

## NEW STUDENTS TO NATALIA ISD

**\*\*\* PARENT OR GUARDIAN “MUST” REGISTER THE STUDENT \*\*\***

### ITEMS TO BRING:

- Name, Address, Phone of: Previous School, Principal, Counselor, or Attendance Clerk
- Copy of last report card, withdrawal form, or transcript
- Any records from special programs
- Birth Certificate
- Social Security Card
- Current Immunization Record
- Proof of residence (gas, phone, electric bill, rental contract, property deed)  
**\*\* Proof of residence “MUST” show physical address**
- Photo ID of registering parent

**Registration Form**  
**School Year: 2011 - 2012**

Track: \_\_\_\_\_

NATALIA JUNIOR HIGH <hr/> Campus Name <hr/> (830) 663-4027      (830) 663-2347 Campus Phone      Campus Fax	Student Name      Gen _____ <hr/> Date of Birth      Birth Place <hr/> Age      Gender	Local ID _____ State ID _____ Bus Elig/Route <input type="checkbox"/> Orig Entry Dt _____ Hispanic <input type="checkbox"/> Grade Level _____ White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/>
--	--	--

**Address:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_

**PARENT INFORMATION**

1. Guardian: _____ Relation: _____	2. Guardian: _____ Relation: _____
Address: _____	Address: _____
City, St, Zip: _____	City, St, Zip: _____
Employer: _____	Employer: _____
Ph: _____ Wk: _____ Alt: _____	Ph: _____ Wk: _____ Alt: _____
Email: _____	Email: _____
Svc Branch: _____ Rank: _____ Enrolling Person: <input type="checkbox"/>	Svc Branch: _____ Rank: _____ Enrolling Person: <input type="checkbox"/>

**ENROLLING PERSON**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

1. Name: _____ Relation: _____	Phone: _____	Work Phone: _____
2. Name: _____ Relation: _____	Phone: _____	Work Phone: _____
Doctor Preference: _____	Phone: _____	
Hospital Preference: _____	Phone: _____	
Dentist: _____	Phone: _____	
Other: _____	Phone: _____	
List any Allergies: _____		

**SIBLING INFORMATION**

Brothers/Sisters	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The above information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records or information is a violation of state law and may subject you to tuition cost for your child. I certify that the information given above is correct. I authorize the school to contact the person named on this form and the above named physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physician, or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.

Date: \_\_\_\_\_

\_\_\_\_\_  
 Parent or Guardian Signature      Date of Birth

**(For Office Use Only)**

Teacher Name: \_\_\_\_\_ Control No.: \_\_\_\_\_ Eligibility Code: \_\_\_\_\_  
 Birth Certificate on File: \_\_\_\_\_ (Yes/No) PK Par Mil: \_\_\_\_\_ PK Foster: \_\_\_\_\_ Immunization on File: \_\_\_\_\_ (Yes/No) Title I: \_\_\_\_\_  
 Soc Sec Copy on File: \_\_\_\_\_ (Yes/No) At Risk: \_\_\_\_\_ Migrant: \_\_\_\_\_ Hm Lng: \_\_\_\_\_  
 Gift: \_\_\_\_\_ LEP: \_\_\_\_\_ BIL: \_\_\_\_\_ ESL: \_\_\_\_\_ Par Per: \_\_\_\_\_ Econ: \_\_\_\_\_ Special Education: Prim: \_\_\_\_\_ Sec: \_\_\_\_\_ Tert: \_\_\_\_\_ Multi: \_\_\_\_\_

Natalia ISD  
PO Box 548  
8<sup>th</sup> & Pearson Street  
Natalia, Texas 78059  
(830) 663-4416

### REQUEST FOR RECORDS

	<input type="checkbox"/> Early Childhood Center	<input type="checkbox"/> Elementary	<input type="checkbox"/> Junior High	<input type="checkbox"/> High School
Phone:	663-9739	663-2837	663-4027	663-4417
Fax:	663-4186	663-9693	663-2347	663-6410
Address:	above	above	above	above

Date of Request: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

\_\_\_\_\_, who was formerly enrolled in your school district, has enrolled in Natalia ISD. Please send us the following information:

- Report Card
- Cumulative Record/Certified Transcript
- Explanation of Scheduling System: 6/9 wks., 7 pd day, Acc. Bloc, A/B Rotating Block
- TAKS results/Other testing results
- Gifted and Talented Records
- ESL/Bilingual Records
- Discipline Records/Placement letters
- Withdrawal form
- Partial Grades if withdrawn before completing semester
- Special Education Records
- 504 Records
- Attendance Records/Letters
- Health Records
- Explanation of Grading System:

Thank you for your prompt response to this request.

If you need further information or assistance, please call the above campus and ask for the registrar.

\_\_\_\_\_  
School Personnel

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# NATALIA I.S.D. ACKNOWLEDGMENT FORM

I understand that one of the Natalia ISD's goals is to increase academic learning time for the students through improved attendance. I will assist the campus in reaching its goal by helping my child understand the importance of school and of good school attendance and by helping my child be at school unless he/she is sick or there is some other extenuating circumstance.

I also understand and agree that my child shall be held accountable for the behavior and consequences outlined in the Student Code of Conduct at school and at school-sponsored and school-related activities, including school-sponsored travel, and for any school-related misconduct, regardless of time or location.

**If parents do not want their child to recite pledges of allegiance to flags, they must annually provide a written request within one week of the student's enrollment.**

**If parents do not want their child spanked or subjected to corporal punishment, they must personally deliver annually a written request to the principal within ten days of the student's enrollment.** In-school suspension or other disciplinary techniques will be used as an alternative to spanking or corporal punishment if the parents or guardians submit the written request that their child not be spanked or subjected to corporal punishment.

Regarding student records, **I understand that the federal Family Educational Rights and Privacy Act (FERPA) and state law require that "directory information" on my child be released by the District to anyone who requests it unless I object in writing to the release of any or all of this information. I also understand that to be in compliance with the No Child Left Behind Act of 2001, the District will release to military recruiters and institutions of higher education, upon request, the name, address, and telephone listing of my child, unless I direct the District not to release this information without prior written consent, as indicated below.** This objection must be filed with the principal within ten school days of my child's first day of instruction for this school year. Directory information includes my child's:

Name	Address
Telephone listing	Date and place of birth
Participation in officially recognized activities and sports	Photograph
Weight and height of members of athletic teams	Dates of attendance
Grade level	Enrollment status
Honors and awards received in school	Most recent previous school attended
E-mail address	

In exercising my right to limit release of this information, I have marked through the items of directory information listed that I direct the District not to release without my prior written consent.

**Student Recognition**-Student names and pictures will be published in school and community publications as a means of recognizing students for their accomplishments. If parents or guardians **DO NOT** want their child's name or picture to be published, they must personally deliver annually a written request to the principal within ten days of the student's enrollment.

**I have read online the Parent and Student Handbook.** I am responsible for reading and requesting clarification on any policies I do not understand in the handbook within the first two weeks of receiving it. It includes:

- \*District and Campus Policies
- \*Telecommunications Network Contract and Acceptable Use Guidelines
- \*Student Code of Conduct

**Initial the items you (the parent) have received:**

\_\_\_\_ Student Schedule    \_\_\_\_ Family Survey    \_\_\_\_ CHIP Ins.    \_\_\_\_ New Bell Schedule    \_\_\_\_ Locker Assignments (HS)  
\_\_\_\_ School Supply List    \_\_\_\_ Food Service App.    \_\_\_\_ Accident Ins.    \_\_\_\_ Lunch Permits (HS)    \_\_\_\_ Vehicle Registration (HS)

**Natalia ISD reserves the right to send school personnel and/or legal authorities to homes where students are not in attendance at school. Those students are subject to be brought back to campus.**

**PLEASE COMPLETE AND RETURN THIS PAGE TO YOUR CHILD'S SCHOOL**

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
Parent's/Guardian's Name (Please Print)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

Texas School Immunization Law  
Rule 97.66 and 97.69  
Effective April 1, 2004

School of enrollment: Natalia Jr. High

Date of enrollment: \_\_\_\_\_

30 days after enrollment: \_\_\_\_\_

Student Name:  
\_\_\_\_\_

The law requires that students be fully vaccinated against the specified diseases. A student can be provisionally enrolled for **no more than** 30 days if 1) he/she transfers from one Texas school to another, 2) a dependent of a person who is on active duty with the armed forces of the United States, 3) a student is homeless, as defined by 103 of the McKinney Act, 42 USC 11302 or 4) a student has at least one dose of the specified age- appropriate vaccine and completing the scheduled vaccine series as rapidly as is medically feasible. At the end of the 30 day period, the student is not in compliance and the school shall exclude the student from school attendance until the required dose is administered.

I have read the information above and understand that if proper immunization records have not been received by Natalia ISD *within 30 days of enrollment*, and then my child will be withdrawn from school until valid documentation of immunizations is on file.

Furthermore, I realize that it is my responsibility to verify receipt of such records by the individual school prior to the deadline date.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

NATALIA INDEPENDENT SCHOOL DISTRICT  
RESIDENCY VERIFICATION

**THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN**

Student's Name(s)(print): \_\_\_\_\_ Grade(s): \_\_\_\_\_

Campus(es): Natalia Jr. High Registration Date: \_\_\_\_\_

I \_\_\_\_\_ reside at \_\_\_\_\_  
(Print Parent/Guardian Name) (Physical Address)

\_\_\_\_\_  
(City, State, Zip)

The location of my residence is located on the NISD map on the back: Yes  No

Directions from the school: \_\_\_\_\_

Print the name/names of your child/children:

1. \_\_\_\_\_ Grade: \_\_\_\_\_ 3. \_\_\_\_\_ Grade: \_\_\_\_\_

2. \_\_\_\_\_ Grade: \_\_\_\_\_ 4. \_\_\_\_\_ Grade: \_\_\_\_\_

My **mailing address** is: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

\_\_\_\_\_ Work Phone Number: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY NATALIA RESIDENT**

I \_\_\_\_\_ reside or own property at \_\_\_\_\_  
(Print Natalia Resident's Name) (Physical Address)

\_\_\_\_\_  
(City, State, Zip)

By signing below, I attest to the fact that the parent/guardian and the child/children listed above

*Circle One:* **RENT FROM ME** or **RESIDE WITH ME**

at the physical address listed above for the parent/guardian.

**SIGNATURES:**

\_\_\_\_\_  
Natalia Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

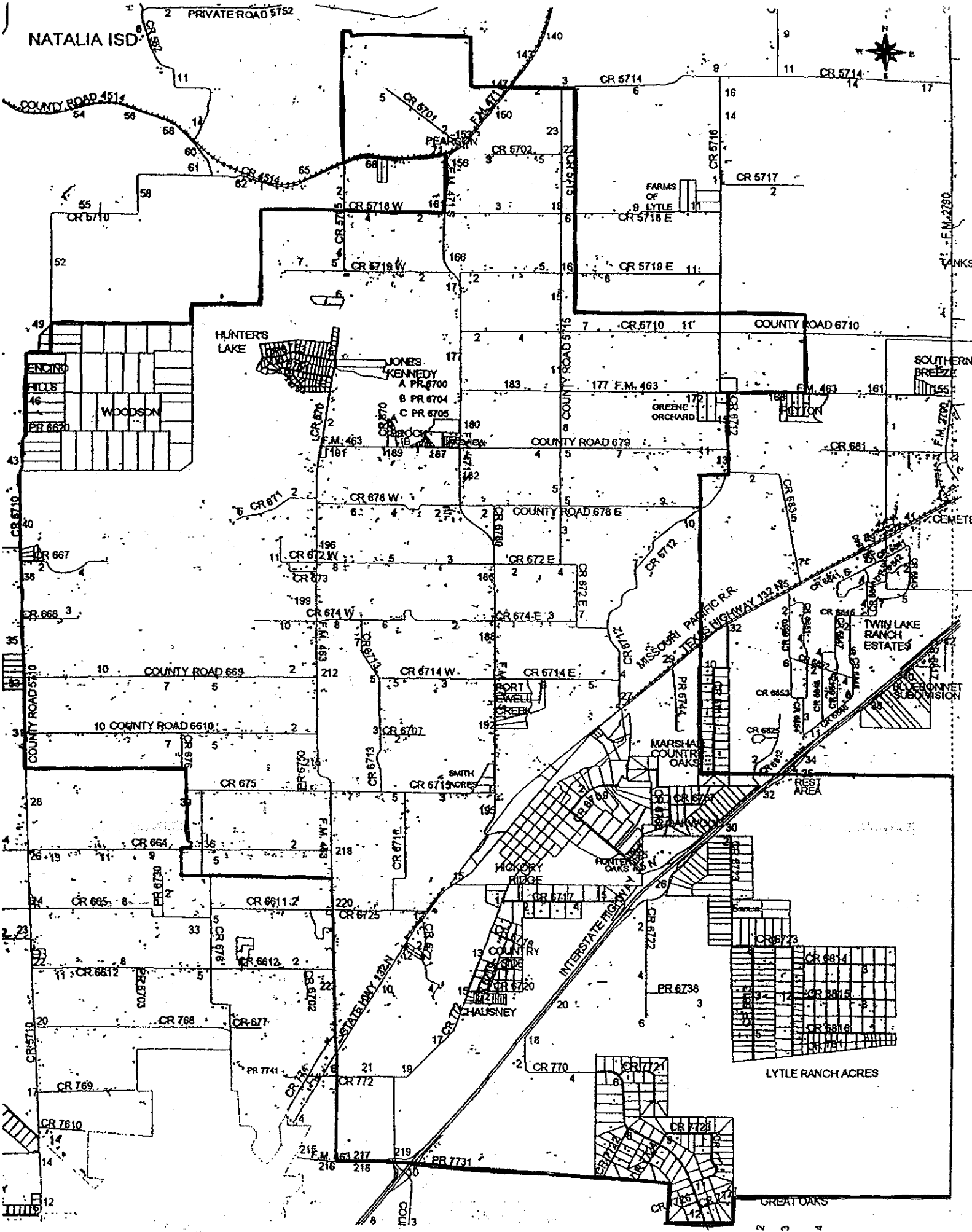
\_\_\_\_\_  
Date

**NOTARY:**

Sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

My commission expires: \_\_\_\_\_



NATALIA ISD



HUNTER'S LAKE

JONES  
KENNEDY  
A PR 6700  
B PR 6704  
C PR 6705

SOUTHERN  
BREEZE

ENCINO  
HILLS  
WOODSON

FARMS  
OF  
LYTLE

TWIN LAKE  
RANCH  
ESTATES  
BLUESHONNET  
SUBDIVISION

MARSHAL  
COUNTRY  
OAKS

HICKORY  
RIDGE

COUNTRY  
SIDE

CHAUSNEY

LYTLE RANCH ACRES

GREAT OAKS

12

F.M. 2730  
CR 5716  
CR 5717  
CR 5714

F.M. 463  
CR 6712  
CR 681

CR 681  
CR 682  
CR 683  
CR 684

CR 673  
CR 674  
CR 675  
CR 676

CR 677  
CR 678  
CR 679  
CR 680

CR 681  
CR 682  
CR 683  
CR 684

CR 685  
CR 686  
CR 687  
CR 688

The following persons listed will be used as an emergency contact /pickup.

Name	Relation	Phone number

Parent signature: \_\_\_\_\_ date: \_\_\_\_\_





**NATALIA INDEPENDENT SCHOOL DISTRICT**

PO Box 548, 8<sup>th</sup> and Pearson Sts.

Natalia, Texas 78059

www.nataliaisd.net

Phone: 830-663-4416 Fax: 830-663-4186



August 9, 2011

Dear Parent or Guardian,

Legislation has created Texas Education Code 22.095 that requires all parents to be given an attendance warning at the beginning of school.

Compulsory attendance applies to students who are at least **six years old** as of September. The law requires a student to attend public school until the student's 18<sup>th</sup> birthday. The Education Code 25.085 further states that once an **18 year old** student has more than **five unexcused** absences in a semester, the district may revoke the student's enrollment for the remainder of the year.(25.085 doesn't apply to special education students).

Compulsory attendance also applies to students **under six years** of age and is enrolled in **kindergarten** and **pre-kindergarten** classes. Texas Education Code 25.085 states that if the student has more than **five unexcused** absences in the program, the district may revoke the student's enrollment for the remainder of the school year.

Further warning notices will be sent by the attendance personnel on each campus. Charges fined in Municipal Court will also occur if your child doesn't meet the state requirement of 90% attendance in school and/or each class.

Sincerely

Dr. Guillermo Mancha  
Superintendent of Schools

**Student** \_\_\_\_\_ **Grade** \_\_\_\_\_

I have received the first attendance warning required by the Texas Education Code 25.095

**Parent**  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(Please return this signed notice to your child's school office)

TEXAS EDUCATION AGENCY  
DIVISION OF BILINGUAL EDUCATION

NATALIA ISD

HOME LANGUAGE SURVEY

Name of Student: \_\_\_\_\_

Campus: Natalia Jr. High \_\_\_\_\_ Grade \_\_\_\_\_

TO BE FILLED OUT 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: \_\_\_\_\_

\*\*\*\*\*

NATALIA ISD

CUESTIONARIO DE IDIOMA HOGARENO  
ESTADO DE TEXAS

Nombre del Nino (a) \_\_\_\_\_

Escuela: Natalia Jr. High \_\_\_\_\_ Grado \_\_\_\_\_

DEBE DE COMPLETARSE POR EL PADRE O GUARDIAN :

- (1) Cual es el idioma que mas se habla en su hogar? \_\_\_\_\_  
(2) Cual es el idioma que mas habla su nino (a) ? \_\_\_\_\_

Firma del Padre o Guardian : \_\_\_\_\_

Fecha: \_\_\_\_\_

*\*This document should be filled out only once.  
This is only for students entering school for the first time.\**

*\*Esta pagina es para estudiantes entrando la escuela por la prima ves solamente.\**

# 2011-2012 Family Survey

<b>District:</b> Natalia ISD	<b>Campus:</b> Natalia Jr. High	
<b>Student Name:</b>	<b>Age:</b>	<b>Grade Level:</b>

Dear Parents,

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

**The information provided below will be kept confidential.** Please answer the following questions and return this form to your child's school.

1. Within the past 3 years have you, or your child, moved from one school district, city or state to another? YES or NO
2. If yes, did you, or your child, move so you could work or look for work in agriculture or fishing?

**NO** (STOP here and return survey to your child's school.)  **YES** (Please  check all that apply below)



Fruit, vegetables, sunflower, cotton, wheat, grain, farms or ranches, fields & vineyards



Working in a cannery



Working on a dairy farm



Working in a fishery



Working on a poultry farm



Working in a plant nursery, orchard, tree growing or harvesting



Working in a slaughterhouse



Other similar work, please explain:

---



---

<b>Please complete the following information: (Please print)</b>		<b>Best time to contact you:</b> _____	
<b>Parent/Guardian Name:</b>	<b>Home Address/Apt Name:</b>	<b>City:</b>	<b>Zip Code:</b>
<b>Telephone Number:</b>	<b>Mailing Address:</b>	<b>City:</b>	<b>Zip Code:</b>

**For School Use Only:** Please fax survey with two YES responses to 210-370-5744.

**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:

Natalia Independent School District  
AUTHORIZATION TO SECURE EMERGENCY MEDICAL TREATMENT  
OF A MINOR STUDENT 2011-2012

1. Name of minor \_\_\_\_\_ Grade \_\_\_\_\_  
Date of birth \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

2. Name of the parent, guardian or conservator \_\_\_\_\_  
Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_

3. Name of other parent(or both if different from #2)  
Father \_\_\_\_\_ Phone \_\_\_\_\_  
Mother \_\_\_\_\_ Phone \_\_\_\_\_

Friend or relative who will probably know where to locate the parent in the event of temporary absence.

Name \_\_\_\_\_ Phone \_\_\_\_\_

This is to certify that I authorize the Superintendent of Natalia Independent School District, Natalia, Texas, or a designated representative to secure any and all emergency medical care and treatment for \_\_\_\_\_ (Students name)

for acute illness suffered or injury sustained while at school or participating in school-related activities. Emergency treatment may be secured at a licensed hospital, clinic or medical facility, or by a licensed physician or dentist with the following exceptions:

\*\*I understand that cost of services provided by ambulance, private physician, clinic, hospital, or dentist remain the responsibility of the parent or guardian and will not be assumed by the Superintendent, the designee, or the Board of Trustees of the Natalia Independent School District.\*\*

Check One:

I do not have medical insurance     I do have medical insurance coverage on my child with \_\_\_\_\_ Insurance Company, policy or certificate# \_\_\_\_\_

Medications or drugs to which the student has had an allergic or adverse reaction are:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

**Copies of this authorization may be presented to the admissions office of a hospital or clinic or to a physician or dentist. Other distribution shall be only within the limitations of the Family Educational Rights and Privacy Act.**

Natalia I.S.D. Student Medical Status  
2011-2012

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Is there any medical reason why your student cannot participate in PE?  YES  NO

\*If yes a signed letter from a Doctor is required for an exclusion from PE.

Please check all that apply to your child and explain.

**ALLERGIES**

- Bee sting/Insect bites
- Medicine
- Food
- Hay fever

Explain: \_\_\_\_\_

**CARDIOVASCULAR**

- Congenital Heart Disease
- Heart Murmur
- Hemophiliac
- High Blood Pressure

Explain: \_\_\_\_\_

**DERMATOLOGY**

- Acne
- Dermatitis
- Eczema
- Psoriasis

Explain: \_\_\_\_\_

**ENDOCRINE**

- Diabetes
- Thyroid problems Hepatitis
- Hypoglycemia
- Liver Problems

Explain: \_\_\_\_\_

**INTESTINAL/URINARY**

- Frequent Stomach Aches
- Bedwetting
- Use of Urinary Catheter
- Gastrointestinal Tube
- Frequent Urinary Tract Infections
- Bowel Movement Problems
- Ulcers

Explain: \_\_\_\_\_

**OTHER:**

Frequent Colds  
Chicken Pox Yes  No  Age had them \_\_\_\_\_  Tuberculosis/Positive Tb skin test

What type of insurance does your child have? (Please circle one)

NONE /  Private /  School /  Medicaid

Does your child take any medications routinely at home? YES  NO  Explain: \_\_\_\_\_

Does your child take any medications routinely at school? YES  NO  Explain: \_\_\_\_\_

\*If medication is to be taken at school, a Doctor/Patient release must be signed and kept in Health Office.

\*\*A Doctor's letter must be on file for the student to carry an inhaler.

Vision, Hearing, Scoliosis & Acanthosis Nigricans are required by the State of Texas. Vision and Hearing are required for 3 yr. olds, Pre-K, Kinder, 1<sup>st</sup>, 3<sup>rd</sup>, 5<sup>th</sup>, and 7<sup>th</sup> grades. Scoliosis is required for all 5<sup>th</sup> or 6<sup>th</sup> and 8<sup>th</sup> or 9<sup>th</sup> graders. Acanthosis Nigricans is required for 1<sup>st</sup>, 3<sup>rd</sup>, 5<sup>th</sup>, & 7<sup>th</sup> graders. These screenings will be conducted through out the school year.

I authorize NISD to secure any & all emergency medical care & treatment for my child for acute illness suffered or injury sustained while at school or participating in school-related activities. I understand that the District will attempt to contact me as soon as possible if such action is necessary. I understand that cost of services provided by ambulance, private physician, clinic, hospital, or dentist remains the responsibility of the parent/guardian and will not be assumed by the District or any of its employees.

**EAR, EYES, NOSE & THROAT**

- Cleft lip or palate
- Frequent Throat
- Infections
- Frequent Nose Bleeds
- Frequent Sinus Infections
- Hearing Loss/Hearing Aids
- Glasses/Contacts
- Color Blind
- Vision Loss

Explain: \_\_\_\_\_

**MUSCLES/BONES**

- Arthritis
- Loss of Limbs
- Scoliosis/Kyphosis
- Muscular Dystrophy
- Fractures
- Muscular Weakness/Paralysis

Explain: \_\_\_\_\_

**NEUROLOGICAL**

- Down's Syndrome
- Autism
- Mental retardation
- Hydrocephalic/Shunt
- Attention Deficit/Hyperactivity
- Anorexia/Bulimia
- Depression
- Emotionally Disturbed
- Bipolar Disorder
- Headaches/Migraines
- Seizure Disorders
- Tourette's Syndrome/Tics
- Cerebral Palsy

Explain: \_\_\_\_\_

**RESPIRATORY**

- Asthma
- Use of an Inhaler \*\*

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

EXHIBIT C

NATALIA INDEPENDENT SCHOOL DISTRICT VOLUNTARY STUDENT ALCOHOL- AND DRUG-TESTING  
CONSENT FORM FOR MINOR CHILD

I, \_\_\_\_\_, as a parent or guardian of \_\_\_\_\_, have read and understand the District's policy regarding voluntary random student alcohol and drug testing. Because my child did not receive a parking permit allowing him/her to park a motor vehicle on school property during the school day and is not participating in any competitive extracurricular activities, my child is not subject to mandatory random drug testing. However, I want my child to participate in the District's voluntary drug-testing program as set out in Board policy FNF(LOCAL), and hereby consent to that participation.

I understand that my child's participation in the program is strictly voluntary, and that I may withdraw my child from participation in the program at any time.

I understand that my child may be asked to provide a urine sample for drug and alcohol analysis, and I consent to such testing and analysis conducted as part of the District's alcohol-and drug-testing policy. I understand if my child has a positive test, I will be contacted by the entity.

I also understand that my child cannot be compelled to produce a specimen. I further understand that if a specimen is given upon request, it will be tested for drugs and alcohol, and that a refusal to provide a specimen when requested will be considered the same as a positive test result.

I hereby agree to my child giving a specimen as part of the District's voluntary random student alcohol-and drug-testing program. As noted above, I understand that my child voluntarily entered the District's alcohol- and drug-testing program, and may withdraw upon my providing a written notice of withdrawal at any time.

I also understand that I will be notified if my child requests to withdraw from the program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

STUDENT ACKNOWLEDGMENT I have read and understand District policy FNF(LOCAL), and I consent to voluntary participation in the District's drug- and alcohol-testing program as set out in that policy.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

# Student Residency Questionnaire

The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as Title X, Part C, of the No Child Left Behind Act. The answers you give will help the school determine the services the student may be eligible to receive.

*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).*

Name of Student: \_\_\_\_\_ Gender:  Male  Female  
Last First Middle

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Month / Day / Year (or student identification number)

Check the box that best describes with whom the student resides. **(Please note: legal guardianship may be granted only by a court; students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in and attend school. The school cannot require proof of guardianship for enrollment or continued attendance.)**

- Parent(s)
- Legal Guardians(s)
- Caregiver(s) who are not legal guardian(s) *(Examples: friends, relatives, parents of friends, etc.)*
- Other \_\_\_\_\_

Name of person with whom student resides: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Other Emergency #: \_\_\_\_\_

Length of Time at Present Address: \_\_\_\_\_

Length of Time at Previous Address: \_\_\_\_\_

Name of the school where student is enrolled or in which student is attempting to enroll: \_\_\_\_\_

Last District Attended: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

**Please check only one box that best describes where the student is presently living:**

- In my own home or apartment, in Section 8 housing, or in military housing with parent(s), legal guardian(s), or caregiver(s) *(if you checked this box, check one or both of the boxes below, if applicable:)* (CODE=N)
  - My home has no electricity (CODE=U)
  - My home has no running water (CODE=U)
- In the home of a friend or relative because I lost my housing *(examples: fire, flood, lost job, divorce, domestic violence, kicked out by parents, parent in military and was deployed, parent(s) in jail, etc.)* (CODE=D)
- In a shelter because I do not have permanent housing *(examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)* (CODE=S)



- 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

# STUDENT

## Acceptable Use Policy and Guidelines

### Overview

The Internet is a vast, global network, linking computers across the world. Through the Natalia ISD's Network and Internet Resources, students and teachers can communicate with people all over the world through a number of discussion forums, as well as through electronic mail. Because of its enormous size, the Internet's potential is boundless. However, with such great potential for education also comes some potential for misuse. It is the purpose of this list of guidelines, as well as the Acknowledgment of Privileges and Responsibilities for Internet Use, to make sure that all students who use the Internet use this valuable resource in an appropriate manner.






The NISD Wide Area Network (WAN) was designed to facilitate communication among staff members and administrators, as well as to provide students access to shared educational files and applications. **Access to the network is a privilege-not a right.** Access entails responsibility. Individual users of the network are responsible for their behavior and communications over the network. Users must agree to comply with district standards as set forth in the following Acceptable Use Guidelines and all other relevant district policies, rules and regulations.

### Network Integrity








The Natalia ISD reserves the right to examine all data stored on District hardware to make sure that all users are in compliance with these regulations. Network storage areas may be treated like school lockers. Network administrators may review files and communications to maintain system integrity and insure that users are using the system responsibly. Users should not expect that files stored on district equipment will always be private.

The NISD LAN may be monitored on occasion and when deemed necessary.

Other issues applicable to acceptable use are:

-  Copyright: All users are expected to follow existing copyright laws, copies of which may be found in each campus library.
-  Supervision and permission: A staff member only allows student use of the computers and computer network when supervised or granted permission.
-  Attempting to log on or logging on to a computer or email system by using another's password is prohibited. Assisting others in violating this rule by sharing information or passwords is unacceptable.
-  Attempting to bypass the district's telecommunication system through the use of software or outside proxy systems is prohibited. Assisting others in violating this rule by sharing information or passwords is unacceptable.
-  Improper use of any computer or the network is prohibited.

This includes the following:

-  Submitting, publishing, or displaying any defamatory, inaccurate, racially offensive, abusive, obscene, profane, sexually-oriented, or threatening materials or messages either public or private to teachers, students, parents, or other individuals or groups.
-  Using the network for financial gain, political, or commercial activity.
-  Attempting to or harming equipment, materials, or data.
-  Attempting to or sending anonymous messages of any kind.
-  Using the network to access inappropriate material.
-  Knowingly placing a computer virus on a computer or the network.
-  Using the network to provide addresses or other personal information that others may use inappropriately.

- Accessing of information resources, files, and documents of another user without authorization.

## **System Access**

Access to the District's network systems will be governed as follows:

- Students will have access to the District's resources for class assignments and research with their teacher's permission and/or supervision.
- Students with accounts will be required to maintain password confidentiality by not sharing the password with anyone.
- Any system user identified as a security risk or having violated the Student Guidelines for Acceptable Use of Electronic Communications Systems may be denied access to the District's system. Other consequences may also be assigned.
- Any system user having been denied access rights may be reinstated with a limited access account to reduce the level of security risk to the system. Limits on this type of account may include time limitations, station access limitations, file access restrictions, and a revocation of Internet access privileges.

## **Campus Level Responsibilities**

The campus principal or designee will:

- Be responsible for disseminating, collecting signed permission forms, and enforcing the Student Guidelines for Acceptable use of Electronic Communications Systems.
- Ensure that employees supervising students who use the District's system provide information emphasizing the appropriate and ethical use of this resource.

## **Individual User Responsibilities**

The following standards will apply to all users of the District's computer network systems:

- The student in whose name a system account is issued will be responsible at all times for its proper use.
- The system may not be used for illegal purposes, in support of illegal activities, or for any other activity prohibited by district guidelines.
- Students may not use another person's system account.
- Students, if granted access to electronic mail, are asked to archive or delete electronic mail consistent with the District's retention policies.
- Students are asked to delete unneeded files from the District servers on a regular basis.
- Students will be responsible for the care and maintenance of their systems.
- Maintenance issues should be reported to the campus computer facilitator.
- Students will be responsible for following all copyright laws.

## **Vandalism Prohibited**

Any attempt to harm or destroy NISD equipment or materials, data of another user of the District's system, or any of the agencies or other networks to which the District has access is prohibited. Intentional attempts to degrade or disrupt system performance may be viewed as violations of NISD guidelines and, possibly, as criminal activity under applicable state and federal laws, including the Texas Penal Code, Computer Crimes, Chapter 33. This includes, but is not limited to, the uploading or creating of computer viruses, system break-in utilities such as Sub-7, or system hacking programs. Vandalism as defined above will result in the cancellation of system use privileges and possible prosecution. The party will be responsible for restitution of costs associated with system restoration, hardware, or software costs.

## **Forgery Prohibited**

Forgery or attempted forgery of electronic messages is prohibited. Attempts to read, delete, copy, or modify the electronic mail of other system users or deliberate interference with the ability of other system users to send/receive electronic mail is prohibited.

## **Usage of Personal Electronic Devices:**

Students are restricted in their usage of student-owned personal electronic devices on District property and at District-sponsored events. Personal electronic devices include but are not limited

to student-owned desktop, laptop, tablet and handheld computing devices, whether wired or wireless, USB drives, cameras and cellular telephones.

The following activities are regulated by the Acceptable Use Policy:

- Students are prohibited from using a camera phone (a cellular phone including a camera capable of capturing and transmitting still or full motion images) in any way that violates School or District policies, including illicit and illegal use.
- Students are prohibited from using film or digital cameras and film or digital camcorders in any way that violates School or District policies, including illicit and illegal use.
- Students may not use any personal electronic devices or media including but not limited to CD/DVD burners and USB “pen” or “jump” drives (USB keys) to illegally duplicate and/or distribute copyrighted materials including music, video, movies and software.
- Students may not load a bootable, alternate operating system on any District-owned computer from any student-owned source or media, including floppy disks, CD/DVD discs or USB devices (“pen” or “jump” drives (USB keys), USB hard drives or USB CD/DVD drives).
- Students may not acquire, through wired or wireless connection, District-provided network or Internet access from any student-owned computing device whether desktop, portable, tablet or handheld, without the prior permission of their instructor and the Technology Department.

Violations of these policies will result in the immediate confiscation of the involved device(s) or media as appropriate. Depending upon the nature and severity of the violation, the confiscated device(s) or media may be held in evidence indefinitely.

### **Information Content / Third Party Supplied Information**

Students and parents of students with access to the District's system should be aware that use of the system may inadvertently provide access to other electronic communications systems outside the District's networks that may contain inaccurate and/or objectionable material. The NISD will maintain an Internet filtering software package to attempt to minimize the access to objectionable material. Any attempt to circumvent the filtering software will be viewed as an attempt to disrupt the system. A student bringing prohibited materials into the school's electronic environment will be subject to a suspension and/or a revocation of privileges on the District's system and will be subject to disciplinary action in accordance with the Student Code of Conduct. This could result in loss of credit for students.

### **Network Etiquette**

System users are expected to observe the following network etiquette (known as netiquette):

- Use appropriate language: swearing, vulgarity, ethnic or racial slurs, and any other inflammatory language is prohibited.
- Pretending to be someone else when sending or receiving messages is prohibited.
- Submitting, publishing, or displaying any defamatory, inaccurate, racially offensive, abusive, obscene, profane, sexually-oriented, or threatening materials or messages either public or private.
- Revealing such personal information as addresses or phone numbers of users or others is prohibited.
- Using the network in such a way that would disrupt the use of the network by other users is prohibited.
- Be polite. For example, messages typed in capital letters are the computer equivalent of shouting and are considered rude.

## **Suspension / Revocation of System User Account**

The NISD will suspend or revoke a system user's access to the District's system upon violation of NISD policy and/or administrative regulations regarding acceptable use. Termination of a student's access will be effective on the date the Principal or Campus Coordinator receives notice of user withdrawal or of revocation of system privileges, or on a future date if so specified in the notice.

## **Consequences for Improper Use**

Improper or unethical use of NISD technology may result in disciplinary actions consistent with the Student Code of Conduct and the Texas Penal Code, Computer Crimes, Chapter 33, or other state and federal laws. This may also require restitution for costs associated with system restoration, hardware, or software costs.

## **Disclaimer**

The District's system is provided on an "as is, as available" basis. The NISD does not make any warranties, whether expressed or implied, including, without limitation, those of fitness for a particular purpose with respect to any services provided by the system and any information or software contained therein. The NISD uses a variety of vendor supplied hardware and software. Therefore, the NISD does not warrant that the functions or services performed by, or that the information or software contained on the system will meet the user's requirements. Neither does the NISD warrant that the system will be uninterrupted or error-free, nor that defects will be corrected. Opinions, advice, services, and all other information expressed by system users, information providers, service providers, or other third party individuals in the system are those of the providers and not necessarily the NISD. The NISD will cooperate fully with local, state, or federal officials in any investigation concerning or relating to misuse of the District's computer systems and networks.

## **Term**




This policy is binding for the duration of the student's enrollment in the NISD.

## ***STUDENT AGREEMENT FOR ACCEPTABLE USE OF THE ELECTRONIC COMMUNICATIONS SYSTEM***











You are being given access to the District's electronic communications system. Through this system, you will be able to communicate with other schools, colleges, organizations, and people around the world through the Internet and other electronic information systems/networks. You will have access to hundreds of databases, libraries, and computer services all over the world. With this educational opportunity comes responsibility. It is important that you read Student Guidelines for Acceptable use of Electronic Communications Systems and the Agreement Form. Ask questions if you need help in understanding the documents.

Inappropriate system use will result in the loss of the privilege to use this educational tool. Please note that the Internet is a network of many types of communication and information networks. It is possible that you may run across areas of adult content and some material you (or your parents) might find objectionable. While the NISD will use filtering technology to restrict access to such material, it is not possible to absolutely prevent such access. It will be your responsibility to follow the rules for appropriate use.



## **Rules for Appropriate Use**

-  You will be assigned an individual account, and you are responsible for not sharing the password for that account with others.
-  The account is to be used only for identified educational purposes.
-  You will be held responsible at all times for the proper use of your account, and the NISD may suspend or revoke your access if you violate the rules.

## **Inappropriate Use**

-  Using the system for any illegal purpose
-  Disabling or attempting to disable any Internet filtering device
-  Encrypting communications to avoid security review
-  Borrowing someone's account without their permission.
-  Posting personal information about yourself or others (such as addresses and phone numbers)
-  Downloading or using copyrighted information without permission from the copyright holder.
-  Intentionally introducing a virus to the computer system
-  Posting/sending messages or accessing materials that are abusive, obscene, sexually-oriented, threatening, harassing, damaging to another's reputation, or illegal.
-  Wasting school resources through the improper use of the computer system.
-  Gaining unauthorized access to restricted information or resources.

## **Consequences for Inappropriate Use**

-  Suspension of access to the system
-  Revocation of the computer system account; or Other disciplinary or legal action, in accordance with the Student Code of Conduct and applicable laws

# Natalia ISD

## Computer User Agreement, WebPage, and Interactive Video Conference

### Permission Slip

By signing below, I acknowledge that I have received and read the District's Student Acceptable Use Policy in the "Student Handbook" governing the use of educational technology and understand that I am obligated to become acquainted with the rules, procedures and policies outlined in the student handbook. I understand that my computer use is not private and that the District will monitor my activity on the computer system.

I agree to abide by their provisions. I understand that a violation of these provisions may result in suspension or revocation of system access.

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent Permission:

I understand that this form must be signed and returned to the School Office before my child is allowed access to District networks, computer systems and the Internet.

**IMPORTANT**--Please read each of the following paragraphs then check the options below, stating that you understand the extensive use of the electronic system as an important tool in the 21<sup>st</sup> century classroom and that you grant permission for your child to participate in the District's electronic computer system including the Internet and certify that the information contained on this form is correct. Computer-based instruction including computer literacy is a part of the Natalia ISD curriculum at every grade level. If you deny permission for your child to participate in the computer based instruction and/or guided Internet activities, be aware that it will impact your child's classroom experience.

From time to time the school may wish to publish examples of a student's work or participation in activities on our district webpage. With your permission, your child's picture and/or project may be posted on a page. Full names will not be included.

Videoconferencing is a two-way video and two-way audio technology in which cameras are used to send images and sound from one location to another. These sessions are live and interactive learning experiences, and may be taped for educational purposes. With your permission, your child will be able to participate in an Interactive Video Conference that may be scheduled throughout this school year.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| My child may participate in computer-based instruction on school network | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| My child may participate in guided Internet activities                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| My child may have his/her picture published on the District WebPage      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| My child may have his/her project published on the District WebPage      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| My child may participate in Interactive Video Conferences                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| My child may be video tapped for educational purposes or projects        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I certify that I understand this policy, and that I have read and reviewed it with my child and explained its implications. I understand that I will be held accountable for my child's actions, and that disciplinary and/or legal action will result from violations of this policy. In consideration for the privilege of my child using the District's computer system and in consideration for having access to the public networks, I hereby release the District, its operators and any institution with which they are affiliated from, any and all claims and damages of any nature arising from my child's use of, or inability to use, the system, policy and administrative regulations.

Parent or Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_



# Registration Check-Off Sheet

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

*Parent/Guardian: Please make sure to visit the following tables:*

Cafeteria \_\_\_\_\_ Nurse \_\_\_\_\_

Transportation \_\_\_\_\_ Bus Route \_\_\_\_\_ Bus # \_\_\_\_\_

## **Below this point to be completed by campus personnel**

Returning/New Student Registration \_\_\_\_\_

Request for Records \_\_\_\_\_ (New Student)

Texas Immunization Law Form \_\_\_\_\_ (New Student)

Residency Verification \_\_\_\_\_

Compulsory Attendance Letter \_\_\_\_\_

Emergency Medical Treatment/Student Medical Status \_\_\_\_\_

Student Residency Questionnaire \_\_\_\_\_

Internet/Permission to Publish Form \_\_\_\_\_

Family Survey \_\_\_\_\_

Acknowledgement Form \_\_\_\_\_

TEA Ethnicity Form \_\_\_\_\_