

Prior School History – NEW STUDENT ONLY

Student Name: _____ Grade: _____

Has your child been in or currently in any of the following programs? (Check all that apply.)

Speech	Special Education	STARR Test Failure/Tutoring
504	Content Mastery	Title 1
Dyslexia	Math Assistance	Behavior Management Plan
Migrant	Reading Assistance	Counseling
Special Transportation	Reading Recovery	Bilingual/ESL
Occupational or Physical Therapy	Homeless	Other: _____

Have you ever attended an ARD meeting for your child? Yes No

The above student received special education services in the past, **BUT WAS DISMISSED PER ARD TEE.**

Yes No If yes, enter year dismissed: _____

GIFTED AND TALENTED

Yes, my child was identified and placed in a Gifted and Talented Program in the _____ grade while attending _____ school.

No, my child was not in a Gifted and Talented Program.

Previous School(s):

School Name: _____ School Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Year(s) Attended: _____ Year(s) Attended: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature Date

Date presented for enrollment: _____
First day of school: _____
First day attending classes: _____

Student ID#: _____

STUDENT RESIDENCY FORM

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11434a(2). The answers you give will help the school determine the services the student may be eligible to receive. **Every student is REQUIRED to fill out this form annually.**

SECTION 1

Student Name: _____ Male: _____ Female: _____
Date of Birth: _____ Grade: _____

Ethnicity (Choose One):		<input type="checkbox"/> Two or More Races	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic/Latino _____			

Last School District Attended: _____ Last School Attended: _____
Length of Time at Present Address: _____ Home Phone #: _____
Mom's Cell Phone #: _____ Dad's Cell Phone #: _____ Student's Cell Phone #: _____
Address Where Student is Staying: _____
How long will the student be at this address? _____ Is this student living in a foster home? _____
Has your family been a victim of domestic violence? Yes No Is this student a transfer? Yes No

SECTION 2

Please check the box that best describes where the student is presently living. (Please read ALL of the choices before checking a box):

This student lives in their own home/apartment with their parents/legal guardians. The parents/legal guardians of this student own/rent this home and their name(s) are on the mortgage/lease. This includes Foster Care placement. (0)=Not Homeless

This student lives in the home of a friend or relative due to loss of housing. (2)=Temporarily doubled-up
Friend or Family? _____ Name? _____

This student lives in a shelter due to loss of permanent housing (1)=Circle Type: Family shelter, domestic violence shelter, youth shelter, FEMA housing.
What shelter? _____ Shelter phone #: _____

This student lives in transitional housing (1)=(Housing available for a specific length of time only & is partly or completely paid for by a church or a nonprofit organization).

This student lives in a hotel or motel. (4) Which hotel/motel? _____
Hotel/Motel Phone #: _____ Room #: _____

Housing is being paid for by a church or nonprofit organization (1)=(Transitional housing, Families in Training FIT from Panhandle Community Services, etc.)

This student lives in a tent, storage building, car, van, abandoned building, on the streets, at a campground or in the park. (3)

This student lives in an RV. (3) Please check which campground:
 FORT AMARILLO (LIZZY MAY'S) LOT #: _____ OASIS CAMPGROUND (RV EXPRESS) LOT #: _____
 SUNDOWN CAMPGROUND LOT #: _____ LONGHORN TRAILER PARK LOT #: _____
 OTHER? WHERE? _____ LOT #: _____

SECTION 3

Factors contributing to the student's current living situation (Check all that apply):

Natural disaster
 Tornado, storm, flood, hurricane, etc. Fire: prairie, forest, grass, lightning strike, etc.

Family issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.

Home issues such as lack of electricity, water, heat, adequate home repair due to lack of funds, overcrowding, mold, etc.

Military: Parent/guardian shipped out, injured or killed in action.

Incapacitation of parent or guardian due to health, mental health, drug/alcohol, incarceration (jail) or other factors.

Home fire not due to natural causes. (Ex: Faulty equipment, appliance or wiring, furnace, stove, fireplace, etc.)

Economic hardship:
 Loss of job resulting in inability to pay rent or mortgage. Income from part-time or low paying job does not cover cost of housing in the area.
 Loss of mortgage, including Landlord's loss of mortgage if student/student's family is renting.
 Eviction record and/or inability to produce deposits for rent or utilities. High medical bills that leave little or no money for housing.

Lack of affordable housing in the area.

Minor student unable to afford housing on my own.

None of the above describes the main reason(s) for my present living situation.

Briefly explain the contributing factors: _____

CONTINUED ON BACK!

SECTION 4

This Student may or may not qualify for the following direct services. If this student needs any of the following services, please check the appropriate box. If this student qualifies, we will contact you.

- | | |
|---|---|
| <input type="checkbox"/> Expedited evaluations | <input type="checkbox"/> Academic/enrichment services provided at a school facility over a holiday/break |
| <input type="checkbox"/> Family support services (counseling, social work, etc.) | <input type="checkbox"/> Assistance with participation in other school programs (besides Title I and Special Education) |
| <input type="checkbox"/> Fees (testing, tuition, etc.) | <input type="checkbox"/> Assistance with participation in Special Education |
| <input type="checkbox"/> Fines (lost textbooks, lost equipment, etc.) | <input type="checkbox"/> Assistance with participation in Title I |
| <input type="checkbox"/> Holiday food baskets/Weekend food program (Snack-Pak-4-Kids) | <input type="checkbox"/> Birth certificate |
| <input type="checkbox"/> Immunizations or Immunization records | <input type="checkbox"/> Child nutrition (Free school breakfast & lunch) |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> College application assistance |
| <input type="checkbox"/> Non-emergency housing referral | <input type="checkbox"/> College financial aid assistance |
| <input type="checkbox"/> Parent Education | <input type="checkbox"/> Community agency referral |
| <input type="checkbox"/> Referrals for medical, dental, and other health services | <input type="checkbox"/> Consultation with McKinney-Vento staff |
| <input type="checkbox"/> Obtaining school records | <input type="checkbox"/> Emergency clothing / referral |
| <input type="checkbox"/> School supplies | <input type="checkbox"/> Emergency food / referral |
| <input type="checkbox"/> School clothes | <input type="checkbox"/> Emergency shelter / referral |
| <input type="checkbox"/> Summer program | <input type="checkbox"/> Emergency utility assistance referral |
| <input type="checkbox"/> TB skin test | <input type="checkbox"/> Enrollment assistance |
| <input type="checkbox"/> Transportation to and from school (K-12) | <input type="checkbox"/> Shoe assistance for student |
| <input type="checkbox"/> Tutoring | |

Shoe Size? ____ Circle One: Children's Men's Women's

Please defer all questions to:

Stephanie Braddock
District Families in Transition Counselor
(806) 359-5410 Ext 229

SECTION 5

Please check the box below if applicable:

- This student is not living with their parent(s) or legal guardians. (Unaccompanied Youth)
(1)=Unaccompanied & received services under the McKinney-Vento program.
(2)=Unaccompanied & did **NOT** received services under the McKinney-Vento program.

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

SECTION 6

Please check which HEALTH coverage this student receives:

- Medicaid Chips Private Insurance No health coverage at this time
Does this student have DENTAL coverage? YES NO

SECTION 7

Please provide the following information for any siblings (brothers and/or sisters) of this student:

NAME	AGE	GRADE LEVEL	NAME	AGE	GRADE LEVEL

SECTION 8

Signature of Parent(s)/Legal Guardian(s)/Caregivers(s) _____
Date

SECTION 9

BELOW THIS LINE IS FOR STAFF PURPOSES ONLY, NOT PARENTS.

- Resource Guide Sent Campus Liaison has Reviewed Form District Liaison has Reviewed Form

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

Campus McKinney-Vento Liaison Signature _____
Date

District McKinney-Vento Liaison Signature _____
Date

HOMELESS STATUS CODE (at any time during the current school year)

- 0=Student is **NOT** homeless.
- 1=Student lives in a shelter, transitional housing or is awaiting foster care.
- 2=Student lives temporarily doubled-up.
- 3=Student is unsheltered (on street, in car, park, campground, FEMA trailer, abandoned building)
- 4=Student lives in motel or hotel.

UNACCOMPANIED YOUTH STATUS CODE (at any time during the current school year)

- 0=Student is **NOT** unaccompanied.
- 1=Student is unaccompanied (not in physical custody of parent/guardian) & received services under the McKinney-Vento program.
- 2=Student is unaccompanied (not in physical custody of parent/guardian) & did **NOT** received services under the McKinney-Vento program.

Bushland Independent School District

Dear Parent/Guardian:

In accordance with Senate Bill 833 – Foster Care, the following information is required of all students as part of the enrollment process annually.

Please read carefully and check the appropriate response for your student.

- Student is not currently in the conservatorship of the Department of Family & Protective Services
- Student is currently in the conservatorship of the Department of Family & Protective Services
- Pre-K student was previously in the conservatorship of the Department of Family & Protective Services following an adversary hearing held as provided by Section 262.201, Family Code.

In accordance with HB 525 - Military Connected Student, the following information is required of all students as part of the enrollment process.

Please read carefully and check the appropriate response for your student.

- Not a military connected student
- Student is a dependent of a member of the Army, Navy, Air Force, Marine Corps, or Coast Guard on Active Duty
- Student is a dependent of a member of the Texas National Guard (Army, Air Guard, or State Guard)
- Student is a dependent of a member of a reserve force in the US military (Army, Navy, Air Force, Marine Corps, or Coast Guard)
- Pre-K student is a dependent of an active duty uniformed member of the Army, Navy, Air Force, Marine Corps, or Coast Guard, or activated/mobilized uniformed member of the Texas National Guard (Army, Air Guard, or State Guard) who was injured or killed while serving on active duty.

Student Name: _____

Grade: _____

(Parent Signature)

Date: _____

Acknowledgment of Electronic Distribution of Student Handbook and Student Code of Conduct

The **Bushland ISD Student Handbook** and the *Student Code of Conduct* is now available online on the Bushland ISD website www.bushlandisd.net. Hard copies are also available for viewing in each campus office.

My child and I acknowledge and understand that the handbook contains information that my child and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the *Student Code of Conduct*. If I have any questions regarding the **Student Handbook** or the *Student Code of Conduct*, I should direct those questions to the Principal of my child's campus.

High School: Kristi Culpepper, phone: (806) 359-6683 or email kristi.culpepper@bushlandisd.net

Middle School: Jessica Garrett, phone: (806) 359-5418 or email jessica.garrett@bushlandisd.net

Elementary School: Brandi Rankin, phone: (806) 359-5410 or email brandi.rankin@bushlandisd.net

I acknowledge that my child and I can access the Bushland ISD Student Handbook and the Student Code of Conduct online at www.bushlandisd.net or in hard copy form at the campus office.

Student Name: _____ Grade: _____

Parent Name: _____

Parent Signature: _____ Date: _____

Bushland Independent School District Corporal Punishment Permission

Corporal punishment will be administered as soon as possible after an offense and will NOT be administered in anger. The principal or designee will inform the parent prior to any administration of corporal punishment. Any use of corporal punishment will be documented on a district form. The principal or designee may choose not to use corporal punishment even if the parent has requested its use. Paddles used for administering corporal punishment will not be generally displayed and will be under the control of the principal or designee. Corporal punishment will be limited to spanking or paddling and will consist of an appropriate number of strikes based upon the size, age, and the physical, mental, and emotional condition of the student. Before corporal punishment is used, the district may give the student a choice between other disciplinary measures and corporal punishment.

PARENT STATEMENT ON CORPORAL PUNISHMENT

I have read the information on the use of corporal punishment in Bushland Schools and I:

- PROHIBIT** the use of corporal punishment with my child.
- ALLOW** the use of corporal punishment with my child.

This form must be submitted annually and can be revoked by the parent at any time.

Student Name (please print): _____ Grade: _____

Parent/Guardian (please print): _____

Parent/Guardian Signature: _____ Date: _____

STUDENT DIRECTORY and MEDIA RELEASE

BUSHLAND ISD maintains general education records which are available to the parent, guardian, or person standing in lawful control of the student under a court order. Both parents/guardians have access to the records unless the school is in possession of a court order limiting access. Federal law provides that student "educational records" are confidential. School records are defined as being directly related to a student and maintained by the school including, but not limited to: attendance, grades, discipline, test scores, health and immunization, and psychological or counseling records. Directory information is **not** confidential under FERPA.

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 BUSHLAND ISD to disclose directory information from your student's education records without your prior written consent, you must notify the district in writing by the tenth (10th) day of the school year.

Directory information is the following: student's name, address, telephone listing, electronic mail address, photograph, date and place of birth, major field of study, degrees, honors and awards received, dates of attendance, grade level, most recent educational institution attended, participation in officially recognized activities and sports, and weight and height of members of athletic teams.

Select YES or NO for each statement. BUSHLAND ISD has my permission to release directory information for:

DISTRICT PUBLICATION

limited school sponsored purposes including, but not limited to: photography companies supporting campus pictures, and publicity (name and picture in yearbook, newsletters, awards, honors, PTA, booster clubs, etc.) **Example: If you select NO, your student's name will NOT appear in the district newsletter, yearbook, etc.** YES NO

PRIVATE REQUESTERS

Any requestor in accordance with the Texas Publication Information Act (TPIA). The TPIA requires BUSHLAND ISD to release this type of information to any company, individual, or group that requests it unless the parent/guardian requests the information not to be released. **Example: If you select NO, your student's directory information will NOT be released to vendors (Jostens, LifeTouch, Senior pictures, Cap and Gown, etc.).** YES NO

HIGHER EDUCATION/MILITARY RECRUITERS

The No Child Left Behind Act of 2001 requires schools to provide military recruiters and institutions of higher education student directory information unless the parent/guardian objects. BUSHLAND ISD has my permission to release directory information to a military recruiter: YES NO

BUSHLAND ISD has my permission to provide the name, address, and telephone number of my secondary student to an institution of higher education: YES NO

MEDIA RELEASE

I give permission for my child to be interviewed, photographed, and/or filmed for public news media, professional education information, or any other non-profit publication for public use. In addition, I give permission for my student's name, work and likeness to appear on the Internet. YES NO

Student Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

TECHNOLOGY HANDBOOK/AUP, PERMISSIONS, AND ADPC

Please complete one signature page per child.

Acknowledgement of Electronic Distribution of Technology Handbook and AUP

The BUSHLAND ISD Technology Handbook is now available online on the BUSHLAND ISD website at www.bushlandisd.net. Hard copies are also available for viewing in each campus office.

I have chosen to:

Accept responsibility for accessing the Technology Handbook and Acceptable Use Policy by visiting the web address listed above.

View a hard copy of the Technology Handbook and Acceptable Use Policy at my student's campus.

PERMISSIONS

Yes No My student has permission to receive a BUSHLAND ISD network account.

Yes No My student has permission to use Web 2.0 tools, such as Edmodo and others to complete assignments required for classwork (Permission required for students under 13. Refer to page 7.)

Yes No My student has permission to participate in distance learning opportunities (refer to page 7).

Yes No Bushland ISD has permission to use audio, photos, and videos of my student and list his/her name for publication (district website, news articles, interviews, honor roll, district sponsored Facebook/Twitter).

By checking yes to permission 4 and signing the form, you are giving consent to Bushland ISD and its designees to photograph, audio record, and/or video record your student. You understand that any such become the property of Bushland ISD. You understand that the district may use and/or reproduce the photographs, likeness or the voice of your student for any internal or external educational, instructional, or promotional activities (may include the release to be posted on the internet) determined by the district in broadcast and electronic media formats now existing or in the future created. You agree to allow your student's work and/or photograph to be published on the Bushland ISD internet, intranet, and/or Bushland ISD publications. By signing this release, I waive any and all present or future compensation rights to the use of the above stated material(s). By checking yes, you release the Bushland ISD, its Board of Trustees, agents, employees or other representatives from any liabilities, known or unknown, arising out of the use of this material. You have read the photography, audio, and video release and fully understand the terms and conditions outlined. You certify that you have legal capacity to sign the release on behalf of yourself and your student.

ACCIDENTAL DAMAGE and PROTECTION COVERAGE 7th-12th GRADE ONLY

I choose to purchase the Accidental Damage and Protection Coverage for \$30 for my student's device. This coverage does not cover loss/theft of device (refer to page 8).

Yes (**\$30 payment must be made upon submission of signature page**).

No (refer to page 8)

I am applying for a waiver. I meet the criteria referred to on page 9.

Declining a device. Having read the section on Declining a Device (pg 8), and understanding responsibilities, please initial here _____.

Grade: _____

Student Name (print): _____

Student Signature: _____

Parent Name (print): _____

Parent Signature: _____

FIELD TRIP AND INCENTIVE PROGRAM

During the school year (when needed) students are transported to school-related events, which include but are not limited to: athletic contest, field trips, music contest, club luncheons, UIL contests. When transportation is provided, the following guidelines will be followed:

-Parents will be notified about the trip in advance. -Transportation will be by bus, unless parents are notified otherwise. -Field trips should be completed and students returned to campus in time for regular bus routes. However, extended trips will require parents to be responsible for picking their children up at school.

By signing, you are giving your permission for your child to ride to and from events during the school year. This will eliminate the need to send permission slip for parents to sign on each trip.

My child, _____, has my permission to ride to school-related events subject to the rules stated above during the school year.

EMERGENCY

Do we have your permission to secure, at your expense, emergency medical care for the above student in the event such care is deemed necessary and you cannot be reached immediately? **YES NO**

If YES, Family Physician Name and Phone # _____

If parent cannot be contacted we will call those listed on the students emergency contacts.

Parents/Guardians Signature

Students Grade Level

INCENTIVE PROGRAM- HIGH SCHOOL STUDENTS ONLY

What a student gets: A hour lunch three (3) times during a six weeks (Thursdays during football season and Fridays after football).

Qualifications: Make above a 70 in all classes, 96.5% (or above) attendance for the whole student body, No office referrals (including tardies and dress code).

IF STUDENT BODY DOES NOT MEET THE 96.5% ATTENDANCE, then each student who has missed 1 day or fewer, in all class periods, for the 6 weeks and meets the other criteria (grades & discipline) will get 2 long lunches during the following 6 weeks period (school related absences do not count).

On long lunch days, during lunch time, a student must have a doctor's note or other documented note (not parent note), otherwise it will be counted as an unexcused absence. This is an incentive program to benefit our students doing things the correct way, please do not diminish the value by trying to check your student out when they didn't earn a long lunch. THANK YOU!

Any student who doesn't qualify and skips class or leaves campus during a long lunch will be assigned ISS. A student who is tardy returning from a long lunch will lose the privilege to go on any long lunch, including pay lunches, for the following 4 lunches.

By signing this page you understand that your student, if he/she qualifies, will have the opportunity to go off campus for lunch.

Student Name

Grade

Parent/Guardian Signature

**NOTICE TO STUDENTS AND PARENTS REGARDING THE USE OF
VIDEO RECORDERS ON SCHOOL BUSES**

The District has installed video-recording equipment on all school buses to monitor school transportation. Each bus has been equipped with a video monitor box, in which a video-recording device may be installed. Students will not be notified when a recording device has been installed on their bus.

Tapes shall be reviewed on a routine basis by the principal, and evidence of student misconduct will be documented. Students found to be in violation of District's bus conduct rules, as contained in the student handbook shall be notified, and disciplinary action will be initiated.

Videotapes shall be treated as protected student records under the Family Education Rights and Privacy Act. The following guidelines shall apply:

1. Tapes shall remain in the custody of the Principal for each campus.
2. Parents or students who wish to view a video tape in response to disciplinary action taken against a student may request such access under the procedures set out in FL (Exhibit).
3. Persons unrelated to a disciplinary incident shall not be permitted to view bus videotapes.

ACKNOWLEDGEMENT

I understand and acknowledge the District's procedure concerning the use of video recorders on school buses. I also understand that my child shall be held accountable for his /her conduct on District transportation.

Student Name

Grade

Parent Name:

Parent Signature

Date

CLASS DUES

Dues of \$100. covers:

- All Prom expenses (Dues must be paid in order to attend Prom Junior and Senior year)
- All Senior Day expenses
- Some Senior Night expenses (flowers)
- Some Graduation expenses (projector screens and roses)
- Some expenses for All-Night Party after graduation (door prizes and facility rental)
- Class gift

You may pay in installments; however, we ask that class dues are paid in full by Christmas of their Junior Year.

Student Name _____ Class of _____

Payment Plan

Payment #1 Amount _____ Date _____

Payment #2 Amount _____ Date _____

Payment #3 Amount _____ Date _____

Payment #4 Amount _____ Date _____

Payment #5 Amount _____ Date _____

Payment #6 Amount _____ Date _____

Payment #7 Amount _____ Date _____

Payment #8 Amount _____ Date _____

Payment #9 Amount _____ Date _____

Payment #10 Amount _____ Date _____

Date Paid in Full _____ Signature _____

LEAD BUDDIES – NEW STUDENTS ONLY

Lead Buddies is a program offered by the Bushland High School Lead Council. Your student will be paired with a Lead student with common interests with your student. Our hope is to get to know students new to our district, come alongside of them to make their transition to Bushland positive, and to help them with anything they may need. Please fill out the form below so we can place them accordingly.

Welcome to Bushland from Lead Council!

Name:

Grade:

Interests:

Extracurricular Activities:

FOOD SERVICE – NEW STUDENT ONLY

Date _____

Student Name _____

Grade _____

School ID# _____

Parent/Guardian Name _____

Phone # _____

Email Address _____

**CARENET PROGRAMS 2018-2019
OPT-OUT FORM**

Dear Parents,

Bushland ISD will be hosting a student presentation offered by CareNet Pregnancy Centers. CareNet is a local, non-profit organization that provides many services to the community, one of which is mentoring programs for area teens.

The students will be divided up by grade level and gender. This will ensure that the topics discussed will be handled with care and integrity and will not be as embarrassing for the students. The presentations will be grade level appropriate for each subject.

Drugs & Alcohol
Friendships
Technology and Cyberbullying
Identity
Dating and Relationships
Suicide
Plans and Purposes

Please feel free to contact Mrs. Garrett at 359-5418 or Candy Gibbs at 354-2288 if you have any questions or need more information.

We know that your student is very precious to you and we want you to be informed, as well as, your student. These are crucial times, if we as parents are not involved and informing our students, then someone else will. Thank you for your time and participation.

In Service,

Candy Gibbs
Executive Director
CareNet Amarillo

PLEASE FILL OUT & RETURN TO BMS OFFICE IF YOU DO NOT WISH YOUR STUDENT PARTICIPATE IN THESE PRESENTATIONS. YOUR STUDENT WILL STAY IN THEIR ADVISORY PERIOD AND WORK ON HOMEWORK OR READING, ETC.

PLEASE DO NOT INCLUDE MY STUDENT IN THIS PROGRAM.

STUDENT: _____ GRADE: _____

PARENT SIGNATURE

DATE

PLEASE RETURN TO MIDDLE SCHOOL OFFICE ASAP. THANKS.