_\_  
Soc Sec Copy on File: \_\_\_\_\_ At Risk: \_\_\_\_\_ Migrant: \_\_\_\_\_ Hm Lng: \_\_\_\_\_  
Gift: \_\_\_\_\_ LEP: \_\_\_\_\_ BIL: \_\_\_\_\_ ESL: \_\_\_\_\_ Par Per: \_\_\_\_\_ Econ: \_\_\_\_\_ Special Education: Prim: \_\_\_\_\_ Sec: \_\_\_\_\_ Tert: \_\_\_\_\_ Multi: \_\_\_\_\_



ADDITIONAL EMERGENCY AND AUTHORIZED PICK UP FORM 2019-2020

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 ENROLLMENT QUESTIONNAIRE
2019-2020

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 PRINT
FILL OUT BOTH PAGES OF QUESTIONNAIRE

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:

Your Child's personality type: (circle those that apply most of the time)

- outgoing shy stubborn leader doesn't verbalize feelings
easy going organized self-discipline follower has trouble making friends
sensitive independent easily stressed shows feelings other:

Particular strengths/weaknesses that should be considered, including physical problems:

Placement concerns regarding classroom operations or procedures (traditional class trips, celebrations, or activities, etc.)

Other information or special needs regarding your child you would like for us to know:

Has your child ever been enrolled in Odem-Edroy ISD before? Yes No

If yes, date and campus attended:

**Specific Needs of Your Child**

The following statements are categorized into three areas. In order to prepare for specific needs of your child, please place an X by any statement that applies to your child's situation. This information gives crucial insight not only for planning for specific educational needs of our students but for social /emotional support that will be essential for the child to be successful.

**EDUCATIONAL:**

\_\_\_ 1. My child was in one of the following grades last year (Which Grade: Pre-Kindergarten, Kindergarten, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>) and I was made aware that he/she did not perform satisfactorily on the Achievement Test and or Readiness Tests given to all students in that grade. (Iowa Basic Skills Test and/ or the Texas Primary Reading Inventory)

\_\_\_ 2. My child was in one of the following grades last year (Which Grade: 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup>) and I was made aware that he/she failed two or more core subjects. (Core Subjects: English /Reading-Math-Science-Social Studies)

\_\_\_ 3. My child was retained and will not be advancing to the next grade level.(Grade Enrolled Last year:\_\_\_)

\_\_\_ 4. My child failed one or more portions of the TAKS Test last year. (Applies to last years 3<sup>rd</sup> graders and up)

\_\_\_ 5. My child made the decision to drop out of school last year and is now re-enrolling for school.

**BEHAVIORAL**

\_\_\_ 6. My child experienced some behavioral challenges last year and was placed at the Discipline Alternative Education Program for a designated time period.

\_\_\_ 7. My child was or is currently working with law enforcement agencies (probation officer, etc.) to address probation, pending prosecution, deferred prosecution or conditional release.

**FAMILY**

\_\_\_ 8. Department of Regulatory services intervened on the behalf of the children I presently have custody of during the past school year.

\_\_\_ 9. The children I have in my custody are living with me through a foster home support arrangement or group home.

\_\_\_ 10. My child will need Pregnancy Education Programming as she is pregnant or her infant is less than 1 year old.

**Special Services Information**

\_\_\_ No, my child has not received any special services at his/her former or current school.

\_\_\_ Yes, my child has received special services at his/her former or current school.

Please check the following services received:

\_\_\_ Special Education

\_\_\_ Speech Therapy

\_\_\_ 504

\_\_\_ Dyslexia

\_\_\_ Gifted and Talented

\_\_\_ RTI (Response To Intervention)

\_\_\_ Other, please specify: \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



STUDENT RESIDENCY QUESTIONNAIRE 2019-2020

Local ID#

OEISD Campus

PK MILITARY

checkbox

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. The answers to this residency information help determine the services the student may be eligible to receive.

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ School (Circle One): OHS OJH OIS OES

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_
(Last) (First) (Middle)

Current Address \_\_\_\_\_

Previous Address \_\_\_\_\_

Number of Children Enrolled in Odem-Edroy ISD: \_\_\_\_\_

1. Is your current address a temporary living arrangement? Yes No

2. Please choose which of the following situations the student currently resides in (choose all that apply):

- Temporary housing and only until I can get my own housing in the future
Motel or Hotel
Unsheltered-in a car, park, tent-campsite, a substandard housing, etc.
Living with family/and or friends as our permanent home-No current plan of changing housing in the near future
I have my own home/housing for my family

3. Is your temporary living arrangement due to loss of housing, economic hardship, or financial difficulties? Yes No

4. Were you displaced from your home due to a Natural Disaster? (Hurricane, flood, tornado, fire, etc) Yes No

TYPE OF NATURAL DISASTER IF YES:

- Hurricane: \_\_\_\_\_ (Please name)
Other: \_\_\_\_\_ (Please describe-Flood, Tornado, Fire- other type of weather/storm related event)

If you are living in shared housing, please check all the following reasons that apply:

- Loss of housing
Economic Hardship
Loss of employment
Parent/Guardian is currently on active duty in the U.S. Military
Other (Please explain; i/e/ substandard housing)

Are you a student living apart from your parents or guardians? Yes No

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/Unaccompanied Youth/School Representative \_\_\_\_\_ 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 Yolanda Alvaro. 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 \_\_\_\_\_



HOME LANGUAGE SURVEY  
2019-2020

Local ID#

OEISD Campus

PK MILITARY

Texas Education Agency  
Division of Bilingual Education  
Home Language Survey  
Grades Pre-K - 12

The State of Texas requires that the following information be completed for each student who enrolls in a Texas public school. This survey will be kept in each student's permanent record folder.

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

**TO BE FILLED IN BY PARENT OR GUARDIAN:**

1. What language is spoken **MOST** of the time in your home? (Circle One)

English

Spanish

Other

If other, name of language: \_\_\_\_\_

2. What language does your child speak **MOST** of the time? (Circle One)

English

Spanish

Other

If other, name of language: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian (Please Print)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Cuestionario De Idioma Hogareño  
Estado De Texas  
Grados Pre-K-12

El estado de Texas requiere que la siguiente información sea completada para cada estudiante que se matricule en una escuela publica en Texas. Esta encuesta sera mantenida en los reportes de cada estudiante.

Nombre del Estudiante: \_\_\_\_\_ Grado: \_\_\_\_\_

**DEBE DE COMPLETARSE POR EL PADRE O GUARDIAN:**

1. Cual es el idioma que se habla **MAS** en su hogar? (Marque con **UN** circulo)

Español

Inglés

2. Cual es el idioma que **MAS** habla su niño(a)? (Marque con **UN** circulo)

Español

Inglés

\_\_\_\_\_  
Padre O Guardian (En Molde Por Favor)

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del Padre O Guardian

\_\_\_\_\_  
Fecha



**STUDENT FOSTER CARE FORM  
2019-2020**

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  
2019-2020**

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



**MILITARY CONNECTED STUDENT FORM  
SPANISH  
(Distrito Escolar Independiente de  
Odem-Edroy ISD  
Formulario Estudiantil de Afiliación  
Militar) 2019-2020**

Local ID# \_\_\_\_\_

OEISD Campus \_\_\_\_\_

**FAVOR DE REGRESAR ESTE FORMULARIO A LA ESCUELA DE SU HIJO(A) SOLO  
SI CUMPLE CON UNO DE LOS CRITERIOS SIGUIENTES**

En 2009 la Legislatura de Texas aprobó el Acuerdo Interestatal sobre Oportunidad Educativa para Estudiantes con Afiliación Militar - Código de Educación de Texas, Capítulo 162. Esta legislación requiere que las escuelas reconozcan y extiendan ciertos privilegios a los estudiantes que son dependientes de personal militar y para asistir a los estudiantes que dependen de militares en el proceso de transición de cambio de escuela cuando sus padres militares son reasignados y obligados a trasladarse.

Nombre del Padre ó Tutor: \_\_\_\_\_

Nombre del Estudiante: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_

ID del estudiante: \_\_\_\_\_ Grado Escolar: \_\_\_\_\_ Escuela: \_\_\_\_\_

Favor de marcar una de las casilla siguientes para indicar si su niño(a) es un dependiente de un miembro de:

**Para todos los estudiantes:**

- Servicio Activo: Ejército, Marina, Fuerza Aérea, Infantería de Marina o la Guardia Costera [Esto incluye Desaparecido en Combate (MIA)]
- Guardia Nacional de Texas
- Servicio de Reserva: Ejército, Marina, Fuerza Aérea, Infantería de Marina o la Guardia Costera

**Para los estudiantes del Pre-Kinder SOLAMENTE:**

- Las fuerzas armadas o las fuerzas reservadas de los Estados Unidos (Ejército, Marina, Fuerza Aérea, Infantería de Marina o la Guardia Costera) o la Guardia Nacional de Texas que ha sido herido o ha muerto durante el servicio activo



**ETHNICITY AND RACE FORM**  
2019-2020

Local ID# \_\_\_\_\_

OEISD Campus \_\_\_\_\_

PK MILITARY

**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

### Staff Members Agree To:

- Hold Back-to-School Night for parents to meet with teachers and staff.
- Help to determine the educational needs of your child.
- Try to adjust the instructional program to meet the academic needs of your child.
- Seek your cooperation as partners to work as partners in the school.
- Provide frequent assessment and continuous feedback on how your child is progressing academically.
- Provide a safe and orderly school environment.
- Schedule Parent/Teacher conferences (Should be initiated by teacher, as needed, for every student for all grade levels.)

PRINCIPAL: \_\_\_\_\_



### ODEM-EDROY INDEPENDENT SCHOOL DISTRICT

#### Home-school compact

Odem-Edroy ISD is committed to providing the best education possible for each of our students. It is our goal to give every child the opportunity to reach his/her full potential in intellectual, emotional, and physical growth. We know that learning can take place if there is a combination of effort, interest, and motivation on the part of the school, the home, and the community, working together toward that end.

This compact is a voluntary agreement and a promise of commitment to help your child be successful in school. We believe that this agreement can be fulfilled through our team effort.

#### STUDENTS AGREE TO:

- Come to school ready to learn with the necessary supplies.
- Take part in class discussions without being disruptive.
- Complete class work and homework neatly and return it to the teacher on time.
- Share with my parents and return signed papers to my teacher.
- Ask for help when I don't understand.
- Be respectful of myself and others.

STUDENT: \_\_\_\_\_

GRADE: \_\_\_\_\_

### PARENTS AGREE TO:

- Make sure my child is on time and prepared every day for school.
- Make sure early afternoon pick-up is not used unless it is for doctor appointments, dental appointments and/or emergency purposes.
- Know how my child is doing in school by communicating with teachers.
- Schedule a conference with the teacher about concerns with school-work and behavior.
- Monitor my child's homework and make sure study time is in a quiet place.
- Help my child to accept consequences for negative behavior.
- Read together daily with my child.
- Check with my child daily for information sent home from school that will be useful.

PARENT: \_\_\_\_\_

PHONE# \_\_\_\_\_





**STUDENT RECORDS RELEASE FORM  
2019-2020**

Local ID# \_\_\_\_\_

OEISD Campus \_\_\_\_\_

Odem Elementary School, One Owl Square, Odem, TX 78370 TEL: 361-368-8121 EXT. 237 FAX 361-368-2317  
Odem Intermediate School, One Owl Square, Odem, TX 78370 TEL: 361- 368-8121 EXT. 237 FAX: 361-368-2033  
Odem Junior High School, One Owl Square, Odem, TX 78370 TEL: 361- 368-8121 EXT. 282 FAX: 361- 368-2398  
Odem High School, One Owl Square, Odem, TX 78370 TEL: 361- 368-8121 EXT. 262 • FAX: 361- 368-3781

**Student Information**

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

Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Name of last school attended

\_\_\_\_\_  
School Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
School Phone number

\_\_\_\_\_  
School Fax number

**Requested Information**

The student listed above recently enrolled in Odem-Edroy ISD and reported to us that he/she formally attended your school. To complete our enrollment process, we are in need of the following (X) selected cumulative records/information.

- Copy of Birth Certificate \_\_\_\_\_
- Copy of Social Security \_\_\_\_\_
- Educational Evaluations \_\_\_\_\_
- Standardized Test Data \_\_\_\_\_
- Report Cards \_\_\_\_\_
- Special Education Records \_\_\_\_\_
- Speech Records \_\_\_\_\_
- Home Language Survey/LPAC Records \_\_\_\_\_
- Immunizations/Health Records \_\_\_\_\_
- Student Success In Initiative Records (AMI/ARI) \_\_\_\_\_
- Campus Student Support Team (Tiers of Intervention Data) \_\_\_\_\_

Please see TRES request or mail or fax Student records as soon as possible to

\_\_\_\_\_ **Receiving Campus**

**Permission for release of records for the above named student is granted.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
PEIMS Clerk or Registrar

\_\_\_\_\_  
Date



## DIRECTORY INFORMATION

2019-2020

Local ID# \_\_\_\_\_

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](http://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          | *Enrollment Status                                     |
| *Address                 | *Participation in officially recognized activities and |
| *Telephone listing       | *sports  |
| *Electronic mail address | *Weight and Height of members of athletics teams       |
| *Photograph              | *Honors and awards received                            |
| *Date and place of birth | *Most recent educational agency or institution         |
| *Dates of attendance     | attended   |
| *Grade Level             |  |

*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 361-368-8661 ext. 237(Elementary & Intermediate) Ext. 282 (Junior High) Ext. 262 (High School)*

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



**STUDENT AGREEMENT FOR ACCEPTABLE USE  
OF THE DISTRICT'S TECHNOLOGY RESOURCES  
2019-2020**

Local ID# \_\_\_\_\_

OEISD Campus \_\_\_\_\_

**STUDENT**

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

School: \_\_\_\_\_

I understand that my use of the District's technology resources is not private and that the District will monitor my activity.

I have received the District's technology resources policy, associated administrative regulations, and this user agreement, and I agree to abide by their provisions, including the District's guidelines for responsible online behavior and use of social networking websites.

I understand that violation of these provisions may result in suspension or revocation of access to the District's technology resources or other disciplinary action in accordance with the Student Code of Conduct.

**I understand that this user agreement must be renewed each school year.**

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT**

**(CHOOSE ONE)**

I do not give permission for my child to access the District's technology resources.

**OR**

I have received the District's technology resources policy, associated administrative regulations, and this user agreement. In consideration for the privilege of my child using the District's technology resources, I hereby release the District, its operators, and any institutions with which it is affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, these resources, including, without limitation, the type of damage identified in the District's policy and administrative regulations.

I understand that my child's use of the District's technology resources is not private and that the District will monitor my child's activity.

I understand that the District uses certain cloud-based (online) applications, meaning applications such as Google GAFE, TxEIS, and Office 365t hat allow authorized individuals to access student information, including assignments and grades, through the Internet for school-related purposes. A list of online applications and the nature and type of student information used is available at [www.oeisd.org](http://www.oeisd.org) on the Acceptable Use Policy.

I give permission for my child to access the District's technology resources, including District-approved online applications, and certify that the information contained on this form is correct.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_





**Family Survey**  
**Education Service Center, Region 2**  
**209 N. Water St.**  
**Corpus Christi TX 78401**  
**2019-2020**  
**361-561-8615 /8602**

|                      |                       |               |
|----------------------|-----------------------|---------------|
| <b>Student Name:</b> | <b>Age:</b>           | <b>Grade:</b> |
|                      | <b>Date of Birth:</b> | <b>Date:</b>  |


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)

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

**2. Was the move due to economic necessity?**

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

|   |                                  |
|---|----------------------------------|
| <b>Please complete the following information:</b> | <b>Best time to contact you:</b> |
| <b>Parent/Guardian Name:</b>                      |                                  |
| <b>Address:</b>                                   |                                  |
| <b>Telephone:</b>                                 | <b>Alternate Telephone No:</b>   |
| <b>Email Address:</b>                             |                                  |

**Schools: Please return this survey to the Education Service Center, Region 2, ATTN: Mellissa Villarreal Recruiter, MEP**



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

**2019-2020**

**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.

| <b>Food:</b> | <b>Nature of allergic reaction to the food:</b> |
|--------------|---|
|              |   |
|              |   |
|              |   |

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  
2019-2020

Local ID# \_\_\_\_\_

OEISD Campus \_\_\_\_\_

PK MILITARY

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:

YES

NO

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

\_\_\_\_\_

\_\_\_\_\_

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 2019-2020

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  
2019-2020**

Local ID# \_\_\_\_\_

OEISD Campus \_\_\_\_\_

PK MILITARY

**\*PLEASE CIRCLE ONE\***

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

RETURNING STUDENT       NEW STUDENT

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 all the information in the box below*** 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.

Bus Number (if you know it) \_\_\_\_\_ School Year **2019-2020**

Will your child ride Morning and Afternoon? \_\_\_\_\_ Morning Only? \_\_\_\_\_ Afternoon Only? \_\_\_\_\_

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Campus \_\_\_\_\_

***Physical Drop off Address*** \_\_\_\_\_

Subdivision \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Emergency Phone Number Mother (Cell): \_\_\_\_\_ Father (Cell): \_\_\_\_\_

Guardian (Cell): \_\_\_\_\_

Home Room Teacher \_\_\_\_\_

***\*\*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. If you have any questions, comments, or if there any changes to drop off address, please feel free to call **(361) 368-8121 EXT 266.**

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

**ODEM – EDROY INDEPENDENT SCHOOL DISTRICT**

**2019-2020**

**Instructional Materials (Textbooks) & Library Books Responsibilities Form**

**Student, Parent or Guardian Responsibilities** include and are not limited to:

- Maintain the proper use and care of state and district owned text books and library books
- Keep the books in good condition. Any misuse of the books due to carelessness or neglect may be considered cause to charge the student a fine for that book.
- Return all books to the school if/when the student is withdrawn from the district.
- Reimburse the school for any lost, destroyed, or damaged textbooks or Library books issued to that student. (TEC 31. 104 (d)). For example, textbooks with drawings on them, profane language or any purposely activity to damage the textbook.

**NOTE:** Each student, parent and/or guardian shall be responsible for returning all instructional materials to the teacher. Any student failing to return all materials shall forfeit the right to free textbooks until the previously issued are paid for or returned (TEC 31. 104(d)). This applies to library books checked out by the student.

Failure on the part of any student to maintain their responsibility for state or district owned textbooks may result in the denial of state textbooks for use at home until the loss or damage assessment is paid. This applies to library books checked out by the student.

**PLEASE SEE FURTHER INFORMATION in the STUDENT HANDBOOK**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Campus: (Please Circle One) **OHS OJH OIS OES**

Parent/Guardian Name (Print): \_\_\_\_\_

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

Odem-Edroy Independent School District  
Community Eligibility Provision (CEP) – PEIMS Income Survey 2019-2020

\*CONFIDENTIAL FORM\*

Student Name \_\_\_\_\_ Student ID#: \_\_\_\_\_

School Grade \_\_\_\_\_ DOB: \_\_\_\_\_ Campus: (Circle One) OHS OJH OIS OES

**Odem-Edroy ISD** is required to collect and report the socioeconomic status of each student to the Texas Education Agency for purposes of the annual state accountability ratings and for federal reporting. Please note that this form is not sent to the Texas Education Agency and that the income levels indicated for your family are not reported to the Texas Education Agency. Only the Economic Disadvantaged status of each student as determined by the information provided is reported to the Texas Education Agency.

**SECTION A**

Do you receive Supplemental Nutrition Assistance (SNAP)?  Yes  No

Do you receive Temporary Assistance to Needy Families (TANF)?  Yes  No

If you answered YES on either of the above, skip SECTION B and continue to the SIGNATURE section.

**SECTION B (Complete only if all answers in SECTION A are NO)**

How many members are in the household (include all adults and children)? \_\_\_\_\_

TOTAL YEARLY INCOME BEFORE DEDUCTIONS OF **ALL** HOUSEHOLD MEMBERS (check one box below):  
Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's compensation, unemployment and all other sources of income (**before any type of deductions**).

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$0 – 22,459      | <input type="checkbox"/> \$46,436 – 54,427 | <input type="checkbox"/> \$78,404 – 86,395   | <input type="checkbox"/> \$110,372 – 118,363 |
| <input type="checkbox"/> \$22,460 – 30,451 | <input type="checkbox"/> \$54,428 – 62,419 | <input type="checkbox"/> \$86,396 – 94,387   | <input type="checkbox"/> \$118,364 – 126,355 |
| <input type="checkbox"/> \$30,452 – 38,443 | <input type="checkbox"/> \$62,420 – 70,411 | <input type="checkbox"/> \$94,388 – 102,379  | <input type="checkbox"/> \$126,356 – 134,347 |
| <input type="checkbox"/> \$38,444 – 46,435 | <input type="checkbox"/> \$70,412 – 78,403 | <input type="checkbox"/> \$102,380 – 110,371 | <input type="checkbox"/> \$134,348 and above |

**SIGNATURE** Please check one of the following two boxes as appropriate.

In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA) no student shall be required, as part of any program funded in whole or in part by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent or legal guardian.

I certify that all the information on this form is true and that all income is reported. I understand the school will receive federal funds and will be rated for accountability based on the information I provide.

I choose not to provide this information. I understand that the school's disbursement of federal funds and accountability rating may be affected by my choice.

\_\_\_\_\_  
Parent/Guardian Name (Print)

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

\*\*\*For School Use Only- Do Not Fill Out This Part\*\*\*

01-Direct Certification

99-Categorically Eligible (Homeless, Runaway, Foster, Migrant, Head Start, or SNAP/TANIF) not directly certified

99-Economically Disadvantaged

00-Not Economically Disadvantaged or Declined Survey

Keyed in (Initials/Date):