

**AUSTIN INDEPENDENT SCHOOL DISTRICT
STUDENT REGISTRATION AND DATA VERIFICATION FORM: 2019-2020 (Page 1 of 2)**

PARENTS: This is your child's registration form. Please complete all blank items in each section on BOTH SIDES, and please correct any pre-printed information by drawing a line through it and printing in ink the correct information above it.

SCHOOL USE ONLY

AISD Student Number _____ State ID/SSN _____ Grade ___ Enter Date (MM-DD-YYYY) _____
Teacher Name _____ Teacher # _____ School # _____ School Use _____

STUDENT INFORMATION

Student's LEGAL Last Name _____ First _____ Middle _____ Gen. (Jr, III) ___
Student's Date of Birth (MM-DD-YYYY) _____ Social Security Number (*optional*) _____

GENDER - REQUIRED ___ Male ___ Female	CHOOSE ONE ETHNICITY - REQUIRED ___ Hispanic/Latino ___ Not Hispanic/Latino	CHOOSE ONE OR MORE RACES-REQUIRED ___ American Indian/Alaskan Native ___ Asian ___ White ___ Black or African American ___ Native Hawaiian or Other Pacific Islander	Is there a Custody Order in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a current copy to the campus.

Has the student ever attended a school in Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the student ever attended an AISD school? <input type="checkbox"/> Yes <input type="checkbox"/> No Last school attended, if not in AISD: _____ Street _____ City _____ State _____ ZIP _____	Date student first entered U.S. school: _____
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ENROLLING PARENT/GUARDIAN **NOTE: THIS MUST BE THE PERSON WITH WHOM THE STUDENT RESIDES.**

Relationship _____ Last Name _____ First _____ Middle _____	Student Resides Here	Can Pickup	Call in Case of Emergency
Address _____ Bldg# _____ Apt.# _____ ZIP _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Phone _____ Cell Phone _____ Work Phone _____			
Date of Birth <i>Req'd by State Law</i> (MM-DD-YYYY) _____ E-mail _____			

MAILING ADDRESS for enrolling parent/guardian:

Address _____ Bldg# _____ Apt.# _____ City _____ St _____ ZIP _____

OTHER PARENT/GUARDIAN

Relationship _____ Last Name _____ First _____ Middle _____	Extra Mailing	Can Pickup	Call in Case of Emergency
Address _____ Bldg# _____ Apt.# _____ ZIP _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Phone _____ Cell Phone _____ Work Phone _____			
Date of Birth (MM-DD-YYYY) _____ E-mail _____			

PERSON(S) OTHER THAN PARENT WHO MAY TRANSPORT YOUR CHILD/SHOULD BE CONTACTED IN CASE OF EMERGENCY

Relationship _____ Last Name _____ First _____ Middle _____	Can Pickup	Call in Case of Emergency
Home Phone _____ Cell Phone _____ Work Phone _____	<input type="checkbox"/>	<input type="checkbox"/>
Relationship _____ Last Name _____ First _____ Middle _____	<input type="checkbox"/>	<input type="checkbox"/>
Home Phone _____ Cell Phone _____ Work Phone _____		
Relationship _____ Last Name _____ First _____ Middle _____	<input type="checkbox"/>	<input type="checkbox"/>
Home Phone _____ Cell Phone _____ Work Phone _____		

How does the student get home or to after school care? _____

>>>>>>>>AFTER COMPLETING THE FRONT SIDE, PLEASE TURN OVER TO FINISH THIS FORM.>>>>>>>>

**AUSTIN INDEPENDENT SCHOOL DISTRICT
STUDENT REGISTRATION AND DATA VERIFICATION FORM: 2019-2020 (Page 2 of 2)**

This form is available in Spanish. (Una traducción de esta forma al español esta disponible para quien la solicite.)

PARENTS PLEASE INDICATE BELOW ALL BROTHERS AND SISTERS OF THE STUDENT NAMED ON THE FRONT OF THIS FORM WHO WILL BE IN AN AISD SCHOOL FOR THE 2019-2020 SCHOOL YEAR. IT IS VERY IMPORTANT THAT YOU DO THIS AS ALL OF YOUR CHILDREN'S ADDRESS INFORMATION WILL BE MAINTAINED IN ONE FAMILY CONTACT FILE.

REGISTERING STUDENT'S NAME _____ **AISD STUDENT NUMBER** _____

Last Name	First Name	Middle Name	Date of Birth MM-DD-YYYY	School for 2019-2020	Grade for 2019-2020

FOSTER CARE/MILITARY DEPENDENT INFORMATION: State law requires school districts to identify students in foster care and/or who are a military dependent and report this information to the Texas Education Agency. This information will be maintained in a confidential manner and is protected under the federal Family Education Rights and Privacy Act (FERPA).

Foster Care. Please check any statements that apply to your student.

- Student is currently in the conservatorship of the Department of Family and Protective Services (DFPS) (please attach a copy of Form 2085FC).
- Student is currently in the conservatorship of the DFPS residing in a therapeutic foster home (please attach a copy of Form 2085FC).
- PRE-KINDERGARTEN STUDENT was previously in the conservatorship of the DFPS following an adversary hearing held as provided by Section 262.201, Family Code. A letter verifying Pre-K eligibility has been submitted to the school.

Military Dependent. Please check any statements that apply to your student.

- Student is a dependent of an ACTIVE DUTY member of the U.S. Military (Army, Navy, Air Force, Marine Corps, or Coast Guard).
- Student is a dependent of a member of the Texas National Guard (Army, Air Guard, or State Guard).
- Student is a dependent of a member of a Reserve Force in the U.S. Military (Army, Navy, Air Force, Marine Corps, or Coast Guard).
- PRE-KINDERGARTEN STUDENT is a dependent of: 1) an ACTIVE DUTY uniformed member of the U.S. Military (Army, Navy, Air Force, Marine Corps, or Coast Guard), 2) an ACTIVATED/MOBILIZED member of the Texas National Guard (Army, Navy, Air Force, Marine Corps, or Coast Guard), 3) an ACTIVATED/MOBILIZED member of the U.S. Reserve (Army, Navy, Air Force, Marine Corps, or Coast Guard), or 4) a member of U.S. Military or Reserve or Texas National Guard who was injured or killed while serving on active duty.

ALL OF THE INFORMATION ON THIS FORM IS CORRECT. I understand that the Texas Penal Code, Section 37.10, states that it is an offense to (1) make a false entry, or false alteration of a governmental record, (2) present a document with knowledge of its falsity, or (3) impair the verity or legality of the record. I further understand that the Texas Education Code, Section 25.001(h), states that it is an offense to knowingly provide false information on a form required for enrollment of a student. Offenses may result in legal actions including, but not limited to, fines and/or liability for payment of tuition.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

Please check any services, supports, and/or programs your child received/participated in his/her **previous school or district**.

- | | |
|---|--|
| <input type="checkbox"/> English as a Second Language | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Gifted and Talented | <input type="checkbox"/> 504 |
| <input type="checkbox"/> Bilingual | <input type="checkbox"/> Dyslexia |
| <input type="checkbox"/> Dual Language | <input type="checkbox"/> Counseling Services |

Additional Academic Supports: Individual instruction Small group instruction Tutoring

Other _____

Extra-Curricular Activities (i.e. Sports, Band, Chess Club, Debate, etc.)

What type of early childhood community services have you or your child had on a regular basis before this year? (Please check any/all services your child received from the following community partners since birth)

- | | | |
|--|---|--|
| <input type="checkbox"/> Any Baby Can | <input type="checkbox"/> Healthy Families | <input type="checkbox"/> Play to Learn |
| <input type="checkbox"/> Austin ISD | <input type="checkbox"/> Jeremiah Program | <input type="checkbox"/> YMCA Early Learning Readiness |
| <input type="checkbox"/> AVANCE | <input type="checkbox"/> Licensed Child Care Center | <input type="checkbox"/> None of the Above |
| <input type="checkbox"/> CIS ASPIRE | <input type="checkbox"/> PALS (Play and Learn Strategies) | |
| <input type="checkbox"/> Head Start/Child Inc. | | |

Other _____

AUSTIN INDEPENDENT SCHOOL DISTRICT
STUDENT REGISTRATION PERMISSIONS AND APPROVAL FORM FOR 2019-2020

STUDENT INFORMATION: Student's Last Name _____ First _____ Middle _____

OFFICE COPY - SCHOOL USE ONLY

AIISD Student Number _____ Campus _____ Grade _____

Below are permissions that require a signature. Other permissions such as receipt of automated phone calls and daily alerts of your child's grades and attendance can be set by logging in at my.austinisd.org and selecting the My Messages tile (for phone calls) and Parent Self-Serve (for other daily alerts).

In the section below, any item(s) left un-checked or no signature at the bottom of this form will be considered 'I DO NOT GIVE'.

FIELD STUDY TRIP: This section pertains to approvals for your child to participate in any and all field study trips in, or out of, the limits of Austin Independent School District made by his/her grade or section under the auspices and sponsorship of the Austin Independent School District. I understand that some of these trips will include walking to points of interest near the school, while others will be by school bus or rented vans operated and insured as required by the laws of the State of Texas for public school transportation. I further understand that children will be informed in advance of any proposed trip so that they may inform their parents. I agree that we (parent and child) will abide by the school's and AISD's rules, and I agree to release and hold harmless the school, AISD, its employees and volunteers from and against any and all liability, loss, damages, claims or actions for bodily injury or property damage in accordance with current state and federal law, arising out of participation in these trips.

I GIVE
 I DO NOT GIVE

INFORMATION SHARING WITH CITY OF AUSTIN PUBLIC LIBRARY: I give permission to the Austin Independent School District to provide necessary directory information, and other information that may be found in my student's educational records, to the Austin Public Library so that my child may receive a Student Library Card. I understand that some of this information may be used by the Austin Public Library to conduct research, but that at no time will my student's information be released to any third party. For more information, go to <http://library.austintexas.gov/mylibrarycard/AISD>.

I GIVE
 I DO NOT GIVE

INFORMATION SHARING WITH PARENT TEACHER ASSOCIATION (PTA) AND BOOSTER CLUBS: Austin ISD believes that students with families who are engaged in their schools are more likely to succeed academically and often have better behavior. Your child's school welcomes you and wants you to be involved in a way that works for your family and helps your student. The PTA is one way to be a partner in your child's education. PTA is a parent-led group that offers free programs like fun events, tools for student success, and a chance to meet others. Booster Clubs support activities your student is involved in on campus and provide information about those activities. I give permission to the Austin ISD to provide directory information, and other contact information that may be found in my student's educational records to my campus PTA and booster clubs.

I GIVE
 I DO NOT GIVE

In the section below, any item(s) left un-checked or no signature at the bottom of this form will be considered 'I GIVE'.

DIRECTORY INFORMATION: The Austin Independent School District regularly receives requests for directory information on enrolled students which includes, but is not limited to, information such as student name, address, telephone, place of birth, honors & awards received, photographs, participation in sports, grade level, dates of attendance, enrollment status, most recent school attended, and weight & height of athletic team members. If you check "I DO NOT GIVE" AND sign at the signature line, the information will not be provided to any requestor. See FL (LOCAL) for information.

Permission to release directory information

I GIVE
 I DO NOT GIVE

Permission for my child's name, image and work to be published or used for school and school district related purposes (e.g., school newspaper, web pages, campus/district newsletter, student directories, etc.)

I GIVE
 I DO NOT GIVE

Permission for my child's name, image and work to be published or used for the school yearbook.

I GIVE
 I DO NOT GIVE

Permission to release directory information to military recruiters.

I GIVE
 I DO NOT GIVE

Permission to release directory information to institutes of higher education upon their request without my prior written consent.

I GIVE
 I DO NOT GIVE

ALL OF THE ABOVE INFORMATION IS CORRECT. I understand that the Texas Penal Code, Section 37.10, states that it is an offense to (1) make a false entry, or false alteration of a governmental record, (2) present a document with knowledge of its falsity, or (3) impair the verity or legality of the record. I further understand that the Texas Education Code, Section 25.001(h), states that it is an offense to knowingly provide false information on a form required for enrollment of a student. Offenses may result in legal actions including, but not limited to, fines and/or liability for payment of tuition.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

**Confidential Medical Form SY 2019-2020
Student Health History**

THIS FORM MUST BE COMPLETED ANNUALLY

Student Name: _____ Date of Birth: _____ ID Number: _____
(Last, First, Middle) (MM-DD-YYYY)

Home Phone Number: _____ Work Phone Number: _____ Cell Phone Number: _____

Please check all current, physician-diagnosed, health conditions:

ADD/ADHD	<input type="checkbox"/>	Allergy (e.g. food, medicine)	<input type="checkbox"/>	Anaphylaxis/Epi-Pen	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Autism	<input type="checkbox"/>	Blood Disorder	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>
Cystic Fibrosis	<input type="checkbox"/>	Diabetes Type 1	<input type="checkbox"/>	Diabetes Type 2	<input type="checkbox"/>	Down Syndrome	<input type="checkbox"/>
Gastric/Intestinal Disorder (Stomach)	<input type="checkbox"/>	Hearing Loss	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	Obesity	<input type="checkbox"/>	Pervasive Developmental Delay	<input type="checkbox"/>	Pregnant/Parenting	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	Spina Bifida	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	Urinary Condition or Catheterization	<input type="checkbox"/>
Concussion	<input type="checkbox"/>	Other:					

If you checked any of the above boxes, please explain further: _____

Has your child been seriously ill, hospitalized and/or had a serious accident in the past year? YES NO

If YES, please explain: _____

Student Insurance Information

Skip this section if the student does not have insurance

My child has health insurance through: _____CHIP _____Medicaid - Medicaid Number: _____
 _____Private/Employer/Insurance _____None (No Insurance)

Insurance Company: _____ Policy Holder Name: _____

Policy Holder Phone #: _____ Relationship to Patient: _____ DOB: _____

Insurance ID #: _____ Group#: _____

Physician orders may be required on an annual basis depending upon your child's health care needs. Special Procedures require updated physician orders annually. Please contact the School Nurse.

Medications:

Parents of students who need medication at school should make an appointment with the School Nurse to complete the appropriate forms to manage their condition.

Please list medications taken at school : _____

Medications taken at home (please list): _____

Student's Doctor/Clinic _____ Doctor/Clinic Phone _____

Student Health Services Consent to Treat:

I understand that the Seton Student Health Services @AISD School Health Team ("Health Team") provides school health services in cooperation with AISD staff, as outlined in the attached **Summary of Student Health Services**, and I give permission for the Health Team, or any AISD employee or staff acting under the direction of the Health Team, to provide described services to the Student as the Student may require while present in school. I understand that services provided to the Student may incorporate the use of telehealth/telenursing or other HIPAA compliant video conferencing. I understand that, if the Student has a serious injury or illness, I will be contacted and the physician indicated above and/or Emergency Medical Services (EMS) may be contacted if necessary. I understand and agree that neither Dell Children's Medical Center nor AISD nor their staff will be responsible for any cost involved if the Student needs emergency medical care. I understand and agree that the Health Team may share the Student's health care information with AISD personnel, in accordance with AISD protocol, in order to provide appropriate attention to the Student's health care needs.

PARENT/GUARDIAN SIGNATURE

DATE

Consent to Release Health Information:

I understand and agree that, in order to provide a coordinated system of care, the Health Team may exchange health care information about the Student with the Student's physician or other healthcare providers in non-emergency situations with my approval as noted below

. _____ I GIVE / ___ I DO NOT GIVE permission to release information to/from student's physician or other healthcare provider in non-emergency situations. I understand that this information will be shared in emergencies as necessary.

PARENT/GUARDIAN SIGNATURE

DATE

IMMUNIZATIONS: *Students are required by Texas State Law to provide complete, up-to-date immunization records to the school.*
THIS COMPLETED FORM IS TO BE STORED IN HEALTH ROOM AFTER ENTERED INTO TEAMS BY SCHOOL STAFF.

Summary of School Health Services

Seton Student Health Services personnel make up the Student Health Team (“Health Team”). Registered Nurses lead each campus Health Team, which may include Clinical Assistants. Care is provided to students on-site by members of the Health Team, with unlicensed personnel working under the direction of the Registered Nurses. Not all services listed are provided by all Health Team members; the Texas Nurse Practice Act designates which activities and services are RN-only. Services are provided for students ages 3 to 22 years of age and include:

Illness and Injury Care

- Illness and minor injury care, emergencies, and referrals
- Chronic health conditions
- Behavioral health conditions
- AISD staff consultation on a limited basis

Medication Administration

- Medication administration during the school day, documentation, and reconciliation
- Training of AISD staff to administer medication

Immunization Compliance

- Monthly identification of students needing immunizations
- Parent notification
- Referral to community services

State Mandated Screenings

- Hearing (limited)
- Vision (limited)
- Risk Assessment for Type 2 Diabetes
- Spinal

Case Management (IHCPs, Emergency Plans, individualized AISD staff trainings)

- Allergy/Anaphylaxis
- Diabetes
- Pregnancy
- Asthma
- Seizure
- ADHD
- Other chronic health conditions
- Section 504 Program
- Special Education Students eligible under Other Health Impairment, Orthopedic Impairment, Traumatic Brain Injury, etc.

Health Education

- Student/Individual or group (hand washing, growth and development, health, nutrition, etc)
- Parent
- AISD Staff (Bloodborne pathogens, AED, MRSA, Heat related illness, Medical procedures, Emergency medications and procedures, Allergy / Anaphylaxis)

Communicable Disease Outbreak

- Reportable Communicable Disease
- Influenza
- Collaborate with local health department
- Staphylococcal infections

Collaboration

- Parent/guardians
- School staff
- AISD District Support Services
- Medical providers
- Community agencies

Crisis Intervention

- Behavioral health
- Other threats to student or staff health on campus

TUBERCULOSIS QUESTIONNAIRE

Student Name _____ Date of Birth _____

Student ID Number _____ School _____

Please read the following information and answer the questions below. This information will help determine if your child needs a TB test.

Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed in by the child.

Tuberculosis is treatable. TB skin testing (often called the PPD) is used to see if your child has been infected with TB germs. No vaccine is recommended for use in the United States to prevent tuberculosis. The skin test is not a vaccination against TB.

1. Has your child been tested for TB? Yes _____ (If yes, specify date / /) No _____
2. Has your child ever had a positive TB skin test? Yes _____ If yes, when _____ No _____
3. Was your child born in Mexico or any country in Latin America, the Caribbean, Africa, Eastern Europe or Asia, AND your child enrolling for the FIRST time in an AISD school? Yes ___ No ___
4. Has your child traveled in the past year to Mexico or any country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks? Yes ___ No ___

If so, which country? _____

5.

Please read the questions below. If the answer to ANY of the questions is "YES", please check this box

1. TB can cause fever of long duration, unexplained weight loss, **loss of appetite** a bad cough (lasting over two weeks) or coughing up blood, chills and night sweats. Children with TB frequently do not have symptoms. As far as you know:

Has your child been around anyone with any of these symptoms or problems? *Or*

Has your child had any of these symptoms or problems? *Or*

Has your child been around anyone sick with TB?

2. To your knowledge, has your child spent time (longer than 3 weeks) with anyone who recently came to United States from another country, uses IV drugs, been in jail or prison or has HIV disease (AIDS)?

Parent or Guardian Signature _____ Date _____

.....
PLEASE RETURN THIS FORM TO YOUR SCHOOL NURSE

Austin ISD Income Verification Form

CONFIDENTIAL

Complete one application per household.

Student ID	Last Name	First Name	Date of Birth	Campus	Grade

Austin ISD is required to collect and report the socioeconomic status of each student to the Texas Education Agency for purposes of the annual state accountability ratings and for federal reporting. Please note that this form is not sent to the Texas Education Agency and that the income levels indicated for your family are not reported to the Texas Education Agency. Only the Economic Disadvantaged status of each student as determined by the information provided is reported to the Texas Education Agency.

SECTION A

Do you receive Supplemental Nutrition Assistance (SNAP)? Yes No

Do you receive Temporary Assistance to Needy Families (TANF)? Yes No

If you answered YES on either of the above, skip SECTION B and continue to the SIGNATURE section.

SECTION B (Complete only if all answers in SECTION A are NO)

How many members are in the household (include all adults and children)? _____

TOTAL YEARLY INCOME BEFORE DEDUCTIONS OF **ALL** HOUSEHOLD MEMBERS (Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's compensation, unemployment and all other sources of income (**before any type of deductions**)): \$ _____

SIGNATURE Please check one of the following two boxes as appropriate.

In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA) no student shall be required, as part of any program funded in whole or in part by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent or legal guardian.

I certify that all the information on this form is true and that all income is reported. I understand the school will receive federal funds and will be rated for accountability based on the information I provide.

I choose not to provide this information. I understand that the school's disbursement of federal funds and accountability rating may be affected by my choice.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

STUDENT RESIDENCY QUESTIONNAIRE

This form will help determine the services the student may be able to receive under the McKinney-Vento Act (42 U.S.C 11435). Answers to this residency form are private, and will be shared with District staff only to the extent necessary to provide services. Because this information is not maintained in the student's permanent school record, it must be collected each school year. Please return form to the Main Office at your student's school.

 Student Name: _____ DOB: _____ M F Other: _____

School: _____ Grade: _____ Student ID: _____

Parent/Guardian Name(s): _____

Phone: _____ Alternative number to best reach you: _____ Email: _____

 Address of current residence: _____
(Address, Apt#, City & Zip Code)

Last school attended when permanently housed: _____ School Year: _____

 Is the student in Foster Care? Yes No **If yes, please attach a copy of the 2085-E form to the questionnaire**

1	Student's current living situation (Check one): <input type="checkbox"/> Temporarily with another friend or family member due to family's loss of housing or economic hardship <input type="checkbox"/> Temporarily in a hotel/motel _____ <small style="margin-left: 100px;">Name of hotel/motel</small> <input type="checkbox"/> Temporarily in a shelter _____ <small style="margin-left: 100px;">Name of shelter</small> <input type="checkbox"/> Temporarily in a car, RV, or campsite <input type="checkbox"/> Temporarily in transitional housing _____ <small style="margin-left: 100px;">Name of transitional housing</small> <input type="checkbox"/> Other _____ <small style="margin-left: 100px;">Location of where the student is living, due to loss of housing or economic hardship</small>	
<input type="checkbox"/> None of the above apply to my student— If you checked this box, sign the bottom and submit. If the housing situation changes, please resubmit a new form at student's school.		
2	Reason for current living situation (check all that apply): <input type="checkbox"/> Eviction <input type="checkbox"/> Loss of job or income <input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Runaway <input type="checkbox"/> Fire/flood <input type="checkbox"/> Domestic violence <input type="checkbox"/> Natural disaster: _____ <small style="margin-left: 100px;">Name of disaster</small> <input type="checkbox"/> Other: _____	3
		The student began residing at the current address: _____ <small style="margin-left: 100px;">(Month/Day/Year)</small> The current residence has running water and electricity: <input type="checkbox"/> Yes <input type="checkbox"/> No
4	The student lives with: <input type="checkbox"/> One or both parents <input type="checkbox"/> Legal guardian <input type="checkbox"/> Friend <input type="checkbox"/> A relative <input type="checkbox"/> An adult who is not the parent or legal guardian <input type="checkbox"/> Alone with no adult	
5	I am: <input type="checkbox"/> The parent/legal guardian/foster parent of the above-named student <input type="checkbox"/> A student who does not live with parent(s) or guardian(s) <input type="checkbox"/> An adult who is not a legal guardian to the above-named student	

List all siblings who live with student named above. Complete a separate SRQ for EACH child who is enrolled in an Austin ISD school.

Name	Age	Grade	School	Live with student named above?
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

Presenting a false record or falsifying records is a criminal offense punishable by up to 10 years and \$5,000. Texas Penal Code § 37.10. A person who enrolls a child under false documents may be liable for the cost of tuition or other costs which may exceed \$5,000. Texas Education Code § 25.003(3)(d).

I have read and understood the information provided above. I understand that if any of the responses given on this form are found to be false, I will be subject to criminal, civil, and administrative penalties. I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.

Signature _____ Print Name _____ Date _____

Attention School Personnel: Please email form to your designated Project HELP liaison or fax to (512) 414-0761



Austin Independent School District Employment Survey

Help us determine if your children are eligible for additional supplemental services at school through the Migrant Education Program by answering a few questions.

Your information is strictly confidential. It will not be shared or distributed.

Name of Mother	Telephone #	Date
----------------	-------------	------

Physical Address	City
------------------	------

Within the last 3 years, has anyone in your family moved to work in agriculture or fishing?

NO (School do not send to ESC)



YES (Continue completing the survey)

You moved from _____ To _____
(City, State, or Country) (City, State, or Country)

- Agriculture-Planting, harvesting fruits, vegetables, cotton, etc
- Ranches and farms—Caring for animals, mending fences, etc
- Fishing— work related to commercial fishing, shrimp, etc.
- Processing plants-packing and processing meat, eggs, fruits, vegetables, etc
- Forestry—Planting trees and plants
- Other work related to agriculture_____

Did your children move with you when you moved to work? Yes ____ No ____

Have your children moved with you anywhere after you moved to work in agriculture or fishing? Yes ____ No ____

	Child's Name	Grade	Date of Birth
1.			
2.			
3.			
4.			

<b style="color: red;">AISD Campus staff: Please scan and e-mail forms marked YES to:	Multilingual Education HELPDESK Team Email: ELL_compliance@austinisd.org WK:512-414-4998
<b style="color: red;">Region XIII ESC USE ONLY	NGS History: <input type="checkbox"/> YES <input type="checkbox"/> NO QAD: _____ Qualify: <input type="checkbox"/> YES <input type="checkbox"/> NO

Only one completed survey per family is needed.



Parents,

Please be advised that an age-appropriate human sexuality and responsibility unit focusing on health, safety and well-being is taught to all Austin ISD students. The unit is taught to students in kindergarten through eighth grade in May and during a specific unit in the high school health education course. During 2018-19, Austin ISD's Board of Trustees voted to revise the Human Sexuality and Responsibility Scope and Sequence for grades three through eight. As a result, staff have rewritten the third through fifth grade lessons to align to the recently approved scope and sequence. The community reviewed and provided feedback on the lessons. AISD revised the lessons based on the community's feedback. Currently, the middle school lessons are being rewritten and will be available for review and feedback in September. Families will be notified about how to access the draft lessons and how to provide feedback on the middle school lessons. The AISD Board of Trustees is expected to vote on all of the rewritten third through eighth grade lessons during the October Board Regular Board Meeting. The kindergarten through second grade and high school scope and sequences or lessons have not been revised at this time.

Content Summary

The district's human sexuality and responsibility curriculum provides information and skill development for students in kindergarten through grade twelve so that they may reach their highest potential for physical, emotional, mental and social health. The unit addresses the [National Sexuality Education Standards](#) including healthy relationships, personal safety, identity, anatomy and physiology, puberty, reproduction and sexually transmitted diseases. Topics are introduced and presented at age-appropriate grade levels. As required by state law and [AISD Board Policy EHAA \(Legal\)](#) and [\(Local\)](#), abstinence will remain a focus of all appropriate grade level lessons and, where applicable, contraceptives and condom use will be taught in terms of human use reality rates instead of theoretical laboratory rates. The [AISD Health Education webpage](#) provides the scope and sequence/unit overviews by grade level, a copy of this letter, links to opt-out letters and other related resources.

Curriculum Review

All current curriculum materials used in human sexuality instruction are available in each campus library for reasonable public inspection (Education Code 28.004[j]). Parents will have ample opportunity to preview all instructional materials, including any updates and modifications to the materials. Audio-visual materials, as applicable, will be made accessible to parents following a written request to the principal. If approved, the third through eighth grade lessons will also be available for viewing in the Parent Cloud.

Prior to the implementation of the sexuality education program, the principal will conduct at least one orientation session for families. At this meeting, parents will have an opportunity to learn more about the curriculum and ask questions.

Parents/legal guardians will receive reasonable written notice of the time and location of the orientation session at their student's school. The orientation will be scheduled at a time that is convenient for parents/legal guardians. High schools will have their orientation during the fall



semester before the unit is taught. Elementary and middle school orientation sessions will be scheduled during the spring semester before the unit is taught.

A parent/legal guardian will be permitted to observe any class during the human sexuality and responsibility unit so long as they provide reasonable advance notice to the principal and teacher and the observation does not disrupt instruction.

Campus Advisory Councils (CACs) or campus committees comprised of teachers, parents/guardians, staff and secondary students may be involved in planning the campus implementation of the program, such as when to teach the unit and who will teach the lessons on their campus.

Under [AISD Board Policy EHAA](#) (Legal) and (Local), the [School Health Advisory Council](#) (SHAC) shall review and make recommendations to the district about any changes to the current human sexuality curriculum or any new program to be implemented. On an annual basis, the SHAC shall review the health education curriculum, including human sexuality education.

Student Exemption from Unit

A student may be exempted from all or part of the human sexuality and responsibility curriculum upon written request to the principal by the parent or legal guardian of the student. Campuses will send an opt-out letter home three weeks prior to instruction for this purpose. The opt-out letter will include lesson topics. Students who are exempted will be provided alternative lessons that support social and emotional learning. Students will not be punished in any manner for nonparticipation.

In granting the exemption from all or part of this curriculum, the district hopes that families will provide human sexuality education to their children. The district's Office of Academics and Social and Emotional Learning can be a resource to any parent wanting to provide instruction directly to their child in the home.

Opportunities for Parent Involvement

Parents may attend SHAC meetings and offer suggestions for the development/revision of the curriculum during the public comments/citizen's communications portions of the meeting or in writing submitted to SHAC. More information may be found on the [SHAC website](#).

Please visit the [AISD Health Education webpage](#) for possible updates regarding opportunities for your involvement concerning the human sexuality and responsibility curriculum. Please contact your principal if you have any questions.

NOTICE OF STUDENT RECORDS MAINTAINED BY THE AUSTIN INDEPENDENT SCHOOL DISTRICT

Family Educational Rights: The Austin Independent School District maintains general education records as required by state and federal law and local needs. A student's educational records are private and are protected from unauthorized inspection or use. The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's educational records including the right to (1) inspect and review the student's records within 45 days of the day the district receives a request for access, (2) request an amendment if it is believed the records are inaccurate or misleading, (3) consent to disclosure of records of personally identifiable information except to the extent FERPA authorizes disclosure without consent and (4) file a complaint concerning alleged failure of the District to comply with FERPA. To fully inform you of your rights, the following outline of FERPA and the District's records regulations is furnished.

Record Maintenance: The District maintains a cumulative record from the time a student enters AISD until the student withdraws or graduates. Cumulative records may include: (1) admissions data, personal and family data, including certification of date of birth, (2) standardized test data, including intelligence, aptitude, interest, personality, and social adjustment ratings, (3) all achievement records, as determined by tests, recorded grades, and teacher evaluation, (4) health services record, including: (a) the results of any tuberculin tests required by the District, (b) the finding of screening or health appraisal programs the District conducts or provides, (c) immunization records, (5) attendance records, (6) records of teacher, counselor, or administrative conferences with the student or pertaining to the student, (7) records transferred from other districts in which the student was enrolled, (8) all documentation regarding a student's testing history and any accelerated instruction he or she has received, including any documentation of discussion or action by a grade placement committee convened for the student, (9) student questionnaires, (10) verified reports of serious or recurrent behavior patterns, (11) copies of correspondence with parents and others concerned with the student, (12) records pertaining to participation in extracurricular activities, (13) information relating to student participation in special programs, (14) records of fees assessed and paid, and (15) other records, including discipline records required under No Child Left Behind Act, that may contribute to an understanding of the student. Students' records are maintained at the last school that the student attended for the period of time prescribed by law. Transcripts of high school students are permanently maintained at the last school attended.

Personally identifiable information that is maintained to provide educational services to students with disabilities will be destroyed seven years after educational services have ended unless the parent notifies the District otherwise. Personally identifiable information includes, but may not be limited to, referral data, notice/consent documents, assessment reports and supporting data, ARD committee deliberations and supporting data, and the IEP.

Custodian of Records: The Superintendent of Schools is designated the legal custodian of all student records. The principal of each school, the head of each department and the Director of Student Services are designated as agents of the Superintendent for the purposes of the receipt of requests concerning student records. The address of the Superintendent is 1111 West 6th Street, Austin, Texas, 78703.

Parent and Student Access to Educational Records: By law, both parents, whether married, separated or divorced, have access to a student's records until the student becomes 18 years of age and is no longer a dependent for tax purposes. If a parent's parental rights have been terminated, access to the student's records is also terminated. Legal guardians have the same rights, as do parents. After the student becomes 18 and is no longer a dependent student, only the student has access to the student's records unless he/she gives consent for others to have access. Some exceptions will apply to students who are receiving special education services.

Others' Access to Educational Records: Disclosure without consent will be made to school officials with legitimate educational interests. A school official is a person employed by the District as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the School has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. As provided by policy, certain other individuals can review a student's records. These individuals include: (1) state and federal officials for audit purposes; (2) accrediting representatives for accrediting purposes; (3) research representatives for limited research (the results of which do not identify individual students); (4) courts and other governmental bodies issuing orders or subpoenas, providing the parent or adult student receives notice upon compliance with the order or subpoena; (5) appropriate parties who in an emergency must have knowledge of the information to protect the health or safety of the student or other individuals. The District provides without consent a student's educational records to school officials or other educational institutions in which the student has indicated an interest in enrolling, intends to enroll, or has enrolled. No other persons are allowed to review a student's record without either the parents' permission or the student's permission if the student is 18 years of age or has been declared an adult by a court. Information obtained with parent or student consent may not be redisclosed to any other person without the consent of the parents or student.

Request to Review Records: In most cases a parent of a currently enrolled student may make a written request to the principal of the student's school to review his or her child's records. Please make an appointment to review the student's records to be sure that a school official is available to furnish the records and to respond to reasonable requests for explanation and interpretation of the records.

Request to Amend Records: If, after reviewing the student records, a parent or student over 18 believes that the records contain information that is misleading, inaccurate or a violation of the privacy or other rights of the student, the parent or student over 18 may make a request to amend the information. They should make a written request identifying the part of the record they want changed and specifying the reason they believe it to be inaccurate or misleading.

If AISD refuses to amend the records, the parent or student over 18 may request an informal hearing to challenge the contents of the record. To initiate this procedure, the principal of the school in which the student is enrolled should be contacted. The student or parent may be represented or assisted by any individual, including an attorney, at his/her own expense. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing. If a satisfactory disposition is not obtained through this process, a complaint/civil action may be brought against AISD under the Family Educational Rights and Privacy Act at the Family Policy Compliance Office; U.S. Department of Education; 400 Maryland Avenue, SW; Washington, DC 20202-5901.

Copies of Records: Copies of student records are available at a cost of 10 cents per page. Payment is required in advance. Copying fees may be waived in cases where cost would prevent the parents from exercising their rights to inspect or review records. When a student is transferring to another school system or is entering a college or university, the student or student's parents should contact the principal or counselor for specific information on transfer of student records.

District Policy for Student Records: The District's complete policy regarding student records is available from the student's principal, the Superintendent's office, or the Office of Student Services.

Records Required to Establish Identity and Age: Not later than the 30th day after a child is enrolled in school, the parent/guardian or school district the child most recently attended must furnish to the current school district: (1) a document suitable as proof of the child's identity, such as a birth certificate, and (2) a copy of the child's records from the school the child most recently attended.

If the requested documents are not provided within 30 days or if the child is enrolled under a name other than the name that appears on the identifying documents, the district is required to inform the sheriff's department or the Missing Children/Persons Information Clearinghouse. Presenting fake documents or false records is an offense under Section 37.10, Penal Code and subjects the person to liability for tuition or costs under Section 25.001(h) of the Texas Education Code.

Directory Information: The District has designated the following categories of information as directory information: student name, address, telephone listing, photograph, place of birth, honors and awards received, dates of attendance, grade level, enrollment status, most recent educational institution attended, participation in officially recognized activities and sports, and weight and height of members of athletic teams. Unless a parent directs otherwise on a form provided by the District, the District shall release designated directory information to organizations or individuals that request the information and meet the specific purpose or group definition outlined below. Additionally, the District is required by law to release designated directory information to military recruiters and institutions of higher education for secondary students, unless a parent directs otherwise on a form provided by the District. The District shall only release directory information: 1) To organizations required by law as stated above; 2) For school related purposes that support the District's mission; and 3) To District-affiliated groups that require directory information to provide education services to the District's students. For purposes of this policy, "school-related purposes" shall include the following: yearbook, school pictures, graduation-related services and products, campus directories, newsletters, school/District website (social media), awards, honors, local newspaper/media, artwork that is not considered an educational record, displays, extracurricular programs or events, school/District photos, school/District videos, and other activities/events as necessary to accomplish the mission of the District.

Note: A copy of this notice is to be provided annually to the parents or guardians of all students and students at least 18 years of age within the District. (7/15)