

San Augustine ISD

**Registration Forms
and Parent Information**

2015-2016

Title I Information for Parents

San Augustine Elementary and San Augustine High School are Title I, Part A, school-wide campuses.

Title I, Part A, provides supplemental resources to local education agencies (LEAs) to help schools with high concentrations of students from low-income families provide high-quality education that will enable all children to meet the state student performance standards. Title I, Part A, supports campuses in implementing either a school-wide program or a targeted assistance program.

Each LEA that receives Title I, Part A funding must do the following:

1. Disseminate the state, LEA, and campus-level report cards to:
 - all LEA campuses
 - to parents of all enrolled students, and
 - to make the information widely available through public means such as posting on the Internet, distribution to the media, or distribution through public agencies.
2. Title I, Part A participating local education agencies (LEAs) are required to annually submit comparability data by conducting comparability testing on an electronic form provided by TEA—the Title I, Part A Comparability Computation Form (CCF).

All Title I, Part A, campuses must do the following:

1. implement Parents' Right-to-Know in accordance with P.L. 107–110, Section 1111(h)(6)
2. develop school-parent compacts jointly with parents
3. provide information to parents in the language parents understand
4. develop an LEA and campus Parent Involvement Policies
5. implement Section 1304.21 of the Head Start Standards if implementing preschool program.
6. integrate and coordinate Title I, Part A, professional development and services with other educational services and programs
7. provide additional assistance to students identified as needing help in meeting the state's challenging student academic achievement standards
8. ensure that all new teachers hired on the campus to teach core academic subjects are highly qualified when hired
9. include in the Campus Improvement Plan (CIP) strategies and activities to ensure that all core academic subject area teachers teaching within the school are highly qualified not later than the end of 2006–2007 school year.

NOTE: *You may keep this information for your personal records, and do not need to return it to the school.*

Consent/Opt-Out Notification

The district is required by federal law to notify you and obtain your consent for or denial of (opt-out) your child's participation in certain school activities. The activities include any student survey, analysis, or evaluation, known as a "protected information survey" that concerns one or more of the following eight areas:

1. Political affiliations or beliefs of the student or student's parents;
2. Mental or psychological problems of the student or student's family;
3. Sexual behavior or attitudes;
4. Illegal, antisocial, self-incriminating, or demeaning behavior;
5. Critical appraisals of others with whom the student has a close family relationship;
6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
7. Religious practices, affiliations, or beliefs of the student or parents; or
8. Income, other than as required by law to determine program eligibility or to receive financial assistance under such a program.

This notice and consent/opt-out requirement also applies to the collection, disclosure, or use of student information for marketing purposes ("marketing surveys"), and to certain physical exams and screenings.

San Augustine ISD currently plans no activities requiring parental notice and consent or opt-out for the 2015-2016 school year. If this changes, parents will be notified immediately and consent forms will be provided. Please note that this notice and authority to consent transfer from the parent to the student when the student reaches 18 or is an emancipated minor under state law.

NOTE: *You may keep this information for your personal records, and do not need to return it to the school.*

Emergency Information for Parents and Students

During any emergency, the first priority for school personnel is the safety and well-being of students and staff. Emergency responders (e.g., police or fire) will take charge of the emergency upon arrival in most instances, including traffic and crowd control and limiting access to the campus to school personnel or emergency responders. School personnel will be in responsible for the safety and well-being of students and protection of property and records.

Definitions

Re-unification: The procedures parents or guardians must follow to pick up their student from school during an emergency situation.

Staging areas: The locations where different reaction and responding groups will gather and meet.

Types of Emergency Situations

Evacuation: The campus administrator will call for students to be evacuated to another campus staging area. No student re-unification will take place until the campus population and the re-unification team are both in place, or as announced by the campus administration if different procedures are to be followed. Only school personnel or emergency responders will have access to the area where students and staff are staged. When the emergency is over, students will be returned to their campus and the school's regular educational schedule will continue.

Lock Down: Only school personnel or emergency responders will allowed on the campus until the emergency is over. At that time, students will return to the school's regular educational schedule. Re-unification will follow regular pick up procedures for that campus, or as announced by the campus administration if different procedures are to be followed.

Shelter in Place: Only school personnel or emergency responders will be allowed on campus until the emergency is over. At that time, students will return to the school's regular educational schedule. Re-unification will follow regular pick up procedures for that campus or as announced by the campus administration if different procedures are to be followed.

It is recommended that parents **do not** immediately come to the school campus where an emergency is happening. Interacting with parents distracts campus personnel from following procedures that are in place to ensure safety of students. Parents driving onto school grounds can cause confusion and traffic jams that hinder emergency responders.

Parents trying to pick up students during an emergency will need to follow the directions given below. It is important that all procedures for parent/student re-unification be followed.

To pick up students in an emergency situation, parents will be required to have a photo ID and must be on the ***Student Information Form*** (included in this packet) on file in the campus office. School personnel will not accept phone calls or written instructions giving permission for someone else to pick up students.

During a building evacuation, students will be evacuated to another location. Elementary students Campus will evacuate to the High School Gym. High School and Middle School students will evacuate to the Lincoln campus (Superintendent's office).

Re-unification process for Building Evacuation

Parents attempting to pick up students during an emergency from the High School gym will park in the gym parking lot. Parents attempting to pick up students during an emergency from the Lincoln campus will park on the west side of campus.

After verifying identity, campus staff will call for the student to be brought forward. All students must be signed out. Parents are asked to leave the school campus as soon as re-unification is complete.

During "Shelter in Place" and "Lock Down", there will be no re-unification process.

Students must remain on campus until the emergency is over. After the campus principal has declared the emergency to be over, students may be picked up following the normal student check-out procedures for that campus.

Copies of the SAISD Emergency Procedures can be found in all of the school offices in the district.

The safety and well-being of our students is the goal in developing the Emergency Plan for the district. If you have any questions, please contact the Superintendent's office at (936) 275-2306.

NOTE: *You may keep this information for your personal records, and do not need to return it to the school.*

Student Name _____

This form is only required if you wish to change the ethnicity of your student that is currently on file in the district.

**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 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.

Reserved for local observer. After observation and entry of data in student accounting system, file 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:

Student Name _____

This form only needs to be returned if your child has a food allergy

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.

Food:	Nature of allergic reaction:

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 Privacy Act and District policy.

Parent/Guardian Name: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Parent/Guardian signature _____ Date _____

Student Name _____

Physician Order for School Medication

Only return this form if your child must take a medication while at school.

Student Name: _____ Date: _____

Medication Name: _____ Dosage: _____

Route: _____ Frequency: _____ Times Needed At School: _____

Special Instructions: _____

Student Name: _____ Date: _____

Medication Name: _____ Dosage: _____

Route: _____ Frequency: _____ Times Needed At School: _____

Special Instructions: _____

I, the parent guardian of _____, request that the medication(s)

student name

on this form be administered during the school day.

Parent/Guardian Signature _____

Date: _____

Please request pharmacist to dispense two labeled bottles of medication: one for home and one for school. Parent/Guardian request must be renewed each school year. Any change of medication or dosage must be requested in writing by parent/guardian.

Student Name _____

Student & Emergency Care Information

Grade: _____
Address: _____ Phone #: _____
Grade: _____ Birth Date: _____ Age: _____ Place of Birth: _____
Gender: Male Female Ethnicity: Black White Hispanic Other: _____
Father's Name: _____
Father's Employer: _____ Work Phone: _____
Mother's Name: _____
Mother's Employer: _____ Work Phone: _____
Home Phone: _____ Parent/Guardian Email Address: _____

If you do NOT live with both parents, complete this box

Person you live with: _____ Relationship: _____
Address: _____
Home Phone: _____ Work Phone: _____

Student Pick Up Authorization/Emergency/Health Information

In the event of an illness or injury that is not life threatening and I cannot be located at the above numbers, the following person(s) have my permission to pick up my child. The names listed are also authorized to pick up my child:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medications your child takes at home: _____

Does your child have any of the following?

- Asthma Diabetes Heart Disease Epilepsy Hemorrhagic Disease Other: _____
- Allergies to any medicines of food? Please list: _____

Health Insurance: Yes No Company Name: _____ Policy #: _____

Person who will be responsible for any charges: _____ Relationship: _____

Mailing Address: (if different than above) _____

Parent/Guardian signature _____ Date _____

Student signature _____ Date _____

Student Name _____

**Notice Regarding Directory Information and Parent's Response Regarding
Release of Student Information**

State law requires the district to give you the following information:

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 San Augustine Independent School District 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. In addition, you have the right to tell the district that it may, or may not, use certain personal information about your child for specific school- sponsored purposes. The district is providing you this form so you can communicate your wishes about these issues.

For the following school-sponsored purposes: all district publications and announcements, San Augustine Independent School District has designated the following information as directory information:

Student's name

- Address
- Telephone listing
- Photograph
- Degrees, honors, and awards received
- Dates of attendance
- Grade level
- Participation in officially recognized activities and sports
- Weight and height, if a member of an athletic team

Directory information identified only for limited school-sponsored purposes remains otherwise confidential and will not be released to the public without the consent of the parent or eligible student.

Directory information shall not be released for any non-school purpose.

Parent: Please circle one of the choices below:

I, parent of _____, [do] [do not] give
student name
the district permission to use the information in the above list for the specified school- sponsored purposes.

Parent signature: _____ Date: _____

Student Name _____

**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.

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 _____, request that the district **NOT**
student name

release my child's name, address, and telephone number to a military recruiter or institutions of higher education upon their request without my prior written consent.

Parent signature: _____

Date: _____

Student Name _____

Parent Consent for Use of Corporal Punishment

SAISD Board Policy and the laws of the State of Texas allow the use of corporal punishment as an option in the discipline plan of a public school. If utilized, 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 will make efforts to contact the parent prior to the use of corporal punishment, will document the action on a district form, and inform the parent that corporal punishment has been used.

The principal or a designee may choose not to use corporal punishment even if the parent has requested its use. 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.

Please complete the form below:

- Yes, I give permission for the campus to administer corporal punishment to my child in accordance with Board Policy, the Student Code of Conduct, and the laws of the State of Texas.

- No, I do not give my permission to the campus to administer corporal punishment to my child.

Parent signature: _____ Date: _____

Student Name _____

**Release for Display of Student Work, Personal Information,
and Digital Images**

Occasionally, the San Augustine ISD wishes to display or publish original student work, which may include personally identifiable student information as defined in the Student Handbook, to promote student academic and extracurricular activities on the district's Web site, a Web site affiliated or sponsored by the district, such as a campus or classroom Web site, and in district publications.

Original student work includes artwork, projects, photos taken by the student, or other academic or creative work. The district may also wish to publish or display original video and voice recordings.

The district may also wish to display a photograph or digital image of a student on the district Website or other electronic media.

The district agrees to use these digital images, student works and information only in the manner described above.

I give the district permission to use digital images of my child, and my child's artwork, photos, or other original work in the manner described above.

Parent signature: _____

Date: _____

Student Name _____

Home Language Survey

Grades EC-12

19 TAC Chapter 89, Subchapter BB S 89.1215

Name of student: _____ Student ID #: _____

Address: _____ Telephone #: _____

Campus: _____ Grade: _____

To be filled in by parent or guardian:

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

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

Signature of Parent/Guardian

Date

Student Name _____

Family Survey

*You child may be eligible for educational services through the Migrant Education Program.
Contact the district office at (936) 275-2361 if you need additional information.*

During the past 3 years has your family moved from one school district to another?

- Yes
- No

Do you or does anyone from your family do the following seasonal or temporary work?

- Yes
- No

What type of work?

- | | |
|--|---|
| <input type="checkbox"/> Farming | <input type="checkbox"/> Driving Tractors/Machinery |
| <input type="checkbox"/> Ranching | <input type="checkbox"/> Tree Growing or Harvesting |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Food Processing in Plants |
| <input type="checkbox"/> Dairying | <input type="checkbox"/> Plant Nursery |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Poultry Production |
| <input type="checkbox"/> Bailing Hay | <input type="checkbox"/> Clearing Land |
| <input type="checkbox"/> Picking Fruit or Vegetables | <input type="checkbox"/> Picking Nuts, Pecans, etc. |
| <input type="checkbox"/> Cotton Farming Ginning | <input type="checkbox"/> Other Similar Work |
| <input type="checkbox"/> Combining/Harvesting Grain | |

Please complete the information below:

Student Birth Date: _____

Grade: _____

Parent Name: _____

Address: _____

Telephone: _____

Student Name _____

On Hand School Medication List

Signing this form grants permission for your child to receive over-the-counter medication for headaches, coughs, antibiotic cream, etc. Only Children's Tylenol is given at the Elementary School.

No over-the-counter drugs are given unless absolutely necessary. If your child has a fever or if the nurse determines your child needs to go home, you will be called. Please make sure that the school has the correct phone number where you can be reached.

If your child needs to take an over-the-counter medication that is not on the list below, you may send the medication to the school along with a written note authorizing your child to take the medication. All such medications must be stored in the nurse's station.

If you have any questions, please contact the school nurse or campus office.

NOTE: If this signed permission form is not on file at the school, campus staff will NOT be able to give any types of medication to your child. Staff cannot call to get permission –the signed form must be on file.

Please check all medications that are permitted:

- Regular Tylenol
- Extra Strength Tylenol
- Ibuprofen
- Children's Liquid Tylenol
- Carmex
- Antibiotic Cream
- Hydrocortisone Cream
- Cough Drops
- Benadryl (emergency only)
- Bee Sting treatments
- Anbesol
- Eyewash

Parent/Guardian signature _____ Date _____

Student Name _____

*I have received and read the **Emergency Information for Parents and Students** information sheet.*

Parent/Guardian signature: _____ Date: _____

Student signature: _____ Date: _____

Student Name _____

Socioeconomic Information Sheet

CONFIDENTIAL

Student Name _____ Student Grade _____ Student Date of Birth _____

San Augustine 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

- | | | |
|---|---|--|
| <input type="checkbox"/> \$0 – 21,590 | <input type="checkbox"/> \$59,146 – 66,656 | <input type="checkbox"/> \$104,212 – 111,722 |
| <input type="checkbox"/> \$21,591 – 29,101 | <input type="checkbox"/> \$66,657 – 74,167 | <input type="checkbox"/> \$111,723 – 119,233 |
| <input type="checkbox"/> \$29,102 – 36,612 | <input type="checkbox"/> \$74,168 – 81,678 | <input type="checkbox"/> \$119,234 – 126,744 |
| <input type="checkbox"/> \$36,613 – 44,123 | <input type="checkbox"/> \$81,679 – 89,189 | <input type="checkbox"/> \$126,745 and above |
| <input type="checkbox"/> \$44,124 – 51, 634 | <input type="checkbox"/> \$89,190 – 96,700 | |
| <input type="checkbox"/> \$51,635 – 59,145 | <input type="checkbox"/> \$96,701 – 104,211 | |

Signature Please check one of the following two boxes as appropriate.

In accordance with the provisions of the Protections 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 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 my choice.

Parent Signature

Date

Student Name _____

Parent Compact

Families and schools must work together to help students achieve high academic standards. Through a process that includes teachers, families, students and community representatives, the following are agreed upon roles and responsibilities that we as partners will carry out to support student success in school and in life.

Teacher Pledge

I agree to carry out the following responsibilities to the best of my ability:

- Provide a safe and supportive learning environment.
- Teach classes with an interesting and challenging curriculum that promotes student achievement.
- Motivate my students to learn.
- Set high expectations and help every child be successful in meeting the Texas academic achievement standards.
- Communicate frequently and meet annually with families about student progress and the school- parent compact.
- Provide opportunities for parents to volunteer, participate, and observe in my classroom. Participate in professional development opportunities that improve teaching and learning and support the formation of partnerships with families and the community.
- Actively participate in collaborative decision making with parents and school colleagues to make our school accessible and welcoming for families.
- Respect the school, students, staff and families

Student Pledge

I agree to carry out the following responsibilities to the best of my ability:

- Come to school ready to learn and work hard.
- Bring necessary materials, completed assignments and homework.
- Know and follow school and class rules.
- Communicate regularly with my parents and teachers about school experiences so that they can help me to be successful in school.
- Study or read every day after school.
- Respect the school, classmates, staff and families.

Family Pledge

I agree to carry out the following responsibilities to the best of my ability:

- Provide a quiet time and place for homework.
- Read to my child or encourage my child to read every day.
- Ensure that my child attends school every day.
- Regularly monitor my child's progress in school.
- Participate, as appropriate, in decisions about my child's education.
- Attend parent-teacher conferences.
- Communicate the importance of education and learning to my child.
- Respect the school, staff, students, and families.
- Ensure that my child gets adequate sleep, regular medical attention and proper nutrition.

Parent signature _____ Date _____

Student signature _____ Date _____

Teacher signature _____ Date _____

Student Name _____

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 <http://www.saisd.us> the San Augustine Independent School District Student Handbook and the Student Code of Conduct for 2013–2014.

I have chosen to:

- Receive a paper copy of the Student Code of Conduct.
- Accept responsibility for 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 in the 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.

High School: (936) 275-9603

Signature of student: _____

Signature of parent: _____

Date: _____