



P.O. Box 808
Tatum, TX 75691
Phone: 903-947-6482

Home Language Survey

To be filled in by parent or guardian:

Name of Child: _____ Grade: _____

Previous School District(s) Attended: _____

1. What language is spoken in your home most of the time? _____

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

Signature

Date

Por Favor, El Padre O Tutor Debe Completar El Siguiente:

Nombre del alumno: _____ Grado: _____

Distrito Escolar Anterior (s) Asistió: _____

1. Cual es el idioma que mas se habla en su hogar? _____

2. Cual es el idioma que mas habla su nino(a)? _____

Firma

Fecha

Texas Public School Student 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. 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).

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 ethnicity and race. *United States Federal Register (71 FR 44866)*

Part 1. Ethnicity: Is the student 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 student'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 Name (please print)

Parent/Guardian Signature

Student Identification Number

Date

Agencia de Educación de Texas
Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal de las Escuelas Públicas de Texas

El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).

Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.

Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).

Parte 1. Etnicidad: ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)

Hispano/Latino – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.

No Hispano/Latino

Parte 2. Raza. ¿Cuál es la raza de la persona? (Escoja uno o más de uno)

Indio Americano o Nativo de Alaska – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo América Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.

Asiático – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.

Negro o Africano-Americano – Una persona con orígenes de cualquier grupo racial negro de África.

Nativo de Hawai u otras islas del pacífico – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.

Blanco – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

Nombre del Estudiante/Miembro de Personal
(por favor use letra de imprenta)

Firma (Padre/Representante legal)
/(Miembro de personal)

Número de Identificación del
Estudiante/Miembro del personal

Fecha

STUDENT HEALTH CARD

Name of Student _____ Birth Date _____

Parent or Legal Guardian _____

Address _____ Phone No. _____

Phone # of a Relative _____

Family Physician _____

Is your child presently receiving care for any physical condition? Please note:

In case of sudden illness or accident and I or the above named relative cannot be reached, I authorize a representative of the school to take my child to the local Clinic or Hospital for emergency treatment. I will assume responsibility for payment of charge made by the Doctor or Facility for services rendered.

Date: _____ Signed: _____

TARJETA DE SALUD DE EL ESTUDIANTE

Nombre del Estudiante _____

Fecha de Nacimiento _____

Nombre de los Padres de el nino/nina _____

Direccion _____ Numero Telefonico _____

Numero de telefono de algun familiar _____

Si su nino/nina presentemente esta recidiendo cuidado por alguna condicion, Fisica por favor anote: _____

En caso de una enfermedad o accidente Yo, o el familiar mencionado arriba no pueda Sae localizado, Yo authorize a un representante de la escuela que lieve a mi nino/nina a una clinica local o hospital en caso de una emergencia. Yo asumo toda responsabilidad de gastos y cargos que sean de Doctor por servicios prestados a mi hijo/hija..

Fecha: _____ Firma: _____

Padres de familia Tuto o Guardian



TATUM HIGH SCHOOL
P.O. Box 808
Tatum, TX. 75691
Phone: 903-947-6486

Use of Student Work in District Publications

Occasionally, the Tatum Independent School District wishes to display or publish student artwork or special projects on the district's website 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 _____ . **(do give)** **(do not give)** the district permission to use my child's artwork or special project on the district's website and in district publications.

Parent Signature: _____

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.tatumisd.org the THS Student Handbook and the Student Code of Conduct for 2018-2019.

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 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.

Printed name of student: _____

Signature of student: _____

Signature of parent: _____

Date: _____



FAMILY SURVEY

2018-2019

Dear Parents,

In order to better serve your children, the _____ school district would like to identify students who may qualify to receive additional educational services. **The information provided below will be kept confidential.** Please answer the following questions and return this survey form to your child's school.

For more information, call: _____

1. Have you moved within the last 3 years?

➤ Yes _____ No _____

2. Have you moved in order to do temporary or seasonal work?

➤ Yes _____ No _____

3. Check the temporary or seasonal work that applies:

- | | | |
|--|--|--|
| <input type="checkbox"/> chickens | <input type="checkbox"/> picking fruits and vegetables | <input type="checkbox"/> lumber |
| <input type="checkbox"/> eggs | <input type="checkbox"/> moves to work in the summer | <input type="checkbox"/> dairy work |
| <input type="checkbox"/> plant nurseries | <input type="checkbox"/> field work | <input type="checkbox"/> meat processing |
| <input type="checkbox"/> ranching | <input type="checkbox"/> canneries | <input type="checkbox"/> fencing |

Please provide the following information:

Name of Child _____

Date of Birth _____ Grade _____

Parent/Guardian Name _____

Telephone number _____ Best time to contact you _____

If you answered "yes" to questions 1 and 2 above, Marisol Mancha from the Region 7 Education Service Center may contact you to find out whether your child is eligible for additional educational services.



ENCUESTA FAMILIAR 2018-2019

Queridos Padres,

Con el fin de servirle mejor a sus hijos, el distrito escolar de _____ le gustaría identificar estudiantes quienes pueden calificar a recibir servicios de educación adicionales. **La información que nos proporcione será confidencial.** Por favor conteste las siguientes preguntas y regrese esta forma a la escuela de su hijo/a.

Para más información, llame al: _____

1. ¿Usted se ha movido en los últimos 3 años?

➤ Sí _____ No _____

2. ¿Usted se ha movido en orden de hacer trabajo temporal o estacional?

➤ Sí _____ No _____

3. Marque el trabajo temporal o estacional que aplique:

- | | | |
|---|---|--|
| <input type="checkbox"/> Pollos | <input type="checkbox"/> Cosecha de frutas/verduras | <input type="checkbox"/> Maderería |
| <input type="checkbox"/> Huevos | <input type="checkbox"/> Movidas para trabajar en el verano | <input type="checkbox"/> Trabajo lácteo |
| <input type="checkbox"/> En viveros | <input type="checkbox"/> Trabajo de campo | <input type="checkbox"/> Plantas procesadoras de carne |
| <input type="checkbox"/> En ranchos/granjas | <input type="checkbox"/> Fábricas de conserva | <input type="checkbox"/> Cercando |

Por favor de proporcionar la información siguiente:

Nombre del niño _____

Fecha de nacimiento _____ Grado _____

Nombre del padre o tutor _____

Número de teléfono _____ Mejor tiempo para contactarla _____

Si usted contestó "sí" a las preguntas 1 y 2 de arriba, Marisol Mancha del Centro de Servicio de Educación de Región 7 se pondrá en contacto con usted para decidir si su hijo/a es elegible para servicios de educación adicionales.

REQUEST FOR FOOD ALLERGY INFORMATION

(The District must request, at the time of enrollment, that the parent or guardian of each student attending the District disclose the student's food allergies. This form will satisfy this requirement. Additional information regarding food allergies, including maintaining records related to a student's food allergies, can be found at FD and FL.)

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: _____

TATUM ISD
Opting Out of Corporal Punishment Form

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 to use corporal punishment 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 **TATUM ISD**, and I prohibit the use of corporal punishment with my child.

This form must be submitted annually.

Name of parent or guardian: _____

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 to military recruiters and institutions of higher education, upon request, the name, address, and phone number of secondary school students enrolled in the district, unless the parent or eligible student directs the district not to release information to these types of requestors without prior written consent. [See **Release of Student Information to Military Recruiters and Institutions of Higher Education** .

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, and telephone number to a military recruiter or institution of higher education without my prior written consent.

Parent signature _____ Date _____

