

**RETURNING STUDENT ENROLLMENT CHECKLIST**

Local ID# \_\_\_\_\_

OEISD Campus \_\_\_\_\_

PK MILITARY ☐

# Odem-Edroy Independent School District Returning Student Registration Requirements

School Year 2014-2015

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

\_\_\_\_ AM/PM

(Last)

(First)

(Middle)

(Grade)

**Student Information:** ☐ Transfer Student (Out-of-District)

Documentation/Forms	Returned ✓	Initialed by PEIMS Clerk
<b>Proof of Residency:</b> Must provide a <u>current copy</u> from the following list (To be collected in August) <ul style="list-style-type: none"><li>• Utility Bill</li><li>• Rental or Lease Agreement</li><li>• Builder's Letter</li><li>• Contract of Sale</li><li>• Current Voter's Registration Card</li></ul>		
Registration Update Form		
Student Residency Questionnaire		
Family Survey (Migrant)		
Health Information		
Emergency Information Card		
Bus Transportation Request Form		
Military Connected Student Form		
Student Foster Care Form		
Home-School Compact <b>(TO BE COMPLETED IN AUGUST)</b>		
Free and Reduced Lunch Application <b>(TO BE COMPLETED IN AUGUST)</b>		

**\*Please call your prospective campus if you need to update any information during the school year.****For office use only**\_\_\_\_\_  
(Signature of collecting PEIMS Clerk)\_\_\_\_\_  
(Date)



**2014-2015**  
**OEISD RETURNING STUDENT**  
**REGISTRATION UPDATE FORM**  
**\*Confidential Information\***

Local ID# \_\_\_\_\_

OEISD Campus \_\_\_\_\_

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Student's Birth Certificate Name: \_\_\_\_\_  
(First) (Middle) (Last)

**2014-2015 Grade Level** \_\_\_\_\_

**Campus** \_\_\_\_\_

***RESIDENCE***

Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home/Cell Phone \_\_\_\_\_

***MAILING***

Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Name of parent/guardian student ***lives*** with:

Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Guardian: \_\_\_\_\_

***FATHER/GUARDIAN***

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_  
Work # \_\_\_\_\_  
Email Address \_\_\_\_\_

**Authorized to pick-up: YES NO**

***MOTHER/GUARDIAN***

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_  
Work # \_\_\_\_\_  
Email Address \_\_\_\_\_

**Authorized to pick-up: YES NO**

***EMERGENCY CONTACT #1***

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

**Authorized to pick-up: YES NO**

***EMERGENCY CONTACT #2***

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

**Authorized to pick-up: YES NO**

***EMERGENCY CONTACT #3***

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

**Authorized to pick-up: YES NO**

***EMERGENCY CONTACT #4***

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

**Authorized to pick-up: YES NO**

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

Date \_\_\_\_\_



## STUDENT RESIDENCY QUESTIONNAIRE

Local ID# \_\_\_\_\_

OEISD Campus \_\_\_\_\_

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PLEASE PRINT

**Purpose:** This form is to help identify students in homeless situations as required by the McKinney-Vento Homeless Assistance Improvements Act, 42 U.S.C.11434a(2) for Odem-Edroy ISD.

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

Name of Student: \_\_\_\_\_ Gender M F  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_\_  
(Month) (Date) (Year) (or student identification number)

Age: \_\_\_\_\_ Grade \_\_\_\_\_

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

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

**If you answered NO, you may stop here.**

**If you answered YES to the above questions, please complete the remainder of this form.**

Where is the student presently living? (Check one box.)

- ☐ In a motel
- ☐ In a shelter
- ☐ With more than one family in a house or apartment
- ☐ Moving from place to place
- ☐ In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

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

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

*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).*

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

**For office use only:** Campus Enrollment Designee(s): Please send a copy of this form that documents (Yes to questions 1 & 2) per interoffice to Esperanza Juarez, Central Office. Please retain a copy of this form regardless of yes/no answer with student enrollment forms.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
McKinney-Vento Liaison Signature



Education Service Center, Region 2  
209 N. Water St.  
Corpus Christi, TX 78401  
2014 - 2015  
(361) 561-8615/8602

## FAMILY SURVEY



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

Dear Parents,

In order to better serve your children, the Odem-Edroy school district would like to identify students who may qualify to receive additional educational services. **The information provided below will be kept confidential.** Please answer the following questions and return this survey form to your child's school.

Or, if you prefer, for more information, call: (361) 561-8615

Name of child: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

1. Have you moved within the last 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_
2. If yes, have you done agricultural or fishing related work since your move? (e.g., agricultural field work, ranch work, shrimping, dairy work, meat processing, livestock related activities and gin work )  
Yes \_\_\_\_\_ No \_\_\_\_\_



If you answered **"yes"** to both of the questions above, an education representative may contact you to find out whether your child is eligible for additional educational services. Please provide the following information:

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

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

Telephone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

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

Best Time to Contact You: \_\_\_\_\_

**Schools: Please return this survey to the Education Service Center, Region 2, ATTN: Isabel Gonzales, MEP**



## HEALTH INFORMATION

Local ID# \_\_\_\_\_

OEISD Campus \_\_\_\_\_

PK MILITARY ☐

**PLEASE PRINT**

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

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

Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Has your child ever been enrolled in Odem-Edroy ISD? \_\_\_\_\_

Please list any illnesses, injuries, operations or hospitalizations (mental/medical) your child has encountered: (examples: asthma, seizures, tubes, migraines, etc.)

\_\_\_\_\_

\_\_\_\_\_

List any medications taken daily or on a regular basis and the condition for which medication is given:

\_\_\_\_\_

\_\_\_\_\_

Allergies to Food or Medicines? \_\_\_\_\_

Allergies to Insects/Bees? \_\_\_\_\_

I will bring EpiPen/Benadryl for my child when he/she begins school as per doctor's orders:

☐ YES

☐ NO

Other children in the home (please list with date of birth):

\_\_\_\_\_

\_\_\_\_\_

I give my permission for Odem-Edroy ISD employees to give my child the following checked medications during school hours if needed. Please check the following items your child can use. If you want your child to have access to things like Tylenol and Tums you have to provide the age appropriate medication, in the original container, with signed consent.

\_\_\_\_\_ Eye saline eyewash  
\_\_\_\_\_ Peppermint/sugar free peppermint  
\_\_\_\_\_ White Petrolatum (chapped lips)

\_\_\_\_\_ Unscented hand lotion  
\_\_\_\_\_ Sting Ease stick

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

Date \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Other Phone Number \_\_\_\_\_



# EMERGENCY INFORMATION CARD

Local ID# \_\_\_\_\_

OEISD Campus/Classroom \_\_\_\_\_

PK MILITARY ☐**PLEASE PRINT**

Date Entered \_\_\_\_\_ Race \_\_\_\_\_ Gender M \_\_\_\_\_ F \_\_\_\_\_ SN# \_\_\_\_\_

Age as of Sept 1 \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

**Student's Legal Name:** \_\_\_\_\_  
(as appears on birth certificate): (Last) (Jr, III, etc) (First) (Middle)

Home Address \_\_\_\_\_ and P. O. Box Address \_\_\_\_\_ City \_\_\_\_\_

Name of Primary Contact \_\_\_\_\_

Emergency phone \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ Place of Work \_\_\_\_\_ Work# \_\_\_\_\_**Parent/Guardian** \_\_\_\_\_ Place of Work \_\_\_\_\_ Work# \_\_\_\_\_**Parent/Guardian Cell Phone No.** \_\_\_\_\_ **Parent/Guardian Cell Phone No.** \_\_\_\_\_**Emergency Contacts and Authorized Pick Up** (To be used only if the Parent/Guardians cannot be reached. To provide additional contact names, please contact campus offices for form).**Contact Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_  
(Last, First)**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_**Contact Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_  
(Last, First)**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

Family Physician \_\_\_\_\_ Office Phone \_\_\_\_\_ Office Address \_\_\_\_\_

Please list all allergies: (Drugs, Food, Bees, insects, etc.) \_\_\_\_\_ EpiPen Needed: \_\_\_\_\_

Benadryl Needed: \_\_\_\_\_

What (if any) chronic diseases does your child have? \_\_\_\_\_

What medications will your child take at school? \_\_\_\_\_

What medications does your child take daily? \_\_\_\_\_

**In the event of an accident or serious illness, I request the school to contact me when time allows. If the school is unable to reach me, I hereby authorize the school to contact the physician indicated above and follow his instructions. If the Physician is not available, the school is authorized to make whatever arrangements deemed necessary. Permission for Emergency Treatment is good for one year only.****Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Signature of Parent/Guardian** \_\_\_\_\_**My child may be released to the following people:** (Do Not List Parents)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ phone \_\_\_\_\_ phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ phone \_\_\_\_\_ phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ phone \_\_\_\_\_ phone \_\_\_\_\_

**Please do not release my child to the following people:** (Concerning parental custody issues, we need copies of court records proving custody/guardianship of children and/or restraining orders. These need to be on file in the office).

Name \_\_\_\_\_ phone \_\_\_\_\_ Name \_\_\_\_\_ phone \_\_\_\_\_

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_**Reminder** If any of the above information changes during the school year, please contact the school office immediately.



## BUS TRANSPORTATION REQUEST FORM

Local ID# \_\_\_\_\_

OEISD Campus \_\_\_\_\_

PK MILITARY ☐**PLEASE PRINT**

### REQUEST FOR STUDENT SCHOOL BUS TRANSPORTATION

School Year: 2014-2015

**\*Please Circle one:**

- ☐ NO – I do not require bus services at this time.
- ☐ YES – If bus service is required, please complete the following.

Dear Parent,

Transporting your children is a great responsibility for all of us, especially for the drivers who must pilot the buses through traffic and all kinds of weather. Our drivers must devote all of their skills and energies to driving. They must give their full attention to the traffic and are unable to act as disciplinarians for the children.

Bus rules have been adopted by the school district and are printed in each campus handbook. It explains in some detail what is expected of the children who ride our buses and gives you guidelines on what you, as parent, can expect of us. All of these rules are designed to assure the safety of the riders.

PLEASE discuss these rules with your child and impress upon him/her the need for full cooperation on the school bus. Remind your child that any infraction of these rules could result in suspension of bus riding privileges which could cause great inconvenience for the child and parent.

Please complete and return this sheet with the registration packet so we can have information on file and know you understand our rules. Your child's safe transportation is our primary goal. This information will remain confidential. If you have any questions or comments, feel free to call (361) 368-8121, ext. 265.

Bus Number (if you know it) \_\_\_\_\_ School Year \_\_\_\_\_

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Physical Address \_\_\_\_\_ Subdivision \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Emergency Phone Number Mother (Cell): \_\_\_\_\_ Father (Cell): \_\_\_\_\_ Guardian (Cell): \_\_\_\_\_

Home Room Teacher \_\_\_\_\_

Will your child ride morning and afternoon? \_\_\_\_\_ Morning Only? \_\_\_\_\_ Afternoon Only? \_\_\_\_\_

**Important** - Please include any other description that would help us locate your house:\_\_\_\_\_  
(Parent/Guardian Signature)\_\_\_\_\_  
Date\_\_\_\_\_  
(Print Parent/Guardian Name)\_\_\_\_\_  
Date

The information requested above is the minimum information needed at this time.

Please call (361) 368-8121, ext. 265 if student is a new rider or has moved.

**Below to be filled in by Transportation Department**

The above student meets the guidelines for bus transportation and is assigned to bus number \_\_\_\_\_

Director of Bus Transportation \_\_\_\_\_ Date \_\_\_\_\_



**MILITARY CONNECTED STUDENT FORM  
2014-2015**

Local ID# \_\_\_\_\_

OEISD Campus \_\_\_\_\_

*Welcome to Odem-Edroy Independent School District. We are requesting the following information from you in order to best meet the needs of your child. Thank you for your assistance.*

PLEASE RETURN THIS FORM TO YOUR CHILD'S CAMPUS ONLY IF YOUR CHILD MEETS ONE OF THE CRITERIA BELOW

***PLEASE PRINT***

In 2009 The Texas Legislature adopted the Interstate Compact on Educational Opportunity for Military Students – Texas Education Code Chapter 162. This legislation requires schools to recognize and extend certain privileges to students who are military dependents and to assist military dependent students in the transition process of changing schools when their military parents are reassigned and forced to relocate.

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

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

If Known: Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_ Campus: \_\_\_\_\_

Please check one box below to indicate if your child is a dependent of a member of:

**For all students:**

☐ Active Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard  
[This includes Missing in Action (MIA)]

☐ Texas National Guard

☐ Reserve Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard

**For Pre-Kindergarten students ONLY:**

☐ Armed forces or reserved forces of the United States (Army, Navy, Air Force, Marine Corps, or Coast Guard) or Texas National Guard who has been injured or killed while on active duty





**STUDENT FOSTER CARE FORM  
2014-2015**

Local ID# \_\_\_\_\_

OEISD Campus \_\_\_\_\_

*Welcome to Odem-Edroy Independent School District. We are requesting the following information from you in order to best meet the needs of your child. Thank you for your assistance.*

PLEASE RETURN THIS FORM TO YOUR CHILD'S CAMPUS ONLY IF YOUR CHILD  
MEETS ONE OF THE CRITERIA BELOW

**PLEASE PRINT**

THE LEGISLATURE OF THE STATE OF TEXAS has enacted an amendment on  
SECTION 1 Section 7.029, Education Code to include the following:

This legislation requires schools to recognize and collect data as to the foster care  
status of all students.

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

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

If Known: Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_ Center: \_\_\_\_\_

Please check one box below to indicate if the following applies to your child:

**For all students:**

☐

Student is currently in the conservatorship of the Department of Family and  
Protective Services

**For Pre-Kindergarten students ONLY:**

☐

Pre-kindergarten student was previously in the conservatorship of the  
Department of Family and Protective Services