



Odem-Edroy Independent School District
NEW STUDENT ENROLLMENT CHECKLIST
School Year 2017-2018

Local ID# _____

OEISD Campus _____

PK MILITARY ☐

New Student Registration Requirements

Date: _____

(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 current copy from the following list <ul style="list-style-type: none">Utility Bill (Cable, Electric, Water)Builder's LetterRental or Lease AgreementContract of Sale		
Parent Email Address _____		
Birth Certificate		
Social Security Card		
Immunization Records		
Copy of Parent/Guardian Driver's License		
Student Registration Form		
Student Enrollment and Residency Questionnaire		
Home Language Survey		
Migrant Survey		
Ethnicity Race Form		
Food Allergy Information		
Medical Information Card		
Technology Resources and Acceptable Use Policy		
Receipt of Student Handbook and Code of Conduct- Signed at Schedule Pickup		
Directory Information		
Bus Transportation Request		
Military Connected Student Form		
Student Foster Care Form		
Home – School Compact		
Free and Reduced Lunch Application – To be filled and signed at Schedule Pickup		
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)



**ADDITIONAL EMERGENCY AND AUTHORIZED
PICK UP FORM
2017-2018**

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 2017-2018

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 2017-2018

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: _____ 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



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 2017-2018

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



ETHNICITY AND RACE FORM 2017-2018

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

2017-2018

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 dis-close 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
2017-2018**

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



MEDICAL INFORMATION CARD 2017-2018

Local ID# _____

OEISD Campus/Classroom _____

PK MILITARY ☐**PLEASE PRINT**

Grade _____

Student's Name:

(Last)

(Jr, III, etc)

(First)

(Middle)

Name of Primary Contact _____

Emergency phone _____

Mother/Guardian _____ Place of Work _____ Work# _____

Father/Guardian _____ Place of Work _____ Work# _____

Mom's Cell Phone No. _____ Dad's Cell Phone No. _____

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? _____

COMMENTS: _____

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 _____

Signature of Parent/Guardian _____ Date: _____

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



**STUDENT FOSTER CARE FORM
2017-2018**

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

**MILITARY CONNECTED STUDENT FORM
2017-2018**

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



BUS TRANSPORTATION REQUEST FORM 2017-2018

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 _____

Elementary & Intermediate: (361)368-3881 ext. 237 **Junior High:** (361)368-8661 ext. 282 **High School:** (361)368-3401 ext. 262



STUDENT RECORDS RELEASE FORM 2017-2018

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. 262 • 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


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?



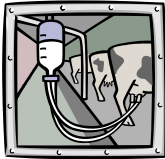






☐ YES
 ☐ NO



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	<input type="checkbox"/>		Packing or processing fruits, vegetables, chicken, beef, pork or fish	<input type="checkbox"/>		Working in a dairy farm	<input type="checkbox"/>		Working in a fishery or shrimping	<input type="checkbox"/>		Working in a slaughter house	<input type="checkbox"/>
	Working on a poultry farm	<input type="checkbox"/>		Working in a ranch, livestock related activities	<input type="checkbox"/>		Working in a plant nursery, orchard, tree growing or harvesting	<input type="checkbox"/>	<div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> Other similar work, Please explain: </div> </div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div>					

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:	

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?

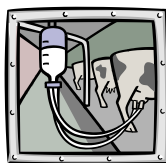
☐ No **ALTO** (aquí termina la encuesta, regrese la forma a la escuela)

☐ 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 :



DIRECTORY INFORMATION

2017-2018

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.

STUDENT DIRECTORY INFORMATION RELEASE FORM

Directory information identified above is subject to release to the public unless you indicate that you do not want the information released. For the following school-sponsored purposes: Odem-Edroy I.S.D. has designated the following information as directory information as stated above:

- ☐ Student's name
- ☐ Grade Level

Parent: Please check one of the choices below for release of Directory Information to the Public:

☐ I **DO** give permission to disclose the information in the above list to the public:

☐ I **DO NOT** give permission to disclose the information circled in the above list to the public. For any information that is not circled I give permission for the remainder of the items to be released in accordance with District policy.

Parent: Please check one of the choices below for release of Directory Information to military recruiters and Institutions of Higher Education:

☐ I **DO** give permission to disclose the information in the above list to military recruiters and Institutions of Higher Education for the specified school-sponsored purposes.

☐ I **DO NOT** give permission to disclose the information circled in the above list for the specified school-sponsored purposes. For any information that is not circled I give permission for the remainder of the items to be released in accordance with District policy.

In addition to Directory Information, by checking the box below, you are giving permission for disclosure of Student Records and information limited to school sponsored purposes:

☐ By checking this box, you give permission to allow for the following information to be used for **limited school-sponsored** purposes which includes, but is not limited to: student recognition activities, yearbook or student newspaper, newsletters, printed programs for extracurricular activities, news releases to and photographs by local media, and honor roll. For any item circled you do not give permission for that information to be used for limited school sponsored purposes:

- ❖ *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 athletics teams*
- ❖ *Honors and awards received*
- ❖ *Most recent educational agency or institution attended*

Please consider your responses carefully prior to making final decisions. Should you have questions or need further assistance for a complete understanding, see your campus administrator or contact the attendance office at your campus.

Student's Name _____

Parent/Guardian's Signature _____ Date _____