



ODEM-EDROY INDEPENDENT SCHOOL DISTRICT

STUDENT
ENROLLMENT
FORM
2016-2017

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
2016-2017**

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 ☐ NO

Emerg. Contact Name: _____ Relationship to Student: _____
(Last, First)

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Authorize to Pick Up? ☐ YES ☐ NO

Emerg. Contact Name: _____ Relationship to Student: _____
(Last, First)

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Authorize to Pick Up? ☐ YES ☐ NO

Emerg. 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
2016-2017**

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, 1st, 2nd, 3rd) 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: 7th, 8th, 9th, 10th, 11th, 12th) 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 3rd 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
2016-2017**

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: ____/____/____ 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 Yolanda Alvaro, Curriculum 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
2016-2017

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
2016-17
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)

<p>Working agricultural field work with fruits, vegetables, sunflowers, cotton, wheat, grain, sorghum</p> <p align="center"><input type="checkbox"/></p>	<p>Packing or processing fruits, vegetables, chicken, beef, pork or fish</p> <p align="center"><input type="checkbox"/></p>	<p>Working in a dairy farm</p> <p align="center"><input type="checkbox"/></p>	<p>Working in a fishery or shrimping</p> <p align="center"><input type="checkbox"/></p>	<p>Working in a slaughter house</p> <p align="center"><input type="checkbox"/></p>
<p>Working on a poultry farm</p> <p align="center"><input type="checkbox"/></p>	<p>Working in a ranch, livestock related activities</p> <p align="center"><input type="checkbox"/></p>	<p>Working in a plant nursery, orchard, tree growing or harvesting</p> <p align="center"><input type="checkbox"/></p>	<p>Other similar work, Please explain:</p> <p>_____</p> <p>_____</p> <p>_____</p>	

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



ETHNICITY AND RACE FORM
2016-2017

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

**ODEM-EDROY INDEPENDENT SCHOOL DISTRICT
ONE OWL SQUARE
ODEM, TEXAS 78370**

2016-2017

REQUEST FOR FOOD ALLERGY INFORMATION

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

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food.

Food:	Nature of allergic reaction to the food:

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy. [See FL]

Student name: _____ Date of birth: _____

Grade: _____

Parent/Guardian name: _____

Work phone: _____ Home phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form was received by the school: _____



**HEALTH INFORMATION
2016-2017**

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 _____
.....



EMERGENCY INFORMATION CARD 2016-2017

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 _____



**RECEIPT OF STUDENT HANDBOOK AND
STUDENT CODE OF CONDUCT
2016-2017**

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 the Student Handbook and Student Code of Conduct for 2016-2017.

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 _____



DIRECTORY INFORMATION

2016-2017

Local ID# _____

OEISD Campus _____

PK MILITARY ☐

NOTICE OF PARENT AND STUDENT FAMILY EDUCATIONS RIGHTS AND PRIVACY ACT (FERPA) and DIRECTORY INFORMATION

The Odem Edroy Independent School District (OEISD) 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 Odem Edroy ISD to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing by the tenth (10th) day of receipt of this notice.

Odem Edroy has designated the following information as directory information: *student's name and grade level*.

1. Student directory information is available to the public unless the parent/guardian restricts the release of the information. According to the Texas Public Information Act (TPIA), Odem Edroy ISD must release directory information promptly upon request and may not ask requestors the reason for the requested information. Parents/guardians have the right to restrict the release of directory information, but must do so in writing within ten (10) days of receipt of this document or enrollment or see number 3 below.
2. Parents/guardians may alter their choice regarding directory information at any time by completing and submitting the Student Directory Release Form. Decisions regarding directory information will remain until a subsequent written request is made to alter the previous decision.
3. Schools must notify parents and eligible students of their FERPA rights annually. In addition to this form, FERPA information is found in the Student/Parent Handbook available in both English and Spanish on-line at www.OEISD.org or a paper copy, by request, from your child's school.



**BUS TRANSPORTATION REQUEST FORM
2016-2017**

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
2016-2017**

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
2016-2017**

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

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: _____

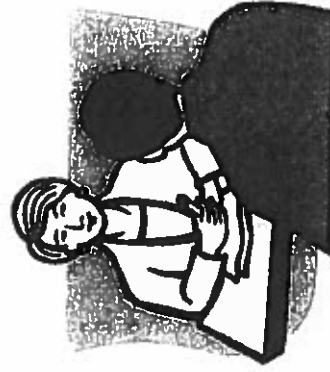
GRADE: _____

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
2016-2017**

Local ID# _____

OEISD Campus _____

Odem Elementary School, One Owl Square, Odem, TX 78370 Tel: (361) 368-8121, Ext. 237 • Fax: (361) 368-2317
Odem Junior High School, One Owl Square, Odem, TX 78370 Tel: (361) 368-8121, Ext. 282 • 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