

# Examples of Forms

**Registration Form for School Year 2017 - 2018**

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

Campus Phone: ( ) - \_\_\_\_\_

Campus Fax: ( ) - \_\_\_\_\_

**STUDENT INFORMATION**

Local ID \_\_\_\_\_ Student Name \_\_\_\_\_ Grade Level \_\_\_\_\_ Orig Entry Dt \_\_\_\_\_ Track \_\_\_\_\_ SSN \_\_\_\_\_

- Hispanic  Pacific Islander  
 White  Black  
 Asian  American Indian

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birth Place \_\_\_\_\_ Age (Sept 1st) \_\_\_\_\_ Texas Unique ID \_\_\_\_\_

Address: \_\_\_\_\_ Student Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_ Will your child be using bus transportation to get to school?  Yes  No

**PARENT INFORMATION**

1. Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_ 2. Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_

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

City, St, Zip: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Bus Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Bus Ph: \_\_\_\_\_

Other Ph: \_\_\_\_\_ Phone Pref:  Cell  Home  Business  Other \_\_\_\_\_ Other Ph: \_\_\_\_\_ Phone Pref:  Cell  Home  Business  Other \_\_\_\_\_

Receive Mailouts:  Yes  No Language Pref:  English  Spanish \_\_\_\_\_ Receive Mailouts:  Yes  No Language Pref:  English  Spanish \_\_\_\_\_

Emergency Contact:  Yes  No Email: \_\_\_\_\_ Emergency Contact:  Yes  No Email: \_\_\_\_\_

Svc Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Enrolling Person: \_\_\_\_\_ Svc Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Enrolling Person: \_\_\_\_\_

Right to Transport:  Yes  No Driver License #: \_\_\_\_\_ State: \_\_\_\_\_ Right to Transport:  Yes  No Driver License #: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Vehicle Plate #: \_\_\_\_\_ State: \_\_\_\_\_ Vehicle Plate #: \_\_\_\_\_ State: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Bus Ph: \_\_\_\_\_

Other Ph: \_\_\_\_\_ Phone Pref:  Cell  Home  Business  Other Right to Transport:  Yes  No Driver License #: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Bus Ph: \_\_\_\_\_

Other Ph: \_\_\_\_\_ Phone Pref:  Cell  Home  Business  Other Right to Transport:  Yes  No Driver License #: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Doctor: \_\_\_\_\_ Bus Ph: \_\_\_\_\_ Dentist: \_\_\_\_\_ Bus Ph: \_\_\_\_\_

Hospital: \_\_\_\_\_ Bus Ph: \_\_\_\_\_ Other Medical: \_\_\_\_\_ Bus Ph: \_\_\_\_\_

List any Allergies or Health Concerns: \_\_\_\_\_

**SIBLING INFORMATION**

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

**BUS INFORMATION**

Eligible: \_\_\_\_\_ Seat: \_\_\_\_\_ Special Requirements \_\_\_\_\_

Route: \_\_\_\_\_ Run: \_\_\_\_\_ Transportation: \_\_\_\_\_

Pickup Stop: \_\_\_\_\_ Dropoff Stop: \_\_\_\_\_ Special Seating: \_\_\_\_\_

Pickup Assigned: \_\_\_\_\_ Dropoff Assigned: \_\_\_\_\_ Wheelchair: \_\_\_\_\_

Pickup Route: \_\_\_\_\_ Dropoff Route: \_\_\_\_\_

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

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

**(For Office Use Only)**

Teacher Name: \_\_\_\_\_ Control Nbr: \_\_\_\_\_ Eligibility Code: \_\_\_\_\_

Birth Certificate on File: \_\_\_\_\_ Mil Conn: \_\_\_\_\_ Foster Care: \_\_\_\_\_ Immunization on File: \_\_\_\_\_ Title I: \_\_\_\_\_

Soc Sec Copy on File: \_\_\_\_\_ At Risk: \_\_\_\_\_ Migrant: \_\_\_\_\_ Hm Lng: \_\_\_\_\_

Gift: \_\_\_\_\_ LEP: \_\_\_\_\_ BIL: \_\_\_\_\_ ESL: \_\_\_\_\_ Par Per: \_\_\_\_\_ Econ: \_\_\_\_\_ Special Education: Prim: \_\_\_\_\_ Sec: \_\_\_\_\_ Tert: \_\_\_\_\_ Multi: \_\_\_\_\_



**ALEDO INDEPENDENT SCHOOL DISTRICT**

*A Past to Remember; A Future To Mold*

**STUDENT RESIDENCY QUESTIONNAIRE**

**2017-2018**

**Available to Update**  
This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C 11435. The answers to this residency information help determine the services the student may be eligible to receive.

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

Name of School: \_\_\_\_\_

**Electronically**

1. Is your current address a temporary living arrangement?  Yes  No

2. If yes, is this temporary living arrangement due to loss of housing or economic hardship?

Yes  No

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

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

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

**-THIS FORM MUST BE COMPLETED EVERY FALL FOR EVERY STUDENT AND ALL NEW REGISTRANTS-**

**Please Note:** Completion of this form does **not** indicate student is eligible for services through the McKinney-Vento Act 42 U.S.C. 11435. If answers are affirmative, parent/guardian will be contacted by the campus McKinney-Vento Coordinator for additional information.



# PARENT ACKNOWLEDGEMENT/PERMISSION FORM

Aledo Independent School District

Please review, complete and sign this form and return to your student's campus.

Student Name: \_\_\_\_\_ Gr: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Please read the questions below and check the box that reflects your answer.**

	Yes	No
➤ <b>School Sponsored Purposes</b> - Do you give Aledo ISD permission to use your student's directory information for School Sponsored purposes? See pg 13 of District Student Handbook (DSH) <i>(Such internal purposes include yearbook, newspaper, awards etc.)</i>		
➤ <b>Non-School Sponsored Purpose</b> - Do you give Aledo ISD permission to release your student's directory information (name and grade only) for Non-School Sponsored purposes? See pg 13 of DSH <i>This request is allowed from outside the District and only the student's name and grade level are released.</i>		
➤ <b>Student Handbook</b> - I have read and understand the contents of the Student Handbook. <i>(I understand that a copy of this document is on the Aledo ISD web site or I can request a copy at the campus.)</i>		
➤ <b>Student Code of Conduct</b> - I have read and understand the contents of the Student Code of Conduct. <i>(I understand that a copy of this document is on the Aledo ISD web site or I can request a copy at the campus.)</i>		
➤ <b>Transportation Handbook</b> - I have read and understand the contents of the Transportation Handbook. See APPENDIX II of DSH <i>(I understand that a copy of this document is on the Aledo ISD web site or I can request a copy at the campus.)</i>		
➤ <b>Permission for Electronic Publications</b> - Do you give Aledo ISD permission to use your student's artwork, special projects, photographs taken by students, and the like on the District's Web site, in printed material, by video, or by any other method of mass communication? <i>See pg 12 of DSH</i>		
➤ <b>Internet Access</b> - I have read and understand the contents of the AISD's Acceptable Use Policy (AUP) <i>Page 36</i> and Bring Your Own Device (BYOD) <i>see Pg 39 in DSH.</i>		
➤ <b>Student</b> - I have read AISD's AUP and BYOD and agree to abide by its provisions. I understand that violation of these provisions may result in limitation, suspension, or revocation of the District's Internet access. <i>Students sign the form below after reading the AUP and BYOD in DSH.</i>		
➤ <b>Military Connected</b> - Is student a dependent of an <input type="checkbox"/> Active Duty person in the Armed Services or, <input type="checkbox"/> Texas National Guard or, <input type="checkbox"/> Coast Guard or, <input type="checkbox"/> Reserve Duty or, <input type="checkbox"/> PK student who is dependent on an active duty person or someone who has been injured/ killed while on active duty. <i>(Please check the situation that applies above.)</i>		
<b>Grades 7 to 12 only</b>		
➤ <b>Military and Higher Education</b> - Do you give the school permission to release your student's name, address, and phone number to the Military and Higher Education if requested? See pg 14 of DSH <i>(Parents/guardians who give permission above may withdraw their permission at any time by submitting their change in preference to the District in writing. The school shall allow all these items unless permission is withheld.)</i>		

Must be Returned by Paper

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

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

\_\_\_\_\_  
Date



Electronic Permission  
Aledo Independent School District

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

Annually Aledo ISD requires families to verify student information so that our records are accurate. Beginning this school year, families will have the option to make changes with paper copies or electronically in the Parent Portal (TxConnect) system. For those wishing to complete paper copies, as in the past, simply fill in all the attached forms and return to your child's teacher along with this form requesting document in paper.

**Must be Returned by Paper**

Electronic verification of student information:

On Friday, August 25<sup>th</sup>, all parents received, via email, procedures to verify your Parent Portal account. If your student(s) was in Aledo ISD last year, you will need to verify your email account in Parent Portal to be sure you are able to edit student information electronically. If your student(s) is new to Aledo ISD this year, you will need to create a Parent Portal account to verify student information.

Forms that can be verified electronically include:

- Aledo ISD Registration Form
- Student Residency Questionnaire

Forms that still have to be turned in by paper:

- Health History Form
- Acknowledgement/Permission Form
- Electronic Permission Form requesting electronic documents

If you have any questions regarding the electronic enrollment or changing demographic information, you should direct those questions to the Principal at your student's campus.

**I am being offered the options to receive a paper copy, or to electronically access and sign at Parent Portal (TxConnect), to enroll my student(s) in Aledo ISD or change demographic information.**

**Please check one of the options below and initial:**

- Receive a paper copy to enroll my student(s) in Aledo ISD or change demographic information, and provide handwritten signatures of acknowledgement. Initial \_\_\_\_\_**
- Accept responsibility for electronically accessing my student(s) in Parent Portal (TxConnect) to enroll my student(s) in Aledo ISD or change demographic information, by visiting and signing the electronic permission form. Initial \_\_\_\_\_**

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

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

**PLEASE COMPLETE THIS FORM AND RETURN TO YOUR CAMPUS**



# ALEDO INDEPENDENT SCHOOL DISTRICT

*A Past to Remember; A Future To Mold*

To be completed by parent/guardian

HEALTH INFORMATION

GRADE \_\_\_\_\_

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

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

Date of Birth \_\_\_\_\_

Sex:  Male  Female

### MEDICAL HISTORY (check all that apply)

Please explain any yes answers.

Life Threatening Condition  No  Yes

**IF YES PLEASE CONTACT THE SCHOOL NURSE!**

Asthma  No  Yes

• If yes, does student require inhaler  No  Yes

Bee/insect allergy (needs special care)  No  Yes

Severe allergies – affecting school  No  Yes

• If yes, please provide Benadryl & Epi-Pen with Dr. orders

Medication allergies  No  Yes

Kidney Disease  No  Yes

Frequent ear infections  No  Yes

Hearing concerns  No  Yes

Speech difficulties/hoarseness  No  Yes

Severe headaches (Migraines)  No  Yes

Seizures  No  Yes

Neurological condition  No  Yes

ADD/ADHD (diagnosed by whom)  No  Yes

Heart condition  No  Yes

Diabetes(Please contact the school nurse)  No  Yes

Blood disorder  No  Yes

Orthopedic condition  No  Yes

Chronic condition/disability  No  Yes

Vision concerns  No  Yes

Glasses Contacts Other \_\_\_\_\_

Serious illness/injury/surgery  No  Yes

Date \_\_\_\_\_

Chickenpox  Disease  Shot

Date of disease: Month/Year \_\_\_\_\_

Other health concerns?  No  Yes

### MEDICATION

Is medication needed at home?  No  Yes

Name of medication(s) \_\_\_\_\_

Is medication needed at school?  No  Yes

Name of medication(s) \_\_\_\_\_

Prescription medications will not be given without specific written request signed by both a parent / legal guardian and physician. You can obtain this form from the nurse's office.

Is there anything you want to tell us about your child which you feel will help school staff to better understand and work with him/her?

By signing this form, I give my consent to school authorities to take all appropriate actions for the safety and welfare of my child, including;

No  Yes the administration of epinephrine by Epi-Pen and Benadryl if deemed necessary and appropriate by the school nurse

No  Yes in the event of any other medical emergency as reasonably determined by the school nurse or other school authorities

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest available. I understand that the information given above will be shared with appropriate school staff who needs to know in order to provide for the health and safety of my child.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

*Healthy Students Make Better Learners*