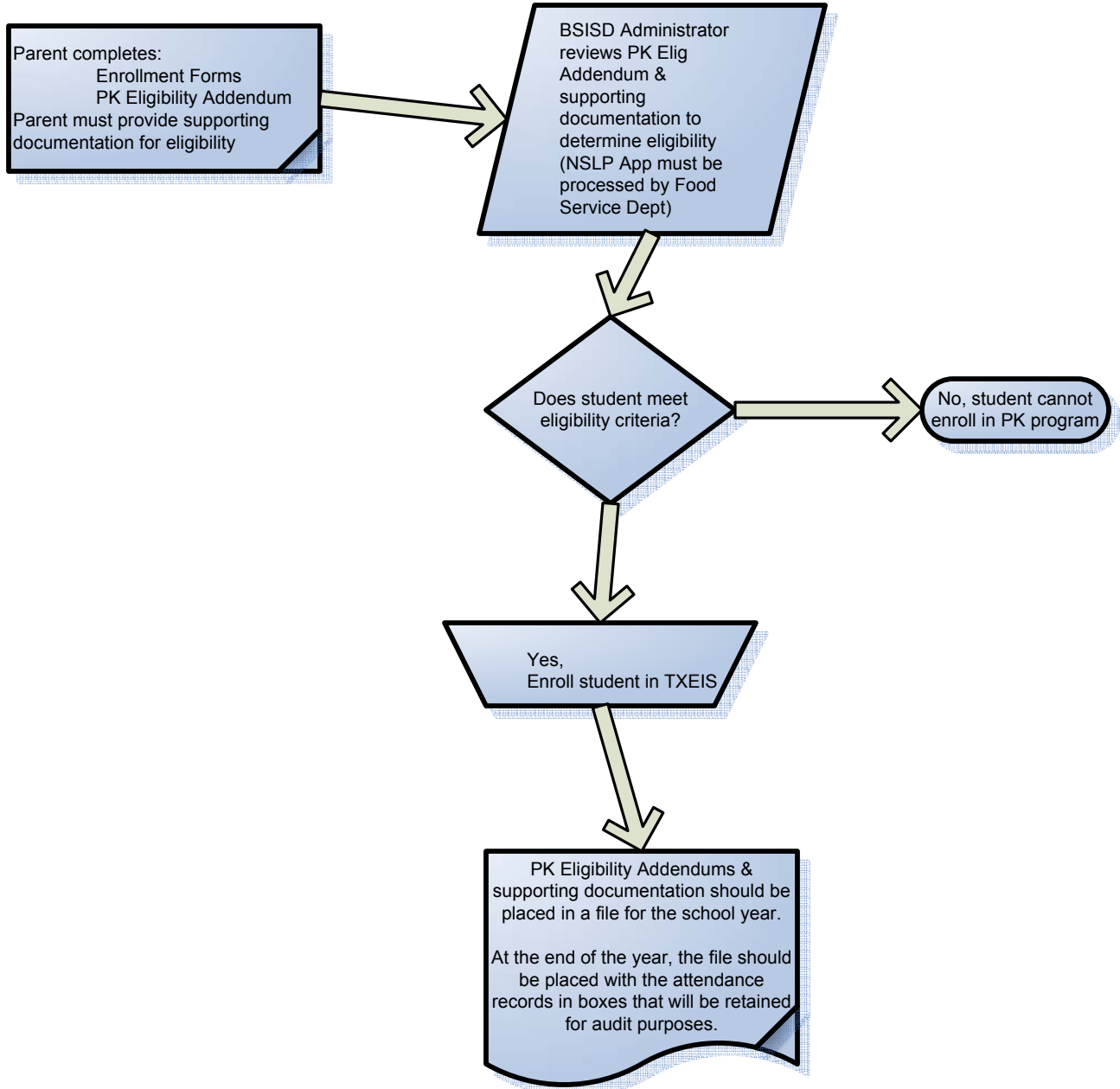


# PK Enrollment



# Big Spring Independent School District Prekindergarten Eligibility Addendum

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Student's Legal Name	Student's Social Security Number	Student's Birth Date
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Parent's/Official Guardian's Name	Address	Telephone Number
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**State legislation provides a half-day prekindergarten program for children who will be 4 years of age on or before September 1 of the current school year, if they meet one or more of the criteria listed below. Note:** The prekindergarten program is not mandatory. However, if your child qualifies and is enrolled in the program, he/she **must** attend school regularly. Failure to attend classes regularly will result in the student's withdrawal from the program.

**Parent/Guardian: Please check the appropriate box to indicate the eligibility criteria applicable to your child. Appropriate documentation is required at the time of registration.**

---

- The child is unable to speak and comprehend the English language.  
Oral language proficiency test score: \_\_\_\_\_ Date tested: \_\_\_\_\_
  
- The child is educationally disadvantaged (eligible to participate in the national School Lunch Program).
  
- The child is homeless.
  
- The child has a parent or official guardian that is an active duty member of the armed forces of the United States, including the state military forces or a reserved component of the armed forces, who is ordered to active duty by proper authority.
  
- The child has a parent or official guardian that is a member of the armed forces of the United States, including the state military forces or a reserved component of the armed forces, who was injured or killed while serving on active duty.
  
- The child has ever been in the conservatorship (foster care) of the Department of Family and Protective Services (DFPS) following an adversary hearing.

**I certify all information provided for enrollment in Big Spring ISD is true and correct.**

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

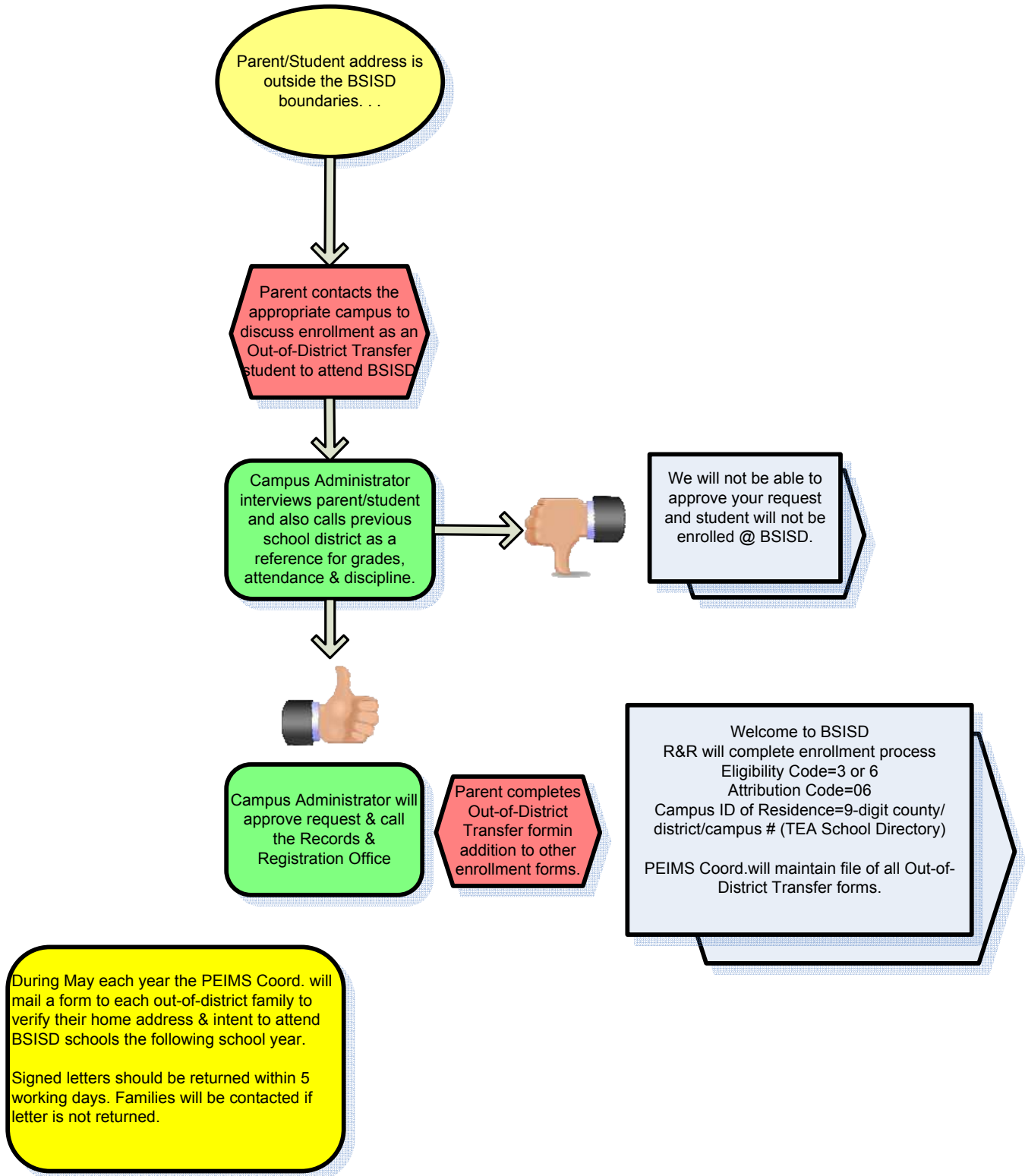
---

**TO BE COMPLETED BY SCHOOL PERSONNEL:**

- LEP (copy of Home Language Survey attached; original filed in cumulative folder)
- Educationally Disadvantaged (copy of NSLP application attached; original filed in Food Service Dept)
- Homeless (copy of Residency questionnaire attached; original filed in Federal Programs Ofc)
- Military family (documentation attached)
- DFPS care (documentation attached)

Approved  Not approved \_\_\_\_\_  
Signature of Principal/Administrator Date

# Enrolling Out-of-District Transfer Student



**Student Out-of-District Transfer Application for School Year**

**Authority for Data Collection:** Texas Education Code 21.061: Civil Action 5281, Section A.

**Planned Use of Data:** To complete the report required by Federal Court Order Civil Action 5281

**Instructions:** This form must be used for all student transfers, within the State of Texas, including hardship. The Superintendent of the receiving district must circle approved or disapproved and sign the transfer form. For further information contact the Division of Equal Education Opportunity at 512.463.9671.

**Please complete the following information for each child:**

Student's Name Last First MI	Student's Social Security Number	Date of Birth (MM-DD-YYYY)	Gender (circle one) M F	Grade Level	School District Where You Reside	School Campus Where You Reside	BSISD Use Only			
							Campus ID of Resid County-District-Campus	Elig Code (circle one) 3 6	Attrib Code 06	Campus of Enrollment
			M F					3 6	06	
			M F					3 6	06	
			M F					3 6	06	
			M F					3 6	06	

***This section must be completed by parent or guardian:***

Parent/Guardian Name (Printed): \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

_____	_____
Campus Principal Approval	Date

***This section must be completed by the receiving district's superintendent:***

The above transfers were:    approved    disapproved

\_\_\_\_\_ Telephone: 432 264 3600

Steven Saldivar or Designee                      Date

BSISD Superintendent

One copy should be retained in the Superintendent's office & another copy at the campus of enrollment with attendance documents for audit purposes.

DATE ISSUED: \_\_\_\_\_ CERTIFICATE NUMBER: \_\_\_\_\_

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH & SAFETY CODE, CHAPTER 195, SEC. 195.00)

**REQUEST FOR BIRTH**

\$23 Cash or local check

OR

**DEATH RECORDS**

\$21 cash or local check

Date of **BIRTH**: \_\_\_\_\_

Date of **DEATH**: \_\_\_\_\_

**FULL** NAME: \_\_\_\_\_

BORN IN \_\_\_\_\_ COUNTY, TEXAS

SEX: \_\_\_\_\_

FULL NAME OF FATHER: \_\_\_\_\_

FULL **MAIDEN NAME** OF MOTHER: \_\_\_\_\_

NAME OF PERSON REQUESTING THE COPY: \_\_\_\_\_

\_\_\_\_\_  
ADDRESS / CITY / STATE / ZIP

TELEPHONE#: \_\_\_\_\_

YOUR RELATIONSHIP TO THE PERSON: \_\_\_\_\_

PURPOSE FOR RECORD (Passport, ID. . . .): \_\_\_\_\_

**PLEASE PRESENT YOUR DIRVER'S LICENSE TO CLERK** \_\_\_\_\_

**REQUEST FOR MARRIAGE RECORD COPIES**

\$6 cash or local check

1. NAME OF MALE: \_\_\_\_\_

NAME OF FEMALE AT TIME OF MARRIAGE: \_\_\_\_\_

2. DATE OF MARRIAGE: \_\_\_\_\_

NAME OF PERSON REQUESTING THE COPY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

YOUR RELATIONSHIP TO PERSONS NAMED ABOVE: \_\_\_\_\_

PURPOSE FOR OBTAINING RECORD: \_\_\_\_\_

**NOTE: Submit this form with the required fee to the County Clerk's Office @ the Howard County Courthouse.**



# Big Spring ISD

Student Names

Phone Number (incl Area Code)	
-------------------------------	--

	Street Address	City, Zip
Mailing Address		
Physical Address (if different from above)		
Proof of Residence Provided	Y N	

Parent/Guardian E-mail Address for notifications	
Parent/Guardian Text # for notification	

	First Name	Last Name	Lives With	Relationship	Phone	Work Phone
Parent/Guardian			Y N			
Parent/Guardian			Y N			
Emergency Contact						
Emergency Contact						

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

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

If you answered **YES** to both questions, please answer the following:

**Where are students presently living?** (Check one box.)

<input type="checkbox"/> Motel/hotel/campground	<input type="checkbox"/> Moving from place to place
<input type="checkbox"/> Shelter	<input type="checkbox"/> Other (i.e. car, park or campsite)
<input type="checkbox"/> With > 1 family in a house or apt	

Our school is cooperating with Region 18 Education Service Center in identifying families who work in the agriculture or fishing industries. Your answers to these questions will help us determine how many children in our district need to be included in the count for potential federal funding. Circle your answer.

**In the last three years have you or someone in your family. . . .**

- Traveled to other towns or out of state to plant, harvest or process crops? **Yes No**
- Been involved in ginning cotton, hauling hay, shearing sheep, tending livestock, picking crops or other seasonal activities? **Yes No**
- Worked temporarily as a farm or ranch hand? **Yes No**

**If you answered "Yes" to any of the above questions, please complete this section.**

- Did your children travel with you? **Yes No**
- Was the job an important part of the way the worker makes a living for the family? **Yes No**
- What type of work were you looking for? (Examples: picking, plowing, spraying, shearing, milking) \_\_\_\_\_

Signature of Parent/Guardian
------------------------------

<p><b><u>BSISD Administrator Notes:</u></b></p>   <p><b>Family eligible for services? Y N Signature: _____</b></p>
---

2012-2013 BSISD Student Permission Form

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

School Handbook	<input type="checkbox"/> I agree to abide by the Student Handbook	<input type="checkbox"/> I would like a printed copy of the Student Handbook	My child and I have the opportunity to receive a hard copy of the Student Handbook. The Handbook contains information that students and parents may need during the school year. Your signature on this page acknowledges that you fully understand and agree with the campus Student Handbook found online at <a href="http://www.bsisd@esc18.net">www.bsisd@esc18.net</a> .
Student Code of Conduct	<input type="checkbox"/> I agree to abide by the Code of Conduct	<input type="checkbox"/> I would like a printed copy of the Code of Conduct	My child and I have the opportunity to receive a hard copy of the Student Code of Conduct. All students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Student Code of Conduct. Your signature on this page acknowledges that you fully understand and agree with the BSISD Student Code of Conduct found online at <a href="http://www.bsisd@esc18.net">www.bsisd@esc18.net</a> .
Media Release	<input type="checkbox"/> Yes	<input type="checkbox"/> No	I give permission for my child to be interviewed, videotaped, or photographed by a local newspaper, television, or radio reporter, or by a representative of the Big Spring Independent School District to be used in connection with a news story that has been approved by a staff member of the Big Spring ISD.
Class Field Trips	<input type="checkbox"/> Yes	<input type="checkbox"/> No	I give my permission for my student to participate in all class field trips scheduled during the school day for the current school year. I understand that these field trips will be within the school district and surrounding areas. I also understand that the same degree of supervision will be exercised as in the classroom, and I further understand that the school is not liable for any accidents or other unusual incidents that could occur on these trips. If vehicle transportation is needed, school buses will be used unless you are notified otherwise.
Use of Student Work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	I give Big Spring ISD permission to use my child's artwork or special project on the district's website and in district publications.
Directory Information	<input type="checkbox"/> Yes, directory information may be released	<input type="checkbox"/> No, directory information may not be released	Certain student information is considered 'directory information' and will be released to anyone who follows appropriate procedures for requesting the information (including military recruiters and institutions of higher education) unless the parent/guardian has denied permission to release information for their student.
Corporal Punishment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	I give permission for my child to receive corporal punishment. I agree to pick up my child within 30 minutes after I have been called.
Pesticides	<input type="checkbox"/> Yes Student is allergic to:  Numeric Field <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/> No, student does not have pesticide allergies	The Big Spring ISD periodically applies pesticides at the different school facilities during the school year. Information concerning the application of any pesticides can be obtained from the Maintenance Department at 264-4108. Is this student allergic to any known pesticides or herbicides?


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

**I understand that I may revoke this permission at any time by notifying the campus principal in writing.**

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



**2012-2013 BSISD Estudiante Permiso Forma** Nombre del Alumno \_\_\_\_\_ ID \_\_\_\_\_ Grado \_\_\_\_\_

Manual de la Escuela	<input type="checkbox"/> Estoy de acuerdo en acatar el Manual del Estudiante	<input type="checkbox"/> Me gustaría recibir una copia impresa del Manual del Estudiante	Mi hijo y yo tenemos la oportunidad de recibir una copia impresa del manual del estudiante. El manual contiene información que los estudiantes y los padres pueden necesitar durante el año escolar. Su firma en esta página reconoce que usted entiende y está de acuerdo totalmente con el plantel Manual del Estudiante en línea <a href="http://www.bsisd@esc18.net">www.bsisd@esc18.net</a> .
Código de Conducta Estudiantil	<input type="checkbox"/> Estoy de acuerdo en acatar el Manual del Estudiante	<input type="checkbox"/> Me gustaría recibir una copia impresa del Manual del Estudiante	Mi hijo y yo tenemos la oportunidad de recibir una copia impresa de este Código de Conducta Estudiantil. Todos los estudiantes tendrán que rendir cuentas de su comportamiento y estará sujeto a las consecuencias disciplinarias señaladas en el Código de Conducta Estudiantil. Su firma en esta página reconoce que usted entiende y está de acuerdo totalmente con el BSISD Código de Conducta Estudiantil encontrar en línea en <a href="http://www.bsisd@esc18.net">www.bsisd@esc18.net</a> .
Comunicado de Prensa	<input type="checkbox"/> Sí	<input type="checkbox"/> No	Doy permiso para que mi hijo se entrevistó, grabado o fotografiado por un periódico local, la televisión o la radio reporter, o por un representante de la Big Spring Distrito Escolar Independiente para ser utilizada en relación con una noticia que ha sido aprobado por un funcionario de la Big Spring ISD.
Clase viajes de sobre el Terreno	<input type="checkbox"/> Sí	<input type="checkbox"/> No	Doy mi permiso para que mi alumno participar en todas las clases viajes sobre el terreno durante el día escolar para el año escolar en curso. Tengo entendido que estos viajes sobre el terreno será dentro del distrito escolar y las áreas circundantes. También tengo entendido que el mismo grado de supervisión será ejercida en el aula, y yo entiendo que la escuela no se hace responsable de cualquier accidente o otros incidentes inusuales que podría ocurrir en estos viajes.
Utilización del trabajo de los estudiantes	<input type="checkbox"/> Sí	<input type="checkbox"/> No	Doy Big Spring ISD permiso para usar mi niño la obra o proyecto especial sobre el sitio web del distrito y en el distrito publicaciones.
Información de Directorio	<input type="checkbox"/> Sí, la información del directorio puede ser puesto en libertad	<input type="checkbox"/> No, la información del directorio no puede ser puesta en libertad	Cierta información de los estudiantes es considerada como una "información de directorio" y se estrenará a quien aplica procedimientos apropiados para solicitar la información (Incluidos los reclutadores militares e instituciones de educación superior)a menos que el padre/tutor ha negado el permiso para publicar información para que su estudiante.
Castigo Corporal	<input type="checkbox"/> Sí	<input type="checkbox"/> No	Doy permiso para que mi hijo reciben castigos corporales. Estoy de acuerdo a recoger mi hijo dentro de los 30 minutos después de que han sido llamados.
Pesticidas	<input type="checkbox"/> Sí Estudiante es alérgica 	<input type="checkbox"/> No, los estudiantes no tienen alergias de plaguicidas	El Big Spring ISD periódicamente se aplica plaguicidas en las diferentes instalaciones escolares durante el año escolar. Información relativa a la aplicación de plaguicidas puede obtenerse en el Departamento de Mantenimiento en 264 4108. Este estudiante es alérgico a algún conocido pesticidas o herbicidas?

**Comprendo que puede revocar esta autorización en cualquier momento mediante notificación al director de la escuela por escrito.**

Firma de el Estudiante \_\_\_\_\_ Fecha \_\_\_\_\_ Firma de el Padre \_\_\_\_\_ Fecha \_\_\_\_\_



**Big Spring Independent School District  
Administration Office  
708 Eleventh Place  
Big Spring, Texas 79720  
(432) 264-3600 • FAX (432) 264-3646**



**Big Spring Independent School District  
Parental Consent for Random Drug Testing Program for Extracurricular Activities  
and the Voluntary Drug Testing Program**

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
(Please print)

Extracurricular Activities Participating in: \_\_\_\_\_

I \_\_\_\_\_ as a parent/guardian of the above named student who is enrolled in Big Spring Jr./Sr. High School, hereby agree to the following:

I understand the school district's policy regarding substance abuse. I understand that it is the practice of the District to conduct random and reasonable suspicion drug and alcohol tests for the purpose of carrying out this policy.

I understand that my child cannot be compelled to give a urine, breath or saliva sample (hereafter "sample"). I understand that if he/she gives a sample, it will be tested for illegal drugs and/or alcohol. I understand that as a condition of my child's participation in Jr./Sr. High School extracurricular activities and to be in good standing, my child must give a sample when requested by the District. If my child is not involved in extracurricular activities, I hereby request that my child be allowed to participate in the Big Spring I.S.D. Voluntary Random Drug Testing Program and waive his/her rights to the extent needed for Big Spring I.S.D. to conduct drug testing under its Voluntary Drug Testing Program. I understand that if my child fails to provide a sample or his/her sample reveals an unexplained presence of an illegal drug and/or alcohol, the District will implement the steps associated with the random drug testing policy, student handbook, and student code of conduct if applicable.

I have received and read a copy of the Big Spring I.S.D. Drug Deterrent Policy. I understand that this policy is part of the school district's rules, and that it applies to all Big Spring I.S.D. students, grades seven through twelve, who participate in extracurricular activities or who participate in the Big Spring I.S.D. Voluntary Random Drug Testing Program.

Prescription drugs currently being taken as prescribed by the above mentioned student are: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Parent/Guardian Name

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

\_\_\_\_\_  
Please Print Student Name

Student Acceptable Use Policies:

Current year – nothing should be filed in the cumulative folders

2012-2013 –

- New AUP will be required when student enrolls
- Annual file of AUP's will be maintained alphabetically by campus librarian/lab manager
- If student w/draws, then returns, a new AUP will be required (attach new AUP to old one)
- End-of-year---file will be turned over to campus enrollment clerk for records retention purposes

IDL's----nothing goes in cumulative folders---info maintained electronically. As students move from 1 campus to another, the info will be transferred by the librarian/lab manager.

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

**Dear Student,**

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 the District policy, administrative regulations, and agreement form and ask questions if you need help in understanding them. 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 District 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 District may suspend or revoke your access if you violate the rules.

### **INAPPROPRIATE USES OF THE NETWORK INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING: [SEE CQ REGULATION (ON-LINE CONDUCT)]**

- 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 permission.
- Posting personal information about you 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 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.
- Plagiarism and other acts of academic dishonesty.

#### **CONSEQUENCES FOR INAPPROPRIATE USE**

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

**The student agreement must be renewed each academic year.**

# Student Acceptable Use Agreement

## Acceptable Use & Safety Agreement for the District's Electronic Communications System

### Student:

I understand that my computer use is not private and that the District will monitor my activity on the computer system.

I have received and read the District's Electronic communications system policy and administrative regulations in the campus handbook and agree to abide by their provisions.

I understand that violation of these provisions may result in suspension of system access.

Print Student's Legal Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent: (Select One Only)

I give permission for my child to participate in the District's electronic communications system. I certify that the information contained on this form is correct.

**This document will be kept on file on the campus for one year.**

I do not give permission for my child to participate in the District's electronic communications system.

I have received the District's electronic communications system policy and administrative regulations in the campus handbook. In consideration for the privilege of my child using the District's electronic communications system, and for having access to the public networks, I hereby release the District, its operators, and any institutions 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, including, without limitation, the type or damage identified in the District's policy and administrative regulations.

The student agreement must be renewed each time the student leaves BSISD and returns.

**I understand I may revoke this permission at any time by notifying the campus principal in writing.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number where parents/guardian can be reached: \_\_\_\_\_

The student agreement must be renewed each academic year.

**Big Spring ISD - Student Medical Information**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Circle any conditions that apply to this student:**

Allergies	Diabetes	Hearing Problems	Scoliosis
ADHD	Down Syndrome	Kidney Disorder	Serious Accident
Asthma	Dyslexia/Learning Disorder	Migraine Headache	Stomach Disorder/Ulcers
Cerebral Palsy	Eating Disorder	Muscular/Orthopedic Disorder	Surgery
Chicken Pox	Epilepsy/Seizure Disorder	Pervasive Developmental Disorder	Vision Problems/Glasses
Cystic Fibrosis	Heart Condition	Psychiatric Psychological Disorder	Other ( <u>please list below</u> )

**Describe any physical and/or medical problems of this student: (conditions not listed above, allergies to medicines, insects, etc)**


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**List medications student is currently taking: (attach additional page if necessary)**

Name of Medicine	Dosage	Frequency	Reason

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

"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, as well as the nature of your child's allergic reaction to the food.

Food	✓ if Severe	Nature of allergic reaction to the food

**\*\*\*NOTE\*\*\* Cafeteria will only provide food substitutions if there is a doctor's note on file regarding a food allergy. Please speak to your school nurse for more information.**

In case of high fever or illness an attempt will first be made to contact the parent or guardian. In the event I cannot be reached, my child may be picked up by one of the individuals I have listed on Registration Form.

If I am unable to be reached in the case of a serious accident or illness to my child, I authorize a representative of BSISD to consent for medical treatment or to refer my child to the Doctor/Dentist I have specified or to Scenic Mountain Medical Center Hospital.

I authorize the above information to be shared with school personnel on a need-to-know basis. I will discuss any confidential medical conditions with the campus nurse. I certify that the information given on this form is true and correct.

---

Signature of Adult Enrolling Student	Date	Relationship	Your Date of Birth
--------------------------------------	------	--------------	--------------------

Informacion Medica

Nombre: \_\_\_\_\_

Fecha de Nacimiento: \_\_\_\_\_

**Circule condiciones que apliquen al estudiante:**

- |                       |  |                                   |   |
|-----------------------|--|-----------------------------------|---|
| Alergias-de temporada | Diabetes                               | Problemas Oyendo                  | Accidente Grave                         |
| ADHD                  | Down Syndrome                          | Desorden del Rinon                | Desorden del Estomago/Ulceras           |
| Asma                  | Dislexia/Desorden Aprendiendo          | Dolor de Cabeza de Migrana        | Cirugia                                 |
| Paralisis Cerebral    | Desorden de Alimento                   | Muscular/Desorden Ortopedico      | Problems con la vista/lentes            |
| Varicela              | Epilepsia/Desorden Agarre              | Problema Cardiaco                 | Escoliosis                              |
| Fibrosis Enquistada   | Desorden para el Desarrollo Penetrante | Desorden Psicologico Psiquiatrico | Otro (por favor apunte<br>continuación) |

Medicamentos	Cantidad	Frecuencia	Razon

Cuales problemas fisicos tiene el estudiante? \_\_\_\_\_

Cuales alergias tiene el estudiante a medicamentos, alimentos, o insectos? \_\_\_\_\_

Doctor: \_\_\_\_\_ Telefono: \_\_\_\_\_ Dentista: \_\_\_\_\_ Telefono: \_\_\_\_\_

Esta forma le permite revelar si su hijo tiene una alergia alimentaria o alergia alimentaria severa que usted cree que debería darse a conocer al Distrito a fin de permitir que el Distrito tome las precauciones necesarias para la seguridad de su hijo.

"La alergia alimentaria severa" se refiere a una reacción peligrosa o potencialmente mortal del cuerpo humano a un alergeno transmitido por los alimentos introducidos por inhalación, ingestión o contacto con la piel que requiere atención médica inmediata.

Por favor escriba cualquier alimentos a los que su hijo es alérgico, o los que tenga alergia severa.

Comida	✓ es severa	Tipo de reacción alérgica a los alimentos

**\*\*\* NOTA \*\*\* La cafetería sólo proporcionará sustituciones de alimentos si hay una nota del doctor en el expediente con respecto a una alergia a los alimentos. Por favor, hable con su enfermera de la escuela para más información.**

En caso de alta temperature o una emergencia medica se hara un intento para contactar el padre or el guardian. En caso de que no pueda ser alcanzado, mi nino puede ser recogido por los individuos que he listado en la forma de registracion.

Si no soy alcanzado en caso de una enfermedad o accidente serio para mi nino, autorizo a un representante del, BSISD autorizar tratamiento medico o referir a mi nino al Doctor/Dentista que he listado o a Scenic Mountain Medical Center Hospital.

Yo autorizo que la informacion anterior sea compartida con personal de la escuela si es necesario. Discutire cualquier condicion confidencial medica con la enfermera del la escuela. Certifico que la informacion dada en esta forma es verdadera y correcta.

\_\_\_\_\_  
Firma de adulto Enrolando al estudiante

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Relacion

\_\_\_\_\_  
Fecha de Nacimiento

## Big Spring ISD – Principals’ Designees

These BSISD employees will be responsible to attend training sessions & follow the BSISD Student Accounting Procedures Manual regarding:

- Collection & retention of required records/documents
- Timely & accurate data input in TxEIS
- Required reviews & verification of records & data

Student Records	Primary	Initials	Back-up	Initials	Administrative Review
Maintain Stu Info					
Create Student Schedule					
Withdrawals					
Grade Reporting					
Attendance					
Discipline					
Health					
Cumulative Folders					

The following employees will be responsible for following all special program procedures for identifying students, maintaining proper records, & ensuring students are receiving appropriate services.

	Counselor / Sp Pgm Coord	Initials	Administrative Review
BIL/ ESL			
At-Risk			
G/T			
504			
Dyslexia			
AUP/Internet Dr Lic			
Special Ed			
Testing			

If any of the responsible persons listed above should change during the school year, you should submit a new form immediately following the effective date of the change(s).

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School Year Principal Campus Date



# Big Spring ISD Student Cumulative Folder Audit Checklist

Student Name
ID

Essential Documentation (suggested order)	Yes	N/A	ICAP	Notes:
1. Grade Label / Assessment Label card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Copy of Social Security Card (verify name and SS# are legible)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Copy of Birth Certificate (verify DOB is legible & a legal copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Court/Legal documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Home Language Survey (if > 1, keep the earliest date)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Acceptable Use Policy	<input type="checkbox"/>			
7. AIMSWEB testing/RTI (K-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Report Cards (if no label or KG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Documentation regarding student's promotion/retention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Records from any previous schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Special programs	Mark Yes or No	Entry Date	Exit Date	Notes:
504	<input type="checkbox"/> <input type="checkbox"/>			
Dyslexia	<input type="checkbox"/> <input type="checkbox"/>			
Irlen	<input type="checkbox"/> <input type="checkbox"/>			
GT	<input type="checkbox"/> <input type="checkbox"/>			
ESL/Bil/Migrant	<input type="checkbox"/> <input type="checkbox"/>			
At Risk	<input type="checkbox"/> <input type="checkbox"/>			
RTI	<input type="checkbox"/> <input type="checkbox"/>			
Special Ed <small>(incl spch)</small>	<input type="checkbox"/> <input type="checkbox"/>			Complete folder housed at Special Ed.
Assessments	<input type="checkbox"/> <input type="checkbox"/>			
Health	<input type="checkbox"/> <input type="checkbox"/>	<small>(folders are kept in nurse's ofc unless student is inactive)</small>		
SSI	<input type="checkbox"/> <input type="checkbox"/>	Circle grade level: 5 8		
PGP	<input type="checkbox"/> <input type="checkbox"/>	Circle grade level: 7 8 9 10 11		

Date Audited:	Date Verified:
Print:	Print:
Signature:	Signature:

Annual Review

Date	Reviewed by:	Date	Reviewed by:

Audit checklist should be on top of all other forms and folders.

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

SS# \_\_\_\_\_ Stu ID \_\_\_\_\_

Student has attended BSISD previously & cumulative records are stored in ICAP.

Last Campus Attended \_\_\_\_\_ Sch Yr \_\_\_\_\_ Grade \_\_\_\_\_

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End-of-Year Grade Labels

State Assessment Labels

Grade Labels should be affixed to this card at the end of each school year.  
State Assessment Labels should be affixed to the card upon receipt. Keep labels aligned by school year.

End-of-Year Grade Labels

State Assessment Labels

Grade Labels should be affixed to this card at the end of each school year.  
State Assessment Labels should be affixed to the card upon receipt. Keep labels aligned by school year.

## Big Spring Independent School District HOME LANGUAGE SURVEY PK-12

The Texas Education Code requires schools to determine the language(s) spoken at home by each student in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested. Please answer the following questions.

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

**To be filled out by parent or guardian:**

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

(2) What language does the student speak most of the time?  English  Spanish  Other \_\_\_\_\_

If you answered **English** to both questions, just sign & date below (skip questions 3 – 8).

If your answer to Question #1 or #2 was a language other than English, we are required to test your child's English proficiency. Please answer the following questions.

(3) Country of student's birth \_\_\_\_\_

(4) Date student entered the United States \_\_\_\_\_

(5) Years of education in the United States \_\_\_\_\_

(6) Number of years of education outside the United States \_\_\_\_\_

(7) City/State/Country of last school attended \_\_\_\_\_

(8) Does the student hold an Alien Registration Card (I-94)? \_\_\_\_\_

\_\_\_\_\_  
**Signature of parent or guardian**

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

### Distrito Escolar Independiente Big Spring Cuestionario de Idioma Hogareño Grados K-12

El Código de Educación de Texas requiere que las escuelas determinen el idioma que se habla en el hogar de cada estudiante. Esta información es esencial para que las escuelas puedan proporcionar instrucción significativa a todos los estudiantes. Le pedimos su cooperación de esta manera nos ayuda a cumplir con este requisito importante. Por favor conteste las siguientes preguntas. **Si usted indica un idioma que no es el idioma inglés la ley requiere evaluar la habilidad que tiene su niño/a en inglés.** Se le notificarán los resultados de la evaluación.

Nombre del Estudiante \_\_\_\_\_

**Debe ser completado por el padre/encargado:**

(1) ¿Cual es el idioma que más se habla en su hogar?  Inglés  Español  Otra \_\_\_\_\_

(2) ¿Cual es el idioma que más se habla su niño/a?  Inglés  Español  Otra \_\_\_\_\_

**Si contesto que el idioma que su niño/a habla es inglés no es necesario que conteste las preguntas del 3-8, solo coloque su firma, la fecha y devuelva la hoja a la escuela.**

(3) Lugar de nacimiento \_\_\_\_\_

(4) Fecha en la cual el estudiante entró en los Estados Unidos \_\_\_\_\_

(5) Años de educación en los Estados Unidos \_\_\_\_\_

(6) Años de educación fuera de los Estados Unidos \_\_\_\_\_

(7) La ciudad/estado/país de la última escuela que asistió \_\_\_\_\_

(8) ¿Tiene el estudiante una Tarjeta de Registro para Extranjeros (I-94)? \_\_\_\_\_

\_\_\_\_\_  
**Firma del Padre o Encargado**

\_\_\_\_\_  
**Fecha**



Intake Date \_\_\_\_\_

**Pregnancy Related Services**

Special Ed Y N

Name \_\_\_\_\_ Student ID # \_\_\_\_\_ Age \_\_\_\_\_ Due Date \_\_\_\_\_

Birthday \_\_\_\_\_ Grade \_\_\_\_\_ Other Children \_\_\_\_\_

Phone # \_\_\_\_\_ Address \_\_\_\_\_

Family \_\_\_\_\_

Father of Baby \_\_\_\_\_ Length of Relationship \_\_\_\_\_

Health \_\_\_\_\_ Doctor \_\_\_\_\_



Dates of PRS Visits (when student is called out of class)				



Date of Delivery \_\_\_\_\_ Boy/Girl Name \_\_\_\_\_

Time of Delivery \_\_\_\_\_ Lb. \_\_\_\_\_ Oz. \_\_\_\_\_ Length \_\_\_\_\_

Date CEHI Begins \_\_\_\_\_ Date CEHI Ends \_\_\_\_\_ Early CEHI? \_\_\_\_\_

Explain any extenuating circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Support Organizations:**

Church \_\_\_\_\_ Medicaid \_\_\_\_\_ WIC \_\_\_\_\_ Other \_\_\_\_\_

Babysitter for child \_\_\_\_\_

Future plans \_\_\_\_\_

\_\_\_\_\_

PRS Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rev. 12-2010

Note: All doctors' notes & supporting documentation must be attached to this form . At the end of the school year the forms will be filed with End-of-Year Campus Attendance records. A copy of this intake form will be made for the student's cumulative folder.

**Big Spring Independent School District**  
**Weekly Homebound Log for \_\_\_\_\_**

Teacher Name: \_\_\_\_\_

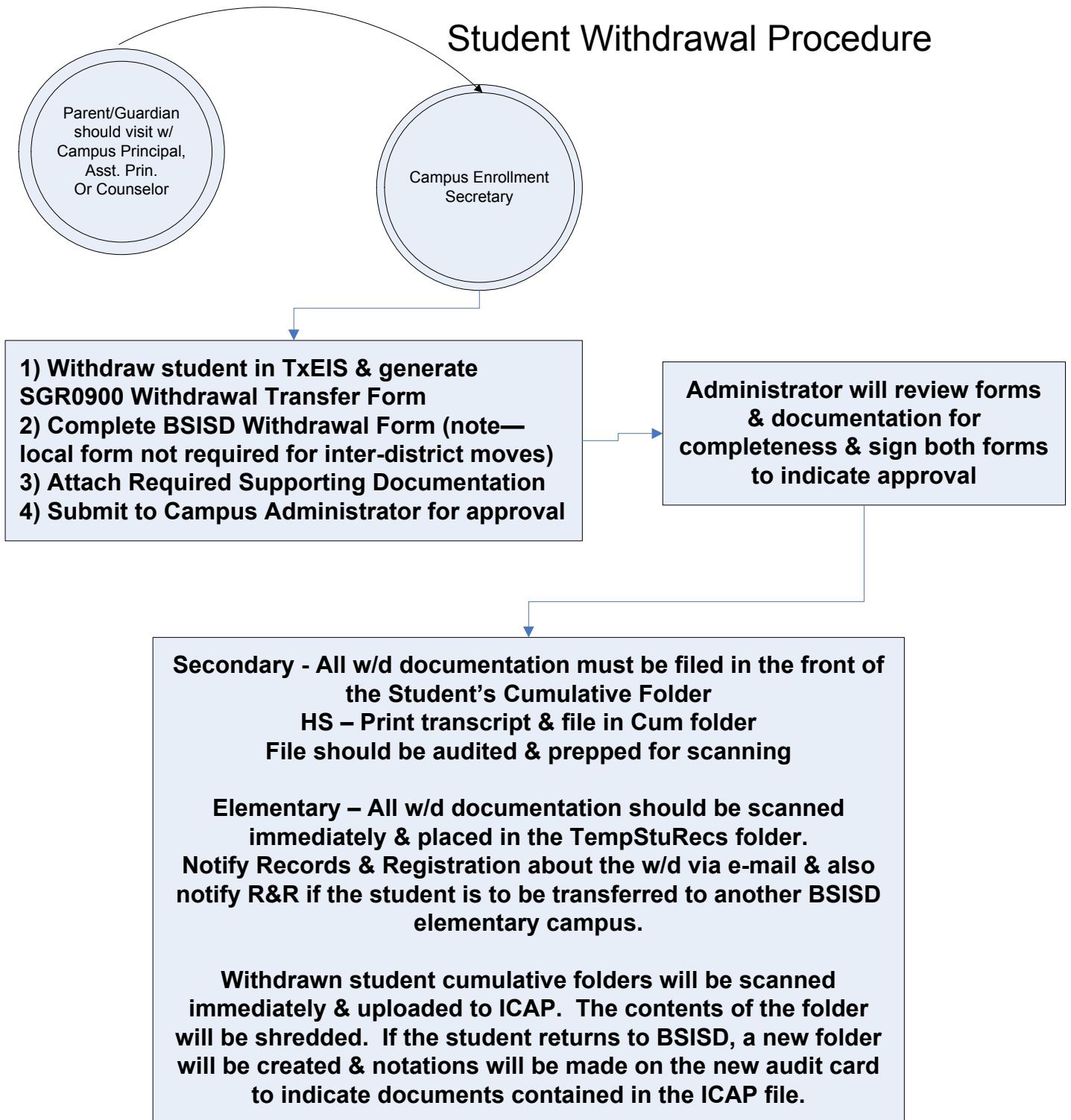
	Student Name	I.D. Number	✓ Service Delivered			Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours	Attn Posted By:
			Sp Ed	PRS	GEH							
1												
	Student or Parent initials											
2												
	Student or Parent initials											
3												
	Student or Parent initials											
4												
	Student or Parent initials											
5												
	Student or Parent initials											
6												
	Student or Parent initials											
7												
	Student or Parent initials											
8												
	Student or Parent initials											

<b>Total mileage per day</b>							<b>Total Mileage:</b>
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Homebound Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Enter campus name 'Weekly Homebound Log For ...'
- Enter teacher's name in heading & calendar dates under each weekday
- Enter student's legal name and student ID
- Enter each day's begin time & end time
- Enter total # hours for the week
- Teacher should sign & date form prior to submitting to the appropriate campus attendance office

# Student Withdrawal Procedure



## Beginning of the Year - No Shows

- SRG0900 W/D Transfer Form will be printed; obtain signatures
- **ALWAYS W/D students with Reason Code of 44, save the record**
- If necessary, note a different Reason Code on the form & then change the W/D record appropriately
- W/D form will be filed in Cumulative Folder so it will be included with all other records when they are scanned & uploaded to ICAP.



# BIG SPRING ISD

## Student Withdrawal Form

**Audited:** \_\_\_\_\_

Campus:  BSHS     BSJH     Goliad Int.     Bauer     Kentwood     Marcy     Moss     Washington

Withdrawal Date: \_\_\_\_\_ Student ID: \_\_\_\_\_ Student Name: \_\_\_\_\_

LEAVER REASON	DESCRIPTION	ADDITIONAL REQUIRED DOCUMENTATION (Included on Reverse or Attached to this form)
<input type="checkbox"/> Moving to another BSISD Campus	<b>New Address:</b>	
<input type="checkbox"/> Enroll in another Texas District (80)	<b>New School:</b> <b>New Address:</b> <b>City, State, Zip:</b>	<input type="checkbox"/> FAX/e-mail/signed letter from parent <input type="checkbox"/> Written statement from parent (attached) <input type="checkbox"/> Oral statement by parent or other adult (on reverse) <b>Records</b> <input type="checkbox"/> TReX (attached) <b>Request</b> <input type="checkbox"/> FAX (attached) <input type="checkbox"/> Phone - <b>Requestor:</b> <b>School:</b> <b>Address:</b> <b>City, State, Zip:</b> <b>Request Rec'd By:</b> _____ <b>Date:</b> _____ <input type="checkbox"/> PET Enrollment Confirmation (attached)
<input type="checkbox"/> 01 Graduated	Non-Spring Graduate; <b>Date:</b> (Mid-term, Summer School; TAKS)	Official transcript (incl. sufficient credits, TAKS scores & dates, graduation seal, school official signature, & date of completion)
<input type="checkbox"/> 03 Student Died	Student died while enrolled in school or during the summer after completing the prior school year.	<input type="checkbox"/> Copy of death certificate <input type="checkbox"/> Obituary or program from funeral/memorial service (attached) <input type="checkbox"/> Written statement from parent (attached) <input type="checkbox"/> Oral statement by parent (on reverse)
<input type="checkbox"/> 16 Student Returning to Home Country	Student and/or his/her family are leaving the United States (may be used for foreign exchange students) <b>Destination:</b>	<input type="checkbox"/> FAX/e-mail/signed letter from parent/host family <input type="checkbox"/> Written statement from parent (attached) <input type="checkbox"/> Oral statement by parent or other adult (on reverse)
<input type="checkbox"/> 24 Student Enrolled in College	Student must be enrolled for at least 9 credit hours per semester working toward a degree. <b>College:</b>	<input type="checkbox"/> FAX/e-mail/signed letter from parent/school rep (attached) <input type="checkbox"/> Written statement by parent/school rep (attached) <input type="checkbox"/> Oral statement by parent/school rep (on reverse) <p style="text-align: center;"><b>AND</b></p> <input type="checkbox"/> Enrollment documentation (9-hour minimum) <input type="checkbox"/> Dual Credit program (see Appendix D)
<input type="checkbox"/> 60 Home Schooling	Parent/Guardian indicates that the student is being home schooled.	<input type="checkbox"/> Signed letter from parent (attached)
<input type="checkbox"/> 66 Student Removed by CPS	This code applies only to Child Protective Services (private agencies do not have legal authority to remove students from school)	<input type="checkbox"/> Due process documentation <input type="checkbox"/> Written statement signed & dated by CPS Officer; including officer's name & contact info (attached) <input type="checkbox"/> Oral statement by CPS Rep. (on reverse)
<input type="checkbox"/> 78 Student Expelled	Student was expelled and term has not expired <b>or</b> failure to attend school is due to court action	Attach all Due Process documentation
<input type="checkbox"/> 81 Enroll in Texas Private School	Student is enrolled at: <input type="checkbox"/> School Name: <input type="checkbox"/> Texas Job Corps	<input type="checkbox"/> FAX/e-mail/signed letter from parent <input type="checkbox"/> Written statement from parent (attached) <input type="checkbox"/> Oral statement by parent or other adult (on reverse)
<input type="checkbox"/> 82 Enroll in School outside Texas	Student is enrolled in private or public school outside Texas: <b>Location</b> (city, state): <b>Name of School</b> (if known): <b>Enrollment Date</b> (if known):	<b>Records</b> <input type="checkbox"/> TReX (attached) <b>Request</b> <input type="checkbox"/> FAX (attached) <input type="checkbox"/> Phone - <b>Requestor:</b> <b>School:</b> <b>Address:</b> <b>City, State, Zip:</b> <b>Request Rec'd By:</b> _____ <b>Date:</b> _____
<input type="checkbox"/> 83 Administrative Withdrawal	<input type="checkbox"/> Not a resident of BSISD <input type="checkbox"/> No proof of identification provided <input type="checkbox"/> Immunizations insufficient	Attach all Due Process documentation
<input type="checkbox"/> 85 Student graduated outside Tx, returned, then left	Students who graduated in another state or country; including Texhoma High School, @ Texhoma, OK.	Transcript showing sufficient credits, date, official school signature, and/or diploma with a graduation seal

<input type="checkbox"/> 86 GED Completed outside TX	GED earned outside Tx (including online companies outside Tx) before enrolling or after leaving Tx schools	<input type="checkbox"/> GED Certificate <input type="checkbox"/> Written documentation from testing company (incl. date of completion & contact info of the company)
<input type="checkbox"/> 87 Enrolled in HS Diploma Program	Student will enroll in the Texas Tech ISD High School or UT - Austin High School Diploma Program	<b>Records Request from:</b> <input type="checkbox"/> TTU <input type="checkbox"/> UT-Austin <input type="checkbox"/> FAX (attached) <input type="checkbox"/> Phone - <b>Requestor:</b> <b>Address:</b> <b>City, State, Zip:</b> <b>Request Rec'd By:</b> <b>Date:</b>
<input type="checkbox"/> 88 Court Ordered GED	Student was court-ordered to attend a GED program & has not earned a GED certificate.	Copy of court order must include student name, date of order, judge's name, and county name.
<input type="checkbox"/> 89 Incarcerated as Adult	Student incarcerated as an adult or certified to stand trial as an adult	<input type="checkbox"/> Written statement from law enforcement agency, prosecuting attorney, or jail/penitentiary (attached) <input type="checkbox"/> Oral statement from law enforcement agency, office of prosecuting attorney, or jail/penitentiary (on reverse)
<input type="checkbox"/> 90 Military Student Graduated outside TX	Student lives with active-duty military service-person; does not qualify to graduate in TX school, but can graduate from school outside TX.	Transcript showing sufficient credits, date, official school signature, and/or diploma with a graduation seal
<input type="checkbox"/> 98 Other	<input type="checkbox"/> Student withdrew for reason not listed above <input type="checkbox"/> Student withdrawn by district because student quit attending school and reason for leaving is unknown.	Attach any documentation regarding student's truancy, incarceration, GED enrollment, or any other information regarding student's circumstances which may have influenced his/her school attendance.

Completed By \_\_\_\_\_ Date \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Approved by BSISD Administrator \_\_\_\_\_ Date \_\_\_\_\_

Print Parent Name: \_\_\_\_\_

**Documentation of Oral Statement** Today's Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

Date of Conversation: \_\_\_\_\_  In-person  Phone call

Parent/Guardian's Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Signature of School Representative: \_\_\_\_\_

**Details of Conversation:** \_\_\_\_\_

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Today's Date: \_\_\_\_\_

To whom it may concern:

My student, \_\_\_\_\_, is being home schooled.

Home school instruction began on \_\_\_\_\_.

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Print Parent/Guardian's Name

Parent/Guardian's Signature







## Building Consistent Addresses:

- **Use Proper Case** (upper & lower case letters) in TxEIS
- Addresses must be updated for *Contacts*
- Physical address should be a street number and street name (even if it's a rural address)
- Mailing address is for PO Boxes when applicable. Type **PO Box XXXX** in the *Mailing—Street* field.
- Zip Codes are required (79721 for PO Boxes)
- Directions should be single digits (**no spaces, no periods**) i.e. N S E or W, NE or SW, etc.
- Standard abbreviations to use:
  - Ave - Avenue
  - Dr - Drive
  - Rd - Road
  - Rt - Route
  - Ln - Lane
  - Cir - Circle
  - Blvd - Boulevard
  - Pl - Place
  - Ct - Court
  - I-20 - Interstate 20
  - Hwy – Highway
  - FM – Farm to Market Road
  - Co - County
  - Exception: type *Circle Dr* for Circle Drive
- ~~Don't use Street or abbreviation St~~ **(as of 9-15-2011, this is no longer true) If a street name is not listed on the last 2 pages of this document, add St after the street name. i.e. Gregg St**
- **Don't use periods**
- Put apartment number in the Apt field—do not precede with # (also use Apt. field for lot or space designations, i.e. mobile home park)
- Commonly misspelled streets:
  - Aylesford
  - Cheyenne
  - Connally
  - Ent
  - Macauslan
  - Ridgelea Dr
  - Willia
  - Vicky
- Use numbers instead of words for the numbered streets (i.e. 11<sup>th</sup> for eleventh, 13<sup>th</sup> for thirteenth; 2<sup>nd</sup> for second, 25<sup>th</sup> instead of twenty-fifth)
- **For an address like 802 ½ Gregg St, enter 802.5 in the street number field.**
- Look for spaces that precede the street name----the listing will be out of order

- Duplicate street names which cause confusion:
  - Sunset Blvd
  - Sunset Ave
  - North Anderson (Spell out North---it is not a directional indicator, but part of the street name)
  - South Anderson (ditto above—spell out South)
- Use Hwy #'s:
  - Lamesa Hwy = Hwy 87
  - Andrews Hwy = Hwy 176
  - Old CC Hwy = ~~Co Rd 26~~
  - N Old Gail Hwy = N Co Rd 25
  - Gail Hwy = FM Rd 669
  - Center Point Rd = ~~E Co Rd 28~~
- Examples:
  - E 11<sup>TH</sup> Pl
  - Navajo Dr
  - Pennsylvania Ave
  - NE 11<sup>th</sup>
  - Sgt Paredes St
  - San Juan Trail
  - Craigmont Ct
  - Mount Vernon Ave
  - Kentucky Way
  - N Svc Rd
  - Father Delaney St
  - NW 11<sup>th</sup> St (north side has 11<sup>th</sup> St; not 11<sup>th</sup> Pl)

The following street names must be preceded with N (north) or S (south).

- Benton should be N Benton St or S Benton St
- Main should be N Main St or S Main St
- Lancaster should be N Lancaster St or S Lancaster St
- Bell should be N Bell St or S Bell St
- Aylesford should be N Aylesford St or S Aylesford St



11th Pl  
Abilene Ave  
Alamesa Dr  
Albrook Dr  
Allendale Rd  
Alma Cir  
Amber Rd  
Angela Rd  
Ann Dr  
Apache Dr  
Apron Dr  
Arnett Rd  
Auburn Ave  
Avenue C  
Avenue X  
Avondale Dr  
Barksdale Dr  
Barnes Ave  
Baylor Blvd  
Bennett Cir  
Birdwell Ln  
Blackmon Ave  
Bluebonnet Ave  
Boulder Dr  
Brent Dr  
Boykin Rd  
Brumley Rd  
Bucknell Ave  
Cactus Dr  
Callahan Rd  
Cameron Rd  
Canyon Dr  
Capri Ct  
Caprock Cir  
Caprock Dr  
Carleton Dr  
Carol Dr  
Caylor Dr  
Cedar Rd  
Center Point Rd  
Central Dr  
Chanute Dr  
Chaparral Rd  
Chevy Chase  
Cheyenne Dr

Choctaw Dr  
Cindy Ln  
Circle Dr  
Co Rd (County Road)  
Coachmans Cir  
Colby Ave  
Cole Ln  
Colgate Ave  
College Ave  
Cornell Ave  
Coronado Ave  
Courtney Pl  
Craigmont Ct  
Craigmont Dr  
Crestline Rd  
~~Daphne Ln~~  
Davis Rd  
Dawson Dr  
Dealy Rd  
Debra Ln  
Denton Rd  
Dixie Ave  
Dow Dr  
Drake Rd  
Drexel Ave  
Driver Rd  
Duke Ave  
Edgemere Rd  
Edwards Blvd  
El Camino Rd  
Elm Dr  
Ent Dr  
Eubanks Rd  
Fairchild Dr  
Faulkner Dr  
Fenn Ave  
Fordham Ave  
Gail Hwy  
Gatesville Rd  
Gatliff Rd  
Glenwick Cv  
~~Grafa Ave~~  
Gunter Cir  
Hack Valley Rd  
Hali Rd

Harvard Ave  
Highland Cove  
Highland Dr  
~~Highland Heather~~  
Hillside Dr  
Hilltop Rd  
Hoosier Rd  
Hunter Dr  
Indian Hills Dr  
Jalico Rd  
Jeffery Rd  
Jim Long Rd  
Johansen Rd  
Jonesboro Rd  
Kelly Cir  
Kent Ave  
Kentucky Way  
Kindle Rd  
La Junta Dr  
Lamar Ave  
Langley Dr  
Larry Dr  
Leatherwood Rd  
Lexington Ave  
Lincoln Ave  
Linda Ln  
~~Lindbergh Dr~~  
Lloyd Ave  
Loop Rd  
Los Alamitos Tr  
Lynn Dr  
Magnolia Ave  
Manor Ln  
Maple Ave  
March Cir  
Marcy Dr  
Marijo Ave  
Marshall Dr  
Mcdonald Rd  
Meadowbrook Rd  
Merrily Dr  
Mesa Ave  
Michael Ave  
Midway Rd  
Mittel Ave

**MLK Blvd**

Monmouth Ave  
Morrison Dr  
Mount Vernon Ave  
Mountain Dr  
Mountain Park Dr  
Mountain Shadow Dr  
Mulberry Ave  
Najavo Dr  
Neill Rd  
North Anderson Rd  
Oak Glen Dr  
Oasis Rd  
Oil Mill Rd  
Osage Rd  
~~Park Ave~~  
Parkway Rd  
Parkwood Dr  
Pats Rd  
Pennsylvania Ave  
Pettus Rd  
Phillips Rd  
Pickens Ave  
Piper Rd  
Princeton Ave  
Purdue Ave

Ranch Rd 2599  
Ratliff Rd  
Rebecca Dr  
Reed Rd  
Rice Rd  
Richardson Rd  
Richie Rd  
Ridgelea Dr  
Ridgeroad Dr  
Robb Dr  
Roberts Dr  
Rockdale Dr  
Rockhouse Rd  
Rutgers Ave  
San Juan Tr  
Scenic Dr  
Scott Dr  
Scout Hut Rd  
Sherman Rd  
Sherrod Rd  
Simer Ave  
South Anderson Rd  
Stadium Ave  
Stanford Ave  
State Park Dr  
Sterling Rd

Stonehaven Dr  
Sunset Ave  
Sunset Blvd  
Texas Blvd  
Trades Ave  
Tubb Loop Rd  
Tucson Rd  
Tulane Ave  
Tulsa Rd  
Utah Rd  
Val Verde Rd  
Vikki Rd  
Vines Ave  
Virginia Ave  
Webb Ln  
Westover Rd  
Wilbanks Rd  
Wilson Ln (there is also a  
Wilson St)  
Washington Blvd  
Wasson Rd  
Westover Rd  
Williams Rd  
Yale Ave

# Big Spring ISD Student Grade Change Request

(Office corrections required after Report Cards have been printed)

Student Name:

ID#:

<b>Sem</b> <small>(Circle)</small>	<b>Cycle</b> <small>(Circle)</small>	<b>Course#/Section#</b>	<b>Course Name</b>	<b>Period</b>
1 2	1 2 3			

<b>Cycle Average Before Change:</b>	<b>Cycle Average After Change:</b>
-------------------------------------	------------------------------------

Reason for grade change:

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<b>Teacher Name (Print)</b>	<b>Teacher Signature</b>	<b>Date</b>

Principal's Approval: \_\_\_\_\_

**For Office Use only:**

<b>RSCCC Updated</b>	<b>Cycle Avg.</b>	<b>Sem Avg.</b>	<b>Initials/Date</b>

# Big Spring ISD

School Year: \_\_\_\_\_

Campus: \_\_\_\_\_

Record #	Description	Boxed By:	Check By:

Box \_\_\_\_ of \_\_\_\_

# Big Spring ISD

School Year: \_\_\_\_\_

Campus: \_\_\_\_\_

Record #	Description	Boxed By:	Check By:

Box \_\_\_\_ of \_\_\_\_

Incident Date: \_\_\_\_\_ Time: \_\_\_\_\_ Referral Made by: \_\_\_\_\_ Multi-Student Incident # \_\_\_\_\_

ID	Student Name	Grade

**Description of Incident** (attach additional page if necessary):

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Do not write below this line-----for administrative use only.

**PEIMS REFERRALS**

OFFENSE		ACTION		From Date	To Date	Official Length	Actual Length (note change with / # days & initials)	Difference Code
04	Possess Controlled Substance	05	Out-of-School Suspension (3 day max)					
20	Violation of Code of Conduct in AEP	06	In-School Suspension					
21	Violation of Code of Conduct	07	DAEP Placement					
41	Fighting/Mutual Combat	25	Partial Day Out-of-School Suspension			1	1	00
		26	Partial Day In-School Suspension			1	1	00

**NON - PEIMS REFERRALS**

OFFENSE		ACTION	
0106	Tardy	A8	Counseling on _____
0302	Failure to attend detention, ISS, etc.	B2	Parent Conference on _____
0306	Insubordination/gross failure to comply	C0	School Detention from _____ to _____
0401	Class disruption	C4	Suspension from bus from _____ to _____
0406	Horseplay, scuffling, running	C7	Verbal warning/reprimand on _____
0505	Harassment/intimidation toward student	C8	Withdrawal of privileges from _____ to _____
0606	Rude/profane language/gestures toward adult	C9	Written warning/reprimand on _____
1102	Chewing Gum	D3	Corporal Punishment _____ swats; Witness: _____
1203	Dress code violation		

Please record any comments and/or document any change in original disciplinary assignment:

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Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

<b>TxEIS Code</b>	<b>PEIMS Code</b>	<b>Offense Code Description</b>	<b>TxEIS Code</b>	<b>Offense Code Description</b>
0001	01	Permanent Removal by a Teacher from Class	0104	Leaving class/school without authorization
0002	02	Conduct Punishable as a Felony - TEC 37.006 (a) (1)	0106	Tardy
0004	04	Possess, Sell, or Use Marihuana/Other Controlled Substance	0107	Truancy/Excessive absences
0005	05	Possess, Sell, or Use Alcoholic Beverage - TEC 37.007 (b)	0302	Failure to attend detention, in school suspension, etc.
0006	06	Abuse of Volatile Chemical - TEC 37.006 (a)(5)	0306	Insubordination/gross failure to comply
0007	07	Public Lewdness or Indecent Exposure - TEC 37.006 (a)(6)	0401	Class disruption
0008	08	Retaliation Against School Employee - TEC 37.006 (b)	0406	Horseplay, scuffling, running
0009	09	Felony Offense (Title 5). Off Campus/Not School Related.	0410	Unprepared for class/incomplete work
0010	10	Felony Offense (Not Title 5). Off Campus/Not School Related.	0505	Harassment/intimidation toward student
0011	11	Use, Exhibit, or Possess Firearm - TEC 37.007 (a)(1)(A)	0506	Rude/profane language/gestures toward student
0012	12	Use, Exhibit, or Possess Illegal knife - TEC 37.007 (a)(1)(B)	0507	Sexual harassment toward student
0013	13	Use, Exhibit, or Possess Club - TEC 37.007 (a)(1)(C)	0508	Threat/incite threat toward student
0014	14	Use, Exhibit, or Possess Weapon Under Penal Code 46.05	0604	Harassment/intimidation toward adult
0016	16	Arson - TEC 37.007 (a)(2)(B)	0605	Physical contact with adult
0017	17	Murder / Attempted Murder - TEC 37.007 (a)(2)(C)	0606	Rude/profane language/gestures toward adult
0018	18	Indecency with a Child - TEC 37.007 (a)(2)(D)	0607	Sexual harassment toward adult
0019	19	Aggravated Kidnapping - TEC 37.007 (a)(2)(E)	0608	Threat/incite threat toward adult
0020	20	<del>Violation of Student Code of Conduct While in DAEP</del>	0702	Possession of Stolen Property
0021	21	Violation of Student Code of Conduct Not Covered Under TEC	0703	Robbery/Theft/Stealing
0022	22	Criminal Mischief - TEC 37.007 (f)	0708	Unauthorized Entrance
0023	23	Emergency Placement / Expulsion - TEC 37.019	0802	Possession of fake/look alike weapons
0026	26	Terroristic Threat - TEC 37.006 (a) (2)	1101	Cheating
0027	27	Assault Against School Employee/Volunteer	1102	Chewing gum
0028	28	Assault Against Person Not School Employee/Volunteer	1203	Dress code violation
0029	29	Aggravated Assault Against School Employee/Volunteer	1206	Loitering in unauthorized areas
0030	30	Aggravated Assault Against Person Not School Employee/Volunt	1303	False Fire Alarm
0031	31	Sexual Assault Against School Employee	1304	Gambling
0032	32	Sexual Assault Against Person Not School Employee/Volunteer	1305	Hazing
0033	33	Possess, Use, Accepted Tobacco Product	1308	Possession of Electronic Device
0034	34	School Related Gang Violence - Three or More Persons	1401	Misuse of Computer/Internet
0035	35	False Alarm / False Report TEC 37.0006 (a)(1)	1402	Defacing BSISD property
0036	36	Felony Controlled Substance Violation TEC 37.007(a)(3)	9999	Other
0037	37	Felony Alcohol Violation TEC 37.007 (a)(3)		
0041	41	Fighting/Mutual Combat		
0042	42	Truancy - Parent Contributing		
0043	43	Truancy - At Least 3 Unexcused Absences		
0044	44	Truancy - 10 Unexcused Absences		
0045	45	Truancy - Student Failure to Enroll		
0046	46	Aggravated Robbery - TEC 37.007(a)(2)(F), TEC 37.006 (HB9680)		
0047	47	Manslaughter		
0048	48	Criminally Negligent Homicide		
0049	49	Engages in Deadly Conduct		
0050	50	Used, exhibited, or possessed a non-illegal knife TEC 37.007		
0051	51	<del>Firearm (Off Campus 300 ft Zone) -</del>		
0052	52	<del>Illegal Knife, Club, or Prohibited Weapon (Off Campus 300 ft</del>		
0053	53	<del>Serious Offense Conduct (Off Campus 300 ft Zone) -</del>		
0054	54	<del>Felny Marih, Ctrl Substnc, Dangers Drug, Alc Bev(Off Camp 300ft</del>		
0055	55	Sex Offender under court supervision		
0056	56	Sex Offender not under court supervision		
0057	57	Continuous sexual abuse of child/children		
0058	58	Breach of Computer Security - TEC 37.007(a)(5)(HB1224)		
0059	59	Serious Misbehavior while Expelled to/Placed in DAEP		

<b>TxEIS Code</b>	<b>PEIMS Code</b>	<b>Action Code Description</b>	<b>Difference Code</b>	<b>Difference Code Description</b>
01	01	Expulsion (Without Placement)	00	No difference
02	02	Expulsion (Place in JJAEP)	01	Term modified by district
03	03	Expulsion (Place at On-Campus DAEP)	02	Term modified by court order
04	04	Expulsion (Place at Off-Campus DAEP)	03	Term modified by mutual agreement
05	05	Out-of-School Suspension (3 Day Limit)	04	Student completed requirements sooner than expected
06	06	In-School Suspension	05	Student incarcerated
07	07	DAEP Placement (Student Not Expelled)	06	Term decreased due to health-related circumstances
08	08	Continue Other District DAEP	07	Student withdrew
09	09	Continue Other District Expulsion	08	School year ended before completion of assignment
10	10	Continue Prior Year DAEP	09	Continuation of previous year's assignment
11	11	Continue Prior Year Expulsion	10	Term modified by placement program due to student behavior
12	12	Continue Prior Year JJAEP	99	Other
13	13	Court Ordered JJAEP Placement		
14	14	Court Ordered DAEP Placement		
15	15	Continue Other District JJAEP		
16	16	Truancy Charges Filed, Fine Assessed		
17	17	Truancy Charges Filed, Fine Not Assessed		
25	25	Partial Day OSS		
26	26	Partial Day ISS		
27	27	Action Code 27 Override(Special Ed)		
28	28	Action Code 28 Override		
50	50	Expulsion (Without Placement) Sp.Ed.		
51	51	Expulsion (Place at JJAEP) Sp.Ed.		
52	52	Expulsion (Place at On-Camp DAEP) Sp.Ed.		
53	53	Expulsion (Place at Off-Camp DAEP) Sp.Ed.		
54	54	AEP Placement (Not Expelled) Sp.Ed.		
55	55	Continue Other District DAEP Sp.Ed.		
56	56	Continue Other District Expulsion Sp.Ed.		
57	57	Continue Prior Year DAEP Sp.Ed.		
58	58	Continue Prior Year Expulsion Sp.Ed.		
59	59	Continue Prior Year JJAEP Sp.Ed.		
60	60	Placement in JJAEP (Not Expelled) Sp.Ed.		
61	61	Continue Other Dist JJAEP Sp.Ed.		
A1		Alternative education plan		
A3		Arrested		
A4		Area clean-up (community service)		
A5		Banned from campus except for classes		
A6		Change seating		
A8		Counseling		
B2		Parent conference		
B3		Reassigned class		
B6		Removal from bus		
B7		Restitution of damages		
C0		School detention		
C2		Student conference		
C7		Verbal warning/reprimand		
C8		Withdrawal of privileges		
C9		Written warning/reprimand		
D3		Corporal Punishment		
E0		Other		
9A		Citation Issued		
9B		Referred to Teacher		
9C		Extended Detention		

law enforcement agency which has been involved in the incident on the attached referral.

(Indicate which offense has been committed)

- 02 Conduct Punishable as a Felony/Criminal Mischief (mandatory AEP)
- 04 Possess,Sell,Use,Distribute Controlled Substance (mandatory AEP)
- 05 Possess,Sell,Use, Distribute Alcohol (mandatory AEP)
- 06 Abuse of a Volatile Chemical (mandatory AEP)
- 07 Public Lewdness/Indecent Exposure (mandatory AEP)
- 08 Retaliation Against Sch Employee (mandatory AEP; may require mandatory expulsion)
- 09 Felony Offense (Title 5) Not Sch Related (mandatory AEP)
- 10 Felony Offense (Not Title 5) Not Sch Related
- 11 Use,Exhibit,Possess Firearm (mandatory expulsion)
- 12 Use,Exhibit,Possess Illegal Knife (mandatory expulsion)
- 13 Use,Exhibit,Possess Club (mandatory expulsion)
- 14 Use,Exhibit,Possess Prohibited Weapon (mandatory expulsion)
- 16 Arson (mandatory expulsion)
- 17 Murder,Attempted Murder (mandatory expulsion)
- 18 Indecency With a Child (mandatory expulsion)
- 19 Aggravated Kidnapping (mandatory expulsion)
- 22 Criminal Mischief
- 26 Terroristic Threat (mandatory AEP)
- 27 Assault Against Sch Staff (mandatory AEP)
- 28 Assault Against Non Sch Staff (mandatory AEP)
- 29 Aggravated Assault Against Sch Staff (mandatory expulsion)
- 30 Aggravated Assault Against Non Sch Staff (mandatory expulsion)
- 31 Sexual Assault Against Sch Staff (mandatory expulsion)
- 32 Sexual Assault Against Non Sch Staff (mandatory expulsion)
- 35 False Alarm / False Report (mandatory AEP)
- 36 Felony Controlled Substance Violation (mandatory expulsion)
- 37 Felony Alcohol Violation (mandatory expulsion)
- 46 Aggravated Robbery (mandatory expulsion)
- 47 Manslaughter (mandatory expulsion)
- 48 Criminally negligent homicide (mandatory expulsion)
- 49 Engages in Deadly Coduct

**Law Enforcement entity responding to the call:**

- Big Spring Police Dept.
- Howard County Sheriff's Dept.
- Texas Dept. of Public Safety

Officer's Name: \_\_\_\_\_

Case #: \_\_\_\_\_

Citation # \_\_\_\_\_



# BIG SPRING ISD

<input type="checkbox"/> <i>Big Spring High School</i> <input type="checkbox"/> <i>Goliad Intermediate</i> <input type="checkbox"/> <i>Big Spring Jr High</i> <input type="checkbox"/> <i>Bauer Elementary</i> <input type="checkbox"/> <i>Kentwood Elementary</i> <input type="checkbox"/> <i>Marcy Elementary</i> <input type="checkbox"/> <i>Moss Elementary</i> <input type="checkbox"/> <i>Washington Elementary</i>	<i>To: Vickie Cheyne</i>  <i>Date:</i>  <i>RE: Student Data Verification</i>
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GT

<input type="checkbox"/> The attached report accurately reflects identification & participation of students in the GT program for this campus on the above date. <input type="checkbox"/> Any necessary corrections have been noted & will be updated in TxEIS by campus personnel.	
_____ Signature of Principal or Principal's Designee	_____ Date

LEP/  
ESL  
 N/A

<input type="checkbox"/> The attached report accurately reflects identification of LEP students & the delivery of ESL services for this campus on the above date. <input type="checkbox"/> Any necessary corrections have been noted & will be updated in TxEIS by campus personnel.	
_____ Signature of Principal or Principal's Designee	_____ Date

PRS  
 N/A

<input type="checkbox"/> The attached report accurately reflects identification & participation of students in the PRS program for this campus on the above date. <input type="checkbox"/> Any necessary corrections have been noted & will be updated in TxEIS by campus personnel.	
_____ Signature of Principal or Principal's Designee	_____ Date

PK  
 N/A

<input type="checkbox"/> The attached report accurately reflects identification & participation of students in the PK program for this campus on the above date. <input type="checkbox"/> Any necessary corrections have been noted & will be updated in TxEIS by campus personnel.	
_____ Signature of Principal or Principal's Designee	_____ Date

CTE  
 N/A

<input type="checkbox"/> The attached report accurately reflects participation of students in the CTE program for this campus on the above date. <input type="checkbox"/> Any necessary corrections have been noted & will be updated in TxEIS by campus personnel.	
_____ Signature of Principal or Principal's Designee	_____ Date



# Big Spring ISD Affidavit of Residence

The undersigned, first being duly sworn, deposes and states that he/she is the parent/guardian of the following students:


The aforementioned students live with the undersigned, and both the students and the undersigned are bona fide full time residents of Howard County and that they reside at:

\_\_\_\_\_ ,  
Street City Zip Code  
Howard County, Texas with \_\_\_\_\_  
Name of homeowner/apartment lessee

The undersigned further agrees that he/she will notify the Big Spring ISD Board of Education if the parent and/or student ever terminate the above residence in Howard County while the students are enrolled in Big Spring ISD.

**If it is determined that the student does not live in the appropriate school district, he/she will be withdrawn from school immediately.**

_____	_____
Print Name of Parent/Guardian	Print Name of Homeowner/Apartment Lessee
_____	_____
Signature of Parent/Guardian	Signature of Homeowner/Apartment Lessee

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

\_\_\_\_\_ (Notary Public) My Commission expires \_\_\_\_\_  
**YOU MUST SIGN IN THE PRESENCE OF A NOTARY – DO NOT SIGN IN ADVANCE.**

**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. (Si se presentar un registro falso or registros falsificadores es una ofensa bajo la seccion 37.10, El codigo penal, y el enrolamiento del nino bajo los temas falsos de documentos la personal para adeudo para la instruccion u otros costos.) TEC Sec. 25.002(3)(d) Initials \_\_\_\_\_ Date \_\_\_\_\_**

### Acceptable Documentation

- \* Copy of home mortgage payment book
- \* Current utility bill (gas, electric, or water)
- \* Apartment lease showing name of the lessee
- \* Homeowner's/Renter's insurance registration card
- \* Current bank statement
- \* Copy of home contract
- \* Receipt to have utilities connected
- \* Current paycheck stub

Received on this date \_\_\_\_\_ by BSISD representative \_\_\_\_\_  
(This form shall be attached to enrollment documents or change of address notification)



## AUTHORIZATION AGREEMENT FOR NONPARENT RELATIVE OR VOLUNTARY CAREGIVER

August 2011  
Page 1 of 4

This authorization agreement is made in conformance with Chapter 34 of the Texas Family Code concerning the following Child:

Child's Full Name:
Date of Birth:

Parent completing this form:

Full Name:
Physical Address:
Telephone Number:
Other contact information:

Child's other parent:

Full Name:
Physical Address:
Telephone Number:
Other contact information:

Parent voluntarily authorizes the following relative or Parental Child Safety Placement voluntary caregiver to make certain decisions regarding the child, as listed on the next page of this authorization agreement.

Name:
Relationship to Child (check one): Child's Grandparent <input type="checkbox"/> Child's Adult Sibling <input type="checkbox"/> Child's Aunt or Uncle <input type="checkbox"/> Parental Child Safety Placement Voluntary Caregiver in accordance with Child Protective Services <input type="checkbox"/>
Physical Address:
Telephone Number:
Other contact information:

PARENT AND RELATIVE OR VOLUNTARY CAREGIVER UNDERSTAND THAT THEY ARE  
REQUIRED BY LAW TO IMMEDIATELY PROVIDE EACH OTHER WITH INFORMATION  
REGARDING ANY CHANGE IN THE OTHER PARTY'S ADDRESS OR CONTACT  
INFORMATION.



# AUTHORIZATION AGREEMENT FOR NONPARENT RELATIVE OR VOLUNTARY CAREGIVER

August 2011

Page 2 of 4

**Parent authorizes the above named relative or voluntary caregiver to perform the following acts in regard to the child and the relative or voluntary caregiver assumes the responsibility of performing these functions:**

- (1) To authorize medical, dental, psychological, surgical treatment, and immunization of the child, including executing any consents or authorizations for the release of information as required by law relating to the treatment or immunization;
- (2) To obtain and maintain health insurance coverage for the child and automobile insurance coverage for the child, if appropriate;
- (3) To enroll the child in a day-care program or public or private preschool, primary or secondary school;
- (4) To authorize the child to participate in age-appropriate extracurricular, civic, social, or recreational activities, including athletic activities;
- (5) To authorize the child to obtain a learner's permit, driver's license, or state-issued identification card;
- (6) To authorize employment of the child; and
- (7) To apply for and receive public benefits on behalf of the child.
- (8) This authorization agreement does not confer on the relative or voluntary caregiver of the child the right to authorize the performance of an abortion on the child or the administration of emergency contraception to the child

To the best of the parent's and the relative's or voluntary caregiver's knowledge (check if applicable):

**This child is not the subject of a current (pre-existing) valid authorization agreement, and no parent, guardian, custodian, licensed child-placing agency or other agency makes any claim to actual physical possession or care, custody or control of the child that is inconsistent with this authorization agreement.**

To the best of the parent's and the relative's or voluntary caregiver's knowledge (choose one from below):

**THERE IS NO COURT INVOLVEMENT WITH THIS CHILD**

All of the following statements must apply:

- There is no court order or pending suit affecting the parent-child relationship concerning the child.
- There is no pending litigation in any court concerning custody, possession, or placement of the child or access to or visitation with the child.
- The court does not have continuing jurisdiction concerning the child.

**THIS CHILD HAS BEEN THE SUBJECT OF A COURT ACTION**

The court with continuing jurisdiction concerning the child has given written approval for the execution of the authorization agreement accompanied by the following information:

- The county in which the court is located;
- The number of the court; and
- The cause number in which the order was issued or the litigation is pending.

*Please staple a copy of the court's order to this agreement.*



## AUTHORIZATION AGREEMENT FOR NONPARENT RELATIVE OR VOLUNTARY CAREGIVER

August 2011  
Page 3 of 4

### WARNINGS AND DISCLOSURES

This authorization agreement is an important legal document. The parent and the relative or voluntary caregiver must read all of the warnings and disclosures before signing this authorization agreement.

The parent and relative are not required to consult an attorney but are advised to do so.

A parent's rights as a parent may be adversely affected by placing or leaving the parent's child with another person.

This authorization agreement does not confer on the relative or voluntary caregiver the rights of a managing or possessory conservator or legal guardian.

A parent who is a party to this authorization agreement may terminate the authorization agreement and resume custody, possession, care, and control of the child on demand and at any time the parent may request the return of the child.

Failure by the relative or voluntary caregiver to return the child to the parent immediately on request may have criminal and civil consequences.

Under other applicable law, the relative or voluntary caregiver may be liable for certain expenses relating to the child in the relative's or voluntary caregiver's care, but the parent still retains the parental obligation to support the child.

In certain circumstances, this authorization agreement may not be entered into without written permission of the court. Examples of when court permission must be granted include when a court has entered a previous order granting custody or establishing a child support obligation.

This authorization agreement may be terminated by certain court orders affecting the child.

This authorization agreement does not supersede, invalidate, or terminate any prior authorization agreement regarding the child.

This authorization agreement is void if a prior authorization agreement regarding the child is in effect and has not expired or been terminated.

#### MAILING REQUIREMENTS:

When both parents do not sign the parent authorization agreement, a copy of the agreement **MUST** be mailed to the non-signing parent, unless that parent is deceased or has had his or her parental rights terminated. This authorization agreement **is void** unless:

1. The parties mail a copy of this agreement to a non-signing parent **not later than the 10th day** after the date the authorization agreement is signed, **by certified or international registered mail**, as applicable, **return receipt requested**.
2. If the parties do not receive a response from the non-signing parent before the 20th day after the date the copy of the agreement is mailed, the parties must mail a second copy of the agreement **by first class mail or international first class mail**, as applicable, to the parent **not later than the 45th day** after the date the authorization agreement is signed.

#### EXCEPTION TO MAILING REQUIREMENTS:

If a parent who did not sign the authorization agreement **does not have court-ordered possession of or access to the child who is the subject of the agreement**, the parent who is a party to the agreement does not have to mail a copy of the agreement to the non-signing parent if either of the following circumstances applies:

1. A protective order has been issued against the non-signing parent as provided under Chapter 85 of the Texas Family Code or under a similar law of another state for committing an act of family violence (as defined by Section 71.004 of the Texas Family Code) against the parent



# AUTHORIZATION AGREEMENT FOR NONPARENT RELATIVE OR VOLUNTARY CAREGIVER

August 2011  
Page 4 of 4

- who signed the agreement or any child of the parent who signed the agreement; or
2. The non-signing parent has been convicted of any of the following criminal offenses against the parent who signed the agreement or any child of the parent who signed the agreement:
    - o any offense under Title 5 of the Texas Penal Code (including murder, homicide, kidnapping, assault and sexual assault); or
    - o any other criminal offense in Texas or any other state if the offense involves a violent act or prohibited sexual conduct.

This authorization agreement (select one of the following two):

- Expires on this date: \_\_\_\_\_ OR  
 Is valid until revoked in writing by either party

In addition, check here if you want the agreement to continue in effect after your death or during any period of incapacity.

Execution of a subsequent authorization agreement does not by itself supersede, invalidate, or terminate a prior authorization agreement.

By signing below, parent and the relative or voluntary caregiver acknowledge that they have each read this authorization agreement carefully, are entering into the authorization agreement voluntarily, and have read and understand all of the Warnings and Disclosures included in this authorization agreement.

\_\_\_\_\_  
 PARENT  
 Printed name:

SUBSCRIBED AND ACKNOWLEDGED BEFORE ME on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Notary Public in and for the State of TEXAS

\_\_\_\_\_  
 PARENT\*\*  
 Printed name:

SUBSCRIBED AND ACKNOWLEDGED BEFORE ME on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Notary Public in and for the State of TEXAS

\_\_\_\_\_  
 RELATIVE OR VOLUNTARY CAREGIVER  
 Printed name:

SUBSCRIBED AND ACKNOWLEDGED BEFORE ME on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Notary Public in and for the State of TEXAS