

CHECK LIST FOR ENROLLING A NEW STUDENT

Student Name _____

- A parent/guardian **MUST** accompany the student.
- A student being enrolled by anyone other than a parent/guardian must have a Power of Attorney form that has been signed by the parent/guardian in the presence of a Notary Public.
- The person enrolling the student must reside in the district.

EACH STUDENT ENROLLING MUST HAVE:

- Withdrawal form from previous school
- Proof of residency in Gilmer ISD (utility bill, rental agreement or receipt. **Must have a physical address.** *Unless Student Residency Form applies.*)
- Records from previous school
- Birth Certificate
- Social Security Card
- Immunization records
- Copy of parent/guardian Drivers License (or person with whom student is living)

MUST COMPLETE:

- Demographic sheet
- TEA Student Ethnicity and Race Data
- Language Survey
- Affidavit of Residence
- Required Family Survey
- Emergency Care Form, TB Questionnaire, & Food Allergy Form
- Computer Use Form, Acknowledgement Form, & GHS Compact
- Free or Reduced Lunch application (If Applicable)
- Power of Attorney (If Applicable)

For Office Use Only:

- See Counselor ~ Counselor Initials/Date: _____
- See Principal ~ Principal Initials/Date: _____

Registrar: _____

- In transitional housing (*housing that is available for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, or another organization*) (CODE=S)
- In a hotel or motel (*examples: because of economic hardship, eviction, cannot get deposits for permanent home, flood, fire, hurricane, etc.*) (CODE=HM)
- In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or other unsheltered location (CODE=U)
- None of the above describe my present living situation *Briefly describe your situation:* _____

Factors contributing to the student's current living situation (check all that apply):

- Natural disaster
 - Tornado, storm, flood, etc.
 - Hurricane, name: _____
 - Fire: prairie, forest, grass, lightning strike, etc.
- Family issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.
- Home issues such as lack of electricity, water, heat, adequate home repair due to lack of funds, overcrowding, mold, etc.
- Military: Parent/guardian deployed, injured or killed in action
- Incarceration of parent/guardian
- Incapacitation of parent or guardian due to health, mental health, drugs/alcohol, or other factors
- Home fire not due to natural causes (*i.e., faulty equipment/appliances/wiring, furnace, stove, fireplace, etc.*)
- Economic hardship:
 - Loss of job resulting in inability to pay rent or mortgage
 - Income from part-time or low paying job does not cover cost of housing in the area
 - Loss of mortgage, including loss of mortgage of landlord if student/student's family is renting
 - Eviction record and/or inability to produce deposits for rent or utilities
- High medical bills that leave little or no money for housing
- Lack of affordable housing in the area
- Minor student unable to afford housing on my own
- None of the above describe the main reasons for my present living situation *Briefly explain the contributing factors:* _____

Please provide the following information for school-age siblings (brothers and/or sisters) of the student:

Name	Grade Level	School	District

Signature of Parent/Legal Guardian/Caregiver/Unaccompanied Student

Date

For School Use Only

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature

Date

City: _____ ZIP: _____

Home Phone #: _____ Cell Phone #: _____ Other Emergency #: _____

Length of Time at Present Address: _____

Length of Time at Previous Address: _____

Name school where student is enrolled or in which student is attempting to enroll: _____

Last District Attended: _____ Last School Attended: _____

The No Child Left Behind Act stipulates that the homeless education liaison makes the determination of the student's homeless status. To facilitate that determination, the list below describes nearly all situations in which students may possibly live. Although this form is comprehensive and will assist districts in identifying most students living in homeless situations, in certain cases districts may find it necessary to ask additional questions or investigate living arrangements more thoroughly.

If the student checks the first box and does not check one or both of the boxes immediately below the first box, it is most likely that the student is **NOT** considered homeless; however, follow-up questions are helpful as unaccompanied students may not understand their rights, be afraid to divulge information, or fear unwanted scrutiny.

If one or both of the boxes immediately below the first box is (are) checked, then the homeless liaison will have to probe a bit deeper to determine if the student is living in inadequate housing and, thus, homeless.

If the student checks any of the remaining boxes, it is quite likely that the student **IS** considered homeless.

Regardless of the box the student checks, districts are encouraged to have a brief conversation with the student and/or parent/caregiver to learn more about the living situation. Information gleaned from this conversation may be used to assist district staff in determining types of assistance the student may need and for which the student is eligible to receive.

If a student appears to be in a homeless situation, the district must enroll the student immediately, even if records are not available. Once the student is enrolled, the district may discreetly collect additional information to determine if the student is living in the homeless situation indicated on the SRQ.

If it is later determined that the student is not in a homeless situation and therefore is not entitled to enrollment at the school the student is attending, then the district must inform the unaccompanied student or parent/legal guardian/caregiver in writing that the student is not eligible for enrollment at that school. The letter must further state that the student may appeal the decision and fully describe the appeal process. If the student elects to appeal the decision, then the student must remain enrolled in the school until the final appeal is exhausted and the enrollment dispute is resolved. The homeless liaison must assist students and families with the appeal process.

If a district has questions or concerns about a student's living situation and/or the dispute resolution process, please contact the Texas Homeless Education Office at 1-800-446-3142.

Districts are required to submit data about homeless students to TEA through the eGrants system. For every homeless student who has been enrolled in a district at any point in the school year, the district must report the grade level (PK through 12) and primary nighttime residence at the time of identification. There are only four categories of primary nighttime residence for homeless students: Shelters, Doubled-Up, Unsheltered, and Hotels/Motels; **there are no options for indicating a primary nighttime residence as "unknown" or "N/A."** These data are reported to TEA via eGrants in the aggregate for the entire year. Districts must submit aggregate data for homeless students in grades PK through 12 by primary nighttime residence and grade level.

Each living situation on the SRQ is coded in order to identify the appropriate nighttime residence category on the eGrant report. In order to reduce confusion, the categories do not appear on the SRQ itself.

Student's Legal Name _____

(Last) (First) (Middle)
Date of Birth _____ Place of Birth (City, State) _____ Grade _____

Social Security # or State ID # _____ Gender: _____ Male _____ Female

Student's Residence _____
(Number/Street) (Apt. #) (City) (Zip)

Household Mailing Address (if different from Residence):

(Address/PO Box) (City) (Zip)

Person Enrolling Student: _____ DOB: _____ Relationship _____

Parent/Guardian #1 _____ Relationship to student: _____

Phone: _____ Cell Phone: _____ Work Phone: _____

DL #: _____ State: _____ Email _____ Employment: _____

Parent/Guardian #2 _____ Relationship to student: _____

Phone: _____ Cell Phone: _____ Work Phone: _____

DL #: _____ State: _____ Email _____ Employment: _____

Emergency Contact 1: _____ Emergency Contact 1: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Relationship to Student: _____ Relationship to Student: _____

Additional Student Information:

Has student ever been enrolled in Texas? Yes ___ No ___ If yes, a Gilmer School? Yes ___ No ___

Has student ever been retained in a grade? Yes ___ No ___ If yes: _____
(Name of School & District) (Grade Retained)

Previous Schools:

(Name of school and district)

(Name of school and district)

Does your student receive Special Education Services? _____ Yes _____ No

(Signature of Person Enrolling Student)

(Date)

Corporal Punishment Allowed: ___ Yes ___ No ___ Call First Parent Signature Required: _____

Office Use Only:

Entry Date _____ Entry Code _____ Local ID #: _____

Request for Records: _____ / _____ Received: _____ Immunization Records: _____

Nombre Legal de Estudiante(**) _____
(Apellido) (Primer) (Medio) (El estudiante del nombre va por)
 Fecha de nacimiento _____ Lugar de nacimiento (Ciudad, Estado) _____ Grado _____
 Número del seguro social or Estado ID # _____ Género: Male Female

Derección de domicilio _____
(Numero/Calle) (Apt. #) (Ciudad) (código postal)
 Derección de correo (if PO Box is used) _____
(PO Box #) (City) (código postal)
 La persona que Matricula a Estudiante: _____ Relación (if not listed below) _____

Información de Padre/Guardián :

Padre/Guardián #1 _____ Relación al estudiante: _____
 Número de teléfono de casa (P/G #1) _____ Número de celular P/G #1: _____ Número de empleo P/G #1: _____
 Licencia de manejar #: _____ Estado: _____ correo electrónico P/G #1: _____
(Copy License for File)
 Padre/Guardián #2: _____ Relación al estudiante: _____
 Dirección de P/G #2 (if different): _____
(Numero/Calle) (Apt.#) (Ciudad) (código postal)
 Número de celular P/G #2: _____ Número de empleo P/G #2: _____ correo electrónico P/G #2: _____

información de contacto de emergencia:

contacto de emergencia #1: _____
(Nombre) (Teléfono) (Otra Teléfono) (Relación)
 contacto de emergencia #2: _____
(Nombre) (Teléfono) (Otra Teléfono) (Relación)

Información de Estudiante:

¿Jamás ha sido matriculado el estudiante en Texas? Si No Si si, a Gilmer School? Si No If Si: _____
(Gilmer Escuela) (Año & Grado)
 ¿Ha reprobado este estudiante antes? Si No Si, si: _____
(Nomre de escuela & Distrito) (Grado Reprobado)
 Todas Escuelas asistieron anteriormente:

(Nombre de la escuela y el distrito)	(Grado)	(De/hasta que)	(Cuidad)	(Estado)
(Nombre de la escuela y el distrito)	(Grado)	(De/hasta que)	(Cuidad)	(Estado)

Indique si el estudiante ha sido matriculado anteriormente en los programas/servicios siguientes:

<input type="checkbox"/> Educación especial	Campus _____	Años _____
<input type="checkbox"/> Educación talentoso/talentoso	Campus _____	Años _____
<input type="checkbox"/> 504	Campus _____	Años _____
<input type="checkbox"/> Titule 1 Servicios	Campus _____	Años _____
<input type="checkbox"/> Dislexia	Campus _____	Años _____
<input type="checkbox"/> Bilingüe/ESL	Campus _____	Años _____

(La firma de Persona que Matricula a Estudiante) (Fecha)
 El Castigo corporal Permitió: Si No Llame Primero Firma de Padre/Guardián: _____

Office Use Only: Entry Date _____ Entry Code _____ Local ID #: _____ Request for Records: _____ / _____ Received: _____ Immunization Records: _____

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:

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

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

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

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

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

- Hispano/Latino – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.
- No Hispano/Latino

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

- Indio Americano o Nativo de Alaska – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo America Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.
- Asiático – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.
- Negro o África-Americano – Una persona con orígenes de cualquier grupo racial negro de África.
- Nativo de Hawai u otras islas del pacífico – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.
- Blanco – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

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

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

Número de Identificación del
Estudiante/Miembro del personal

Fecha

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:

Gilmer Independent School District/Charter School Home Language Survey- 2012-2013

TO BE COMPLETED BY PARENT OR GUARDIAN (OR STUDENT IF GRADES 9-12): The state of Texas requires that the following information be completed for each student that enrolls for the first time in Texas public schools. This survey shall be kept in each student's permanent record folder.

NAME OF STUDENT _____ STUDENT D# _____
ADDRESS _____ TELEPHONE# _____
CAMPUS _____

1. What language is spoken in your home most of the time? _____
2. What language does you child (do you) speak most of the time? _____

Signature of Parent/Guardian Date

Signature of Student if Grades 9-12 0(3te

Cuestionario del idioma que se habla en el hogar

DEBE DE COMPLETARSE POR EL PADRE/MADRE/ O REPRESENTANTE LEGAL: (O POR EL ESTUDIANTE SENTA EN LOS GRADOS 9-12): El estado de Texas requiere que la siguiente informacion se complete para cada estudiante que se matricula por primera vez en una escuela publica de Texas. Este cuestionario se archivara en el expediente del estudiante.

NOMBRE DEL ESTUDIANTE _____ #ID. _____

DIRECCION _____ TELEFONO. _____

ESCUELA _____

1. ¿Que idioma se habla en su hogar la mayoría del tiempo? _____
2. ¿Que idioma habla su htjoja (usted) la mayoría del tiempo? _____

Firma del Padre/Madre/ o Representante Legal

Fecha

Firma del estudiante si esta en los grados 9-12

Fecha

AFFIDAVIT OF RESIDENCE

(Read the bottom of this page before signing this form)

I, _____, do hereby affirm that I have read and understand the information on the **Penalty for False Information**.

I also affirm that _____ is a minor child for whom I am the adult responsible and that this child lives with me at all times within the Gilmer Independent School District at the resident address given below:

Mailing Address

Signature of Parent/Guardian

Date

City

Street or Highway Address

PENALTY FOR FALSE INFORMATION

Texas Education Code §21.031, Subsection (g) specifies the following penalties for providing false student enrollment information:

“A person who knowingly falsifies information on a form required for enrollment in a school district is liable to the district if the student is not eligible for enrollment in the district but is enrolled on the basis of the false information.”

TEC §21.031, Subsection (g) further states that the maximum liability one assumes for providing false information to be:

“The amount the district has budgeted for each student as maintenance and operating expenses.” (\$3,300)

LA DECLARACIÓN DE RESIDENCIA
(Lea lo de abajo de esta forma antes de firmar)

Yo, _____, por la presente afirma que he leído y he entendido la información en la parte de abajo de esta hoja con respecto a la pena por dar información falsa de inscripción de la escuela.

Afirmo también que _____ es menor de edad para quien soy el adulto responsable y que este niño vive conmigo siempre, dentro del Distrito Escolar de Gilmer en la dirección de residencia dada abajo.

Dirección de Domicilio	Firme de Padre/Guardián	Fecha
Ciudad	Calle o Carretera	

La Pena por la Información Falsa

El Código de la Educación de Texas §21.031, Subdivisión (g) especifica lo siguiente con respecto a penas por proporcionar información falsa de inscripción del estudiante:

“Una persona que falsifica astutamente información en una forma requerida para la inscripción en un distrito escolar es responsable al distrito si el estudiante no es elegible para la inscripción en el distrito pero está inscrito por la información falsa.”

TEC §21.031, Subdivisión (g) aún más declara que la obligación máxima que uno asume por proporcionar información falsa será:

“La cantidad que el distrito ha presupuestado para cada estudiante como mantenimiento y gastos de operaciones.”



REQUIRED FAMILY SURVEY
MIGRANT EDUCATION PROGRAM

School Year 2012-13 District Contact Debra Holder
Phone Number: 903-841-7400
School District Gilmer ISD Campus Gilmer High School
(For Campus Use Only)

Dear Parents:

In order to better serve your children, the school district is helping the State of Texas identify students who may qualify to receive additional educational services.

Name of your child: Birthdate: Grade:

Have you, or your family, moved in search of agricultural or fishing work in the last 3 years, and from one school district to another?

Yes No

IF NO, STOP. IF YES, PLEASE CHECK THE TYPE OF WORK:

- Working on a farm
Working on a ranch
Working in a dairy
Working on poultry farm
Working in plant nursery
Working on a fish farm
Tree growing or harvesting
Planting/picking fruit, nuts, vegetables
Cotton farming/ginning
Other similar work:

Please complete the information below. (Please print)

Name of Parent/Guardian:

Address :

Telephone: Best Time to Contact You:

Father's Employer:

Mother's Employer

Number of children in your family:

Favor Véase Al Otro Lado Para Español



ENCUESTA DE FAMILIA REQUERIDO
PROGRAM DE EDUCACION de MIGRANTES

School Year <u>2012-13</u>	District Contact <u>Debra Holder</u>
	Phone Number <u>903-841-7400</u>
School District <u>Gilmer ISD</u>	Campus <u>Gilmer High School</u>
(For Campus Use Only)	

Estimados Padres:

Para mejorar los servicios educacionales de sus hijos, el distrito escolar está colaborando con el estado de Texas para identificar a aquellos estudiantes que pueden calificar para recibir servicios educativos adicionales.

Nombre de niño: _____ Fecha de nacimiento: _____ Grado: _____

¿Usted o alguien en su familia han viajado con la intención de encontrar trabajo en la agricultura o en la pesca, durante los últimos 3 años, y de un distrito escolar a otro?

Si _____ No _____

Si "**NO**", haga alto aquí. Si usted contestó "**SI**", favor de seleccionar (✓) todo tipos de trabajo que aplica.

- | | |
|---|--|
| <input type="checkbox"/> Trabajando en una granja | <input type="checkbox"/> Plantando o cosechando árboles |
| <input type="checkbox"/> Trabajando en un rancho | <input type="checkbox"/> Plantando /recogiendo fruta, nuez o vegetales |
| <input type="checkbox"/> Trabajando en una lechería | <input type="checkbox"/> Cosechando algodón |
| <input type="checkbox"/> Trabajando en granjas avícolas | <input type="checkbox"/> Otro trabajo similar: _____ |
| <input type="checkbox"/> Trabajando en un vivero de plantas | |
| <input type="checkbox"/> Trabajando en la pesca | |

Favor de completar la siguiente información. (favor de usar letra de molde)

Nombre de Padre/Guardián: _____

Dirección: _____

Teléfono: _____ La mejor hora para localizarlo: _____

Lugar de Empleo (Padre): _____

Lugar de Empleo (Madre): _____

Número de Niños en su Familia: _____

Student Health History for GISD

(Note: Updating this health history is the responsibility of the Parent/Guardian)

Year: _____
Grade: _____
Teacher: _____

Student's Name: _____
(last) (first) (middle)

ALLERGIES: Insect stings, food, medicine, etc. (Circle and explain) _____

Please mark any that are applicable:

- | | |
|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Measles, German |
| <input type="checkbox"/> Chickenpox (month/yr) | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Pnuemonia |
| <input type="checkbox"/> Ear problems/draining ears | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Scarlet fever |
| <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Strep infection |
| <input type="checkbox"/> Frequent sore throat (tonsillitis) | <input type="checkbox"/> Stomach problems |
| <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Vision problems/glasses |
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Other: (explain) |

SURGICAL HISTORY OF STUDENT: Please give dates.

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Appendectomy | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Eye | <input type="checkbox"/> Injuries |
| <input type="checkbox"/> Ear (Myringotomy tube) | <input type="checkbox"/> Other |

Does this student visit the doctor on a regular basis? Yes No
If yes, why? _____

Does this student take medication on a regular basis? Yes No
If yes, why? _____

Does this student have any physical or emotional problems? Yes No
If yes, why? _____

Doctor's request for long-term restrictions? P.E. Other
Explain: _____

Any other significant information: _____

Family Information:
Father/Stepfather: _____ Mother/Stepmother: _____
Address: _____ Phone #: _____
Student's Physician: _____

State law requires that pupils who show signs of contagious disease be excluded from school until admission is acceptable to school authorities. In case of accident or student illness to the above named child and in the event that I cannot be reached by phone, I hereby authorize a representative of GilmerISD to refer the child to the above named physician and/or take to a Gilmer Hospital if necessary. I realize that the school is not liable for doctor or hospital expenses due to injuries received at school.

Parent/Guardian Signature

Date

Historia de la Salud del Estudiante de la Escuela de GISD

(Por Favor note: Acutalizando esta historia de la salud es la responsabilidad del Padre/Guardián)

Año: _____

Grado: _____

Maestro: _____

Nombre del estudiante: _____
(Apellido) (Primer) (Medio)

ALERGIAS: Picaduras de insecto, Alimentos, Medicina, etc. (Especifique y explique) _____

Por favor marque todo lo siguiente que aplica:

<input type="checkbox"/> Asma	<input type="checkbox"/> Enfermedad de riñón
<input type="checkbox"/> Bronquitis	<input type="checkbox"/> Rubéola
<input type="checkbox"/> Varicela	<input type="checkbox"/> Paperas
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Pulmonía
<input type="checkbox"/> Problemas en los oídos	<input type="checkbox"/> Fiebre reumática
<input type="checkbox"/> Espilepsia	<input type="checkbox"/> Escarlatina
<input type="checkbox"/> Refriado frecuentes	<input type="checkbox"/> Inflamación de la garganta
<input type="checkbox"/> Frecuentes Dolores de la garganta (Amigdalitis)	<input type="checkbox"/> Problemas del estómago
<input type="checkbox"/> Problemas de oír	<input type="checkbox"/> Problemas de la vista/lentes, gafas, anteojos
<input type="checkbox"/> Problemas en el corazón	<input type="checkbox"/> Otro

HISTORIA DE CIRUGÍAS (Marque todo lo siguiente que aplica):

<input type="checkbox"/> Apendectomía	<input type="checkbox"/> Hernia
<input type="checkbox"/> Ojo	<input type="checkbox"/> Daños
<input type="checkbox"/> Oído (Tubo de Myringotomía)	<input type="checkbox"/> Otro

¿Visita este estudiante al Medico con regularidad? Si No
Sí, si, ¿Por qué? _____

¿Toma este estudiante la medicina con regularidad? Si No
Sí, si, ¿Por qué? _____

¿Tiene este estudiante algún problema fisico o emocional? Si No
Explique: _____

El pedido del doctor para restricciones a largo plazo: Educación Fisica Otro
Explique: _____

Cualquier otra información significante: _____

El Médico del estudiante: _____

La ley del estado requiere que estudiantes que muestran señales de la enfermedad contagiosa sean excluidos de la escuela hasta que la admission sea aceptada por las autoridades de la escuela. En caso de accidente o enfermedades del estudiante y en el evento que el padre no pueda ser localizado por teléfono, su firma abajo autoriza la escuela que lieve su hijo(a) al medico mencionado arriba o al hospital si es necesario. Tome en cuenta que la escuela no es responsable por los gastos del medico u hospital por los daños que haya recibido en la escuela.

Firma del Padre/Guardián

Fecha

Name: _____ DOB: _____ Date Screened: _____

This questionnaire is about tuberculosis. Tuberculosis can be transmitted to children by adults who live with or spend a great deal of time with them. Tuberculosis is transmitted by a person with tuberculosis to another person through airborne droplets that are coughed or sneezed into the air and breathed in by the child. This transmission of infection is more likely to occur when the child and the infectious person spend a lot of time together in a closed environment, like a small room, a car, or other similar situations.

Adults, who have tuberculosis, will often have the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills, and night sweats.

Children with tuberculosis frequently do not have symptoms. A person can have a tuberculosis infection and not have active tuberculosis.

- Not everyone who coughs have tuberculosis.
- TB can cause (low grade) fever of long duration, unexplained weight loss, failure to maintain adequate growth in children, weakness, chest pain, a bad cough, hoarseness, and/or coughing up blood.
- Tuberculosis is preventable and treatable.
- Children with active TB often do not show signs of illness. Infants are more likely to have symptoms.
- We need your help to find out if your child has been exposed to tuberculosis.

Since your child's last skin test:	Yes	No	Don't Know
Has anyone in your family had tuberculosis?			
Do you know of any situation where your child was around an adult who has been diagnosed or suspected of having TB?			
Was your child born in or has your child visited a foreign country where there is a lot of TB? If yes, which country?			
TB can cause fever of long duration, unexplained weight loss, weakness, chest pain, a bad cough, hoarseness or coughing up blood. Has your child been around anyone with these symptoms?			
Has your child had any of these symptoms?			
To your knowledge, has your child had contact with anyone who is/has been an intravenous (IV) drug user?			
HIV infected?			
In jail/ prison?			
Recently moved to the US from a foreign country?			

El nombre: _____ DOB: La Fecha _____ Investigó: _____

Este cuestionario está acerca de tuberculosis. La tuberculosis puede ser transmitida a niños por adultos que viven con o pasan mucho tiempo con ellos. La tuberculosis es transmitida por una persona con tuberculosis a otra persona por gotitas en el aire que son tosidas o son estornudado en el aire y aspirado por el niño. Esta transmisión de la infección es más probable de ocurrir cuando el niño y la persona contagiosa pasan mucho tiempo junto en un ambiente cerrado, como un pequeño cuarto, como un coche, o como otras situaciones semejantes.

Los adultos, que tienen tuberculosis, a menudo tendrán los síntomas siguientes: tos para más de dos duración de semanas, la pérdida de apetito, la pérdida de peso de diez o más libras sobre un espacio de tiempo corto, la fiebre, los fríos, y sudores de noche.

Los niños con tuberculosis con frecuencia no tienen síntomas. Una persona puede tener una infección de tuberculosis y no tener tuberculosis activa.

- **No todos quién toses tienen tuberculosis.**
- **TB puede causar (grado bajo) fiebre de la duración larga, pérdida de peso inexplicada, el fracaso para mantener el crecimiento adecuado en niños, la debilidad, el dolor de pecho, una tos mala, la ronquera, y/o arrojando sangre.**
- **La tuberculosis es evitable y tratable.**
- **Los niños con TB activo a menudo no muestran los signos de enfermedad. Los niños son más probables de tener síntomas.**
- **Necesitamos su ayuda a averiguar si su niño ha sido expuesto a la tuberculosis.**

Desde su prueba última de piel de niño:	¿Sí	no	no Sabe Tiene
Nadie en su familia tuberculosis tenida?			
¿Sabe usted de cualquier situación donde su niño estuvo alrededor de un adulto que ha sido diagnosticado o ha sido sospechado de tener TB?			
¿Nació su niño en o ha visitado su niño un país extranjero donde hay mucho TB? ¿Si sí, cuál país?			
TB puede causar fiebre de la duración larga, pérdida de peso inexplicada, la debilidad, el dolor de pecho, una tos mala, la ronquera o arrojando sangre. ¿Ha estado su niño alrededor de cualquiera con estos síntomas?			
¿Ha tenido su niño cualquiera de estos síntomas?			
¿A su conocimiento, ha tenido su niño contacto con cualquiera que yo/ah fueron un intravenoso (IV) drogadicto?			
¿VIH infectó?			
¿En la cárcel/la prisión?			
¿Recientemente movido a EEUU de un país extranjero?			

Gilmer High School
 850 Buffalo Street- Gilmer, Texas 75644
 (903) 841-7500
 Fax (903) 843-2171

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.

It is important that you indicate the type of reaction your child has to the allergen. While we realize that allergic reactions are not always the same, it is important that we know what type of reaction your child normally has.

Please list any foods to which your child is allergic, along with the nature of your child's reaction below.

Student's Name: _____ Date of Birth: _____

Food or Insect:	What happens to them?	How has the doctor told you to treat it?

Has your child ever had an anaphylactic reaction? YES NO

Does your child have an EpiPen? YES NO

Do you have an emergency plan from the doctor? YES NO

Does your child have a doctor's note to carry their own EpiPen? YES NO

*Please bring a copy of the doctor's note and emergency plan to the nurse BEFORE school starts, or your child's first day of school.

Parent's Name: _____

Contact #: _____ Alternate #: _____

Preferred Hospital: _____

Parent's Signature: _____ Date: _____

Nurse Signature: _____

A copy of this document will be provided to the student's teachers and cafeteria.

VOICES OF MENINGITIS™

A Meningococcal Disease Prevention Campaign
from the National Association of School Nurses

In collaboration with sanofi pasteur

Get the Facts

What is meningococcal meningitis?

Meningococcal disease, which includes meningitis, is a serious bacterial infection that strikes between 1000 to 2600 Americans each year. Although rare, meningococcal disease can cause meningitis (swelling of the brain or spinal cord) or meningococemia (blood infection). Vaccination has been available for years and is a safe and effective way to help protect against this potentially devastating disease.

Who is at risk for getting meningococcal meningitis?

Preteens and teens are at greater risk for getting meningococcal meningitis and are more likely to die compared with other age groups. Death rates from meningococcal meningitis are up to 5 times higher in teenagers and young adults (15 through 24 years of age) compared with other age groups.

How do you get meningococcal meningitis?

Meningococcal bacteria are spread from person to person through close contact. Common everyday activities (eg, sharing drinking glasses, eating utensils, kissing, or living in close quarters) can put even healthy preteens and teens at greater risk for getting meningitis. That's why vaccination is so important.

What are symptoms of meningococcal meningitis?

Meningococcal meningitis can be hard to recognize, especially in its early stages, because symptoms are similar to those of more common viral illnesses. But unlike more common illnesses, the disease can progress quickly and may cause death within 24 hours. Symptoms may include high fever, severe headache, stiff neck, confusion, vomiting, exhaustion, and/or a rash.

What can happen if you get meningococcal meningitis?

Although rare, meningococcal meningitis is serious and can potentially cause death of an otherwise healthy young person within 24 hours. About 10 percent of people who get meningococcal meningitis will die. Up to 1 in 5 survivors are left with serious medical problems, including:

- Amputation of arms, legs, fingers, and toes
- Brain damage
- Deafness
- Kidney damage

How can you help prevent your child from developing meningococcal meningitis?

Vaccination is safe and effective and the best way to help protect from meningococcal meningitis.

Meningococcal vaccination is recommended for preteens and teens.

Every health-care visit is an opportunity to talk to your child's health-care provider about vaccination for meningitis and other diseases.

Talk to your child's school nurse or health-care provider about meningitis prevention or to schedule a vaccination appointment.

Visit VoicesOfMeningitis.org for more information about meningococcal meningitis and vaccination.

Parent Permission for Field Trips

GISD
2012-2013

My child, _____, is granted permission to attend school-sponsored field trips throughout the 2011-2012 school year.

I understand such trips will be made by school bus and that precautions will be taken in the interest of safety and well-being but that no Gilmer ISD employee or sponsor of the trip will be held liable for any injury/accident that might occur.

I also understand that I will receive advance notification and particulars of each field trip and *should I desire that my child not participate, I will call the office before 8:00am the day of the field trip.*

Parent/Guardian Signature

Date

Telephone (home or cell)

Telephone (Work)

Permiso de los Padres par alas Excursiones

GISD
2011-2012

Mi hijo(a), _____, tiene permiso de atender a las excursions de la escuela durante el año escolar.

Yo comprendo que estas excursions escolares serán en autobus y se tomarán precausciones de seguridad por el bien estar de todos los estudiantes. Yo comprendo que el Distrito Escolar de Gilmer o el patrocinador de la excursion no sera responsable por daño o accidente que pueda ocurrir.

Yo también comprendo que recibiré notificación avanzada por cada excursion y *si yo decido que mi hijo(a) no participe, yo llamaré a la oficina de la escuela antes de las 8:00am el dia de la excursion.*

Firma de Padre

Fecha

Teléfono de casa

Teléfono de trabajo

GILMER ISD TECHNOLOGY RELEASE FORM

GILMER INDEPENDENT SCHOOL DISTRICT attempts to provide all our students with the skills and experiences that help them prepare for the highly technical world that awaits them. It is believed that the Internet is one means of networking, sharing, and extracting information. GISD hopes to provide your child the opportunity to participate in this school-wide program and to allow your child access to this tremendous educational tool.

Please complete and sign the following release form and return it to school with your child.

I hereby give my permission to Gilmer Independent School District to record my child's original work, their voice, their first name, and/or photograph for publication on the GISD internet web page or communication with other schools. I understand that these recordings will be used exclusively for non-commercial, educational purposes, which may include In-house web page publications, worldwide web publications within or outside of the State of Texas in perpetuity.

I also understand that there will be no financial or other remunerations for recording participation, either for initial or subsequent web page displays, and that Gilmer Independent School District employees are not responsible for any expense or liability incurred as a result of my child's participation in this recording or publication, including medical expenses due to any sickness or injury incurred as a result.

I do | do not authorize my child's to use computers at school.

I do | do not authorize my child's to use of the Internet at school.

I do | do not authorize the release of my child's first name and last initial to be used on district web pages.

I do | do not authorize the release of my child's (individual or group) picture to be used on district web pages.

I do | do not authorize the release of my child's intellectual property such as artwork, poetry, essays, performances, etc. to be used on district web pages.

Students Full Name: _____ (Please Print)

Parent's Full Name: _____ (Please Print)

Parent's Signature (Legal Guardian): _____

Phone Number: (Day) _____ (Evening) _____

OPTIONAL:

Yes | NO My child has access to a computer at home for homework and research purposes.

Yes | NO My child has access to the Internet at home for homework and research purposes.

Yes | NO My child has access to a mobile computing device for homework and research purposes.

FORMULARIO DE LIBERACION DE TECNOLOGÍA GILMER ISD

EL DISTRITO ESCOLAR INDEPENDIENTE DE GILMER intenta proporcionar a todos nuestros estudiantes los conocimientos y experiencias que les ayuden a prepararse para el mundo altamente técnico que les espera. Se cree que Internet es un medio de redes, el intercambio y la extracción de información. GISD espera proporcionar a su hijo la oportunidad de participar en este programa de toda la escuela y permitir el acceso del niño a esta tremenda herramienta educativa.

Por favor completar y firmar el siguiente formulario de liberación y regresar a la escuela con su hijo.

Por la presente doy mi permiso a DISTRITO ESCOLAR INDEPENDIENTE DE GILMER para grabar la obra original de mi hijo, su voz, su primer nombre o/y fotografía para su publicación en la página de internet de GISD o comunicación con otras escuelas. Tengo entendido que estas grabaciones se utilizarán exclusivamente para propósitos educativos no comerciales, que pueden incluir página web internos, publicaciones web en todo el mundo dentro o fuera del Estado de Texas a perpetuidad.

También entiendo que no habrá financieros o de otras enumeraciones para el registro de participación, ya sea para la muestra de página inicial o posterior y el distrito escolar independiente de empleados de Gilmer no son responsables de cualquier gasto o daños como consecuencia de la participación de mi hijo en esta grabación o publicación, incluyendo gastos médicos debido a alguna enfermedad o perjuicio sufrido como resultado.

Yo Sí _____ Yo No _____ autorizo a utilizar computadoras en la escuela de mi hijo.

Yo Sí _____ Yo No _____ autorizo al uso de la Internet en la escuela de mi hijo.

Yo Sí _____ Yo No _____ autorizo la liberación de mi hijo nombre y última inicial para ser utilizado en las páginas web del distrito

Yo Sí _____ Yo No _____ autorizo la liberación de la imagen (individual o grupo) de mi hijo para ser utilizado en las páginas web del distrito.

Yo Sí _____ Yo No _____ autorizo la liberación de la propiedad intelectual de mi hijo, como obras de arte, poesía, ensayos, actuaciones, etc. para ser utilizado en las páginas web de distrito. Nombre completo de los estudiantes:

Nombre Completo del Estudiante: _____

Nombre Completo del Padre: _____

Firma del Padre (Tutor Legal): _____

Número de Teléfono: (día) _____ (Noche) _____

OPCIONAL:

Sí ___ No ___ mi hijo tiene acceso a una computadora en casa para fines de investigación y trabajos. Sí ___ No ___ mi hijo tiene acceso a Internet en casa para fines de investigación y trabajos.

Sí ___ No ___ mi hijo tiene acceso a un conector de computación móvil para fines de investigación y trabajos.

Acceptable Use Policy of Gilmer Independent School District's Technology Resources

The Gilmer Independent School District provides technology resources to its students and staff for educational and administrative purposes. The goal in providing these resources is to promote educational excellence in the Gilmer schools by facilitating resource sharing, innovation and communication with the support and supervision of parents, teachers and support staff. **The use of these technology resources is a privilege, not a right.**

Gilmer ISD recognizes that access to technology in school gives students greater opportunities to learn, engage, communicate, and develop skills that will prepare them for work, life, and citizenship. We are committed to helping students develop 21st century technology and communication skills.

To that end, we provide access to technologies for student and staff use.

This Acceptable Use Policy outlines the guidelines and behaviors that users are expected to follow when using school technologies or when using personally-owned devices on the school campus.

- The Gilmer ISD network is intended for educational purposes.
- All activity over the network or using district technologies may be monitored and retained.
- Access to online content via the network may be restricted in accordance with our policies and federal regulations, such as the Children's Internet Protection Act (CIPA).
- Students are expected to follow the same rules for good behavior and respectful conduct online as offline.
- Misuse of school resources can result in disciplinary action.
- Gilmer ISD makes a reasonable effort to ensure students' safety and security online, but will not be held accountable for any harm or damages that result from use of school technologies.
- Users of the district network or other technologies are expected to alert IT staff immediately of any concerns for safety or security.

Technologies Covered

Gilmer ISD may provide Internet access, desktop computers, mobile computers or devices, videoconferencing capabilities, online collaboration capabilities, message boards, email, and more.

As new technologies emerge, Gilmer ISD will attempt to provide access to them. The policies outlined in this document are intended to cover *all* available technologies, not just those specifically listed.

Usage Policies

All technologies provided by the district are intended for education purposes. All users are expected to use good judgment and to follow the specifics of this document as well as the spirit of it: be safe, appropriate, careful and kind; don't try to get around technological protection measures; use good common sense; and ask if you don't know.

Web Access

Gilmer ISD provides its users with access to the Internet, including web sites, resources, content, and online tools. That access will be restricted in compliance with CIPA regulations and school policies. Web browsing may be monitored and web activity records may be retained indefinitely.

Users are expected to respect that the web filter is a safety precaution, and should not try to circumvent it when browsing the Web. If a site is blocked and a user believes it shouldn't be, the user should follow district protocol to alert an IT staff member or submit the site for review.

Email

Gilmer ISD may provide users with email accounts for the purpose of school-related communication. Availability and use may be restricted based on school policies.

If users are provided with email accounts, they should be used with care. Users should not send personal information; should not attempt to open files or follow links from unknown or untrusted origin; should use appropriate language; and should only communicate with other people as allowed by the district policy or the teacher.

Users are expected to communicate with the same appropriate, safe, mindful, courteous conduct online as offline. Email usage may be monitored and archived.

Mobile Devices Policy

Gilmer ISD may provide users with mobile computers or other devices to promote learning outside of the classroom. Users should abide by the same acceptable use policies when using school devices off the school network as on the school network.

Users are expected to treat these devices with extreme care and caution; these are expensive devices that the school is entrusting to your care. Users should report any loss, damage, or

malfunction to IT staff immediately. Users may be financially accountable for any damage resulting from negligence or misuse.

Use of school-issued mobile devices off the school network may be monitored.

Personally-Owned Devices Policy

Students should keep personally-owned devices (including laptops, tablets, smart phones, and cell phones) turned off and put away during school hours—unless in the event of an emergency or as instructed by a teacher or staff for educational purposes.

Because of security concerns, when personally-owned mobile devices are used on campus, they should not be used over the school network without express permission from IT staff. In some cases, a separate network may be provided for personally-owned devices.

Security

Users are expected to take reasonable safeguards against the transmission of security threats over the school network. This includes not opening or distributing infected files or programs and not opening files or programs of unknown or untrusted origin.

If you believe a computer or mobile device you are using might be infected with a virus, please alert IT. Do not attempt to remove the virus yourself or download any programs to help remove the virus.

Downloads

Users should not download or attempt to download or run .exe programs over the school network or onto school resources without express permission from IT staff.

You may be able to download other file types, such as images or videos. For the security of our network, download such files only from reputable sites, and only for education purposes.

Netiquette

Users should always use the Internet, network resources, and online sites in a courteous and respectful manner.

Users should also recognize that among the valuable content online is unverified, incorrect, or inappropriate content. Users should use trusted sources when conducting research via the Internet.

Users should also remember not to post anything online that they wouldn't want parents, teachers, or future colleges or employers to see. Once something is online, it's out there—and can sometimes be shared and spread in ways you never intended.

Plagiarism

Users should not plagiarize (or use as their own, without citing the original creator) content, including words or images, from the Internet. Users should not take credit for things they didn't create themselves, or misrepresent themselves as an author or creator of something found online. Research conducted via the Internet should be appropriately cited, giving credit to the original author.

Personal Safety

Users should never share personal information, including phone number, address, social security number, birthday, or financial information, over the Internet without adult permission. Users should recognize that communicating over the Internet brings anonymity and associated risks, and should carefully safeguard the personal information of themselves and others. Users should never agree to meet someone they meet online in real life without parental permission.

If you see a message, comment, image, or anything else online that makes you concerned for your personal safety, bring it to the attention of an adult (teacher or staff if you're at school; parent if you're using the device at home) immediately.

Cyberbullying

Cyberbullying will not be tolerated. Harassing, dissing, flaming, denigrating, impersonating, outing, tricking, excluding, and cyberstalking are all examples of cyberbullying. Don't be mean. Don't send emails or post comments with the intent of scaring, hurting, or intimidating someone else.

Engaging in these behaviors, or any online activities intended to harm (physically or emotionally) another person, will result in severe disciplinary action and loss of privileges. In some cases, cyberbullying can be a crime. Remember that your activities are monitored and retained.

Texas Education Code, Chapter 37 Section 37.001 (a); **Student Code of Conduct**: requires each independent school district in Texas to have a local policy that:

(7) prohibits bullying, harassment, and making hit lists and ensures that district employees enforce those prohibitions; and

(8) provides, as appropriate for students at each grade level, methods, including options, for:

- A. managing students in the classroom and on school grounds
- B. disciplining students; and
- C. preventing and intervening in student discipline problems, including bullying harassment and making hit list.

Examples of Acceptable Use

I will:

- ✓ Use school technologies for school-related activities.
- ✓ Follow the same guidelines for respectful, responsible behavior online that I am expected to follow offline.
- ✓ Treat school resources carefully, and alert staff if there is any problem with their operation.
- ✓ Encourage positive, constructive discussion if allowed to use communicative or collaborative technologies.
- ✓ Alert a teacher or other staff member if I see threatening, inappropriate, or harmful content (images, messages, posts) online.
- ✓ Use school technologies at appropriate times, in approved places, for educational pursuits.
- ✓ Cite sources when using online sites and resources for research.
- ✓ Recognize that use of school technologies is a privilege and treat it as such.
- ✓ Be cautious to protect the safety of myself and others.
- ✓ Help to protect the security of school resources.

This is not intended to be an exhaustive list. Users should use their own good judgment when using school technologies.

Examples of Unacceptable Use

I will not:

- ✓ Use school technologies in a way that could be personally or physically harmful.
- ✓ Attempt to find inappropriate images or content.
- ✓ Engage in cyberbullying, harassment, or disrespectful conduct toward others.
- ✓ Try to find ways to circumvent the school's safety measures and filtering tools.
- ✓ Use school technologies to send spam or chain mail.
- ✓ Plagiarize content I find online.
- ✓ Post personally-identifying information, about myself or others.

- ✓ Agree to meet someone I meet online in real life.
- ✓ Use language online that would be unacceptable in the classroom.
- ✓ Use school technologies for illegal activities or to pursue information on such activities.
- ✓ Attempt to hack or access sites, servers, or content that isn't intended for my use.

This is not intended to be an exhaustive list. Users should use their own good judgment when using school technologies.

Limitation of Liability

Gilmer ISD will not be responsible for damage or harm to persons, files, data, or hardware.

While Gilmer ISD employs filtering and other safety and security mechanisms, and attempts to ensure their proper function, it makes no guarantees as to their effectiveness.

Gilmer ISD will not be responsible, financially or otherwise, for unauthorized transactions conducted over the school network.

Violations of this Acceptable Use Policy

Violations of this policy may have disciplinary repercussions, including:

- Suspension of network, technology, or computer privileges
- Notification to parents
- Detention or suspension from school and school-related activities
- Legal action and/or prosecution

I have read and understood Gilmer ISD's Acceptable Use Policy and agree to abide by it:

(Student Printed Name)

(Student Signature)

(Date)

I have read and discussed Gilmer ISD's Acceptable Use Policy with my child:

(Parent Printed Name)

(Parent Signature)

(Date)

