

Session Preference: Half Day Full Day	Office Staff DO NOT DISCARD THIS FORM! ATTACH QUALIFYING DOCUMENTATION
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STUDENT Information

Legal Name: Last Name	First Name	Middle Name
Birthdate (mm/dd/yyyy)	Child's SS#:	
Birth Certificate Verified by:	For the 4-YEAR-OLD PROGRAM ONLY, child must be 4 years old on or before September 1st in order to enroll.	Child's Date of Birth to enroll in the 4-year-old program for 2019-2020 school year must be between: 9/2/2014 and 9/1/2015 ONLY

PARENT / OFFICIAL GUARDIAN Information

Parent/Official Guardian: Last Name	First Name	Relationship to Student Father Mother Legal Guardian
Home Address	Apt #	Email
City	State TX	Zip Code
Verification of Residency	There are no out-of-district transfers for Pre-K students; must reside in PISD.	Home School:
Immunization Records	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	Verified by:

LEP (Limited English Proficient) / ELL (English Language Learner) Unable to speak and comprehend the English language as determined by the Pre-IPT-Oral Proficiency Test		
<input type="checkbox"/> Home Language Survey completed – Eligible for testing: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Tested:	Results: <input type="checkbox"/> ELL <input type="checkbox"/> Dual Language <input type="checkbox"/> Did Not Qualify	
<i>Testing and LPAC must be completed before a student can attend class.</i>		<input type="checkbox"/> LEP <input type="checkbox"/> Non-LEP Verified by:

Please complete each section to determine program eligibility.

Economically Disadvantaged

Eligible to participate in the National Free or Reduced Price Lunch Program based on family size and total gross income. If receiving TANFor SNAP (food stamps) assistance, provide the name of the person receiving assistance and the case number. Current verification of eligibility must be provided.

Name:	Case #:
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Income Verification

List everyone in the household including yourself, all children, spouse, grandparents, and other related and unrelated people in the household. All household income must be reported and verified, including Welfare, Child Support, Alimony, Unemployment, and SSI/Disability Income.

Names of all household members - adults and children (including student)	Relationship to student	Age	Earnings before deductions (gross income) and how often it is paid	Monthly Welfare payments, Child Support, Alimony, etc.
(Example) Jane Smith (Example) Jesse Smith	Mother Student	33 4	\$199.99 / Weekly \$ 0 / _____	\$149.99 / Weekly \$ 0 / _____
1:	Student		/	/
2:			/	/
3:			/	/
4:			/	/
5:			/	/

Economically Disadvantaged	<input type="checkbox"/> Qualified <input type="checkbox"/> Not Qualified	Verified by:
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Homeless**N/A**

Subtitle VII-B of the McKinney-Vento Homeless Assistance Act, reauthorized by Title X, Part C, of the No Child Left Behind Act, ensures educational rights and protections for children and youth experiencing homelessness.

Homeless	<input type="checkbox"/> Qualified <input type="checkbox"/> Not Qualified	Verified by:
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Foster Care**N/A**

A child that has ever been in the conservatorship (foster care) of the Texas Department of Family and Protective Services (DFPS) following an adversary hearing under 262.201, Family Code. This includes children returned to the home and children that have since been adopted. Attach verification letter from DFPS or other official documentation showing the child is or was in DFPS care.

Foster Care	<input type="checkbox"/> Qualified <input type="checkbox"/> Not Qualified	Verified by:
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Military (please indicate the qualification that applies to you)**N/A**

Applicable documentation: *Examples:* Department of Defense photo ID for active duty service members, a statement of service, copy of Purple Heart orders or citation, line of duty determination or official letter from a commander.

Child of an active member of the Armed Forces.

Child of a member of the Armed Forces who was injured or killed while on active duty.

Children of mobilized Texas National Guard Members.

Military <i>Staff member name and initials verify they have seen military ID (DoD). Do not make a copy.</i>	<input type="checkbox"/> Qualified <input type="checkbox"/> Not Qualified	Verified by:
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Star of Texas Eligible**N/A**

Be the child of a person eligible for the Star of Texas Award as: a peace officer under Section 3106.002, Government Code; a firefighter under Section 3106.003, Government Code; or an emergency medical first responder under Section 3106.004.

The Star of Texas Award honors individuals killed or seriously injured in the line of duty. The resolution (certificate) awarded to an individual serves as documentation.

Star of Texas Eligible	<input type="checkbox"/> Qualified <input type="checkbox"/> Not Qualified	Verified by:
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Special Education Services

Has your child ever received or been evaluated for special education services such as speech therapy, physical therapy, occupational therapy, etc.?

Yes

Currently receiving services

Evaluated, but did not qualify

Qualified, not accessing services

No

Not evaluated / no concerns

I have questions / concerns about my child's development

Special Education Services Verified by:	Action Taken: <input type="checkbox"/> IEP Sent to Assessment <input type="checkbox"/> Assessment Contact Info given to parent <input type="checkbox"/> None, No Concerns
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Please read the following paragraph, sign and date the application

I understand that school officials will verify the information on this application. If the investigation indicates false information has been provided and the child is not eligible to participate in the program at the time of this application, the child may be withdrawn from the program to make room for a child that is eligible.

Presenting false information or records for identification is a criminal offense under Penal Code 37.10 and makes the signee liable for tuition or other costs under TEC 25.001(h). See Plano ISD Policy FD (LEGAL) for complete admission requirements.

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

Check the school in which student will be placed				
<input type="checkbox"/> Isaacs ECS	<input type="checkbox"/> Pearson ECS	<input type="checkbox"/> Beaty ECS	<input type="checkbox"/> Christie ES	<input type="checkbox"/> Forman ES
<input type="checkbox"/> Rose Haggar ES	<input type="checkbox"/> Huffman ES	<input type="checkbox"/> Jackson ES	<input type="checkbox"/> Memorial ES	<input type="checkbox"/> Mendenhall ES
<input type="checkbox"/> Mitchell ES	<input type="checkbox"/> Sigler ES	<input type="checkbox"/> Thomas ES	<input type="checkbox"/> Weatherford ES	<input type="checkbox"/> Head Start
<input type="checkbox"/> Full Day		<input type="checkbox"/> Half Day		

Campus		Today's Date (mm/dd/yyyy)		Student ID Office Use Only	
STUDENT Information					
Legal Name: Last Name		First Name	Middle Name	Birthdate (mm/dd/yyyy)	Gender
Grade Level:	Program Placements:	Gifted Speech Therapy	Bilingual Section 504	ESL Dyslexia	Special Education Intervention Strategies
Preschool? 5-day per week program for 5 of the last 12 months Yes No		Previous PISD Student? Yes No School:		Previous TX Public School: Yes No School/City:	
PARENT / GUARDIAN Information					
Parent/Guardian WITH WHOM STUDENT LIVES: Last Name		First Name		Relationship to Student Father Mother Legal Guardian	
Address (Street name, building and/or apt. #, City, State ZIP)				Email	
Home Phone		Cell Phone		Work Phone	
Parent/Guardian 2: Last Name		First Name	Student Lives With? Yes No	Relationship to Student Father Mother Legal Guardian	
Address (Street name, building and/or apt. #, City, State ZIP)				Email	
Home Phone		Cell Phone		Work Phone	
Step Mother: (If Applicable) Last Name		First Name	Cell Phone	Work Phone	
Step Father: (If Applicable) Last Name		First Name	Cell Phone	Work Phone	
SIBLINGS ?: List siblings attending PISD Schools					
Last Name		First Name		Birthdate	Campus
Last Name		First Name		Birthdate	Campus
EMERGENCY CONTACTS: List TWO Persons who will assume temporary care of your child within 30 minutes if you cannot be contacted.					
Contact 1: Last Name		First Name		Relationship	Daytime Phone
Contact 2: Last Name		First Name		Relationship	Daytime Phone
HEALTH: All Health Action Plans must be completed & turned in before the start of School / PASAR / Summer School.					
Doctor			Phone		
Does student have current health issues?		YES. If Yes, complete Additional Health Information Form. NO. Student has no known health issues.			

1. I, the undersigned, do hereby authorize employees of Plano Independent School District to contact directly the persons and health care providers named on this form, and do authorize the named physicians, clinics and/or hospitals to render such treatment as may be deemed necessary for the transportation and health care of said child. In the event the physicians, other persons named on this form, or parents cannot be contacted, the school employees are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child (Section 32.001, Texas Family Code). I will not hold the school district financially responsible for the emergency care and/or transportation for said child.
2. I request that the physicians and staff of the medical facility perform any diagnostic procedures, treatment procedures, operative procedures, and x-ray treatments and anesthetics as may be necessary in the diagnosis and treatment of my child.
3. I certify that I am a parent with legal control of the child, the child's legal guardian, or have other court ordered control of the child. I understand that I must notify Plano I.S.D. in writing to change any information on this form or to revoke any consent given herein. I understand it is a penal code offense (Section 37.10, Penal Code; Texas Education Code 25.001(h)) to falsify information for enrollment. I testify that all information on this document to be true and correct.

Signature of Parent Guardian

Date

Campus:		Today's Date (mm/dd/yyyy)		Student ID: Office Use Only	
Student Legal Name: Last Name		First Name		Middle Name	Birthdate (mm/dd/yyyy) Gender
Does your child take daily medications at home? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, list medications:			Will your child need to take medication at school? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, list medications:		
Student Insurance? <input type="checkbox"/> Private <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIPS <input type="checkbox"/> None				Preferred Hospital:	
Allergies/Anaphylaxis <input type="checkbox"/> No <input type="checkbox"/> Yes, please check all that apply (If Yes, contact School Nurse Additional information may be required)					
<input type="checkbox"/> Latex	<input type="checkbox"/> Tree Nuts	<input type="checkbox"/> Insect (Type) _____	<input type="checkbox"/> Milk	<input type="checkbox"/> Shellfish	<input type="checkbox"/> Seasonal
<input type="checkbox"/> Peanut	<input type="checkbox"/> Egg	<input type="checkbox"/> Drug	<input type="checkbox"/> Gluten		<input type="checkbox"/> Other _____
Cardiac <input type="checkbox"/> No <input type="checkbox"/> Yes, please check all that apply					
<input type="checkbox"/> Fainting	<input type="checkbox"/> Heart Defect	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Implanted Device		
<input type="checkbox"/> Irregular Heart Rhythm	<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> Murmur	<input type="checkbox"/> Other _____		
Dietary Restrictions <input type="checkbox"/> No <input type="checkbox"/> Yes, please check all that apply					
<input type="checkbox"/> Beef	<input type="checkbox"/> Glutens	<input type="checkbox"/> Caloric Restrictions	<input type="checkbox"/> Fish	<input type="checkbox"/> Gelatin	
<input type="checkbox"/> Dairy	<input type="checkbox"/> Peanuts	<input type="checkbox"/> Low Cholesterol	<input type="checkbox"/> Low Salt	<input type="checkbox"/> Obesity	
<input type="checkbox"/> Eggs	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Pork	<input type="checkbox"/> Shellfish	<input type="checkbox"/> Tree Nuts	
<input type="checkbox"/> Seafood		<input type="checkbox"/> Calorie Count	<input type="checkbox"/> Citrus	<input type="checkbox"/> Other _____	
Digestive <input type="checkbox"/> No <input type="checkbox"/> Yes, please check all that apply					
<input type="checkbox"/> Ulcer	<input type="checkbox"/> Colostomy	<input type="checkbox"/> Gastroesophageal Reflux	<input type="checkbox"/> Crohn's Disease	<input type="checkbox"/> Liver Disease	
<input type="checkbox"/> Encopresis	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Poor Sphincter Control	<input type="checkbox"/> Liver Transplant	<input type="checkbox"/> Celiac Disease	
<input type="checkbox"/> Constipation	<input type="checkbox"/> Reflux	<input type="checkbox"/> Irritable Bowel Syndrome	<input type="checkbox"/> Tube Feeding	<input type="checkbox"/> Other _____	
Ears/Eyes/Nose/Throat <input type="checkbox"/> No <input type="checkbox"/> Yes, please check all that apply					
<input type="checkbox"/> Chronic Ear Infections	<input type="checkbox"/> Vision Loss - KVL	<input type="checkbox"/> Prosthetic Eye	<input type="checkbox"/> Hearing Aid		
<input type="checkbox"/> Hearing Loss - KHL	<input type="checkbox"/> Cochlear Implant	<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Other _____		
Endocrine <input type="checkbox"/> No <input type="checkbox"/> Yes, please check all that apply (If Yes, contact School Nurse Additional information may be required)					
<input type="checkbox"/> Adrenal Gland Disorder	<input type="checkbox"/> Diabetes Type 1	<input type="checkbox"/> Thyroid Disorder	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Pituitary Gland Disorder*	<input type="checkbox"/> Diabetes Type 2	<input type="checkbox"/> Hypoglycemia			
Hematology <input type="checkbox"/> No <input type="checkbox"/> Yes, please check all that apply					
<input type="checkbox"/> Sickle Cell	<input type="checkbox"/> Cancer _____	<input type="checkbox"/> Anemia	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> No Blood Transfusions	<input type="checkbox"/> Other _____
Integumentary <input type="checkbox"/> No <input type="checkbox"/> Yes, please check all that apply					
<input type="checkbox"/> Alopecia	<input type="checkbox"/> Vitiligo	<input type="checkbox"/> Cancer _____	<input type="checkbox"/> Eczema	<input type="checkbox"/> Psoriasis	<input type="checkbox"/> Lupus
Immune Disorders <input type="checkbox"/> No <input type="checkbox"/> Yes, please check all that apply					
<input type="checkbox"/> AIDS	<input type="checkbox"/> HIV	<input type="checkbox"/> Juvenile Rheumatoid Arthritis	<input type="checkbox"/> Other _____		
Neurology <input type="checkbox"/> No <input type="checkbox"/> Yes, please check all that apply (If Yes, contact School Nurse Additional information may be required)					
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Asperger's	<input type="checkbox"/> Tic Disorder	<input type="checkbox"/> Tourette Syndrome		
<input type="checkbox"/> Migraine Headaches	<input type="checkbox"/> Seizure/Epilepsy	<input type="checkbox"/> Vagal Nerve Stimulator	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Cerebral Palsy			
Orthopedic <input type="checkbox"/> No <input type="checkbox"/> Yes, please check all that apply					
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Dwarfism	<input type="checkbox"/> Leg Length Discrepancy	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Osteogenesis Imperfecta	<input type="checkbox"/> Prosthetic Limb _____	<input type="checkbox"/> Muscular Dystrophy			
<input type="checkbox"/> Spina Bifida	<input type="checkbox"/> Rheumatoid Arthritis	<input type="checkbox"/> Scoliosis			
Psychiatric <input type="checkbox"/> No <input type="checkbox"/> Yes, please check all that apply					
<input type="checkbox"/> Anxiety Disorder	<input type="checkbox"/> Bipolar	<input type="checkbox"/> Sleep Disorder	<input type="checkbox"/> Substance Abuse		
<input type="checkbox"/> Obsessive Compulsive	<input type="checkbox"/> Panic Attacks	<input type="checkbox"/> Depression	<input type="checkbox"/> Eating Disorders		
<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> Post-Traumatic Stress	<input type="checkbox"/> Phobia(s)	<input type="checkbox"/> Other _____		
Renal <input type="checkbox"/> No <input type="checkbox"/> Yes, please check all that apply					
<input type="checkbox"/> Chronic Urinary Tract Infections	<input type="checkbox"/> Transplant	<input type="checkbox"/> Poor Bladder Control	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Single Kidney Precautions	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Catheterization			
Reproductive <input type="checkbox"/> No <input type="checkbox"/> Yes, please check all that apply					
<input type="checkbox"/> Dysmenorrhea	<input type="checkbox"/> Endometriosis	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Other _____		
Respiratory <input type="checkbox"/> No <input type="checkbox"/> Yes, please check all that apply					
<input type="checkbox"/> Asthma	<input type="checkbox"/> Tracheostomy	<input type="checkbox"/> Pulmonary Hypertension	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Reactive Airway Disease	<input type="checkbox"/> Oxygen			
Syndromes <input type="checkbox"/> No <input type="checkbox"/> Yes, please check all that apply					
<input type="checkbox"/> Downs Syndrome	<input type="checkbox"/> Fetal Alcohol Syndrome	<input type="checkbox"/> Fragile X Syndrome	<input type="checkbox"/> Other _____		
Other Health Concerns: <input type="checkbox"/> No <input type="checkbox"/> Yes, please check all that apply					

Parent Signature: _____

Date: _____

Request for Allergy Information

Campus		Today's Date (mm/dd/yyyy)		Student ID Office Use Only	
STUDENT Information					
Legal Name: Last Name		First Name	Middle Name	Birthdate (mm/dd/yyyy)	Gender
<p>Although the District cannot guarantee an allergy free environment, this form allows you to disclose whether your child has a food/other allergy or severe allergy that you believe should be disclosed in order to enable the District to take necessary precautions for your child's safety.</p> <p>"Severe allergy" means a dangerous or life-threatening reaction of the human body to an allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.</p> <p>Please list any food/other substance to which your child is allergic or severely allergic, as well as the description of your child's allergic reaction to that substance.</p>					
Allergen		Description			
Allergen		Description			
Allergen		Description			
Allergen		Description			
Allergen		Description			
Allergen		Description			
<p>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.</p>					
Parent/Guardian Name (Last, First)					
Cell Phone		Work Phone		Home Phone	
Parent Guardian Signature				Date	
Internal Only		Date Form was received by the school			

H - ALLERGY

Texas Education Agency
Texas Public School Student Ethnicity & Race Data Questionnaire

ERQ

Campus	Student ID <small>Office Use Only</small>
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STUDENT Information

Legal Name: Last Name	First Name	Middle Name	Birthdate (mm/dd/yyyy)
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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.

Texas Education Agency – March 2017

Signature Parent/Guardian	Date
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OFFICE USE ONLY. Complete only when Local Campus Observer Identification is used

ETHNICITY – Choose only one:	RACE – Choose one or more:	Date:	
Hispanic/Latino	American Indian or Alaska Native	Name of Local Campus:	
	Asian		
Not Hispanic/Latino	Black or African American		Signature of Local Campus Observer:
	Native Hawaiian or Other Pacific Islander		
	White		

Campus	Today's Date	Student ID (completed by campus)
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Dear Parent or Guardian: To determine if your child would benefit from Bilingual and/or English as a Second Language program services, please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if Bilingual and/or English as a Second Language program services are appropriate and to inform instructional and program placement recommendations. Once your child is assessed, changes to the Home Language Survey responses are not permissible.

If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

SECTION I Student Information			
Last Name			
First Name		Middle Name	
Age	Date of Birth (mm/dd/yyyy)		Gender (F/M)
SECTION II Home Language Survey (Please indicate only one language)			
1. What language is spoken in the child's home most of the time?			
2. What language does the child speak most of the time?			
SECTION III Background Information			
1. Student's Country of Birth: <input type="checkbox"/> US <input type="checkbox"/> OUTSIDE US Name of Country: _____			
2. Has student ever attended a U.S. school? <input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes - Indicate date of initial enrollment in a U.S School (mm/dd/yyyy)	
If Yes	Name of Previous School	City	State
SECTION IV Parent Information			
Parent/Guardian (Last, First)			Phone
Parent Signature			Date
For Office Use Only			
THE STUDENT DOES NOT NEED A LANGUAGE ASSESSMENT IF:	NOTIFY THE ESL TEACHER IF:	NOTIFY THE ESL TEACHER AND SEND A COPY OF THIS FORM TO THE MULTILINGUAL DEPARTMENT (ADMINISTRATION BUILDING) IF:	BE-1
<ul style="list-style-type: none"> the parents answer ENGLISH on BOTH questions 1 & 2 (SECTION II). the student is TRANSFERRING from another School District IN TEXAS. 	<ul style="list-style-type: none"> the parents indicate a language OTHER than English on EITHER questions 1 OR 2 (SECTION II). 	<ul style="list-style-type: none"> the parents answer English on questions 1 & 2 (SECTION II) AND the student was born outside US. the student has been identified as Asylee, Refugee or Asylum. Attach a copy of appropriate documentation (ex. Form I-94 Arrival/Departure record) 	
<ul style="list-style-type: none"> Place original signed document in student's LPAC folder 			

For more information on the process that must be followed, please visit the following website: <http://web.esc20.net/LPAC-Interactive/InteractiveFlowchart-EN.htm>.

Student Residency Questionnaire

NOTE: Information is required to determine eligibility of services provided under the McKinney-Vento Act

Campus			Today's Date (mm/dd/yyyy)		Student ID <small>Office Use Only</small>	
STUDENT Information						
Legal Name: Last Name		First Name		Middle Name	Birthdate (mm/dd/yyyy)	Gender
Grade:	Previous PISD Student? School:	Yes	No	Previous School:	District:	Location (City, ST)
Check ALL boxes below that best describe where the student sleeps at night:						
<ol style="list-style-type: none"> 1. Student resides in a home or apartment that the student's parent or legal guardian owns or rents. 2. Student resides in a place that does not have window, doors, running water, heat electricity, or is overcrowded. 3. Student is staying with a friend or relative because of loss of housing, economic hardship or similar reason (EX: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, parent incarcerated, kicked out by parents, ran away from home). 4. Student resides in a shelter (EX: family shelter, domestic violence shelter, children/youth shelter). 5. Student resides in a hotel or motel (EX: due to economic hardship, eviction, lack of deposits for permanent home, flood, fire, hurricane, etc.). 6. Student lives in a tent, car, van, abandoned building, on the streets, at a campground, in the park. 7. Student is in Foster Care. 8. Student resides in transitional housing (EX: funded by a church, non-profit, or other organization). 9. Student lives here because of a natural disaster. Disaster Type: _____ Disaster date: _____ 10. Student does not sleep in any of the places described above. Tell where the student does sleep: _____ 						
PARENT / GUARDIAN Information						
Parent/Guardian WITH WHOM STUDENT LIVES: Last Name			First Name		Relationship to Student	
Address where student sleeps at night (Street name, building and/or apt. #, City, State ZIP)					Father	Mother
					Legal Guardian	Student
How long has student been at this address?				Email		
Home Phone		Cell Phone		Work Phone		
Please list all children in the household less than 22 years of age						
Last Name	First Name	Birthdate	Sleeps at same place	Grade	Campus	District

SRQ

Signature of Parent/Guardian/Unaccompanied Student

Date

School/District Use Only

Date Reviewed:		Qualifies:		YES	District Liaison Signature:
Effective Date:				NO	SEND A COPY OF THIS FORM TO THE COORDINATOR OF STUDENT SERVICES, JAMES THOMAS IF ANY BOXES 2 - 10 ARE CHECKED

Campus	Today's Date (mm/dd/yyyy)	Student ID Office Use Only
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STUDENT Information

Legal Name: Last Name	First Name	Middle Name	Student Age	Grade
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The Migrant Education Program is authorized by Title 1, Part C of the Elementary and Secondary Education Act (ESEA). Region 10 ESC, together with the school districts, provides a variety of educational services to families who work in agriculture, regardless of their nationality or legal status. This program is free of charge to all eligible families and may include tutoring, school supplies, homework tools, and clothing/school uniforms, free lunch eligibility, summer programs, parent involvement activities, emergency needs and referrals to other services, as needed. A representative from Region 10 may contact you for further information if needed.

EMP

In the past three years, has your family traveled within the US to look for agricultural or fishing work?

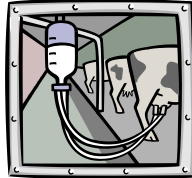
- No - STOP, do not continue filling out the survey.**
- YES** - whether or not you obtained the work, place a check mark "✓" in the corresponding box of activities described below



Planting/picking fruits vegetables, nuts, corn, beans, cotton, tobacco, hay, etc.



Canning fruits and vegetables



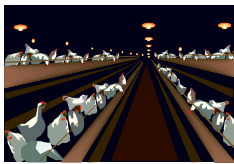
Working on a dairy cattle/horse ranch



Working in a fishery/fish farm



Working in a slaughter house or meat processing plant



Working on a poultry farm



Working in a nursery orchard, tree and grass farm



Taking care of animals on a farm/ranch. Building or repairing fences



Preparing the land, hoeing cotton, peanuts, beets

Other Similar Work, please explain

Parent/Guardian : Last Name	First Name	Best time to contact you
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Home Address (Street name, building and/or apt. #, City, State ZIP)

Mailing Address (Street name, building and/or apt. #, City, State ZIP)

Cell Phone	Work Phone	Email
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Please list all children in the household less than 22 years of age

For school use ONLY: School personnel, please follow Plano ISD guidelines regarding the distribution and collection of the surveys. Program contacts, please email surveys with a "YES" response to Federal.GrantProgram@pisd.edu. For questions regarding the survey, please call 469-752-8169.

Previous School: Please send copies of all records and/or required documentation pertaining to this student (which may include but are not limited to the items listed below) to:

				Office Use
Student Program Placement (previous school)				Previous School
<input type="checkbox"/> Gifted & Talented	<input type="checkbox"/> Bilingual	<input type="checkbox"/> ESL	<input type="checkbox"/> Special Education	
<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Section 504	<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Intervention Strategies	
Requested Information				
• Withdrawal Form	• Current Grade/Progress Report	• Transcript (grades 9-12)	• Standardized Student Test Data	
• Immunization Records	• Birth Certificate	• Home Language Survey	• Social Security Card	

PARENT/GUARDIAN: Complete information below including applicable programs and all previous schools.

STUDENT PISD Enrollment Information				RFR	
Plano Independent School District Campus		Enrollment Date (mm/dd/yyyy)	School Year		
STUDENT Information					
Legal Name: Last Name		First Name	Middle Name		
Birthdate (mm/dd/yyyy)		PEIMS #/SS #			
PREVIOUS Schools Attended (begin with most recent)					
1	Dates attended (mm/dd/yyyy)	From	To		School Name/School District
	Campus Address (Street name, building and/or apt.)				Phone
	City		State		Fax
2	Dates attended (mm/dd/yyyy)	From	To		School Name/School District
	Campus Address (Street name, building and/or apt. #)			Phone	
	City		State	Fax	
3	Dates attended (mm/dd/yyyy)	From	To	School Name/School District	
	Campus Address (Street name, building and/or apt. #)			Phone	
	City		State	Fax	

(optional, although may be required by private schools)

Signature of Parent Guardian _____

Enrollment by a student in a school district constitutes authority for the sending district to release the education records of that student regardless of whether parental authority has been received (34 CFR 99.31(2) FERPA). According to TEC § 25.002 (a-1) each district (Texas) is required to transfer student records within 10 school days of receipt of request by the receiving district. According to Article 63.019 of the Texas Code of Criminal Procedure, when a child under the age of 11 enrolls in a primary school, the enrolling person must be requested to provide the name of each previous school attended; and the enrolling school must request records from each previous school.

For PISD Office Use Only			
1st Date Records Requested	2nd Request Mailed / Faxed	3rd Request Mailed / Faxed	Date Records Received

Campus		Today's Date	Student ID Office Use Only
STUDENT Information			
Legal Name: Last Name	First Name	Middle Name	Birthdate (mm/dd/yyyy)
PARENT / GUARDIAN Information			
Last Name	First Name	Middle Name	
Check the appropriate boxes below to indicate you have read and understand the following authorization statements:			
<p>1. Yearbook Consent & Release Agreement. [Student/Parent Policy Guide] Student and parent/guardian agree to release the student's name, statements, portraits, picture, and/or artwork for use in the district and/or Parent Teacher Association (PTA) produced yearbook. (The PTA is a separate and distinct legal entity from the Plano ISD.)</p> <p>YES, I AGREE NO, I DO NOT AGREE</p>			
<p>2. Publications, Video, Internet, Artwork Display Consent & Release Agreement. [Policy CQ (EXHIBIT D) and FL (EXHIBIT D); Student/Parent Policy Guide] Student and parent/guardian release to Plano ISD the student's name, voice, verbal statements, class assignments, portraits (video or still), picture and artwork and consent to their use on behalf of Plano ISD for publicity purposes.</p> <p>YES, I AGREE NO, I DO NOT AGREE</p>			
<p>3. Student Internet Use Agreement. [Policy CQ(LOCAL); Student Code of Conduct; Student/Parent Policy Guide] Student and parent/guardian have read and agree to follow the Acceptable Use Policy regarding use of the PISD network, Internet and Email resources.</p> <p>I ACKNOWLEDGE that I have been given access to the Student Internet Use Agreement.</p>			
<p>4. Electronic Transmittal of Student Record Information. [Policy CQ (EXHIBIT E) and FL (EXHIBIT B); Student/Parent Policy Guide] Parents/guardians give permission and request the release of student record information to be provided to them (parent/guardian) electronically (via e-mail or fax) by Plano ISD.</p> <p>YES, I AGREE NO, I DO NOT AGREE</p>			
<p>5. Statement of Consent. [Student/Parent Policy Guide] Student and parent/guardian have access to either an electronic copy (www.pisd.edu/policies) or a paper copy of the Student Code of Conduct and the Plano ISD Student/Parent Policy Guide and have been informed concerning the Texas state testing requirements for promotion and graduation. [Policies EIE, EIF and EKB(LEGAL)]</p> <p>I ACKNOWLEDGE that I have been given access to the Statement of Consent documents.</p>			
<p>6. Off-Campus Lunch Authorization. [Policy FEE(LOCAL); School Office] Only Junior and Senior students may have the privilege of leaving the campus for lunch. Students must have on file with the principal a statement from a parent or guardian to have this open campus privilege.</p> <p>YES, I ALLOW Off Campus Lunch NO, I DO NOT ALLOW Off Campus Lunch</p>			

A

Signature of Parent Guardian

Date

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 Plano ISD to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing within ten school days of your child's first day of instruction for this school year.

This means that the District must give certain personal information (called "directory information") about your child to any person who requests it, unless you have told the District in writing not to do so. The District is providing you with this form so that you can communicate your wishes about these issues. FL (EXHIBIT A)

Plano ISD has designated the following information as directory information:

- Student name
- Date and place of Birth
- Dates of attendance
- Grade Level
- Photograph
- Major field of study
- Degrees, honors, and awards received
- Most recent educational institution attended
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams

Parent: Please choose one of the choices below:

I parent of _____ (*student's name*)

- Do give** the District permission to release the information in this list in response to a request.
 Do not give the District permission to release the information in this list in response to a request.

Parent's signature: _____ Date: _____

**Parent's Response Regarding 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 numbers of secondary school students enrolled in the District, unless the parent or the eligible student directs the District not to release information to these types of requestors without prior written consent.

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 upon their request without my prior written consent.

Parent's signature: _____ Date: _____

NOTICE: LAWS GOVERNING COMPULSORY ATTENDANCE IN TEXAS SCHOOLS
Failure to comply with the laws governing compulsory attendance may result in legal action.

OFFICIAL NOTICE TO THE CHILD AND PERSON(S) STANDING IN PARENTAL RELATION TO THE CHILD

Texas requires a child who is at least 6 years of age, or who is younger than 6 years of age and has previously been enrolled in first grade, and who has **not yet reached his/her 19th birthday** to attend school unless exempt by Sec. 25.086. Upon enrollment in pre-kindergarten or kindergarten, a child shall attend school. A person who voluntarily enrolls in school or voluntarily attends school after the person's 19th birthday shall attend school each school day for the entire period the program of instruction is offered and is subject to the same requirements for compulsory attendance for students under 19 years of age. **TEC Sections 25.085, 25.086**

A **parent/guardian commits an offense** of Parent Contributing to Non-Attendance under TEC Sec. 25.093, if, after having been warned in writing, a child has **unexcused** voluntary absences from school on 10 or more days or parts of days within a 6-month period. An offense under the Subsection (a) is a misdemeanor, punishable by fine only, in an amount not to exceed:

- (1) \$100.00 for a first offense; (2) \$200.00 for a second offense; (3) \$300.00 for a third offense;
- (4) \$400.00 for a fourth offense or (5) \$500.00 for a fifth or subsequent offense. **TEC 25.093/Family Code 65.003(a)**

A "failure to attend school" violation by a student may be referred to truancy court. On a finding that the child has engaged in truant conduct, a justice or municipal court may order: **1)** The child to attend GED preparatory classes; **2)** the child to attend a special program that the court determines to be in the best interest of the child, including an alcohol/drug abuse program; **3)** rehabilitation; **4)** counseling, including self-improvement counseling; **5)** training in self-esteem and leadership; **6)** work and job skills training; **7)** training in parenting. Including parental responsibility; **8)** training in manners; **9)** training in violence avoidance; **10)** sensitivity training; **11)** the child and the child's parent/guardian attend a class for student at risk of dropping out of school; **12)** a program that provides training in advocacy and mentoring; **13)** complete not more than 50 hours of community service on a project acceptable to the court, and **14)** participate for a specified number of hours in a tutorial program covering the academic subjects in which the child is enrolled that are provided by the school the child attends. **Family Code 65.003(a)/Education Code 25.085**

A parent/guardian of a school age child has the responsibility to require their child attend school regularly. When sickness or higher obligation necessitate an absence, a note signed by a parent/guardian explaining the reason for the absence is required within 3 school days of when the student returns to school. If the student fails to submit a note, the absence will be considered unexcused. **EC.25.093 FEB (Regulation)**

A child not exempt from compulsory attendance laws may be excused for temporary absence resulting from any usual cause acceptable to the campus administrator of the school in which the student is enrolled. A temporary absence may be the result of, but not limited to: **1)** personal illness, **2)** family emergency, **3)** religious holy day, **4)** documented juvenile court proceeding, **5)** board-approved extracurricular activity or **6)** approved college visitation. **PISD Policy FEA (Legal)**

When a student's absence for personal illness exceeds seven (7) consecutive days, the principal may require a statement from a physician or health clinic verifying the illness or other condition requiring the student's extended absence from school. (The school nurse is available to verify an illness the day of the absence). The attendance committee may, if the student has established a questionable pattern of absences, also require a physician's or clinic's statement of illness after a single day's absence as a condition of classifying the absence as one for which there are extenuating circumstances. **Plano ISD Policy FEC (Local) Personal Illness**

Absences such as vacations and trips (except those excused by the principal for unusual circumstances), babysitting, working (including modeling), and non-school-sponsored athletic events and programs shall be considered unexcused. **PISD Policy FED (Legal) / Education Code 25.087**

Please sign the ACKNOWLEDGEMENT below, and return the signed original to your child's school. If you have any questions, you may contact the school your child is attending.

*I have received information governing compulsory attendance. My signature is only as acknowledgement that I have received this Notice

Student's Name	Grade	ID#	1
Mother / Guardian Signature	Home Phone#	Work Phone#	
Father / Guardian Signature	Home Phone#	Work Phone#	
Student Signature	Date		
Office Use Only			
Principal Designee	School	Date	



PTA STUDENT INFORMATION & IMAGE CONSENT FORM

Our PTA, _____, produces a number of publications and projects intended to encourage community spirit and interaction and to recognize students and their achievements. In order for your child's name and/or photograph to be included in these PTA publications, PTA must receive your written consent. All students may have the opportunity to be included in these publications. If you do not want your child's name and/or photograph to be included in a PTA publication and/or project, mark the item "No" and every reasonable effort will be made to omit your child's information and image from those publications/projects. Please direct any questions to your campus PTA president.

Student's Legal Name: _____
first & last (please print)

Student's Grade: _____

I give permission for my student's name and/or image to be included in the following PTA publications:

PTA Social Media:	Yes	No
Ex: PTA Twitter PTA Facebook		
PTA Newsletter:	Yes	No
PTA Website:	Yes	No

Parent/Guardian Name: _____
first & last (please print)

Parent/Guardian Signature: _____

Note to Parents: Plano ISD Council of PTAs and its associated local PTAs are associations made up of parents, teachers and community members and are separate legal entities from Plano ISD. Therefore, the PTAs must gain your approval for the use of your child's identifying information for PTA-produced publications and projects.

- **Alternatively, you may complete this form online through the PISD Parent Portal:**
<http://parentportal.pisd.edu>.
- **This form should only be submitted one time either via the Parent Portal or in hard copy.**
- The Yearbook Consent & Release Agreement is available on **Parent Portal** under the **Authorization Statements** tab of the **Emergency Form** page. The agreement addresses all yearbook production whether produced by the district or PTA.