



# NEW STUDENT ENROLLMENT CHECKLIST

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

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

PK MILITARY ☐

## Odem-Edroy Independent School District New Student Registration Requirements

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

School Year 2015-2016

\_\_\_\_\_  
(Last) (First) (Middle) (Grade) AM/PM

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

Documentation/Forms	Returned ✓	Initialed by PEIMS Clerk
Proof of Residency: Must provide one <b>current copy</b> from the following list <ul style="list-style-type: none"><li>Utility Bill (Cable, Electric, Water)</li><li>Builder's Letter</li><li>Current Voter's Registration Card</li><li>Rental or Lease Agreement</li><li>Contract of Sale</li></ul>		
Birth Certificate		
Social Security Card		
Immunization Records		
Copy of Parent/Guardian Driver's License		
Student Enrollment Form		
Student Enrollment Questionnaire		
Student Residency Questionnaire		
Home Language Survey		
Migrant Survey		
Ethnicity Race Form		
Health Information/Emergency Information Card		
Acceptable Use Policy		
Receipt of Student Handbook and Student Code of Conduct		
Directory Information		
Bus Transportation Request		
Military Connected Student Form		
Student Foster Care Form		
Home – School Compact		
Free and Reduced Lunch Application		
Withdrawal Forms from prior school		
Copy of Report Card or HS Transcript		
Student Records Release Form		

**\*\*PLEASE CALL YOUR PROSPECTIVE CAMPUS IF YOU NEED TO UPDATE ANY INFORMATION DURING THE SCHOOL YEAR. THANK YOU.\*\*****For office use only**

(Signature of collecting PEIMS Clerk)

(Date)

**ODEM-EDROY INDEPENDENT SCHOOL DISTRICT****STUDENT  
ENROLLMENT  
FORM**

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

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

PK MILITARY ☐

PLEASE PRINT  
FILL OUT BOTH SIDES OF ENROLLMENT FORM

The information on this form is pertinent to your child's records and considered a government record. Please fill out as accurately as possible. The penalties for giving false information on governmental records are contained in section 37.10 of the Penal Code and in section 25.00(h) of the Texas Education Code. Any person who knowingly falsifies information to gain enrollment in OEISD is liable for tuition fees (Texas Education Code 25.000)

**Student Information:** ☐ Returning Student

First day of Attendance: \_\_\_\_\_

☐ Out-of-District StudentStudent's Legal Name (as appears on birth certificate): \_\_\_\_\_  
(Last) (Jr, III, etc) (First) (Middle)

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F Place of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Date) (Year) (City) (State) (Country)

Grade Level: \_\_\_\_\_ State ID or Social Security Number: \_\_\_\_\_

Ethnicity (check one): \_\_\_\_\_ Hispanic/Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.  
\_\_\_\_\_ Not Hispanic/Latino

Race (check one or more):

\_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American \_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ White

Does this student speak English? Yes No Primary Language Spoken at Home: \_\_\_\_\_ Resident of OEISD? Yes No

Has this student ever repeated a grade level? Yes No If Yes, when? \_\_\_\_\_

Is this student presently being served by either of the following special programs (circle all that apply):

Bilingual

ESL

Dyslexia

Gifted/Talented

Special Education

Name and Address of most recent school attended: \_\_\_\_\_

**Primary Parent/Guardian Information****With whom the student lives**Parent/Guardian's Name: \_\_\_\_\_ Gender: M F  
(Last) (Jr, III, etc) (First) (Middle)

Relationship to Student: \_\_\_\_\_ Is this person to be listed as an Emergency Contact? Yes No

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Do you wish to have Internet Access to your child's grades, attendance, etc. through View Student Information.net Access Portal? Yes No

Email Address: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_

Work Email Address: \_\_\_\_\_ Permission to use as Alternate: { } Yes { } No

Residence Address: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Number) (Direction) (Street Name) (Apt.) (City) (Zip Code)

Separate Mailing Address: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Number) (Direction) (Street Name) (Apt.) (City) (Zip Code)

## Secondary Parent/Guardian Information

Does the Student live with this Parent/Guardian? Yes No

Parent/Guardian's Name: \_\_\_\_\_ Gender: M F  
(Last) (Jr, III, etc) (First) (Middle)

Relationship to Student: \_\_\_\_\_ Is this person to be listed as an Emergency Contact? Yes No

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Do you wish to have Internet Access to your child's grades, attendance, etc. through View Student Information.net Access Portal? Yes No

Email Address: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_

Work Email Address: \_\_\_\_\_ Permission to use as Alternate: { } Yes { } No

Residence Address: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Number) (Direction) (Street Name) (Apt.) (City) (Zip Code)

Separate Mailing Address: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Number) (Direction) (Street Name) (Apt.) (City) (Zip Code)

## Sibling Information

Name \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Age) (Grade) (OEISD Campus, if applicable)

Name \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Age) (Grade) (OEISD Campus, if applicable)

Name \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Age) (Grade) (OEISD Campus, if applicable)

Name \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Age) (Grade) (OEISD Campus, if applicable)

Name \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Age) (Grade) (OEISD Campus, if applicable)

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

**Reminder** If any of the above information changes during the school year, please contact the school office immediately.



## ADDITIONAL EMERGENCY AND AUTHORIZED PICK UP FORM

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

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

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

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F Grade Level: \_\_\_\_\_

**Emergency Contacts and Medical Information** (To be used only if the Parent/Guardians cannot be reached).Emerg. Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
(Last, First)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Authorize to Pick Up? ☐ YES ☐ NOEmerg. Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
(Last, First)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Authorize to Pick Up? ☐ YES ☐ NOEmerg. Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
(Last, First)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Authorize to Pick Up? ☐ YES ☐ NOEmerg. Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
(Last, First)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Authorize to Pick Up? ☐ YES ☐ NO

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

**Reminder** If any of the above information changes during the school year, please contact the school office immediately.



## STUDENT ENROLLMENT QUESTIONNAIRE

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 PRINT  
FILL OUT BOTH SIDES OF QUESTIONNAIRE**

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

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: M F Grade Level: \_\_\_\_\_

Your Child's personality type: (circle those that apply most of the time)

outgoing	shy	stubborn	leader	doesn't verbalize feelings
easy going	organized	self-discipline	follower	has trouble making friends
sensitive	independent	easily stressed	shows feelings	other: _____

Particular strengths/weaknesses that should be considered, including physical problems:

---

---

Placement concerns regarding classroom operations or procedures (traditional class trips, celebrations, or activities, etc.)

---

---

Other information or special needs regarding your child you would like for us to know:

---

---

Has your child ever been enrolled in Odem-Edroy ISD before? Yes No

If yes, date and campus attended: \_\_\_\_\_

### Specific Needs of Your Child

The following statements are categorized into three areas. In order to prepare for specific needs of your child, please place an X by any statement that applies to your child's situation. This information gives crucial insight not only for planning for specific educational needs of our students but for social /emotional support that will be essential for the child to be successful.

#### EDUCATIONAL:

\_\_\_\_ 1. My child was in one of the following grades last year (Which Grade: Pre-Kindergarten, Kindergarten, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>) and I was made aware that he/she did not perform satisfactorily on the Achievement Test and or Readiness Tests given to all students in that grade. (Iowa Basic Skills Test and/ or the Texas Primary Reading Inventory)

\_\_\_\_ 2. My child was in one of the following grades last year (Which Grade: 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup>) and I was made aware that he/she failed two or more core subjects. (Core Subjects: English /Reading-Math-Science-Social Studies)

\_\_\_\_ 3. My child was retained and will not be advancing to the next grade level.(Grade Enrolled Last year:\_\_\_\_)

\_\_\_\_ 4. My child failed one or more portions of the TAKS Test last year. (Applies to last years 3<sup>rd</sup> graders and up)

\_\_\_\_ 5. My child made the decision to drop out of school last year and is now re-enrolling for school.

#### BEHAVIORAL

\_\_\_\_ 6. My child experienced some behavioral challenges last year and was placed at the Discipline Alternative Education Program for a designated time period.

\_\_\_\_ 7. My child was or is currently working with law enforcement agencies (probation officer, etc.) to address probation, pending prosecution, deferred prosecution or conditional release.

#### FAMILY

\_\_\_\_ 8. Department of Regulatory services intervened on the behalf of the children I presently have custody of during the past school year.

\_\_\_\_ 9. The children I have in my custody are living with me through a foster home support arrangement or group home.

\_\_\_\_ 10. My child will need Pregnancy Education Programming as she is pregnant or her infant is less than 1 year old.

### Special Services Information

\_\_\_\_\_ No, my child has not received any special services at his/her former or current school.

\_\_\_\_\_ Yes, my child has received special services at his/her former or current school.

Please check the following services received:

\_\_\_\_\_ Special Education

\_\_\_\_\_ Speech Therapy

\_\_\_\_\_ 504

\_\_\_\_\_ Dyslexia

\_\_\_\_\_ Gifted and Talented

\_\_\_\_\_ RTI (Response To Intervention)

\_\_\_\_\_ Other, please specify: \_\_\_\_\_

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



## STUDENT RESIDENCY QUESTIONNAIRE

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

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

PK MILITARY ☐

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: \_\_\_\_\_  
(Last) (First) (Middle)

Gender M F

Date of Birth: \_\_\_\_\_  
(Month) (Date) (Year)Social Security #: \_\_\_\_\_  
(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 \_\_\_\_\_



## Questionario de Residencia para Estudiantes

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

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

PK MILITARY ☐

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.

Nombre de la Escuela \_\_\_\_\_

Nombre del Estudiante \_\_\_\_\_ Sexo: ☐ Masculino  
Apellido Nombre Segundo Nombre ☐ FemeninoFecha de Nacimiento \_\_\_\_/\_\_\_\_/\_\_\_\_ Edad: \_\_\_\_ # de Seguro Social: \_\_\_\_\_  
Mes Día Año (o número de indentificación escolar)

**El propósito de este cuestionario es presentar los objetivos del Acta McKinney-Vento (42 U.S.C.11434a(2)). Las respuestas a estas preguntas ayudarán determinar los servicios que el estudiante debe recibir.**

1. ¿Es su domicilio actual un arreglo de vivienda temporal (de poca duración)? \_\_\_\_ Si \_\_\_\_ No
2. ¿Es este arreglo de vivienda temporal debido a la pérdida de su casa, vivienda o habitación, o debido a algún problema económico (ejemplo: desempleo)? \_\_\_\_ Si \_\_\_\_ No

**Si usted contestó NO a estas preguntas, no siga.**

**Si usted contestó SI a estas preguntas, por favor complete el resto de este formulario.**

¿Dónde se encuentra viviendo el estudiante actualmente? (Marque una opción.)

- ☐ En un motel
- ☐ En un albergue o lugar de refugio
- ☐ Con más de una familia en una casa o apartamento
- ☐ Moviéndose de lugar en lugar
- ☐ En un lugar generalmente no designado para dormir (ejemplo: carro, parque, o campamento)

Nombre del Padre/Madre/Guardián \_\_\_\_\_

Dirección \_\_\_\_\_ Zona Postal \_\_\_\_\_ Teléfono \_\_\_\_\_

*Presentar información falsa o la falsificación de documentos para uso escolar son ofensas bajo la Sección 37.10 del Código Penal, y la inscripción del estudiante usando documentos falsos traerá como consecuencia que los responsables estarán sujetos a pagar los gastos de instrucción u otros cargos. TEC Sec. 25.002(3)(d).*

Firma del Padre/Madre/Guardián \_\_\_\_\_ Fecha \_\_\_\_\_

**For office use only:** Campus Enrollment Designees: 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 \_\_\_\_\_





## HOME LANGUAGE SURVEY

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

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

PK MILITARY ☐

**Texas Education Agency  
Division of Bilingual Education  
Home Language Survey  
Grades Pre-K - 12**

The State of Texas requires that the following information be completed for each student who enrolls in a Texas public school. This survey will be kept in each student's permanent record folder.

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

**TO BE FILLED IN BY PARENT OR GUARDIAN:**

1. What language is spoken **MOST** of the time in your home? (Circle One)

English

Spanish

Other

If other, name of language: \_\_\_\_\_

2. What language does your child speak **MOST** of the time? (Circle One)

English

Spanish

Other

If other, name of language: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian (Please Print)\_\_\_\_\_  
Date\_\_\_\_\_  
Signature Parent or Guardian\_\_\_\_\_  
Date

**Cuestionario De Idioma Hogareño  
Estado De Texas  
Grados Pre-K-12**

El estado de Texas requiere que la siguiente información sea completada para cada estudiante que se matricule en una escuela publica en Texas. Esta encuesta sera mantenida en los reportes de cada estudiante.

Nombre del Estudiante: \_\_\_\_\_ Grado: \_\_\_\_\_

**DEBE DE COMPLETARSE POR EL PADRE O GUARDIAN:**

1. Cual es el idioma que se habla **MAS** en su hogar? (Marque con **UN** circulo)

Español

Inglés

2. Cual es el idioma que **MAS** habla su niño(a)? (Marque con **UN** circulo)

Español

Inglés

\_\_\_\_\_  
Padre O Guardian (En Molde Por Favor)\_\_\_\_\_  
Fecha\_\_\_\_\_  
Firma del Padre O Guardian\_\_\_\_\_  
Fecha



Family Survey  
Education Service Center, Region 2  
209 N. Water St.  
Corpus Christi TX  
2015-16  
361-561-8615 /8602

Student Name:	Age:	Grade:
	Date of Birth:	Date:


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

Do you have a high school aged child under the age of 22 who lacks a U.S. issued high school diploma or GED and is currently *not enrolled* in school?

☐ YES ☐ NO



1. Within the past 3 years have you and your family traveled or moved from one district, city or state to another to work or look for temporary work in agriculture, livestock or fishing?

☐ NO  here and return survey to your child's school.

☐ YES (Please ☒ check all that apply below and continue to question 2)



Working agricultural field work with fruits, vegetables, sunflowers, cotton, wheat, grain, sorghum

☐

Packing or processing fruits, vegetables, chicken, beef, pork or fish

☐

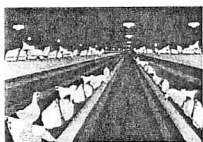
Working in a dairy farm

☐

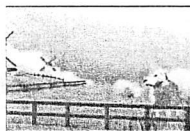
Working in a fishery or shrimping

☐

Working in a slaughter house

☐

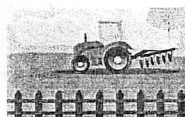
Working on a poultry farm

☐

Working in a ranch, livestock related activities

☐

Working in a plant nursery, orchard, tree growing or harvesting

☐

Other similar work, Please explain:

---

---

---

---

2. Did the children in your family go with you or join you at a later date?

☐ NO  here and return survey to your child's school.

☐ YES (Please complete below)

Please complete the following information:

Best time to contact you:

Parent/Guardian Name:

Address:

Telephone:

Alternate Telephone No:

Email Address:

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



ENCUESTA DE FAMILIA  
Education Service Center, Region 2  
209 N. Water St.  
Corpus Christi TX  
2015-16  
361-561-8615 /8602

Nombre del estudiante	Edad:	Grado:
	Fecha de Nacimiento:	Fecha:

Estimados Padres,

Con el propósito de server las necesidades académicas de los estudiantes, el distrito de Odem-Edroy intenta identificar a los estudiantes que llenen los requisitos para recibir servicios educativos suplementales. **Toda la información será confidencial.** Por favor responda a las siguientes preguntas y devuelva a la escuela de su(s) niño(s).

¿Tiene ud. algún hijo en edad de asistir a la preparatoria (menor de 22 años ) que no haya recibido un diploma de la preparatoria en EEUU o un GED, y a la vez no está inscrito en la escuela?

☐ Sí

☐ No



1. En los últimos tres años usted y su familia han viajado o se han mudado de distrito, ciudad o estado en busca de trabajo temporal en la agricultura, ganadería o pesca?

☐ No **ALTO** (aquí termina la encuesta, regrese la forma a la escuela)

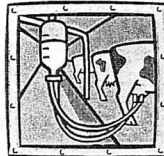
☐ Sí (seleccione todo lo que aplica y continúe a la #2)



Trabajo de campo agrícola con frutas, verduras, girasol, algodón, trigo, grano, sorgo

☐

Empacando o procesando frutas, verduras, pollo, carne de res, cerdo o pescado

☐

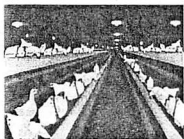
Trabajando en una lechería

☐

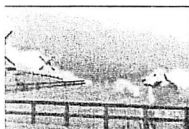
Trabajando en la pesca o pesca de camarones

☐

Trabajando en una casa de matanza

☐

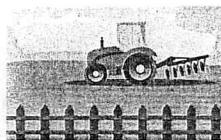
Trabajando en granjas avícolas

☐

Trabajando en un rancho y ganadería actividades

☐

Trabajando en un vivero de plantas, plantando o cosechando arboles

☐

Otro trabajo similar, favor de explicar:

---

---

---

---

2. Viajaron sus hijos con usted o los acompañaron despues?

☐ NO **ALTO** ( aquí termina la encuesta, envíe la encuesta a la escuela.)

☐ SI (continúe con la siguiente información)

Por favor de llenar la siguiente información:

Cual es la mejor hora para llamarle?:

Nombre del padre o tutor:

Domicilio:

Número de Teléfono:

Teléfono Alterno:

Dirección de correo electrónico :



## ETHNICITY AND RACE FORM

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

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

PK MILITARY ☐

### Texas Education Agency Texas Public School Student/Staff Ethnicity and Race Data Questionnaire

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

#### Part 1. Ethnicity: Is the person Hispanic/Latino? *(Choose only one)*

- ☐ **Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **Not Hispanic/Latino**

#### Part 2. Race: What is the person's race? *(Choose one or more)*

- ☐ **American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- ☐ **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Black or African American** - A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_  
Student/Staff Name (please print)

\_\_\_\_\_  
(Parent/Guardian)/(Staff) Signature

\_\_\_\_\_  
Student/Staff Identification Number

\_\_\_\_\_  
Date



# HEALTH INFORMATION 2015-2016

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:  
\_\_\_\_\_  
\_\_\_\_\_

**Severe Allergies to Food or Medicines** \_\_\_\_\_

**Severe 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



# HEALTH INFORMATION SPANISH

Local ID#

OEISD Campus

PK MILITARY

☐

PLEASE PRINT

FECHA: \_\_\_\_\_

NOMBRE DEL ESTUDIANTE: \_\_\_\_\_

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

DEME UNA LISTA POR FAVOR DE CUALQUIER ENFERMEDAD QUE SU HIJO/A AYAN TENIDO O LAS OPERACIONES: (ejemplos: asma, ataques, tubos, migrañas, etc.)

UNA LISTA POR FAVOR DE EL MEDICAMENTO QUE ESTE TOMANDO A DIARIO EN SU ENBASE Y TAMBIEN EL MOTIVO PORQUE ESTE MEDICAMENTO SE LE DA:

ALERGIAS SEVERO DE COMIDA O DE MEDICINAS? \_\_\_\_\_

ALERGIAS SEVERO DE INSECTOS/AVISPAS/COLMENAS? \_\_\_\_\_

YO TRAIRE LA EPIPEN/BENADRYL PARA MI HIJO/HIJA CUANDO EMPIEZE LA ESCUELA COMO ES RECOMENDADA POR NUESTRO MEDICO

☐ Sí

☐ NO

OTROS NIÑOS EN EL HOGAR (por favor una lista de Nombres y Fecha de nacimiento)

.....  
Doy mi permiso a los empleados de ODEM-EDROY ISD para dar a mi niño(a) las siguientes medicinas verificadas durante las horas de clases si se necesita. Verifiqué por favor los artículos siguientes que su niño(a) puede utilizar. Si usted quiere que su niño(a) tenga acceso a cosas como Tylenol y Tums usted tiene que proporcionar la edad apropiada a la medicina en el paquete original.

\_\_\_\_\_ Medicina para los ojos  
\_\_\_\_\_ Peppermint/sin azúcar peppermint  
\_\_\_\_\_ Petrolatum Blanco (labios con grietas)

\_\_\_\_\_ Unscented loción de las manos  
\_\_\_\_\_ Medicina para picazón

\_\_\_\_\_  
Firma del Padre / guardián

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Número de teléfono

\_\_\_\_\_  
Celular

\_\_\_\_\_  
Número de teléfono del trabajo

\_\_\_\_\_  
Algún Otro número de teléfono



# EMERGENCY INFORMATION CARD 2015-2016

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# \_\_\_\_\_

Mom's Cell Phone No. \_\_\_\_\_ Dad's 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.) \_\_\_\_\_ Epi Pen 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.

**PLEASE COMPLETE THIS PAGE AND RETURN TO YOUR PRINCIPAL.**

**If you had an account last year, what was your username?** \_\_\_\_\_

Hint: This will be a number, your last name, and your first initial.

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

**STUDENT**

Name \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Social Security Number \_\_\_\_\_

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

I have read the District's electronic communications system policy and administrative regulations and agree to abide by their provisions. I understand that violation of these provisions may result in suspension or revocation of system access.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**PARENT OR GUARDIAN**

I have read the District's electronic communications system policy and administrative regulations. In consideration for the privilege of my child using the District's electronic communications system, and in consideration 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 of damage identified in the District's policy and administrative regulations.

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

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

Home address \_\_\_\_\_

Date \_\_\_\_\_ Home phone number \_\_\_\_\_



**ODEM-EDROY INDEPENDENT SCHOOL DISTRICT  
STUDENT AGREEMENT FOR ACCEPTABLE USE OF THE  
ELECTRONIC COMMUNICATIONS SYSTEM**

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.
- Student use of E-Mail is prohibited unless an account is established by a teacher for use within the classroom.
- 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.

**INAPPROPRIATE USES**

- 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.
- Posting personal information about yourself or others (such as addresses and phone numbers).

**CONSEQUENCES FOR INAPPROPRIATE USE**

- Suspension of access to the system;
- Revocation of the computer system account; or
- 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.

***KEEP THIS PAGE FOR FUTURE REFERENCE.***



**RECEIPT OF STUDENT HANDBOOK AND  
STUDENT CODE OF CONDUCT  
2015-2016**

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

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

PK MILITARY ☐

My child and I have been offered the option to receive a paper copy or to electronically access at [www.oeisd.org](http://www.oeisd.org) the Student Handbook and Student Code of Conduct for 2015-2016.

I have chosen to:

\_\_\_\_\_ Receive a paper copy of the Student Handbook and Student Code of Conduct

\_\_\_\_\_ Accept responsibility for accessing the Student Handbook and Student Code of Conduct by visiting the Web address listed above.

I understand that the Student Handbook and Student Code of Conduct contains information that my child and I may need during the year and that all students will be held accountable for their behavior and be subject to the disciplinary consequences outlined in the Student Handbook and Student Code of Conduct. If I have any questions regarding this handbook or code, I should direct those questions to the building principal.

Printed name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Printed name of parent: \_\_\_\_\_

Signature of parent: \_\_\_\_\_

Date \_\_\_\_\_



**REQUEST TO PREVENT DISCLOSURE OF  
DIRECTORY INFORMATION  
2015-2016**

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

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

PK MILITARY ☐

*PLEASE PRINT*

Under the Family Educational Rights and Privacy Act (FERPA), the following information is considered "Directory Information" and may be released to anyone, including the media, colleges and Universities, and the military. To prevent release of this information, you must inform Odem-Edroy ISD using this form that you do not want this information released. "Directory Information" includes: student's name, address, telephone listing, electronic mail address, photograph, date and place of birth, dates of attendance, grade level, enrollment status, participation in officially recognized activities and sports, weight and height of members of athletic teams, honors and awards received, and the most recent educational agency or institution attended. FL(LEGAL)

Under the No Child Left Behind Act of 2001, the military is entitled to request the names, telephone numbers and addresses of students unless the parent, guardian or eligible student requests that such information not be provided.

You have the right under the above laws to choose whether your student's information is released or not. Parents and eligible students considering withholding disclosure of directory information should evaluate the consequences of such a decision carefully.

The request to prevent disclosure of directory information will be honored for the current school year unless specifically revoked in writing. Continuing students must complete a new non-disclosure form each school year. Submission of this form will not affect directory information already published or released.

Please check the appropriate choice below.

- ☐ I **DO NOT** consent to the release of the above directory information about the student named below, except as authorized by law.
- ☐ I **DO** consent to the release of the above directory information about the student named below, except information about this student **MAY NOT** be released to the military.

STUDENT'S NAME: \_\_\_\_\_

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

PARENT/GUARDIAN'S PRINT NAME: \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# BUS TRANSPORTATION REQUEST FORM 2015-2016

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

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

PK MILITARY ☐**PLEASE PRINT**

## REQUEST FOR STUDENT SCHOOL BUS TRANSPORTATION

**\*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. 266.

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

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

**Physical Drop Off 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 Print Name)\_\_\_\_\_  
Date\_\_\_\_\_  
(Parent/Guardian Signature)\_\_\_\_\_  
Date

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

Please call (361) 368-8121, ext. 266 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  
2015-2016**

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



**MILITARY CONNECTED STUDENT FORM**  
**SPANISH**  
**(Distrito Escolar Independiente de**  
**Odem-Edroy ISD**  
**Formulario Estudiantil de Afiliación Militar)**  
**2015-2016**

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

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

**FAVOR DE REGRESAR ESTE FORMULARIO A LA ESCUELA DE SU HIJO(A) SOLO SI CUMPLE CON UNO DE LOS CRITERIOS SIGUIENTES**

En 2009 la Legislatura de Texas aprobó el Acuerdo Interestatal sobre Oportunidad Educacional para Estudiantes con Afiliación Militar - Código de Educación de Texas, Capítulo 162. Esta legislación requiere que las escuelas reconozcan y extiendan ciertos privilegios a los estudiantes que son dependientes de personal militar y para asistir a los estudiantes que dependen de militares en el proceso de transición de cambio de escuela cuando sus padres militares son reasignados y obligados a trasladarse.

Nombre del Padre ó Tutor: \_\_\_\_\_

Nombre del Estudiante: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_

ID del estudiante: \_\_\_\_\_ Grado Escolar: \_\_\_\_\_ Escuela: \_\_\_\_\_

Favor de marcar una de las casilla siguientes para indicar si su niño(a) es un dependiente de un miembro de:

**Para todos los estudiantes:**

- ☐ Servicio Activo: Ejército, Marina, Fuerza Aérea, Infantería de Marina o la Guardia Costera [Esto incluye Desaparecido en Combate (MIA)]
- ☐ Guardia Nacional de Texas
- ☐ Servicio de Reserva: Ejército, Marina, Fuerza Aérea, Infantería de Marina o la Guardia Costera

**Para los estudiantes del Pre-Kinder SOLAMENTE:**

- ☐ Las fuerzas armadas o las fuerzas reservadas de los Estados Unidos (Ejército, Marina, Fuerza Aérea, Infantería de Marina o la Guardia Costera) o la Guardia Nacional de Texas que ha sido herido o ha muerto durante el servicio activo



**STUDENT FOSTER CARE FORM  
2015-2016**

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



**STUDENT FOSTER CARE FORM - SPANISH**  
**2015-2016**

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

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

**FAVOR DE REGRESAR ESTA FORMA AL CAMPUS QUE PERTENECE A SU  
HIJO(A) SOLO SI APLICA ALGUNO DE LOS CRITERIOS DESCRITOS A  
CONTINUACION**

***PLEASE PRINT***

LA LEGISLATURA DEL ESTADO DE TEXAS ha promulgado una enmienda en la SECCION 1 Sección 7.029, del Código de la Educación el cual incluye los siguientes puntos:

La Legislatura requiere que las escuelas reconozcan y recopilen información referente al estatus del Programa de Cuidado de Crianza de todos los estudiantes.

Nombre del Padre: \_\_\_\_\_

Nombre del Estudiante: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

Si se sabe: # de Identificación del Estudiante: \_\_\_\_\_ Grado: \_\_\_\_ Centro: \_\_\_\_\_

Favor de marcar una de las opciones abajo indicando si la siguiente información es pertinente a su hijo(a):

**Para todos los estudiantes:**

☐ El estudiante se encuentra dentro del cuidado del Departamento de Servicios de Protección a la Familia.

**Para estudiantes de Pre-Kindergarten SOLAMENTE:**

☐ El estudiante de Pre-kindergarten ha estado previamente dentro del cuidado del Departamento de Servicios de Protección a la Familia.



## Staff Members Agree To:

- Hold Back-to-School Night for parents to meet with teachers and staff.
- Help to determine the educational needs of your child.
- Try to adjust the instructional program to meet the academic needs of your child.
- Seek your cooperation as parents to work as partners in the school.
- Provide frequent assessment and continuous feedback on how your child is progressing academically.
- Provide a safe and orderly school environment.
- Schedule Parent/Teacher conferences (Should be initiated by teacher, as needed, for every student for all grade levels.)

PRINCIPAL: \_\_\_\_\_



## ODEM-EDROY INDEPENDENT SCHOOL DISTRICT Home-school compact

Odem-Edroy ISD is committed to providing the best education possible for each of our students. It is our goal to give every child the opportunity to reach his/her full potential in intellectual, emotional, and physical growth. We know that learning can take place if there is a combination of effort, interest, and motivation on the part of the school, the home, and the community, working together toward that end.

This compact is a voluntary agreement and a promise of commitment to help your child be successful in school. We believe that this agreement can be fulfilled through our team effort.

## STUDENTS AGREE TO:

- Come to school ready to learn with the necessary supplies.
- Take part in class discussions without being disruptive.
- Complete class work and homework neatly and return it to the teacher on time.
- Share with my parents and return signed papers to my teacher.
- Ask for help when I don't understand.
- Be respectful of myself and others.

STUDENT: \_\_\_\_\_

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

## PARENTS AGREE TO:

- Make sure my child is on time and prepared every day for school.
- Make sure early afternoon pick-up is not used unless it is for doctor appointments, dental appointments and/or emergency purposes.
- Know how my child is doing in school by communicating with teachers.
- Schedule a conference with the teacher about concerns with schoolwork and behavior.
- Monitor my child's homework and make sure study time is in a quiet place.
- Help my child to accept consequences for negative behavior.
- Read together daily with my child.
- Check with my child daily for information sent home from school that will be useful.

PARENT: \_\_\_\_\_

PHONE# \_\_\_\_\_





## STUDENT RECORDS RELEASE FORM

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

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

Odem Elementary School, One Owl Square, Odem, TX 78370 Tel: (361) 368-8121, Ext. 239 • Fax: (361) 368-2317  
Odem Junior High School, One Owl Square, Odem, TX 78370 Tel: (361) 368-8121, Ext. 246 • Fax: (361) 368-2033  
Odem High School, One Owl Square, Odem, TX 78370 Tel: (361) 368-8121, Ext. 254 • Fax: (361) 368-3781

### Student Information

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

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

\_\_\_\_\_  
Name of last school attended\_\_\_\_\_  
School Address\_\_\_\_\_  
City, State, Zip\_\_\_\_\_  
School Phone number\_\_\_\_\_  
School Fax number

### Requested Information

The student listed above recently enrolled in Odem-Edroy ISD and reported to us that he/she formally attended your school. To complete our enrollment process, we are in need of the following (X) selected cumulative records/information.

Copy of Birth Certificate \_\_\_\_\_

Copy of Social Security \_\_\_\_\_

Educational Evaluations \_\_\_\_\_

Standardized Test Data \_\_\_\_\_

Report Cards \_\_\_\_\_

Special Education Records \_\_\_\_\_

Speech Records \_\_\_\_\_

Home Language Survey/LPAC Records \_\_\_\_\_

Immunizations/Health Records \_\_\_\_\_

Student Success In Initiative Records (AMI/ARI) \_\_\_\_\_

Campus Student Support Team (Tiers of Intervention Data) \_\_\_\_\_

Please see TReX request or mail or fax Student records as soon as possible to

\_\_\_\_\_  
Receiving Campus

**Permission for release of records for the above named student is granted.**

\_\_\_\_\_  
Signature of Parent or Guardian\_\_\_\_\_  
Date\_\_\_\_\_  
PEIMS Clerk or Registrar\_\_\_\_\_  
Date