



# Midlothian

## Independent School District

100 Walter Stephenson Road • Midlothian, TX 76065  
972.775.8296 • Metro: 972.723.6290 • Fax: 972.775.1757  
[www.midlothian-isd.net](http://www.midlothian-isd.net)

## NEW TO DISTRICT Enrollment Packet

The items listed below are **NECESSARY** to enroll your student in Midlothian ISD:

- State Issued Birth Certificate
- Original Social Security Card
- Immunization Records
- Withdrawal/Transfer form from Previous School
- Transcript for High School Students/Report Cards from previous school for all Students
- Two Proofs of Residency
  - Mortgage Statement or Lease Agreement or Tax Appraisal Statement
  - AND
  - Gas or Water or Electric Bill
- Driver's License of Person Enrolling Student
- Custody Papers or Divorce Decree if applicable
- Athletes: Physical Forms

Office Use	School Year	Campus	Entry Date	Local ID	Homeroom
	<b>2012-2013</b>				

**STUDENT ENROLLMENT FORM**  
**Midlothian**  
**Independent School District**  
**100 Walter Stephenson**  
**Midlothian, Texas 76065**

FOR OFFICE USE ONLY		Initial
ENROLLMENT DOCUMENTATION		
Birth Certificate/Acta de Nacimiento		
Social Security Card/Tarjeta de Seguro Social		
Immunization Records/Registro de Vacunación		
Proof of Residence/Prueba de Residencia:		
Mortgage Stmt/Lease Papers/Deed/Est. de Cuenta Hipotecaria/Docs. de Arriendo		
Utility Bill (Electric, Water, Gas)/Factura por Servicios Publicos (Luz, Agua, Gas)		
Withdrawal Form from Previous Campus/Formulario de Retiro de Campus Escolar Anterior		
Previous School Records/Registros de la Escuela Anterior		
Picture ID of person enrolling/Fotoidentificación de la persona que matricula al alumno		

STUDENT INFORMATION Please Print / Usar Letra de Molde

Grade / Grado	Social Security #/Seguro Social	Student Name / Nombre de Alumno			
		Last / APELLIDO	First / NOMBRE	Middle/SEGUNDO NOMBRE	GENERATION
Residential Address / Domicilio			Mailing Address / Dirección Postal		
			Complete only if different from residential address / Complete solamente si no es igual a la dirección domiciliar		
Primary Phone / Teléfono	Student Cell Phone / Teléfono celular	Gender / Género	DOB / Fecha de Nacimiento	Place of Birth (City, State)/ Lugar de Nacimiento (Ciudad, Estado)	
( )	( )	<input type="checkbox"/> Male / Masculino <input type="checkbox"/> Female / Femenino			
Ethnicity / Grupo étnico : Choose one/ Seleccione uno:	<input type="checkbox"/> Hispanic/Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. / Hispano/Latino - Una persona de cultura u origen cubano, mexicano, puertorriqueño, de Centro o Sur América o de cualquier otra cultura u origen hispana, sin importar la raza. <input type="checkbox"/> Not Hispanic/Latino / No Hispano/Latino				
Race / Raza : Choose one or more / Señale una o más	<input type="checkbox"/> American Indian or Alaska Native / Indígena Americano o Nativo de Alaska	<input type="checkbox"/> Asian / Asiático	<input type="checkbox"/> Black or African American / Negro o Afro Americano	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander / Nativo de Hawaii o de otra Isla Pacífica	<input type="checkbox"/> White / Blanco

PARENT/GUARDIAN INFORMATION / DATOS DEL PADRE O TUTOR					
Mother / Guardian Name Nombre de la madre o tutor					
LAST NAME / APELLIDO			FIRST NAME / PRIMER NOMBRE		
Residential Address / Dirección domiciliar			Place of employment Lugar de empleo	Address of employment Dirección del empleo	
Phone / Telefono de casa		Work Phone / Telefono de trabajo		Cell phone / Teléfono celular	
( )		( )		( )	
Father / Guardian Name Nombre del padre o tutor					
LAST NAME / APELLIDO			FIRST NAME / PRIMER NOMBRE		
Residential Address / Dirección domiciliar			Place of employment Lugar de empleo	Address of employment Dirección del empleo	
Phone / Telefono de casa		Work Phone / Telefono de trabajo		Cell phone / Teléfono celular	
( )		( )		( )	

With whom does the student live? ¿Con quién vive el alumno?	<input type="checkbox"/> Both Parents / Ambos Padres <input type="checkbox"/> Father / Padre <input type="checkbox"/> Mother / Madre	<input type="checkbox"/> Other / Otro (Name and relationship with student • Nombre y parentesco con el alumno
Who has Guardianship? Quien tiene la tutela?	<input type="checkbox"/> Both Parents / Ambos Padres <input type="checkbox"/> Father / Padre <input type="checkbox"/> Mother / Madre	<input type="checkbox"/> Other / Otro Name and relationship with student • Nombre y parentesco con el alumno
e-mail address /dirección de correo electrónico		
Emergency Contact Person (other than parent/guardian) Persona del Contacto para Emergencias (que no sea un padre /tutor)		Type: Home/Cell/Work Teléfono de: Casa / Celular / del Trabajo
Relationship(Parentesco)		( )

List other CHILDREN living in household / Nombres de los MENORES DE EDAD que viven en su hogar

Name / Nombre	Age / Edad	Grade / Grado	School Attending / Escuela a la que Asiste

SCHOOL / PROGRAM INFORMATION / ESCUELA / INFORMACIÓN SOBRE PROGRAMAS

Has student ever attended MIDLOTHIAN Schools? ¿Alguna vez ha asistido el alumno a las escuelas de MIDLOTHIAN?	Date first enrolled in U.S. schools? ¿Fecha de primera matrícula en una escuela de los EE.UU.?	Has student ever participated in the migrant program? / ¿Alguna vez ha participado en alumno en el programa para migrantes?	Has student ever participated in the immigrant program? / ¿Alguna vez ha participado el alumno en el programa para inmigrantes?				
<input type="checkbox"/> Yes / Sí <input type="checkbox"/> No / No		<input type="checkbox"/> Yes / Sí <input type="checkbox"/> No	<input type="checkbox"/> Yes / Sí <input type="checkbox"/> No				
List last schools attended / Indique las últimas escuelas asistidas	Address / Dirección de la escuela	Year / Año	City / Ciudad	State / estado	Zip Code / Código postal	Phone / Teléfono	Grade / Grado
Was student ever enrolled in special programs? / ¿Alguna vez estuvo matriculado en alumno en un programa especial?	<input type="checkbox"/> Yes / Si <input type="checkbox"/> No <input type="checkbox"/> Exited/Salido    Special Education/ Educación Especial <input type="checkbox"/> Yes / Si <input type="checkbox"/> No <input type="checkbox"/> Exited/Salido    Bilingual - Esl / Bilingüe - ESL <input type="checkbox"/> Yes / Si <input type="checkbox"/> No <input type="checkbox"/> Exited/Salido    Gifted and Talented / Talentosos y Dotados <input type="checkbox"/> Yes / Si <input type="checkbox"/> No <input type="checkbox"/> Exited/Salido    504 Program / Programa 504 <input type="checkbox"/> Yes / Si <input type="checkbox"/> No <input type="checkbox"/> Exited/Salido    Speech / Habla <input type="checkbox"/> Yes / Si <input type="checkbox"/> No <input type="checkbox"/> Exited/Salido    Other / Otro _____						
Was student retained in any grade Kindergarten through 12 <sup>th</sup> grade? ¿Ha repetido el alumno algún grado de kinder al 12 <sup>o</sup> grado?							<input type="checkbox"/> Yes / Si <input type="checkbox"/> No / No
Was student expelled or assigned to Alternative Education Placement (AEP) at previous district? ¿Ha sido expulsado el alumno o asignado a una Colocación de Educación Alternativa (AEP) en un distrito anterior?							<input type="checkbox"/> Yes / Si <input type="checkbox"/> No / No

INFORMATION OF PERSON ENROLLING STUDENT / DATOS DE LA PERSONA QUE MATRICULA AL ALUMNO

Name of person enrolling the student Nombre de la persona que matricula al alumno		Residential Address / Dirección domiciliar	
LAST NAME / APELLIDO	FIRST NAME / PRIMER NOMBRE		
Date of Birth / Fecha de Nacimiento	Relationship to Student / Parentesco con el alumno		
Enrollee's Signature / Firma de quien matricula al alumno		Date / Fecha	

HOME LANGUAGE SURVEY

NAME OF CHILD: \_\_\_\_\_

CAMPUS: \_\_\_\_\_ GRADE: \_\_\_\_\_

TO BE FILLED IN BY PARENT OR GUARDIAN: (Please indicate only one language per question.)

(1) What language (1) is spoken in your home most of the time? \_\_\_\_\_

(2) What language (1) does your child speak most of the time? \_\_\_\_\_

(3) Was your child born in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

(4) If no, where was your child born? \_\_\_\_\_

Country

(5) When did your child first enter a U.S. school? Pre-K-12 \_\_\_\_\_ Year \_\_\_\_\_

Grade

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

If you have indicated above that a language other than English is spoken either in your home or by your child, Texas Education Agency mandated tests will be administered to your child to determine if he/she needs instruction in English as a Second Language (ESL).

-----  
\_\_\_\_\_  
NOMBRE DEL DISTRITO

CUESTIONARIO DE IDIOMA HOGARENO  
ESTADO DE TEXAS

NOMBRE DEL NIÑO: \_\_\_\_\_

ESCUELA: \_\_\_\_\_

DEBE DE COMPLETARSE POR EL PADRE O GUARDIAN: (Por favor, indica solo uno lenguaje para cada pregunta.)

(1) ¿Cual es el idioma (1) que mas se habla en su hogar? \_\_\_\_\_

(2) ¿Cual es el idioma (1) que mas habla su niño(a)? \_\_\_\_\_

(3) ¿Nació su niño en los estados unidos? Sí \_\_\_\_\_ No \_\_\_\_\_

(3) ¿Si no, dónde nacía su niño? \_\_\_\_\_

El País

(5) ¿Cuando primero entró su niño/a a una escuela publica en los E. U? Pre-K-12 \_\_\_\_\_ Año \_\_\_\_\_

\_\_\_\_\_  
FIRMA DEL PADRE OR GUARDIAN

\_\_\_\_\_  
FECHA

Si usted indico arriba que en su casa se habla otro idioma que no sea el Ingles, el Departamento de Educacion de Texs exige que se examine a su hijo/hija para determinar si el o ella necesita clases especiales de Ingles como segundo idioma (ESL).



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### In-District Statement

Texas Education Code Section 25.001 (h) states “In addition to the penalty provided by 37.10, Penal Code, a person who knowingly falsifies information on a form required for enrollment of a student in a school district is liable to the district if the student is not eligible for enrollment but is enrolled on the basis of the false information. The person is liable, for the period during which the eligible student is enrolled, for the greater of:

- 1) The maximum tuition fee the district may charge
- 2) The amount the district has budgeted for each student as maintenance and operating expenses.

I have read and understand the above information.

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Signature of Parent or Legal Guardian

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Date

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### Declaración Del En-Distrito

Sección 25.001 (h) del código de educación de Tejas, dice que “En adición a la pena proporcionada por 37.10, código penal, una persona que falsifique con conocimiento la información sobre una forma requerida para el registro de un estudiante en un distrito escolar es obligada al distrito si el estudiante no es elegible para el registro sino se alista en base de la información falsa. La persona es obligada, para el periodo durante el cual alistan al estudiante elegible, para el mayor de:

- 1) el honorario máximo de la cuota que distrito puede cargar
- 2) la cantidad que el distrito ha presupuestado para cada estudiante como gastos del mantenimiento y de funcionamiento.

He leído y entiendo la información arriba.

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Firma de Padre o Guardián Legal

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Fecha

## 2012-2013

### Student and Parent Notification and Acknowledgement

Initial next to each item.

- \_\_\_\_\_ I understand insurance forms are in the front office for those interested in purchasing Student Insurance.  
More information is available at: [www.midlothian-isd.net/b2s/\\_pdf/OnlineVoluntaryEnrollment.pdf](http://www.midlothian-isd.net/b2s/_pdf/OnlineVoluntaryEnrollment.pdf)
- \_\_\_\_\_ I have read the Texas minimum state vaccine requirements for students in Grades K-12.  
Immunization Requirements: [www.midlothian-isd.net/b2s/\\_pdf/immunization\\_requirements.pdf](http://www.midlothian-isd.net/b2s/_pdf/immunization_requirements.pdf)  
Immunization Resources: [www.midlothian-isd.net/b2s/\\_pdf/immunization\\_resource.pdf](http://www.midlothian-isd.net/b2s/_pdf/immunization_resource.pdf)
- \_\_\_\_\_ I understand that transportation may be provided by Midlothian I. S. D. buses for school sponsored field trips.  
All M.I.S.D. safety rules will apply.
- \_\_\_\_\_ I acknowledge that I have reviewed the MISD Student code of conduct for the current school year online or have reviewed a hard-copy obtained from the campus administration. I understand students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Code.  
Code of Conduct: [www.midlothian-isd.net/ps/\\_pdf/1213-codeofconduct.pdf](http://www.midlothian-isd.net/ps/_pdf/1213-codeofconduct.pdf)
- \_\_\_\_\_ I have read the current school year Student Handbook online or have reviewed a hard-copy obtained from the campus administration. I understand students will be held accountable for failing to follow the Student Handbook.  
Elementary: [www.midlothian-isd.net/b2s/\\_pdf/Elem\\_Handbook.pdf](http://www.midlothian-isd.net/b2s/_pdf/Elem_Handbook.pdf)  
Frank Seale Middle School: [www.midlothian-isd.net/b2s/\\_pdf/FSMS\\_Handbook.pdf](http://www.midlothian-isd.net/b2s/_pdf/FSMS_Handbook.pdf)  
Walnut Grove Middle School: [www.midlothian-isd.net/b2s/\\_pdf/WGMS\\_Handbook.pdf](http://www.midlothian-isd.net/b2s/_pdf/WGMS_Handbook.pdf)  
Midlothian High School: [www.midlothian-isd.net/b2s/\\_pdf/MHS\\_Handbook.pdf](http://www.midlothian-isd.net/b2s/_pdf/MHS_Handbook.pdf)
- \_\_\_\_\_ I have reviewed and discussed the Guidelines for Use of Personal Telecommunication Devices with my child. My child understands the expectations and responsibilities associated with the proper care and handling of personal electronic devices while at school. My child is clear that the consequences of not upholding his/her responsibilities may result in disciplinary actions in accordance with the student code of conduct.  
Guidelines – Telecommunication devices: [www.midlothian-isd.net/b2s/\\_pdf/student-devices.pdf](http://www.midlothian-isd.net/b2s/_pdf/student-devices.pdf)
- \_\_\_\_\_ For students in Grades 5-12, I have read the MISD Human Sexuality Instruction notification.  
Human Sexuality: [www.midlothian-isd.net/b2s/\\_pdf/SexEd.pdf](http://www.midlothian-isd.net/b2s/_pdf/SexEd.pdf)
- \_\_\_\_\_ I have read the Stadium rules and I/my child agree to abide by the guidelines in the document.  
Stadium Rules: [www.midlothian-isd.net/b2s/\\_pdf/AthleticsLetter.pdf](http://www.midlothian-isd.net/b2s/_pdf/AthleticsLetter.pdf)
- \_\_\_\_\_ We have read and understand the MISD Acceptable Use Procedures. My child agrees to abide by these rules and understands that a violation will result in a disciplinary action by the school.  
Acceptable Use Procedures: [www.midlothian-isd.net/b2s/\\_pdf/AUP-Student-Staff.pdf](http://www.midlothian-isd.net/b2s/_pdf/AUP-Student-Staff.pdf)
- \_\_\_\_\_ I have discussed the above policies with my student.

\_\_\_\_\_  
**Student Name (print)**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**

# Midlothian ISD

DOCUMENTATION OF COURT ORDER  
2012-2013 School Year

Please print.

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

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

Grade Level: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

**Please check one of the following statements:**

\_\_\_\_\_ There are no court orders or parental custody issues that apply to my child.

\_\_\_\_\_ I have provided a copy of all current documented court orders, restraining orders, etc. that apply to my child.

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

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Parent Contact Number

# Midlothian ISD: Student Emergency Card

DATE: \_\_\_\_\_ Grade: \_\_\_\_\_

Form Completed by: \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Student Cell \_\_\_\_\_

**PARENT/GUARDIAN:**

Mother/Relationship \_\_\_\_\_ / \_\_\_\_\_ HOME# \_\_\_\_\_ CELL# \_\_\_\_\_ WORK# \_\_\_\_\_  
 Father/Relationship \_\_\_\_\_ / \_\_\_\_\_ HOME# \_\_\_\_\_ CELL# \_\_\_\_\_ WORK# \_\_\_\_\_  
 Guardianship? \_\_\_\_\_ With Whom Does Student Reside? \_\_\_\_\_

**EMERGENCY CONTACTS (Authorized to Care for child if you cannot be reached):**

NAME/RELATIONSHIP \_\_\_\_\_ / \_\_\_\_\_ HOME# \_\_\_\_\_ CELL# \_\_\_\_\_ WORK# \_\_\_\_\_  
 NAME/RELATIONSHIP \_\_\_\_\_ / \_\_\_\_\_ HOME# \_\_\_\_\_ CELL# \_\_\_\_\_ WORK# \_\_\_\_\_  
 NAME/RELATIONSHIP \_\_\_\_\_ / \_\_\_\_\_ HOME# \_\_\_\_\_ CELL# \_\_\_\_\_ WORK# \_\_\_\_\_

**HEALTH HISTORY** (some conditions may require a stmt from a physician for accommodation requests) – **Does/Did your child have a history of any of the following? If YES, provide detail below .**

	YES	NO		YES	NO		YES	NO
ADD/ADHD?			Been hospitalized?			Physical restrictions?		
Allergy, Environmental?			Bone/muscle problems?			Seizure(s)?		
Anaphylactic Reaction?			Depression/ anxiety/emotional concerns-specify below			Type of Last Seizure:		
Carry Epi Pen?			Diabetic?			Date of Last Seizure:		
Allergy, Food?			Insulin Dependent?			Sickle cell disease or trait?		
Anaphylactic Reaction?			Type:			Sustain a serious injury?		
Carry Epi Pen?			Dr. documented bladder/bowel problem?			Take daily medication at home?		
Life Threatening?			Hearing problem?			Take medication during school hours?		
Allergy, Severe Drug?			Wear Hearing Aid(s)?-			Vision problem?		
Anaphylactic Reaction?			Heart problem?			Any other medical problem not listed?		
Carry Epi Pen?								
Asthma?								

Medication at Home			Heart Restrictions:	Medication at School		
Name	Dosage	Time		Name	Dosage	Time
			Other Medical Explanations:			
			Medications must be kept in the school clinic (only exceptions with proper authorization form(s) and IHP/Action Plan is for insulin, inhalers, or epi-pens)			

NO NOTE - NO MEDICATION - NO EXCEPTIONS

Environment Allergy/Type/Treatment:	Food Allergy/Type/Treatment:	Drug Allergy/Type/Treatment:
-------------------------------------	------------------------------	------------------------------

I fully realize that failure to complete this form IN DETAIL, and/or lack of information to reach a responsible party for this student automatically gives MISD absolute authority to act in the best interest of said child. I agree that my child's teachers/pertinent school personnel/EMS may have access to the information above on a "need to know" basis. I have read and understand the MISD medication guidelines included in the student handbook. I hereby release the school nurses, MISD staff, and MISD from liability secondary to illness or reaction due to the administration of medications and/or treatments.

Parent/Guardian Signature

Email Address/Addresses

Date





# MIDLOTHIAN ISD

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## REQUEST FOR FOOD ALLERGY INFORMATION

**Dear Parent/Guardian:**

**At the time of enrollment, the District must request that the parent or guardian of each student attending the District disclose the student's food allergies. This form will satisfy this requirement to enable the District to take necessary precautions for your child's safety.**

**"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.**

**Please list any foods to which your child is allergic or severely allergic to, as well as how your child reacts when exposed to the food that is listed.**

<b>Food</b>	<b>Nature of Allergic Reaction to Food</b>	<b>Life-Threatening?</b>

**TO REQUEST A SPECIAL DIET, SUBSTITUTION OR MODIFICATION OF A MEAL PLAN, IT IS REQUIRED BY THE TEXAS DEPARTMENT OF AGRICULTURE TO HAVE YOUR DOCTOR FILL OUT A SPECIAL FORM PROVIDED THROUGH CHILD NUTRITION. SEE YOUR SCHOOL NURSE TO OBTAIN AN ALLERGY ACTION PLAN, MEDICATION AUTHORIZATION FORMS AND THE CHILD NUTRITION FORM.**

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

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

Parent/Guardian Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Date form received by Campus: \_\_\_\_\_

Date \_\_\_\_\_

**Midlothian ISD**  
**Family Educational Rights and Privacy Act (FERPA) Form**

2012-2013  
School Year

Student's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Student's Home Number \_\_\_\_\_ Campus \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name (Printed) \_\_\_\_\_ Parent Signature \_\_\_\_\_

**Student Directory Information - Legislative Update [SEC. 26.013]**

Midlothian ISD provides to the parent of each district student at the beginning of the school year or on enrollment of the student after the beginning of a school year: 1) a written explanation of the provisions of the Family Educational Rights and Privacy Act of 1974 (20 U.S.C. Section 1232g), regarding the release of directory information about the student; and 2) a written notice of the right of the parent to object to the release of directory information about the student under the Family Educational Rights and Privacy Act of 1974 (20 U.S.C. Section 1232g).

**NOTICE**

**Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about the student. If you do not want Midlothian ISD to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing by the end of the first 10 days of instruction. MISD encourages parents to use this form for the written consent notification.**

Midlothian ISD has designated the following information as directory information:

- Student's name, address, telephone number, date and place of birth
- Photograph, degrees, honors and awards received
- Grade level, dates of attendance, most recent school attended
- Participation in recognized activities & sports, weight/height of athletic team members

A parent is allowed to record their objection to the release of directory information. Please check all that apply:

- YES!** Please release my child's directory information only for a limited school-sponsored purpose designated for the student yearbook, honor roll/awards, district publications, \*district website, local newspaper, etc. with the exception to not release directory information to any requestor (vendors/solicitors) in accordance with the Texas Public Information Act.
- NO!** Please do not release my child's directory information for school sponsored purposes  
***NOTE: By checking "no", I understand my that child's picture and name will not be included in the school yearbook, newspapers, or other district publications. Nor will he/she be recognized for athletic achievement, academic achievement (i.e. honor roll), school clubs or any organizational activities.***

**High School Student Use Only: Release of Information to Military Recruiters or Institutions of Higher Education**

Federal Law requires districts receiving assistance under the Elementary and Secondary Education Act of 1965(20 U.S.X. Section 6301 et seq.) to provide a military recruiter or an institution of higher education, on request, with the name, address, and telephone number of a secondary student unless the parent has advised the district that the parent does not want the student's information disclosed without the parent's prior written consent.

- NO!** I do not want my child's directory information released to a military recruiter or to an institution of higher education (colleges/trade schools, etc).

\* MISD webpage guidelines (Acceptable Use Policy): K-5<sup>th</sup> grade students' work and photo may be posted and identified using first name and last initial only. Students 6<sup>th</sup> -12<sup>th</sup> student's work and photographs may be posted with full name identification. No other personal information about a student is allowed, such as e-mail address, home number, or home address.



# 2012-2013 Family Survey

## MIDLOTHIAN INDEPENDENT SCHOOL DISTRICT

100 Walter Stephenson Rd., Midlothian, TX

<b>District: MIDLOTHIAN ISD</b>	<b>Campus:</b>	
<b>Student Name:</b>	<b>Age:</b>	<b>Grade Level:</b>



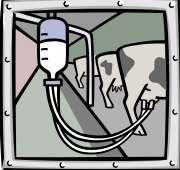





Dear Parents,

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 question and return this form to your child's school.

**Within the past 3 years have you moved from one city or state to another so that you or your family 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 and fill out the information requested at the bottom of this form.)

				
Working with fruits, vegetables, soybeans, sunflower, cotton, wheat, grain, sugar beets, agricultural farms or ranches, fields & vineyards  <input type="checkbox"/>	Working in a cannery  <input type="checkbox"/>	Working in a dairy farm  <input type="checkbox"/>	Working in a fishery  <input type="checkbox"/>	Working in a slaughter house  <input type="checkbox"/>
				
Working on a poultry farm  <input type="checkbox"/>	Working in a plant nursery, orchard, tree growing or harvesting  <input type="checkbox"/>	Other similar work, please explain: <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>		

<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>
Home: _____			
Cellular/Work: _____			

**For School Use Only:** School Personnel, please follow district guidelines regarding survey. Program Contacts, please fax surveys with a "YES" response to Region 10 ESC at (972) 348-1413.

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

### STUDENT RESIDENCY QUESTIONNAIRE

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435 and the Angel G. et al v. Texas Education Agency et al. consent degree. 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. Is this temporary living arrangement due to loss of housing or economic hardship?  Yes  No

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

If you answered NO, you may stop here.

Where is the student presently living?

- In a motel
- In a shelter
- In a foster home
- 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

School Attending:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Midlothian High School     | <input type="checkbox"/> Baxter Elementary     | <input type="checkbox"/> Miller Elementary   |
| <input type="checkbox"/> Frank Seale Middle School  | <input type="checkbox"/> Irvin Elementary      | <input type="checkbox"/> Mt Peak Elementary  |
| <input type="checkbox"/> Walnut Grove Middle School | <input type="checkbox"/> Longbranch Elementary | <input type="checkbox"/> Vitovsky Elementary |

Name of Student: \_\_\_\_\_  
Last First Middle

Male  Female

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Name of Parent(s)/Legal Guardian(s) \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Signature of Parent/Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

*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)*

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#### Office Use Only

Please send a copy to MISD Special Education and Special Programs Secretary at the Administration Building.

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



# Midlothian

## Independent School District

100 Walter Stephenson Road • Midlothian, TX 76065  
972.775.8296 • Metro: 972.723.6290 • Fax: 972.775.1757  
www.midlothian-isd.net

### CORPORAL PUNISHMENT FORM

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

According to the Student Code of Conduct and the MISD Board Policy Manual, one of the consequences for student misconduct is Corporal Punishment. Parents must submit a signed statement as to whether or not they want their child to receive Corporal Punishment.

If you agree that your child **can receive** corporal punishment, please sign below the following statement:

**I agree that my child, the above named student, may receive Corporal Punishment as a disciplinary consequence.**

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

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**OR**

If you **do not want** your child to receive Corporal Punishment, please sign below the following statement:

**My child, the above named student, may not receive Corporal Punishment as a disciplinary consequence.**

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

Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

### Return Required Documentation with First Day Packet

Please attach to this completed form: a recent utility bill (water, electric, gas), or a statement reflecting connection of utility services.

### Documentation Deadline: Friday, August 31, 2012

Return documentation with the first day packet or to the campus front office.

MIDLOTHIAN INDEPENDENT SCHOOL DISTRICT  
Enrollment Form - Residency Documentation

I, \_\_\_\_\_ (parent/guardian name), parent/guardian of  
\_\_\_\_\_, currently reside at  
\_\_\_\_\_ (full address),  
an address within the boundaries of the Midlothian Independent School District.

I also confirm that I understand that falsification of information on school enrollment forms is a violation of law (Section 37.10 Texas Penal Code and Section 25.001 Texas Education Code). From Texas Education Code:

In addition to the penalty provided by Section 37.10, Penal Code, a person who knowingly falsifies information on a form required for enrollment of a student 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.

The person is liable, for the period during which the ineligible student is enrolled, for the greater of:

- (1) The maximum tuition fee the district may charge under Section 25.038;
- Or
- (2) The amount the district has budgeted for each student as maintenance and operating expenses.

I agree that by **Friday, August 31, 2012**, I will be responsible for providing documentation to verify my residency at the above address. Acceptable documentation of residency is a recent utility bill (water, electric, gas), or a statement reflecting connection of utility services. Please note that a phone bill will not be accepted. Failure to provide the necessary documentation will result in further investigations to determine residency requirements are met and possible withdrawal of your student from Midlothian ISD.

This documentation must be returned for each student in our school district. If copies of documentation are needed, they can be made in the school office free of charge.

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