



NEW STUDENT

Enrollment Requirements

ALL PAPERS IN PACKET MUST BE FILLED OUT AND ACCOMPANIED BY THE FOLLOWING DOCUMENTATION.

1. Parent/Guardian* must accompany student to enroll.
2. Original Birth Certificate
3. Withdrawal form and report card from last school attended. A transcript for students in grades 9-11 is very helpful when making educational decisions. All seniors must have a transcript for enrollment and graduation evaluation.
4. Social Security Card
5. Proof of residency in parent's name showing a physical address within the District's boundaries.
 - a. If residing in an apartment – current apartment lease (listing all people residing in apartment)
 - b. If residing in home (rent) – current utility bill (electric, gas or water)
 - c. If residing in home (own) – current utility bill (electric, gas or water)
6. If living with someone other than parent:
 - a. GUARDIANSHIP PAPERS* must be notarized and on file at school.
 - b. RESIDENCY AFFIDAVIT PAPERS must be notarized and on file at school including property owners' current utility bill.
7. Immunization records: It is the responsibility of the parent or guardian to provide immunization records. The records must include all doses administered to the student. (Title 25. Health Services, Chapter 97.97.61-97.77 of the Texas Administrative Code.)

Lake Dallas ISD does not discriminate on the basis of age, color, creed, disability, national origin, race, gender, socioeconomic status, or English proficiency in its educational programs and activities.

Students whose paperwork is complete by 1:00 p.m. may start the following day.

LAKE DALLAS ISD

P.O. Box 548 Lake Dallas, TX 75065 940.497.4039

www.ldisd.net

LAKE DALLAS ISD

STUDENT DATA FORM

**Student's
LEGAL Name:**

LAST

FIRST

MIDDLE

Gender M F

Grade _____ Campus _____

Student SSN _____ Birthdate _____ Birth Place _____

Physical Address _____

Address

City

State

Zip

Mailing Address (if different) _____

Primary Contact Phone Number(s) _____ Unlisted? Yes No

What complete or partial grades has your child attended in any U.S. State? _____

***Name, Address, and Date of Birth of Person Enrolling Student** (*Texas SB 1432 requires that a school district record the name, address, and date of birth of the person enrolling a child)

Student lives with: (circle one) Father Stepfather Mother Stepmother Other

Last Name _____ First Name _____ SSN _____

Cell # _____ Email _____ Occupation _____

Employer _____ Work Telephone _____ Ext _____

Student lives with: (circle one) Father Stepfather Mother Stepmother Other

Last Name _____ First Name _____ SSN _____

Cell # _____ Email _____ Occupation _____

Employer _____ Work Telephone _____ Ext _____

Emergency Contacts other than parents:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Parent: not residing with student to receive school related information (circle one) Mother Father

Last Name _____ First Name _____

Mailing Address _____ City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

Cell # _____ Email _____



Campus _____

Student Name _____ ID# _____

Please answer **both** parts of the following questions on the student'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).
- 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.

Parent/Guardian Signature

Date

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STATEMENT OF PERMISSION TO PROVIDE MEDICAL CARE

Student: _____
Last First Middle

Student's Address: _____
Address City State Zip

DOB: _____ Age: _____ Male/Female: _____ Grade: _____

_____ is the parent and/or legal guardian of _____
(Parent/Guardian's Name) (Student's Name)

The bearer of this statement, LAKE DALLAS ISD is empowered by this statement to seek medical care and assistance in the event of injury, accident, or illness involving my child. It is the intention of the parent/guardian that this statement serves as authorization for such medical care to be administered. I understand any medical charges are my full responsibility regardless of any insurance I carry on my child. In case of emergency and as necessary the information on this form maybe shared with other district staff member and emergency personnel. A student that is 18 years of age is also empowered to represent himself or herself as an adult.

Parent/Guardian Signature _____ Date _____

Father/Guardian: _____ Mother/Guardian: _____

Home phone: _____ Home phone: _____

Cell phone: _____ Cell phone: _____

Work: _____ Work: _____

Other: _____ Other: _____

STUDENT LIVES WITH: _____ Father _____ Mother _____ Guardian

In the event a parent/guardian cannot be reached please contact:

Name: _____ Name: _____

Relationship to student: _____ Relationship to student: _____

Home phone: _____ Home phone: _____

Cell phone: _____ Cell phone: _____

Work: _____ Work: _____

Other: _____ Other: _____

Medication Allergies: _____

Medication Taking: _____

Health History: _____

Family Physician: _____ Phone: _____

Date

Reason

Initials

LAKE DALLAS ISD

NEW STUDENT IMMUNIZATION FORM

Attention: Nurse

Student Name: _____ Grade: _____

School Transferring From: _____

City and State: _____

Have you ever attended Lake Dallas ISD?: _____ If yes, Grade(s): _____ Year(s) _____

Did you bring a copy of your immunization records today? _____

Parent's Name _____ Date: _____

For health/immunization information - www.ldisd.net/healthservices

It is the responsibility of the parent or guardian to provide immunization records. The records must include all doses administered to the student. (Title 25, Health Services, Chapter 97.97.61-97.77 of the Texas Administrative Code)

Documentation of History of Varicella (Chicken Pox) Illness

Varicella Vaccine: Effective August 1, 2000, children and students attending school or childcare facilities will be required to be vaccinated against varicella (chicken pox) as follows: Children born on or after September 2, 1994 who are 1 year old or older will be required to have received 1 dose of varicella vaccine or to present documentation of previous varicella illness. Children born between September 2, 1988 and September 1, 1994 (inclusive) must show proof by 30 days after their 12th birthday of either having received 1 dose of varicella vaccine or of having previously had varicella illness. Documentation may be provided by parent/guardian; physician or school nurse.

Please complete and sign below:

1. This is to verify that _____ (student name) had varicella disease (chicken pox) on or about _____ (date) and does not need varicella vaccine.
2. Or has had the varicella vaccination on _____ (date).

Signature

Date

Relationship to student

____ Parent/guardian

____ Physician

____ School Nurse

LAKE DALLAS MIDDLE SCHOOL

P.O. Box 548 Lake Dallas, TX 75065 Phone: 940.497.4037 Fax: 940.497.4028



Previous School _____

Phone _____ Fax _____

City _____ State _____ Zip _____

According to the final regulations-Family Educational Rights and Privacy Act (Buckle Amendment) dated June 17, 1976; it is no longer necessary to obtain written consent to release records. Volume 41, number 118-24673 states that school officials, including teachers within the educational institution and officials of other schools or school systems in which the student may intend to enroll, may receive a student's records without a written consent for such release.

Name of Student

Date of Birth

Grade

The student has enrolled in our school. Please send the following records:

- | | |
|--|---|
| <input type="checkbox"/> Withdrawal Form/Grades at date of withdrawl | <input type="checkbox"/> Current Report Card and all prior school transcripts |
| <input type="checkbox"/> Birth Certificate and Social Security Card | <input type="checkbox"/> TAKS Test Results or Standardized Test Results (All Prior Years) |
| <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Grade Placement Committee Meeting Notes |
| <input type="checkbox"/> Health Records/Immunization Records | <input type="checkbox"/> Attendance Records |
| <input type="checkbox"/> Home Language Survey-Original | <input type="checkbox"/> All LEP, TELPAS & LPAC Documents |
| <input type="checkbox"/> 504 and Gifted Talented Info | <input type="checkbox"/> Any Special Ed Records |
| <input type="checkbox"/> Other Please list: _____ | |

Date of 1st Request

Date of 2nd Request

Date of 3rd Request

Your prompt attention will greatly facilitate accurate enrollment. Thank you for your help.

By law, each district is required to transfer student records within 10 days of receipt of a request by the receiving district. (TEC25.002 (a)(3).

Registrar

2009-2010 School Year
OCCUPATIONAL SURVEY

Your Children May Be Eligible for Extra Services

IMPORTANT: Please complete the survey below and return it to your school office.

Name of Student _____ Grade _____ Birthdate _____

Campus Name _____

Within the past three (3) years has your child(ren) traveled or moved alone, with a parent, relative, guardian, or a spouse so that a family member could look for or do temporary or seasonal agricultural work or employment? Yes ____ No ____

Signature of Parent/Guardian _____ Date _____

If No, please stop here and return this survey to your school.

If YES, please (✓) the type of employment and complete the following contact information below.

- | | |
|---|--|
| <input type="checkbox"/> a. Farming | <input type="checkbox"/> j. Tree growing or harvesting |
| <input type="checkbox"/> b. Ranching | <input type="checkbox"/> k. Food processing in plants |
| <input type="checkbox"/> c. Fencing | <input type="checkbox"/> l. Plant nursery |
| <input type="checkbox"/> d. Dairying | <input type="checkbox"/> m. Poultry production |
| <input type="checkbox"/> e. Fishing | <input type="checkbox"/> n. Clearing land |
| <input type="checkbox"/> f. Picking fruit or vegetables | <input type="checkbox"/> o. Picking pecans, etc. |
| <input type="checkbox"/> g. Cotton farming/ginning | <input type="checkbox"/> p. Bailing hay |
| <input type="checkbox"/> h. Combining/harvesting grain | <input type="checkbox"/> q. Other similar work |
| <input type="checkbox"/> i. Driving tractors, machinery | |

CONTACT INFORMATION

Name of Child(ren) _____

Father/Guardian _____ Mother/Guardian _____

Home Address _____
Street City State Zip Code

Home Phone (____) _____ Other Phone (____) _____

Questions? Please contact: Ellen Smith, Migrant Liaison, Lake Dallas ISD, 940.497.4010

School personnel: Please forward to Ellen Smith at Corinth Elementary.

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HOME LANGUAGE SURVEY

19TAC Chapter 89, Subchapter BB §89.1215

Student's Name (nombre del estudiante) _____ SS# _____

Address (direccion) _____ Telephone# (telefono#) _____

Campus (escuela) _____ Grade (grado en el escuela) _____ Age (años de edad) _____

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.*

1. In what city and state/country was the student born? _____
city state or country

2. When did the student first enroll in a school in the United States?
(for example, if the student began school in the USA as a kindergarten student, put the first date of enrollment.) _____
month year , grade

3. Has your child lived outside the USA for two or more consecutive years? (circle one) No or Yes
(fill out dates) _____
from to grades

4. What language is spoken in the home most of the time? _____

5. What language does the student speak most of the time? _____

6. Does the parent/guardian need to communicate with the school in a language other than English? (circle one) No or Yes

Signature of Parent/Guardian

Date

Signature of student if in grades 9-12

Date

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

1. ¿En qué ciudad, estado, y país nació el estudiante? _____
ciudad o pueblo estado o nación

2. ¿En qué fecha se inscribió por primera vez el estudiante en Estados Unidos?
(por ejemplo, si el estudiante empezó a estudiar en EU en kinder, ponga la fecha de su inscripción.) _____
mes año , grados

3. ¿Ha vivido su hijo/a fuera de los Estados Unidos por dos o más años consecutivos? No o Sí
Si Usted marcó "sí," indique el período de tiempo: _____
desde (mes, año) hasta (mes, año) grados

4. ¿Qué idioma se habla en su hogar la mayoría del tiempo? _____

5. ¿Qué idioma habla su hijo/a la mayoría del tiempo? _____

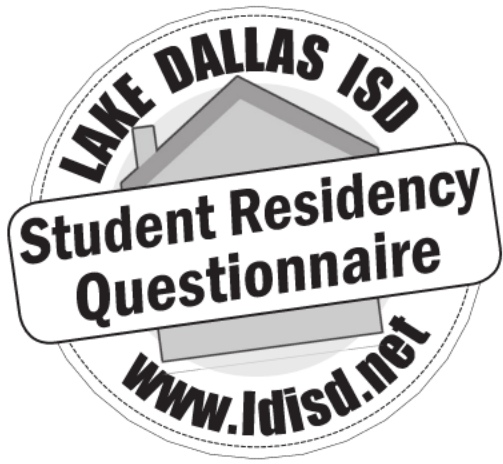
6. ¿Necesita el padre o guardián comunicarse con la escuela en otro idioma que no es inglés? No o Sí

Firma del padre/madre/ o representante legal

fecha

Firma del estudiante si está en los grados 9-12

fecha



This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

Name of School _____

Name of Student _____ Sex: Male Female
Last First Middle

Birth Date _____ Age _____ Social Security # _____
Month / Day / Year (or student identification number)

- 1. Is your current address a temporary living arrangement? ___ Yes ___ No
- 2. Is this temporary living arrangement due to loss of housing or economic hardship? ___ Yes ___ No

If you answered YES to the above questions, please complete the remainder of this form.

If you answered NO, you may stop here.

Where is the student presently living? (Check one)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent(s)/Legal Guardians(s) _____

Address _____ Zip _____ Phone _____

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Signature of Parent/Legal Guardian _____ Date _____

Please send this completed form to your child's office/teacher.

FOR OFFICE USE ONLY _____

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

_____ Date

_____ McKinney-Vento Liaison Signature

Multi-Child Free and Reduced-Price School Meals Application for 2009-10

Lake Dallas ISD

Local Educational Authority

Part 1. Children in School (Use a separate application for each foster child.)				
Names of all children in school (Last, First, Middle Initial)	School Name	Social Security #, Student I.D. or Date of Birth (OPTIONAL)	Grade	Eligibility Group # for SNAP or TANF (if any)
1.				
2.				
3.				
4.				
5.				
6.				

If you listed an Eligibility Group # for SNAP/TANF, skip to Part 4.

Part 2. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check box and list the amount of the child's personal use monthly income: \$ _____. Skip to Part 4.

Part 3. Household Members and Gross Income From Last Month (List each person in the household. For each person who receives income, write the amount received and how often it is received.)

1. Name. (List everyone in household.)	2. Income and how often it is received. Weekly (W), Every 2 Weeks (E), Twice a Month (T), Monthly (M).				3. Check if NO Income.
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
Example: Smith, Jane B.	\$200/E	\$50/M			<input type="checkbox"/>
1.					<input type="checkbox"/>
2.					<input type="checkbox"/>
3.					<input type="checkbox"/>
4.					<input type="checkbox"/>
5.					<input type="checkbox"/>
6.					<input type="checkbox"/>
7.					<input type="checkbox"/>
8.					<input type="checkbox"/>
9.					<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign.)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the "Instructions for Applying" page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: _____ Date: _____

Social Security Number: ____ - ____ - ____ I do not have a Social Security Number.

Printed Name: _____ Home Phone: _____ Work Phone: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Do not fill out this part. For school use only.

Multiple income preferences must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household income. If converting income to annual, round only the final number.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Household Income: _____ Household Size: _____ SNAP/TANF: _____ Date Withdrawn: _____

Eligibility: Free: ____ Reduced: ____ Denied: ____ Reason: _____

Temporary: Free: ____ Time Period: _____ (expires after ____ days)

Reviewing Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Follow-up Official's Signature: _____ Date: _____

Family Access Request Form

Date _____

Please list all students currently enrolled in LDISD schools:

Student's Legal Name	Grade	Campus Attending

Guardian Information:

First Name _____ **Last Name** _____

Signature _____

You will need to provide a photo ID when returning with this form to receive your username and password into Family Access. You can return the form to any campus your student(s) attend. One account will give you access to all your students so you only need to go to one campus.

E-mail address:

Send password via e-mail Pick up password Send via US mail

For Office Use Only

Type of photo ID: DL Other _____

Username and Password: emailed picked up sent by mail