



## Rockdale ISD New Student Registration

### Welcome to Rockdale ISD!

This packet contains the following *ROCKDALE ISD FORMS* that need to be completed for your child's registration:

- Student Registration Form
- Home Language Survey
- TEA Ethnicity Race Survey
- Student Residency Questionnaire
- School Records Request Form, *if needed*
- Bus Request Form, *if needed*
- Military Connected Form

Rockdale ISD also needs the following *DOCUMENTS* on file for your student. Please bring these documents when you register your child.

- Student's Birth Certificate
- Student's Immunization Record
- Student's Social Security Card
- Proof of Residency
- Copy of Parent/Guardian ID
- Most recent Report Card/Transcript
- Proof of income (*Pre-K only*)
- Custodial Protective Order, *if applicable*

If you have any questions about Student Registration, please contact the registrar at the campus your child will be attending.

#### **Rockdale Elementary School (Grades PreK-1)**

625 W Belton | Rockdale, TX 76567  
512-430-6030 ph  
512-446-5229 fax  
Registrar: Maria Silva  
[maria.silva@rockdaleisd.net](mailto:maria.silva@rockdaleisd.net)

#### **Rockdale Junior High (Grades 6-8)**

814 Bushdale | Rockdale, TX 76567  
512-430-6100 ph  
512-446-2597 fax  
Registrar: Lori Powell  
[lpowell@rockdaleisd.net](mailto:lpowell@rockdaleisd.net)

#### **Rockdale Intermediate School (Grades 2-5)**

1338 W Hwy 79 | Rockdale, TX 76567  
512-430-6200 ph  
512-446-3682 fax  
Registrar: Jessica Janak  
[jjanak@rockdaleisd.net](mailto:jjanak@rockdaleisd.net)

#### **Rockdale High School (Grades 9-12)**

500 Childress | Rockdale, TX 76567  
512-430-6140 ph  
512-446-3512 fax  
Registrar: Debra Neal  
[dneal@rockdaleisd.net](mailto:dneal@rockdaleisd.net)

**STUDENT REGISTRATION FORM****Office Use only**  
Student IDCampus  
Enrolled

Grade

Homeroom  
TeacherEnrollment  
Date

- ☐
- Birth Cert
- ☐
- Parent/Guard ID
- 
- ☐
- SS Card
- ☐
- Report Card/Trans
- 
- ☐
- Immun Rec
- ☐
- Legal Orders, if
- 
- ☐
- Proof of Res    applicable

**Instructions: Complete all sections. Sign in both places on the back of the form and return to your child's school.****Student Information:**

Last Name		First Name		Middle Name		Grade
Social Security Number	Gender	Birthdate	Birth City, State and Country		Student Cell Phone (HS only)	

**Family 1 Information:**

Residence Address	City	State	Zip Code	Primary Phone #
Mailing Address (if different)	City	State	Zip Code	

**Family 1 Parent/Guardian Information:**

Parent/Guardian #1	Phone #	Parent/Guardian #1 Birthdate
Relationship	Email	Preferred Communication Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> _____

Parent/Guardian #2	Phone #	Parent/Guardian #2 Birthdate
Relationship	Email	Preferred Communication Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> _____

**Family 2 Information (if necessary):**

Residence Address	City	State	Zip Code	Primary Phone #
Mailing Address (if different)	City	State	Zip Code	

**Family 2 Parent/Guardian Information (if necessary):**

Parent/Guardian #1	Phone #	Parent/Guardian #1 Birthdate
Relationship	Email	Preferred Communication Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> _____

Parent/Guardian #2	Second Phone #	Parent/Guardian #2 Birthdate
Relationship	Email	Preferred Communication Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> _____

**List any school-age brothers/sisters:**

Name	Grade	Name	Grade
Name	Grade	Name	Grade

**Emergency Contact Information:** Please list at least 2 adults (*other than parents already listed under Family on page 1*) that we may contact if we are unable to reach you in the event of an emergency. Check YES or NO if they may pick up your child from school.

Name	Relationship	First Phone	Second Phone	Pick Up <input type="checkbox"/> YES <input type="checkbox"/> NO
Name	Relationship	First Phone	Second Phone	Pick Up <input type="checkbox"/> YES <input type="checkbox"/> NO
Name	Relationship	First Phone	Second Phone	Pick Up <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>Transportation to School</b> ___ Bus # ___ (Bus Request Form) ___ Walk/Bike/Drive ___ Parent Drop-off	<b>Transportation after School</b> ___ Bus # ___ (Bus Request Form) ___ Walk/Bike/Drive ___ Parent Pickup	<b>Type of Classes Student Attended at Previous School</b> ___ Regular ___ Pre-AP/AP ___ ESL ___ Dyslexia ___ 504 ___ Special Education ___ Reading/Math Pull-out ___ G/T  Has your student ever been retained? If yes, what grade?
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<b>Custodial Protective Order:</b> If a family member or other individual is not allowed to have contact with the student, <b>please include his/her name in this box and bring a copy of court orders to the school.</b>	<b>Foster Care</b> Student is currently in the conservatorship of the Department of Family and Protective Services? <u>You must provide a copy of the Texas DFPS Placement Authorization Form (Form 2085) or a court order that designates the student is in the conservatorship of the Department of Family and Protective Services.</u> <b>YES or NO</b>
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**RELEASES:** Please circle YES or NO for each item below to provide your consent. If an item is not circled, it will be considered a YES.

YES NO	<b>FIELD TRIPS:</b> My child has permission to go on all scheduled field trips this year.	YES NO	My child's information may be released to a <b>MILITARY</b> recruiter. (JH & HS only)
YES NO	My child's information may be released to <b>HIGHER EDUCATION</b> institutions. (JH & HS only)		

YES NO	<b>INTERNET:</b> My child has access to the internet at home.	YES NO	<b>DEVICE:</b> My child has access to an e-learning device at home. (ex. Chromebook, iPad, laptop, etc.)
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## ACCEPTABLE USE FOR TECHNOLOGY RESOURCES

Please read and review the District Policy on Technology Resources at [www.rockdaleisd.net](http://www.rockdaleisd.net)> Departments> Technology

My child and I have read, understand, and agree to abide by the *Student Agreement for Acceptable Use of the District's Technology Resources + Addendum Addressing Student Use of Personal Telecommunications or Other Electronic Devices for Instructional Purposes While on Campus.*

Parent/Guardian Signature: \_\_\_\_\_ Student Signature \_\_\_\_\_

## STUDENT HANDBOOK & CODE OF CONDUCT ACKNOWLEDGEMENT

Please read and review the Student Handbook and Student Code of Conduct at [www.rockdaleisd.net](http://www.rockdaleisd.net). Hard copies of the Campus Handbook and Student Code of Conduct are available in the school office.

My child and I have read, understand, and agree to abide by the *Student Handbook and the Student Code of Conduct.*

Parent/Guardian Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_

## ROCKDALE INDEPENDENT SCHOOL DISTRICT

### HOME LANGUAGE SURVEY-19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey applicable ONLY if administered for students enrolling in pre-kindergarten through grade 12)

#### TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN PREKINDERGARTEN THROUGH GRADE 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.

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. 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.

For more information on the process that must be followed, please visit the following website: <https://projects.esc20.net/upload/page/0081/docs/JuneUpdates/EnglishLearnerIdentification-ReclassificationFlowchart.pdf>

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

NAME OF STUDENT: \_\_\_\_\_

STUDENT ID#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

CAMPUS: \_\_\_\_\_

**NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.**

1. What language is spoken in the child's home **most of the time**? \_\_\_\_\_

2. What language does the child speak **most of the time**? \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student if Grades 9-12

\_\_\_\_\_  
Date

NOTE: If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if: 1) your child has not yet been assessed for English proficiency; and 2) your written correction request is made within two calendar weeks of your child's enrollment date.

# ROCKDALE INDEPENDENT SCHOOL DISTRICT

## Cuestionario sobre el idioma que se habla en el hogar

19 TAC Chapter 89, Subchapter BB §89.1215

**DEBE DE COMPLETARSE POR EL PADRE O TUTOR PARA ESTUDIANTES QUE CURSEN DESDE PREKINDER HASTA EL OCTAVO GRADO: (O POR EL ESTUDIANTE SI CURSA GRADOS DEL 9-12):** El estado de Texas requiere que la siguiente información sea completada para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Es la responsabilidad del padre o tutor, no de la escuela, proporcionar la información del idioma requerida por las siguientes preguntas.

**NOMBRE DEL ESTUDIANTE:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**DIRECCIÓN:** \_\_\_\_\_ **TELÉFONO:** \_\_\_\_\_

**ESCUELA:** \_\_\_\_\_

**Nota:** Indique sólo un idioma por respuesta.

1. ¿Qué idioma se habla en la casa de su hijo(a) **la mayoría del tiempo**? \_\_\_\_\_

2. ¿Qué idioma habla su hijo(a) **la mayoría del tiempo**? \_\_\_\_\_

**Este cuestionario se deberá archivar en el expediente permanente del estudiante.**

\_\_\_\_\_  
Firma del padre o tutor

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del estudiante si esta en los grados 9-12

\_\_\_\_\_  
Fecha

### ROCKDALE TRƯỜNG BÁN CÔNG/KHU HỌ CHÁNH ĐỘ LẠ

**KHẢO SÁT VỀ NGÔN NGỮ NHÀ-19 TAC Chapter 89, Subchapter BB, §89.1215**  
(Khảo sát về ngôn ngữ nhà CHỈ áp dụng nếu quản lý cho học sinh đăng ký vào mầm non đến lớp 12)

**CẦN ĐƯỢC HOÀN THÀNH BỞI PHỤ HUYNH HOẶC NGƯỜI GIÁM HỘ CỦA HỌC SINH ĐĂNG KÝ VÀO MẦM NON ĐẾN LỚP 8 (HOẶC BỞI HỌC SINH LỚP 9-12):** Bang Texas yêu cầu cung cấp thông tin sau đây về mỗi học sinh lần đầu tiên đăng ký vào một trường công Texas. Phụ huynh hoặc người giám hộ chủ nhà không phải nhà trường, có trách nhiệm cung cấp thông tin về ngôn ngữ được yêu cầu trong các câu hỏi dưới đây.

**TÊN HỌC SINH:** \_\_\_\_\_ **ID HỌC SINH:** \_\_\_\_\_

**ĐỊA CHỈ:** \_\_\_\_\_ **SỐ ĐIỆN THOẠI:** \_\_\_\_\_

**CƠ SỞ TRƯỜNG:** \_\_\_\_\_

**LƯU Ý: VUI LÒNG CHỈ NÊU MỘT NGÔN NGỮ TRONG MỖI CÂU TRẢ LỜI**

1. Trong phần lớn thời gian ở nhà, trẻ nói ngôn ngữ gì? \_\_\_\_\_

2. Trong phần lớn thời gian, trẻ nói ngôn ngữ gì? \_\_\_\_\_

**Bản khảo sát này sẽ được lưu giữ trong hồ sơ lâu dài của mỗi học sinh.**

\_\_\_\_\_  
Chữ ký của Phụ huynh/Người giám hộ

\_\_\_\_\_  
Ngày

\_\_\_\_\_  
Chữ ký của học sinh, nếu là học sinh lớp 9-12

\_\_\_\_\_  
Ngày

**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.

<b>Ethnicity – choose only one:</b>  _____ Hispanic / Latino  _____ Not Hispanic/Latino	<b>Race – choose one or more:</b> _____ American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White
Observer signature:	Campus and Date:



## Rockdale ISD Student Residency Questionnaire

**Campus:** ☐ Elementary ☐ Intermediate ☐ Junior High ☐ High School **Grade:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Sex:** ☐ Male ☐ Female  
Last First Middle

**This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.**

Is your current address a temporary living arrangement? \_\_\_\_ Yes \_\_\_\_ No

Is this temporary living arrangement due to loss of housing or economic hardship? \_\_\_\_ Yes \_\_\_\_ No

If you answered yes, how long have you been living in this arrangement? \_\_\_\_\_

**If you answered YES to both questions, complete the remainder of this form.**

**If you answered NO, you may stop here.**

Where is the student presently living? (Check one box)

- ☐ In a shelter, transitional housing at any time during current school year. This includes emergency shelters, family shelters, domestic violence shelters, youth shelters, and transitional housing programs. (C189 = 5)
- ☐ In the home of a friend or relative (temporarily doubled-up) at any time during current school year. This is due to loss of housing, economic hardship, or a similar reason (C189 = 2)
- ☐ On the street, lives in cars, parks, campgrounds, temporary trailers [including FEMA trailers], or abandoned buildings at any time during current school year (C189 = 3)
- ☐ In a motel or hotel at any time during current school year because I lost my housing, lack an alternative accommodation, and do not have a "fixed, regular, and adequate nighttime residence." (C189 = 4)

List any school-age brothers and/or sisters:

Name: \_\_\_\_\_ Grade: \_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_

Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

*Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3) (d).*

**Signature of Parent/Legal Guardian** ✓ \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please send a copy to Rockdale ISD McKinney-Vento Liaison**

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act. (Check one of the following)

- ☐ The homeless student is in the physical custody of a parent or legal guardian for the entire school year. (C192=3)
- ☐ The homeless student is **not** in the physical custody of a parent or legal guardian at any time during the school year. (C192=4)

**Signature of McKinney-Vento Liaison:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Rockdale ISD School Records Request

STUDENT LEGAL NAME \_\_\_\_\_  
LAST FIRST MIDDLE  
DATE OF BIRTH \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_  
MM/DD/YYYY  
PREVIOUS SCHOOL \_\_\_\_\_  
SCHOOL NAME CITY STATE  
SCHOOL PHONE \_\_\_\_\_ SCHOOL FAX \_\_\_\_\_

I hereby authorize you to release my child's school records to Rockdale Independent School District. I understand that any information you release will be confidential between the sending school and Rockdale Independent School District.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TO THE PRINCIPAL OR DIRECTOR,

The child listed above has applied for enrollment to:

☐ Rockdale Elementary School  
Maria Silva  
[maria.silva@rockdaleisd.net](mailto:maria.silva@rockdaleisd.net)  
512-430-6030 ph  
512-446-5229 fax

☐ Rockdale Intermediate School  
Jessica Janak  
[jjanak@rockdaleisd.net](mailto:jjanak@rockdaleisd.net)  
512-430-6200 ph  
512-446-3682 fax

☐ Rockdale Junior High  
Lori Powell  
[lpowell@rockdaleisd.net](mailto:lpowell@rockdaleisd.net)  
512-430-6100 ph  
512-446-2597 fax

☐ Rockdale High School  
Debra Neal  
[dneal@rockdaleisd.net](mailto:dneal@rockdaleisd.net)  
512-430-6140 ph  
512-446-3512 fax

Please send the student's shot record, official transcript, including current school reports, last report card, standardized tests and any other relevant information including special services, attendance and discipline.

If you have any questions regarding this request, please contact the above referenced school by email or phone.

Thank you.

Rockdale Independent School District  
PO Box 632  
Rockdale, Texas 76567  
512-430-6000





## BUS REQUEST FORM

*Complete this form only if your child will ride a Rockdale ISD bus. **If you have already completed the Bus Request Form online, there is no need to complete this form.***

CAMPUS: ☐ High School ☐ Junior High ☐ Intermediate ☐ Elementary

STUDENT NAME \_\_\_\_\_ GENDER ☐ M ☐ F GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT \_\_\_\_\_ EMAIL \_\_\_\_\_

### PRIMARY PICK UP AND DROP OFF LOCATIONS

#### **MORNING** (AM) PICK UP LOCATION

*Please include special instructions here if different from home address listed above.*

#### **AFTERNOON** (PM) DROP OFF LOCATION

*Please include special instructions here if different from home address listed above.*

#### **WEDNESDAY 1/2 DAY DROP-OFF**

*Please include special instructions here for alternate PM drop-off for Wednesday ½ Student Days.*

SIBLINGS, GRADE LEVELS

\_\_\_\_\_  
\_\_\_\_\_

Disciplinary policies and rules for buses will be provided to your child upon their first day on the bus. The student and parent **MUST** sign those rules.

Failure to follow these rules and procedures can result in loss of bus riding privileges, as it is a privilege to ride Rockdale ISD buses.

PARENT/GUARDIAN SIGNATURE ✓ \_\_\_\_\_ DATE \_\_\_\_\_



## Rockdale ISD Military Connected Form

Campus: ☐ Elementary ☐ Intermediate ☐ Junior High ☐ High School Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Sex: ☐ Male ☐ Female  
Last First Middle

### Military Connected Student Data Collection

Education Code 25.006 requires the District to collect data related to students with connections to the military to submit to the Texas Education Agency. Please complete the following form, sign at the bottom, and return to your child's school.

☐ Student is **NOT** a military-connected student as defined below.

*If student is military connected, please check a box below.*

#### For students in kindergarten–grade 12:

- ☐ Student in grade KG – 12 is a dependent of an active duty member of the U.S. military. (C197=1)
- ☐ Student in grade KG – 12 is a dependent of a current member of the Texas National Guard. (C197=2)
- ☐ Student in grade KG – 12 is a dependent of a current member of a reserve force in the U.S. military. (C197=3)
- ☐ Student in grade KG – 12 is a dependent of a former member of one of the following: (C197=5)
  - ☐ U.S. military;
  - ☐ Texas National Guard (Army, Air Guard, or State Guard); or
  - ☐ A reserve force in the U.S. military.
- ☐ Student in grade KG – 12 was a dependent of a member of the military or reserve force in the U.S. military who was killed in the line of duty. (C197=6)

#### For pre-kindergarten students:

- ☐ A dependent of an active duty member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who is ordered to active duty by proper authority. (C197=4)
- ☐ 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 is injured or killed while serving on active duty. (C197=4)

**Note:** A pre-kindergarten 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 pre-kindergarten class.

Signature of Parent/Legal Guardian ✓ \_\_\_\_\_ Date: \_\_\_\_\_