



Kelly Sorenson, Principal
TATUM ELEMENTARY SCHOOL
1525 N. Hill
P.O. Box 808
Tatum, Texas 75691
903.947.0356

New Student Registration

The following items will be required in order to register the student:

- Parent/Legal Guardian Driver's License (student **MUST** be enrolled by a parent or legal guardian)
- Student's Birth Certificate
- Student's Social Security Card
- Current Shot Records
- Copy of most recent Report Card (if available)
- Proof of Residency – current Electric or Water bill, or valid driver's license with current address. (If address on Driver's License does not match the address given at registration, you will have 30 days to submit an updated copy of your Driver's License with the matching address.)
- If student is an out of district Transfer, you must present the Approved Student Transfer Paperwork.

*****Students must be enrolled by a parent/legal guardian.***

Tatum Elementary School
REGISTRATION FORM

Student ID# _____

School Yr 2017-2018 Entry Date _____ 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 _____

Previous School City & State _____

Parent/Guardian _____ Relationship _____

Mailing Address

P.O. Box City Zip County

Physical Address

Street or Road City Zip County

***Mother** _____
Cell# _____

Hm Phone _____

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



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

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

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

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

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

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

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

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

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

_____ Student/Staff Name (please print)

_____ (Parent/Guardian)/(Staff) Signature

_____ Date

Student/Staff Identification Number

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

Acknowledgment Form 2017-2018

My child and I understand we can obtain a copy of the Tatum Elementary School Student Handbook and the **Student Code of Conduct** on the website www.tatumisd.org. We understand that hardcopies are available upon request. We understand that the handbooks contain information that my child and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the **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.

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 niño/nina _____

Dirección _____ Numero Telefonico _____

Numero de telefono de algun familiar _____

Si su niño/nina presentemente esta recidiendo cuidado por alguna condición, Física 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 lleve a mi niño/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:

Tatum Elementary School
Photo/Video/Web Release Form

Students in the Tatum Elementary 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 Elementary 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 _____

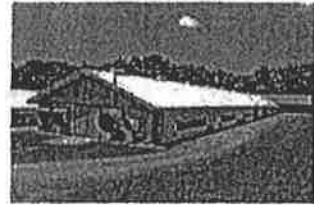
I give permission for my student's school to photograph and/or electronically record my student in activities for educational purposes while attending the Tatum Elementary School
(Check all or any)

- _____ Newspaper/District brochures
- _____ Instructional Videos
- _____ Web Site
- _____ 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 _____



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 _____