



Master Pupil Form

Last Name: _____ First Name: _____ Nickname: _____

Address: _____ City: _____ Zip: _____ State: _____

Date of Birth: _____ Birth Place: _____ Age: _____

Social Security Number: _____ Sex: Male ☐ Female ☐

Race: American Indian ☐ Asian ☐ African American ☐ Native Hawaiian/Pacific Islander ☐ White ☐

Ethnicity: Hispanic ☐ Non-Hispanic ☐

Current School: _____ City: _____ State: _____ Grade: _____

High School you are zoned for: _____ City: _____ State: _____

Please check the programs your child is in:

Gifted & Talented ☐ Special Education ☐ ESL/LEP/Bilingual ☐ Section 504 ☐ Migrant ☐

*If the appropriate box is not checked, your son/daughter may not receive services.

Parent/Guardian Information

Father/Guardian Name: _____ Phone: _____

Occupation: _____ Employer: _____

Email(s): _____

Mother/Guardian Name: _____ Phone: _____

Occupation: _____ Employer: _____

Email(s): _____

Emergency Information

Emergency Contact(s):

1: _____ Relationship: _____ Phone: _____

2: _____ Relationship: _____ Phone: _____

3: _____ Relationship: _____ Phone: _____

Name of person that has parental permission to pick student up:

1: _____ Relationship: _____ Phone: _____

2: _____ Relationship: _____ Phone: _____

3: _____ Relationship: _____ Phone: _____

Parent/Guardian Signature

Date

Acceptable Use of Internet

You are being given access to the district's electronic communications system. With this educational opportunity comes responsibility. It is important that you read the district policy administrative guidelines and agreement form and ask questions if you need help in understanding them. Inappropriate system use will result in the loss of the privilege to use this educational tool. Please note that the Internet is a collection of many information systems. It is possible that you may run across areas of adult content and some material you (or your parents) might find objectionable. While the district will use filtering technology to restrict access to such material, it is not possible to absolutely prevent such access. It will be your responsibility to follow the rules for appropriate use.

RULES FOR APPROPRIATE USE

You will have access only through your individual account	The Account is to be used mainly for identified educational purposes, but some limited personal use is permitted
You will be held responsible at all times for the proper use of your account, and the district may suspend or revoke your access if you violate the rules.	

INAPPROPRIATE USES

Using the system for any illegal purpose	Disabling or attempting to disable any Internet filtering device
Encrypting communication to avoid security review	Borrowing someone's account without permission
Posting personal information about yourself or others (such as addresses and phone numbers)	Downloading or using copyrighted information without permission from the copyright holder
Intentionally introducing a virus to the computer system	Wasting school resources through the improper use of the computer system
Gaining unauthorized access to restricted information or resources	Posting messages or accessing materials that are abusive, obscene, sexually oriented, threatening harassing, damaging to another's reputation, or illegal

CONSEQUENCES FOR INAPPROPRIATE USE

Disciplinary or legal action, in accordance with the Student Code of Conduct and applicable laws.

I understand that my computer use is not private and that the district will monitor my activity on the computer system and acknowledge receipt of the districts electronic communications system policy and administrative guidelines.

Student Name _____ Grade _____ ID _____

Student Signature _____ Date _____

I have read the district's electronic communications system policy and administrative guidelines. In consideration for the privilege of my child using the district's electronic communications system, and in consideration for having access to the public networks. I hereby release the district, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system, including, without limitation, the type of damage identified in the district's policy and administrative guidelines. I give permission for my child to participate in the district's electronic communications system and certify that the information contained on this form is correct.

Parent Name (please print) _____ Date _____

Parent Signature _____ Home Phone _____



Compact of Shared Responsibilities

Students, parents, and staff all share responsibility for student learning. By reading and signing this Compact of Shared Responsibilities, we can better understand how everyone contributes to a student's success.

High Standards & Expectations

Student

- I will come to class on time prepared to learn on a daily basis and remain throughout the scheduled school hours.
- I will take responsibility for my learning.
- I will be an active learner.
- I will look ahead to build and balance educational requirements and vocational opportunities
- I will follow World Scholars' four-year sequence

Parent/Guardian

- I will ensure my teen attends school on time every day prepared to learn and has appropriate sleep, nutrition and clothing
- I will monitor homework, academic progress, and attendance
- I will assist my teen in setting short- and long-term goals
- I will support World Scholar's four year sequence.

World Scholars

- We will provide a welcoming environment
- We will set high standards for student performance
- We will provide a strong academic curriculum and quality instruction
- We will uphold World Scholars' four-year sequence

Learning

Student

- I will maximize opportunities to understand material, using strategies that best support my learning style.
- I will contribute my ideas and skills to my classroom, school, and community
- I will apply and practice what I've learned
- I will take responsibility for completing and returning my assignments on time
- I will use the resources that are available to help my learning (tutoring, counseling center, etc)

Parent/Guardian

- I will help my teen capitalize on their learning style and abilities
- I will offer to share appropriate skills and challenges that my teen has;
- I will help my teen learn life skills: planning, self-sufficiency, goal-setting, and decision-making
- I will support timely completion of homework and school assignments.
- I will ensure that school work is top priority

World Scholars

- We will provide appropriate instruction based on the Texas State Standards, district curriculum, and student learning styles
- We will make learning and enjoyable experience
- We will communicate practical applications of subject material
- We will hold students responsible for work completion and quality
- We will take appropriate interventions and remediation to help students succeed.

Positive School Environment

Student

- I will respect the personal rights and property of myself and others
- I will behave responsibly and dress appropriately
- I will inform an adult about bullying, harassment, and unsafe behavior.
- I will know how to keep myself safe and drug-free

Parent/Guardian

- I will talk with my teen about respecting people and property
- I will set positive behavior and attire expectations, and reinforce school policies
- I will talk with my teen about bullying, harassment, peer pressure, safety, and drug-free behavior

World Scholars

- We will treat students and parents with respect.
- We will clearly communicate school behavior expectations to students and parents
- We will take steps to prevent bullying and harassment
- We will promote safe and drug-free schools

Communication

Student

- I will pay attention to information and seek assistance when needed
- I will cooperate with everyone by conducting myself in a mature manner conveying respect to all persons
- I will be a good messenger between home and school

Parent/Guardian

- I will use information sources, (planners, newsletters, email, websites) to keep up with school issues and activities
- I will talk with teachers as needed
- I will participate in classroom and school activities, parent-teacher conferences, and other parent involvement activities

World Scholars

- We will maintain regular communication with parents, including student progress
- We will encourage parent and student involvement in class and school activities
- We will schedule and conduct regular conferences with parents/guardians

Commitment

Student

I know that my success in school rests upon my responsibility and dedication. I agree to all of the above terms and conditions as set forth.

Parent/Guardian

I acknowledge the commitment my teen has made. I support his/her efforts. I agree to all of the above terms and conditions as set forth.

World Scholars

-We have the goal to inspire and enable students to attain their highest potential through challenging and rewarding experiences. We agree to all of the above terms and conditions set forth

Student Signature

Date

Parent Signature

Date

Principal's Signature

Date



Exhibit 1A Student/Staff Ethnicity and Race Data Questionnaire in English

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

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

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

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

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

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

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

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

Student/Staff Name (please print)

(Parent/Guardian)/(Staff) Signature

Student/Staff Identification Number

Date

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:

_____ Hispanic / Latino

_____ Not Hispanic/Latino

Race – choose one or more:

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

Observer signature:

Campus and Date:

Texas Education Agency – September 2017



DIRECTORY INFORMATION FORM

Student Name: _____

Grade: _____

I certify that I am the parent or guardian of _____,
and the following are my choices regarding information related to my child. *Please indicate your choices by checking on the
appropriate lines.*

Directory Information:

South Texas Independent School District can release, without prior written consent from me, the information designated by the district as student directory information (my child's name).

Select one response:

_____ YES or _____ NO

Military Recruiter/ Institution of Higher Learning:

Please initial below your choice regarding the release of specific student information to military recruiters or institutions of higher education without your prior consent.

_____ YES _____ NO: I **GRANT** the release of my child's **NAME, ADDRESS AND TELEPHONE NUMBER** to **MILITARY RECRUITERS**
without my prior, written consent.

_____ YES _____ NO: I **GRANT** the release of my child's **NAME, ADDRESS AND TELEPHONE NUMBER** to **INSTITUTIONS OF HIGHER
LEARNING** without my prior, written consent.

School-Sponsored Purpose Information:

I hereby certify by my initials below that I **CONSENT** to the release of student directory information for use in connection with or inclusion in the following designated school-sponsored items:

_____ STUDENT YEARBOOK

_____ DISTRICT NEWSLETTERS

Media Permission:

_____ YES _____ NO: I hereby **GRANT** permission to use my child's name, picture and/or comments in materials (television, video, world-wide web, audio and printed media) used to promote school programs, recruit new students and/or dispense public information regarding South Texas ISD.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date



Official Attendance Notice

Name of Student: _____ **Grade:** _____

Texas Education Code Sec. 25.093: Parent Contributing to Non-Attendance states that if a parent with criminal negligence fails to require the child to attend school as required by law, and the child is absent from school on ten or more days or parts of days within a six-month period in the same school year or on three or more days or parts of days within a four-week period, the parent commits an offense.

Texas Education Code Sec. 25.094: Failure to Attend School states that if a student fails to attend school without an excuse on ten or more days or parts of days within a six-month period in the same school year or on three or more days within a four-week period, the school district shall file a complaint against student in a justice or municipal court.

Failure to comply with the attendance requirement under the Texas Education Code could result in prosecution. This offense is considered a Class C Misdemeanor and subject to a fine not to exceed \$500.00. Each day your child remains out of school may constitute a separate offense.

Also, the **"90 percent rule"** of attendance states that in order for a student to earn credit for a class, the student must attend the class at least 90 percent of the days the class is offered. An attendance committee may grant credit due to extenuating circumstances.

When a student returns to school after an absence, he/she has the responsibility to turn in a note to the office, signed and dated by the parent that describes the reason for the absence. The attendance note is required in order to be able to appeal for reclassification of the absence(s) from **"U"** (unexcused) to **"A"** (excused). If a note is not turned within **5 days** upon their return, the absence(s) will remain "unexcused". Even when a student **leaves early** from school, with parental permission and/or when the parent signs him/her out, **a note is still required** from the parent for the absence to be classified as excused. A doctor's excuse is acceptable.

Parent Signature: _____ Student Signature: _____

Respectfully,

Cynthia H Ponce, LMSW-IPR



South Texas ISD

**World
Scholars**

GRADES 9-12 | EDINBURG

Station 1



MILITARY CONNECTED STUDENT FORM 2021-2022

***PLEASE RETURN THIS FORM TO YOUR CHILD'S CAMPUS ONLY IF YOUR CHILD MEETS
ONE OF THE CRITERIA BELOW***

In 2009 the Texas Legislature adopted the Interstate Compact on Education Opportunity for Military Students – Texas Education Code Chapter 162. This legislation requires schools to recognize and extend certain privileges to students who are military dependents and to assist military dependent students in the transition process of changing schools when their military parents are reassigned and forced to relocate.

Parent Name: _____ Signature: _____

Student Name: _____ Grade: _____

Please check one box below to indicate if your child is a dependent of a member of:

- ☐ Active Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard (this includes Missing in Action, MIA)
- ☐ Texas National Guard
- ☐ Reserve Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard



South Texas ISD

**World
Scholars**

GRADES 9-12 | EDINBURG

Station 1



PARENTAL PERMIT FOR STUDENT FIELD TRIPS

Student Name: _____ Grade: _____

_____ I do give my son/daughter permission to attend

_____ I do not give my son/daughter permission to attend

school field trips during the 2021-2022 school year. If at any time, I do not want to allow my child to attend, I will notify the campus.

Any student who has not returned this permission slip will not be able to attend school trips in the 2020-2021 school year.

I understand that all precautions will be taken to prevent any accident, and I do hereby release the South Texas Independent School District, its agents or employees from any liability resulting from an accident involving my child while on this field trip. In case of an emergency, I hereby authorize a representative of the South Texas Independent School District to seek medical attention for my child.

Parent's Name (Print)

Signature

Parent contact phone number



Always Innovating

**South
Texas ISD**

RIO GRANDE VALLEY | GRADES 7-12

Station 1

100 MED HIGH DR., MERCEDES, TX 78570

P: 956.565.2454

STISD.NET

FAMILY SURVEY



Student Name: _____ **Grade:** _____

Dear Parents/Guardians,

In order to better serve your child, South Texas Independent School District would like to identify students who may qualify to receive additional educational services. **The information provided below will be kept confidential.** Please answer the following questions and return this survey form to your child's school.

Or, if you prefer, for more information, call: Cynthia Hernandez-Ponce at (956) 383-1684

1. Have you moved within the last 3 years?
Yes _____ No _____
2. If yes, have you done agricultural or fishing related work since your move? (e.g. field work, canneries, lumbering, dairy work, meat processing)
Yes _____ No _____



If you answered "yes" to both of the questions above, a school representative may contact you to find out whether your child is eligible for additional educational services. Please provide the following information:

Name of Child: _____ Age _____ Grade _____

Parent/Guardian Name: _____

Telephone Number: _____ Best Time to Contact You: _____

Student Name: _____ ID#: _____

Station 2

South Texas ISD , 2021-2022 Standard (Multi-Child) Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil). Apply online at <http://www.southtexasisd.net>

This Box for School Use Only.

Date Withdrawn:

Step 1: Definition of Household Member: *anyone who is living with you and shares income and expenses, even if not related.* Children in Foster care; children who meet the definition of Homeless, Migrant, or Runaway or who participate in Head Start are eligible for free meals. Please read the directions for more information.**A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12.** If more spaces are needed, use the Additional Names section on the back.

List each child's name.

First Name	MI	Last Name	Student Attends School in District?		Grade	Optional: Student ID Number	Check all that apply.				
			Yes	No			Foster	Head Start	Homeless	Migrant	Runaway
1.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Participation in a Categorical Program

- If every child listed in Step 1 is a participant any one of the following programs—Foster, Head Start, Homeless, Migrant, or Runaway, **skip** Step 2 and **complete** Step 3.

- SNAP, TANF, or FDPIR:** Do any Household Members (including you) currently participate in SNAP, TANF, and/or FDPIR?

If **No**, **complete** Steps 2 and 3. If **Yes to SNAP/TANF** > Write the Eligibility Determination Group (EDG) number in this space _____, **skip** Step 2, and **complete** Step 3.If **Yes to FDPIR**, check this box ☐, **skip** Step 2, and **complete** Step 3.**Step 2:** Please read the directions for more information for the following questions.**Report Income for ALL Household Members (Skip this step if you entered an EDG number or checked the box to indicate participation in FDPIR in Step 1).****A. Last Four Digits of Social Security Number (SSN) of an Adult Household Member:** XXX-XX ____ ☐ Check if no SSN**B. Income for Adult Household Members** (Include Yourself, But Not Children. If more spaces are needed, use the Additional Names section on the back.)List all Household Members **not** listed in STEP 1 (including yourself) **even if they do not receive income.** For each Household Member listed, if they do receive income, report total income (without deductions) for each source in whole dollars only. Indicate the frequency of income: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. If they do not receive income from any source, write '0.' If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2C.)	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/ Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
1.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
2.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
3.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

C. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household. If more spaces are needed, use the Additional Names section on the back.)

Record total income by frequency for each child who receives regular income listed in Step 1.

	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$

D. Total Household Members (Count all children & adults living in the household) _____**Step 3:** Please read the directions for more information on signing this form.**Provide Contact Information and Adult Signature. Return this application to insert mailing address, fax number, email, and/or return to your child's school.**

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address/Apt #

City

State

Zip

Daytime Phone and Email (Optional)

Printed Name of Adult Household Member Signing the Form

Signature of Adult Household Member Signing the Form

Today's Date

Step 1: Additional Names**A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12.** *If more spaces are needed, use the Additional Household Member Sheet on the back.*

List each child's name.

First Name	MI	Last Name	Student Attends School in District?		Grade	Optional: Student ID Number	Check all that apply.				
			Yes	No			Foster	Head Start	Homeless	Migrant	Runaway
5.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 2: Additional Names**B. Income for Adult Household Members (Include Yourself, But Not Children)**

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2D.)	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/ Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
4.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
5.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
6.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

C. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household.)

Record total income by frequency for each child who receives regular income listed in Step 1.

	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do Not Fill Out This Part. This Is For School Use Only.		
Income Determination: Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number—Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice a Month x 24 Monthly x 12 Household Size: _____ Total Income: _____ Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>	Date Received:	
	Categorical Determination: <input type="checkbox"/>	
Reviewing/Determining Official's Signature/Date		Eligibility: Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/>
Confirming Official's Signature/Date		

**STUDENT EMERGENCY RECORD
SOUTH TEXAS I.S.D.**

Station 3

Grade: _____ ID#: _____

School Year: _____

DOB: _____

Entry Date: _____

Last Name of Student	First Name	Middle Name	
Address	City	Zip Code	
Home Phone	Emergency Phone	Name	Relationship
Name of Father	Occupation	Business Phone	Cell Phone
Name of Mother	Occupation	Business Phone	Cell Phone
Family Physician		Choice of Hospital	

EMERGENCY MEDICAL AUTHORIZATION

I hereby authorize District employees to administer prescription, as well as nonprescription medication, when PROVIDED by me under the following provisions.

1. The District has received a written request to administer the medication from the parent, legal guardian or other person having legal control of the student.
2. When administering the medication, the medication must be in the original container and be properly labeled.
3. Medication obtained outside of the United States shall not be administered by district employees to students unless written authorization is on file from a physician licensed to practice in the United States.

I give authorization for the school to call the family physician and to follow the recommendations of the physician. I give authorization for an ambulance to be called, if necessary. I give authorization for another doctor to treat my child in case the family physician is not available. I give authorization for my child to be given the necessary medical attention in case the school cannot communicate with me. **I will not hold the school district financially responsible for the emergency care and/or transportation of my child.**

Parent/Guardian Signature

Date

List any medication your child is taking:

At home _____

At school _____

All medication should be brought to the clinic on arrival to school. Medication should be brought to the clinic by the parent. Parents will complete proper forms when medication is dropped off

Please Turn Over





Student Name: _____

DOB: _____ Grade: _____ ID#: _____

School Year: _____

Has your child had any of the health problems listed below? Please explain if you answer yes.

Condition:	Yes	No	Elaboration:
Allergy- Seasonal, Environmental, Food, medication.			to what?
***"Severe food allergy means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medication attention. <u>If it is not listed, there will be an understanding that your child does not have any allergies.</u> ***			
<u>Life threatening allergies/reactions?</u>			to what? Require medication?
Asthma – A doctor's written authorization is required to carry and self-administer asthma medication at school.			Has a doctor given approval for your child to carry and self-administer the medication in school?
Mental/Psychological Disorders			If yes, what disorder? Require medication?
Birth defect			
Diabetes			
Chronic Ear Infection			Has tubes?
Hearing Problems			Hearing Aids?
Eye - Wears glasses or contacts?			
Other Disorders of the Eye			
Epilepsy/Seizures			Date of last seizure?
Hepatitis			Type: A B C
Kidney/Bladder Problems			
Rheumatic Fever			
Ulcers/Gastritis			
Orthopedic/Bone Problems?			
Heart Problems			
Doctor ordered restrictions?			

Other Conditions or Comments: _____



Always Innovating

**South
Texas ISD**

RIO GRANDE VALLEY | GRADES 7-12

Station 3

100 MED HIGH DR., MERCEDES, TX 78570

P: 956.565.2454

STISD.NET

REQUEST FOR FOOD ALLERGY INFORMATION

(STISD requests that the parent or guardian of each student attending any STISD school disclose the student's food allergies.)

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to STISD in order for necessary precautions to be taken.

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

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food. **Please return this form to the Nurse's Clinic. If it is not returned, there will be an understanding that your child does not have a food allergy.**

Food:	Nature of allergic reaction to the food:

STISD will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy act and District policy.

Student Name: _____ Date of birth: _____ Grade: _____

Parent/Guardian Name (please print): _____

Work phone: _____ Home phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form was received by the school: _____

Questions About Your Child and Tuberculosis (TB)

Station 3

Child's Name _____ Date of Birth _____

Your Name _____

Today's Date _____

We need your help to find out if your child has been exposed to the disease tuberculosis, also known as TB.

TB is caused by germs. It is usually spread to another person by coughing or sneezing. A person can have TB germs in their body but not have active TB disease. TB can be prevented and treated. Your answers to the questions below will let us know if your child might have been exposed to TB. If your answers show your child might have picked up the TB germs, we will want to give him or her a tuberculin skin test (TST). The skin test is not a vaccination. It will not prevent TB. It will only let us know if your child has the TB germs.

Check the box that matches your answer:	Yes	No	Do Not Know
1. Has your child been tested for TB? If yes, when? Please tell us the date ____/____/____			
2. Have you ever been told that your child had a positive tuberculin skin test (TST)? If yes, when? Please tell us the date ____/____/____			
3. TB can cause fever that can last days or weeks. It can cause weight loss, a bad cough (lasting over two weeks), or coughing up blood.			
a. Has your child been around anyone with any of these problems?			
b. Has your child been around anyone sick with TB?			
c. Has your child ever had any of these problems or do they have them now?			
4. Was your child born in another part of the world like Mexico or Latin America, the Caribbean, Africa, Eastern Europe, or Asia?			
5. Has your child been to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe, or Asia for more than 3 weeks? Which country or countries did your child visit?			
6. Do you know if your child has spent more than 3 weeks with anyone who:			
Uses needles for drug use?			
Has AIDS?			
Was or is in jail or prison?			
Has just come to the United States from another country?			

FOR THE PROVIDER:

If the prior test was negative and the answer to #4 is yes, the child does not need a repeat skin test.
If the prior test was negative and occurred at least 8 weeks after the situation described in #3a, 3b, 5, or 6, the child does not need a repeat skin test.
If the prior test was positive, the child does not need a repeat skin test; but a positive answer to #3c would indicate a chest x-ray as soon as possible.

TST administered Yes____No____

If yes, Date administered____/____/____ Date read____/____/____ TST reaction_____mm

TST provider _____
Signature Printed Name

If chest x-ray done, date _____ and results _____

Provider phone number _____ City _____ County _____

If positive, referral to local/regional health department/specialist? Yes____ No____

If yes, name of health dept./specialist _____

Contact your local or regional health department if assistance is needed.