



AISD PAPER PACKET REGISTRATION CHECKLIST for New Families

Receive an H-E-B gift card if registration documents are approved by July 15!

\$50 for NEW families. 1 card per family.

STEP 1: COMPLETE REGISTRATION PACKET

New Students will need to fill out:

- _____ PreK 3 Application (birthday within 9/2/2016 - 9/1/2017) Required: _____ Signature
- _____ OR PreK 4 Application (birthday within 9/2/2015 - 9/1/2016) Required: _____ Signature
- _____ Student Registration and Data Verification Form (Form SR290A, two pages)
- Required fields: _____ Gender _____ Race _____ Ethnicity _____ Signature page 2
- _____ Student Registration Permissions and Approval Form (Form SR290B, two pages) Required: _____ Signature page 2
- _____ Confidential Medical Form (two pages) Required: _____ Signature page 1 _____ Signature page 2
- _____ TB Questionnaire Required: _____ Signature
- _____ Student Residency Questionnaire Required: _____ Signature
- _____ Region 13 Form

STEP 2: GATHER REQUIRED DOCUMENTATION

New Students will need to provide:

- _____ Birth Certificate (hospital, Baptismal certificate or Vital Statistics affidavit acceptable) OR _____ DCFS doc. (all pages)
- _____ Picture ID for Parent/Guardian ID needs to be for Enrolling Parent/Guardian listed on Registration form.
- _____ Proof of Address. Current utility bill (electric, gas or water, not cable or phone) OR lease with date, address, name and signature page. Bill or lease must match address of enrolling person.
- _____ Declaration of Residence Form - IF Proof of Address is for other than enrolling parent or parent on birth certificate
- Required: _____ Signature of owner/lessee _____ ID of owner/lessee _____ Signature of parent
- _____ Is address in Austin ISD? Can use this link to verify your school district <https://www.greatschools.org/>
- _____ Transfer Form IF Out of District (OOD) Required: _____ Signature on back page
- _____ Home Language Survey Form Only list one language for each question
- _____ Current Proof of Income (only one of the following):
 - _____ Current SNAP/Medicaid/TANF - Letter must have the start and end date, child's full name and eligibility number.
 - _____ Most Recent Pay stub (if stub has overtime, 3 recent consecutive stubs are needed)
 - _____ Income tax return (only if parent is self employed)
 - _____ Signed and Dated letter from employer stating gross income (only to be used if parent has started a new job)
 - _____ Decree stating amount of child support (if applicable)

STEP 3: RETURN PACKET AND DOCUMENTS TO YOUR CHILD DEVELOPMENT CENTER

Your registration packet and documents need to be approved to complete enrollment and receive an H-E-B gift card. It is your responsibility to submit the required documents in order to receive the gift card. Be sure to use the checklist!

Received: _____ Transfer Request: _____ Transfer. Approved: _____ Enrolled: _____ Scheduled: _____

**AUSTIN INDEPENDENT SCHOOL DISTRICT
STUDENT REGISTRATION AND DATA VERIFICATION FORM: 2020-2021 (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? ☐ Yes ☐ No
 Has the student ever attended an AISD school? ☐ Yes ☐ No
 Last school attended, if not in AISD: _____
 Street _____ City _____ State _____ ZIP _____

Date student first entered U.S. school: _____

ENROLLING PARENT/GUARDIAN

NOTE: THIS MUST BE THE PERSON WITH WHOM THE STUDENT RESIDES.

Relationship _____ Last Name _____ First _____ Middle _____
 Address _____ Bldg# _____ Apt.# _____ ZIP _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Date of Birth *Req'd by State Law* (MM-DD-YYYY) _____ E-mail _____

Student Resides Here	Can Pickup	Call in Case of Emergency
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MAILING ADDRESS for enrolling parent/guardian:

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

OTHER PARENT/GUARDIAN

Relationship _____ Last Name _____ First _____ Middle _____
 Address _____ Bldg# _____ Apt.# _____ ZIP _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Date of Birth (MM-DD-YYYY) _____ E-mail _____

Extra Mailing	Can Pickup	Call in Case of Emergency
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: 2020-2021 (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 2020-2021 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 in grade KG-12 is a dependent of an ACTIVE DUTY member of the U.S. Military.
- ☐ Student in grade KG-12 is a dependent of a current member of the Texas National Guard (Army, Air Guard, or State Guard).
- ☐ Student in grade KG-12 is a dependent of a current member of a Reserve Force in the U.S. Military.
- ☐ PRE-KINDERGARTEN STUDENT is: 1) a dependent of an ACTIVE DUTY member of the armed forces of the U.S., including the state military forces or a reserve component of the armed forces, who is ordered to active duty by proper authority, or 2) is the child of a member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who was injured or killed while serving on active duty. Note: A student remains eligible for enrollment if the child's parent leaves the armed forces or is no longer on active duty after the child begins a prekindergarten class.
- ☐ Student in grade KG – 12 is a dependent of a former member of one of the following:
- the United States military
 - the Texas National Guard (Army, Air Guard, or State Guard)
 - a reserve force in the United States military.
- ☐ Student in grade KG-12 was a dependent of a member of a military or reserve force in the U.S. Military who was killed in the line of 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 2020-2021

STUDENT INFORMATION:

Student's Last Name _____ *First* _____ *Middle* _____

OFFICE COPY - SCHOOL USE ONLY

AISS 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

**AUSTIN INDEPENDENT SCHOOL DISTRICT
STUDENT REGISTRATION PERMISSIONS AND APPROVAL FORM FOR 2020-2021**

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, audio, video and relevant data of and regarding my child to be published or used for school and school district related purposes through the use of instructional tools in the classroom including tools that may use social media sharing/online sharing component. For more information regarding AISD digital instructional tools used in the classroom, see <https://www.austinisd.org/technology/digital-instructional-tools>

☐ 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 2020-2021
Student Health History

THIS FORM MUST BE COMPLETED ANNUALLY

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

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

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

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

TB Questionnaire

Name of Child _____ Date of Birth _____

Organization administering questionnaire _____ Date _____

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.

Adults who have active TB disease usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills and night sweats.

A person can have TB germs in his or her body but not have active TB disease (this is called latent TB infection or LTBI).

Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) 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.

We need your help to find out if your child has been exposed to tuberculosis.

Place a mark in the appropriate box:	Yes	No	Don't Know
TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. 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?			
Was your child born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?			
Has your child traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks? If so, specify which country/countries?			
To your knowledge, has your child spent time (longer than 3 weeks) with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?			

Has your child been tested for TB? Yes ___ (if yes, specify date ___/___/___) No ___

Has your child ever had a positive TB skin test? Yes ___ (if yes, specify date ___/___/___) No ___

For school/healthcare provider use only

PPD administered Yes ___ No ___

If yes,

Date administered ___/___/___ Date read ___/___/___ Result of PPD test _____ mm response

Type of service provider (i.e. school, Health Steps, other clinics) _____

PPD provider _____
signature printed name

Provider phone number _____

City _____ County _____

If positive, referral to healthcare provider Yes ___ No ___

If yes, name of provider _____

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 your current address a temporary living arrangement, due to loss of housing or economic hardship? ☐ Yes ☐ No

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): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <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> </div> <div style="width: 48%;"> <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> </div> </div>
2	Reason for current living situation (check all that apply): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Eviction <input type="checkbox"/> Loss of job or income <input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Runaway </div> <div style="width: 48%;"> <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: _____ </div> </div>
3	The student began residing at the current address: _____ <small style="text-align: right;">(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: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> One or both parents <input type="checkbox"/> Legal guardian <input type="checkbox"/> Friend </div> <div style="width: 48%;"> <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 </div> </div>
5	I am: <input type="checkbox"/> The parent/legal guardian/foster parent of the above-named student <input type="checkbox"/> student 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

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.		

AISD Campus staff: Please scan and e-mail forms marked YES to:	Multilingual Education HELPDESK Team Email: ELL_compliance@austinsisd.org WK:512-414-4998
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.



AUSTIN INDEPENDENT SCHOOL DISTRICT

HOME LANGUAGE SURVEY
19 TAC Chapter 89, Subchapter BB§891215

Dear Parent or Guardian,

To determine if your child would benefit from Bilingual and/or English as a Second Language program services, please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if Bilingual and/or English as a Second Language program services are appropriate and to inform instructional and program placement recommendations. Once your child is assessed, changes to the Home Language Survey responses are not permissible.

If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

Home Language Survey applicable ONLY if administered for students enrolling in grades PK-12

STUDENT NAME: _____

STUDENT ID# _____

CAMPUS: _____

GRADE: _____

TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN GRADES PK-8 (or BY STUDENT IN GRADES 9-12): The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE

1. What language is spoken in your home **most of the time**? _____

2. What language does the student speak **most of the time**? _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Student in Grades 9-12: _____ Date: _____

This survey shall be kept in each student's permanent record folder.

Austin Independent School District
Office of Student Services
1111 West 6th Street • A-200 • Austin • Texas • 78703-5338
512-414-1726

Declaration of Residence

To be completed by the owner/lessee AND the parent/guardian residing at the address below.

Owner/Lessee: Please read and complete this section.

I, the owner/lessee, at the address shown below, declare that the parent(s)/guardian(s) and student(s) listed below reside with me at this address. I am presenting as proof of my residence a valid driver's license or other picture ID **AND** one of the following: (1) current lease agreement, (2) most recent tax receipt that shows the property is a homestead (3) most recent (within 45 days) utility bill showing this address and your name, (4) most recent (within 45 days) mortgage payment showing this address and your name or (5) documentation indicating that the student's family will occupy a residence that has been purchased or leased within 45 days of the student's enrollment date.

Name _____

Address _____ Apt. _____ Austin, TX Zip _____ Home _____ Phone _____ Work _____ Phone _____

Parent(s)/Guardian(s): Please provide a valid driver's license or other picture ID. Please state who will be living with the owner/lessee of the property described above.

Father/Guardian Name _____ Mother/Guardian Name _____

Student's Name _____ DOB _____ Gender _____ School _____ StuNum _____
mm/dd/yyyy M/F

Student's Name _____ DOB _____ Gender _____ School _____ StuNum _____
mm/dd/yyyy M/F

Student's Name _____ DOB _____ Gender _____ School _____ StuNum _____
mm/dd/yyyy M/F

Student's Name _____ DOB _____ Gender _____ School _____ StuNum _____
mm/dd/yyyy M/F

Owner/lessee AND parent/guardian: Please read the information in the section below before signing this form.

____ (initial) ____ (initial) Texas Penal Code, Section 37.10 regarding **TAMPERING WITH A GOVERNMENTAL RECORD** states that a person commits an offense if he or she: (1) knowingly makes a false entry in, or false alteration of, a governmental record; (2) makes, presents, or uses any record, document or thing with knowledge of its falsity and with intent that it be taken as a genuine governmental record; or (3) intentionally destroys, conceals, removes, or otherwise impairs the verity, legibility or availability of a governmental record. An offense under this section is a Class A misdemeanor unless the actor's intent is to defraud or harm another, in which event the offense is a felony of the third degree. (A person found by a court to be guilty of a third degree felony may be imprisoned for 2 to 10 years and fined up to \$5,000.)

____ (initial) ____ (initial) The Education Code, Section 25.001(h) regarding **ADMISSION**, further states that, in addition to the penalty provided by the Penal Code, a person who knowingly falsifies information on a form required for enrollment of a student in a school district is liable to the district if the student is not eligible for enrollment in the district but is enrolled on the basis of the false information. The person is liable, for the period during which the ineligible student is enrolled, for the greater of: (1) the maximum tuition fee the district may charge under Section 25.038 of this code; or (2) the amount the district has budgeted for each student as maintenance and operating expenses. A person found guilty of falsifying information on an enrollment form may be liable for tuition in excess of \$5,000.

The information provided on this form is current and accurate. I have read, and understand, the information provided in the section above.

Owner/Lessee _____ Date _____

The information provided on this form is current and accurate. I (we) have read, and understand, the information provided in the section above.

Father/Guardian _____ Date _____
(Signature)

Mother/Guardian _____ Date _____
(Signature)

Birth certificate – if student is new to Austin ISD.

Please initial each:

- _____ Parents and students are to assume responsibility for satisfactory attendance, discipline, achievement of the student, and cooperation with the school staff while at the transfer school. When these responsibilities are not met, the transfer will be revoked. If revoked, the student may not at any later time request a transfer back to that school.
- _____ Transportation is not provided to students on transfer except for students attending the magnet programs at Fulmore, Kealing and LASA, or Ann Richards School for Young Women Leaders and the Gus Garcia Young Mens Leadership Academy (for students who live within AISD boundaries).
- _____ Any student who plans to participate in University Interscholastic League (UIL) events should check the rules set forth by the UIL concerning eligibility requirements for transfer students. A copy of the Constitution and Contest Rules of the University Interscholastic League is available for review at the Athletic Office, 3200 Jones Road (78745), in the principal's office in each high school, on line at www.uil.texas.edu or by contacting the UIL office at (512) 471-5883.
- _____ Texas Penal Code, Section 37.10 regarding tampering with a governmental record states that a person commits an offense if he or she: (1) knowingly makes a false entry in, or false alteration of, a governmental record; (2) makes, presents, or uses any record, document or thing with knowledge of its falsity and with intent that it be taken as a genuine governmental record; or (3) intentionally destroys, conceals, removes, or otherwise impairs the verity, legibility or availability of a governmental record. An offense under this section is a Class C misdemeanor.
- _____ The Education Code, Section 25.001(h) regarding admission, further states that, in addition to the penalty provided by the Penal Code, a person who knowingly falsifies information on a form required for enrollment of a student in a school district is liable to the district if the student is not eligible for enrollment in the district but is enrolled on the basis of the false information. The person is liable, for the period during which the ineligible student is enrolled, for the greater of: (1) the maximum tuition fee the district may charge under Section 25.038 of this code; or (2) the amount the district has budgeted for each student as maintenance and operating expenses. A person found guilty of falsifying information on an enrollment form may be liable for tuition in excess of \$5,000.

Signature of parent/guardian making this request _____ Date _____

Parent/Guardian: Home Phone _____ Work Phone _____ Cell/Other Phone _____

Action by the Office of Student Services:

Approved

Denied

Action by the Associate Superintendent:

Action by the Superintendent:

Date: _____

- ☐ Approved
☐ Denied

Comments:

Signature: _____

Date: _____

- ☐ Approved
☐ Denied

Comments:

Signature: _____

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

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)

