

**Tatum Middle School  
REGISTRATION FORM**

School Year 2017-2018 Grade \_\_\_\_\_ S.S. # \_\_\_\_\_ Sex ~ M / F

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

Hispanic / Latino descent ~ Yes / No Race ~ American Indian Asian Black Pacific Islander White

Dominant Language \_\_\_\_\_ Previous School \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

**Mailing Address**

\_\_\_\_\_  
P.O. Box City Zip County

**Physical Address**

\_\_\_\_\_  
Street or Road City Zip County

**\*Mother** \_\_\_\_\_ Hm Phone \_\_\_\_\_ Cell# \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Parent Email (if available) \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

**\*Father** \_\_\_\_\_ Hm Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Parent Email (if available) \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

**\*Emergency Contact** \_\_\_\_\_ Phone \_\_\_\_\_ Cell # \_\_\_\_\_

**\*Emergency Contact** \_\_\_\_\_ Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Name of Siblings in TISD \_\_\_\_\_ Campus/ Grade \_\_\_\_\_

Name of Siblings in TISD \_\_\_\_\_ Campus/ Grade \_\_\_\_\_

Please answer the following questions. If they pertain to your student, then provide current documentation:

Student is a dependent of a member of the Military or Reserve force in the U.S.: Yes / No

Student is currently in Foster Care: Yes / No

Student has been tested and received services in the previous district: Yes / No ~ Circle all that apply

Dyslexia                  ESL                  504                  GT                  Special Education

## 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 condidion, 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

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: \_\_\_\_\_

## Acknowledgment Form 2017-2018

My child and I understand we can obtain a copy of the Tatum Middle School Student Handbook and the ***Student Code of Conduct*** on the website at [www.tatumisd.org](http://www.tatumisd.org). We understand that hard copies are available upon request and that the handbooks contain information that my child and I may need during the school year. We also understand 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***.

Printed name of student:

Signature of student:

Signature of parent:

Date:

***Please sign and date this page, remove it from the handbook, and return it to the student's school.***

## Forma de Reconocimiento

Mi hijo(a) y yo hemos recibido una copia de la Guía Estudiantil de Tatum Middle y el ***Código Estudiantil de Conducta*** para. Comprendo que la guía contiene información que mi hijo(a) y yo tal vez necesitaremos durante el año escolar y que todos los estudiantes serán responsables por su conducta y serán susceptibles a las consecuencias disciplinarias escritas en el ***Código Estudiantil de Conducta***.

Letra en molde de estudiante:

Firma de estudiante:

Firma de padre:

Fecha:

***Por favor firme y ponga la fecha en esta hoja y quítela del libro y regrésela a la escuela del estudiante.***



where every student is special excellence for all

## CONSENT FORM

2017- 2018 School Year

### DRUG TESTING POLICY - EXTRACURRICULAR

This is to acknowledge that I have reviewed a copy of the Drug Testing Policy FNF (LOCAL) online and agree to be subject to the rules and procedures of the drug testing program of Tatum Independent School District.

-----  
Parent/Guardian Name (Print)

-----  
Parent/Guardian Signature

-----  
Date

-----  
Student Name (Print)

-----  
Student Signature

-----  
Date

### TESTING INFORMATION

7 Panel In-House: Screens for the following drugs: THS(marijuana), cocaine, amphetamines, meth-amphetamines opiates, barbiturates, benzodiazepines  
\*Alcohol if suspected

**\*\*\*Please go to [www.tatumisd.org](http://www.tatumisd.org) to view the Drug Testing Policy.**

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

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

**Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)**

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

**Part 2. Race: What is the person's race? (Choose one or more)**

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_ Student/Staff Name (please print) \_\_\_\_\_ (Parent/Guardian)/(Staff) Signature

\_\_\_\_\_ Student/Staff Identification Number \_\_\_\_\_ Date

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.	
Ethnicity – choose only one:  _____ Hispanic / Latino  _____ Not Hispanic/Latino	Race – choose one or more: _____ American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White
Observer signature:	Campus and Date:



P.O. Box 808  
Tatum, TX 75691  
Phone: 903-947-6482  
Fax: 903-947-3295

## 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

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

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



## FAMILY SURVEY

2017-2018

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         |

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. Please provide the following information:

Name of Child \_\_\_\_\_

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

Parent/Guardian Name \_\_\_\_\_

Telephone number \_\_\_\_\_ Best time to contact you \_\_\_\_\_





## ENCUESTA FAMILIAR

### 2017-2018

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                      |

**Si usted contestó "si" 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. 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 \_\_\_\_\_

Tatum Middle School  
Photos/Video/Web Release Form

Students in the Tatum Middle School are often photographed or videotaped while taking part in a school activity for educational use.  
Examples: School awards and activities, School or District Newspaper. Tatum Middle School web sites, videos, etc. We seek your permission as parent or guardian to use your student's image in print and non-print publications.

PHOTO/VIDEO/WEB RELEASE FORM

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

Teacher's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

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

\*\*\*\*\*

I give permission for my student's school to photograph and/or electronically record my student in Activities for educational purposes while attending Tatum Middle School.

(Check all or any)

\_\_\_\_\_ Newspaper/District brochures

\_\_\_\_\_ Instructional Videos

\_\_\_\_\_ Website

\_\_\_\_\_ Award Bulletin Boards and newspaper articles

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

\*\*\*\*\*

I do NOT give permission for my student to be photographed or recorded.

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

\*\*\*\*\*