

2016/2017 School Year

Contact Information

Student _____ Grade _____ Parent/Guardian _____

Emergency Contact Information:

Parent/Guardian Emergency Contact:

Name _____ Phone Number _____

Relationship _____ Primary Language _____

Other Emergency Contact:

Name _____ Phone Number _____

Relationship _____ Primary Language _____

In an emergency, I give my permission to the physician or health care provider listed or any available physician to treat the student. Yes No

Is there a person/persons not allowed to have contact with the student? Yes No

If yes, name of person/persons _____

Reason for no contact (Protective order, etc.) _____

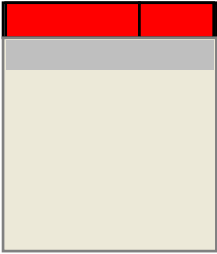
Name(s) of sibling(s), if any, who attend NYOS:

Name	Grade	Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The student has permission to go on all scheduled field trips this year. Yes No

The student's name and/or photo may be used in NYOS publications, press releases, or web pages. Yes No

Parent/Guardian Signature



Date



2016/2017 School Year

Allergen Information

Student _____ Grade _____ Parent/Guardian _____

Does the student have an allergy to any food(s)? Yes No

If yes, describe the food(s) the student is allergic to and type of reaction:

Does the student have a non-food allergy? Yes No

If yes, describe the item(s) that the student is allergic to and type of reaction:

Has an Epi-Pen been prescribed to the student? Yes No

If yes, provide any special instructions or requirements for distribution or handling of the student's Epi-Pen:

Parent/Guardian Signature _____ Date _____



2016/2017 School Year

PTA/Volunteer Information

Student _____ Grade _____ Parent/Guardian _____

Preferred email to receive school information _____

Preferred phone number _____

At NYOS we ask our parents to volunteer 20 hours per school year. Is there a preferred area(s) you would like to volunteer in?

Do you have any special talents/resources that you would like to share with the school? Yes No

If yes, what talents/resources would you like to share?

Parent/Guardian Signature Date



2016/2017 School Year

Authorization to Dispense Medication

Student _____ Grade _____ Date _____

Parent/Guardian _____ Phone # _____

Name of Medication _____

Dosage Prescribed _____

Needs Refrigeration? Yes No Dosage given at _____
(time of day)

Special Instructions

I hereby authorize NYOS Charter School personnel to administer the above medication(s) to the student named on this form. I understand that neither NYOS Charter School nor its personnel assume responsibility for any adverse effects the medication may have on this student.

Students are not allowed to have any medication with them (in classrooms, desks, lockers, or backpacks).

All medications must be kept in the school office at all times.

Prescription medications must be in the student's pharmacy-labeled container. (Pharmacies will provide an additional container upon request if some doses will be taken at school.) Over-the-counter medications must be in the manufacturer's container with dosage and expiration dates. Remember to include dosing spoons or other necessary equipment.

In grades 4-12 it is the student's responsibility to remember to come to the office to have medication dispensed. In grades Pre-K – 3 school staff will administer the medication on the requested schedule.

All medication must be picked up at the end of the school year or it will be disposed of

Signature of Parent/Guardian

Date



2016/2017 School Year

STUDENT NEEDS QUESTIONNAIRE

Student _____ Grade _____ Parent/Guardian _____

NYOS Charter School is committed to meeting the individual educational needs of the student. Please indicate if the student has been receiving any of the following services at his/her previous school.

Does the student have any specific health problems for which you feel school personnel should be made aware? Yes No

If yes, please describe: _____

Is the student receiving/has ever received Foster Care Service? Yes No

Has the student ever received Special Education Services Yes No

If yes, what grade/s: _____ In which school/s: _____

Has the student ever received 504 accommodations? Yes No

If yes, what grade/s: _____ In which school/s: _____

Has the student ever been in a gifted and talented program? Yes No

If yes, which school? _____

Has the student ever received bilingual services? Yes No

If yes, what grade/s: _____ In which school/s: _____

Has the student ever received ESL services? Yes No

If yes, what grade/s: _____ In which school/s: _____

Has the student ever repeated a grade level? Yes No

If yes, what grade/s: _____ In which school/s: _____

Does the student have a pending disciplinary assignment from a previous school? [For example: suspension, ISS, DAEP placement (alternative school) or expulsion] Does the student has a documented history of criminal offense or juvenile court adjudication? Yes No

Please provide any other information that you feel might be useful to us in serving the student:

Parent/Guardian Signature

Date



2016/2017 School Year

Home Language Survey

Student _____ Grade _____ Parent/Guardian _____

1. What language is spoken in your home most of the time? _____
2. What language is spoken by your student most of the time? _____

Parent/Guardian Signature

Date

Encuesta sobre el idioma

Estudiante _____ Grado _____ Padre/Guardián _____

1. Cual es el idioma que masse habla en su hogar? _____
2. Cual es el idioma que mas habla su estudiante? _____

Firma del Padre o Guardián

Fecha

2016-2017 Employment Survey

Only one completed survey per family is needed. It is not necessary to return a separate form for each student in your family.

Your information is strictly confidential. It will not be shared or distributed.

Student's Name	Grade	Date of Birth
1.		
2.		
3.		
4.		

If you have worked in temporary or seasonal jobs in agriculture or ranching; your child/children may qualify for supplemental services at school through the Migrant Education Program. Help us determine if your children are eligible for these additional services by answering a few questions and returning this completed survey to the school.

Within the last 3 years (36 months), did you or one of your family members move to seek or find work in agriculture or fishing?

NO (*Stop and do NOT complete this survey*) (School do not send to ESC)

.....

YES (*Continue completing the survey and return to the school*)

When you moved to look for work in the past three years, you moved from:

_____ **To** _____
 (City, State, or Country) (City, State, or Country)

- Agriculture-Planting, harvesting fruits, vegetables, cotton, etc
- Ranches and farms—Caring for animals, mending fences, etc
- Fishing— work related to commercial fishing, shrimp, etc.
- Processing plants—packing and processing meat, eggs, fruits, vegetables, etc
- Forestry—Planting trees and plants
- Other work related to agriculture _____

When is the best day and time to contact you? _____

 Physical Address City State Zip Code

 Name of Mother Telephone # Date

School District Please e-mail, mail or fax to:	ESC Region 13 Attn: Migrant Recruiters 5701 Springdale Rd. Austin, TX 78723 Fax: 512-919-5284 e-mail: Marquita.Orta@esc13.txed.net or Janet.Pena@esc13.txed.net
ESC USE ONLY	NGS History: <input type="checkbox"/> YES <input type="checkbox"/> NO QAD: Qualify: <input type="checkbox"/> YES <input type="checkbox"/> NO

Encuesta de Trabajo 2016-2017

Regrese solo una forma por familia. No es necesario llenar por separado una forma para cada uno de sus hijos.

Su información es estrictamente confidencial. No será compartida con otras agencias ó personas.

Nombre de su hijo/a	Grado	Fecha de nacimiento
1.		
2.		
3.		
4.		

Si usted trabaja temporalmente en agricultura o en ranchos, sus hijos podrían cualificar para recibir servicios adicionales en su escuela bajo el Programa de Educación Para Migrantes. Pedimos nos ayude a determinar si su hijo/a cualifica para estos servicios adicionales contestando algunas preguntas y regresando esta forma a la escuela.

¿Durante los últimos 3 años (36 meses) usted, o algún miembro de su familia se mudó para buscar o conseguir trabajo relacionado con agricultura o pescadería?

NO (Sí la respuesta es no, no complete la encuesta) (School do not send to ESC)

SI (Continúe llenando la forma y devuelva la misma a la escuela)
Cuando se mudó en busca de trabajo, se mudó de:

_____ A _____
 (Ciudad, estado o país) (Ciudad, estado o país)

- Agricultura-Siembra y cosecha de frutas, vegetales, algodón, etc.
- Ranchos y granjas-Cuidado y alimentación de animales; poniendo cercas, etc.
- Pesca- Relacionado con trabajos de pescadería
- Empacadoras-Empaque de carne, huevos, frutas, vegetales, etc.
- Industria forestal-Siembra de árboles y plantas
- Otro trabajo relacionado con agricultura _____

¿A que hora y que día de la semana sería mejor para comunicarnos con usted?

Día _____ Hora _____

_____ Domicilio-número de casa y calle Ciudad Estado Código Postal

_____ Nombre de la MADRE Teléfono # Fecha de hoy

School District Please e-mail, mail or fax to:	ESC Region 13 Attn: Migrant Recruiters 5701 Springdale Rd. Austin, TX 78723 Fax: 512-919-5284 e-mail: Marquita.Orta@esc13.txed.net or Janet.Pena@esc13.txed.net
ESC USE ONLY	NGS History: <input type="checkbox"/> YES <input type="checkbox"/> NO QAD: _____ Qualify: <input type="checkbox"/> YES <input type="checkbox"/> NO



NYOS 2016/2017 School Year

Residency Questionnaire

Student _____ Grade _____ Parent/Guardian _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11434a(2). The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? Yes No
2. If yes, is this temporary living arrangement due to loss of housing or economic hardship? Yes No

**If you answered YES to both of 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 box.*)

- 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

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).

Parent/Guardian Signature

Date



Request for Records

Student's Name: _____ Date of Birth: _____
Grade: _____

Previous School Attended: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____

Please send the following information to: NYOS Charter School
Attn: Registrar
12301 N. Lamar Blvd
Austin, Texas 78753

- | | |
|--|--|
| <input type="checkbox"/> Official Transcript | <input type="checkbox"/> Health Records, Including Immunizations |
| <input type="checkbox"/> Discipline Referrals | <input type="checkbox"/> Copy of Social Security Card |
| <input type="checkbox"/> Copy of Birth Certificate | <input type="checkbox"/> Attendance Records |
| <input type="checkbox"/> Report Card | <input type="checkbox"/> Grades to Date at Time of Withdrawal |
| <input type="checkbox"/> TAAS/TAKS Scores | <input type="checkbox"/> Achievement Scores |
| <input type="checkbox"/> Talented/Gifted Scores | <input type="checkbox"/> 504 Records |
| <input type="checkbox"/> Withdrawal Form | <input type="checkbox"/> Home Language Survey |

We appreciate your efforts in assisting us with all of the necessary information to serve our new student.

Signature of Person Authorizing Release of Records

Date



2016/2017 School Year

NYOS Releases

Student _____ Grade _____ Parent/Guardian _____

Yes	No	Please check YES or NO for each item below
<input type="checkbox"/>	<input type="checkbox"/>	The student has permission to go on all scheduled field trips this year.
<input type="checkbox"/>	<input type="checkbox"/>	The student may participate in school parties and functions.
<input type="checkbox"/>	<input type="checkbox"/>	The student may participate in the physical education program.
<input type="checkbox"/>	<input type="checkbox"/>	The student's name and/or photo may be used in NYOS publications, press releases, or web pages.
<input type="checkbox"/>	<input type="checkbox"/>	The student may be transported by school personnel in private vehicles for school events as needed.
<input type="checkbox"/>	<input type="checkbox"/>	The student's name, phone, and address may be listed in the school directory.
<input type="checkbox"/>	<input type="checkbox"/>	The student's personal identifiable info as defined by FERPA # 93-380 may be released to outside organizations.
<input type="checkbox"/>	<input type="checkbox"/>	I have read the NYOS Student/Parent Handbook and Code of Conduct. I understand it contains specific school information, rules, and consequences which are extremely important for me to discuss with the student.
<input type="checkbox"/>	<input type="checkbox"/>	I have received the Acceptable Use Policy for IT/IS Resources. I understand that this free access is designed for educational purposes. However, I also recognize that it is impossible to restrict access to all controversial materials. I agree not to hold NYOS nor any of its employees nor any of the institutions or networks providing access to electronic information responsible for the performance of the system or content of any material accessed through it.

Parent/Guardian Signature

Date

