

HILLSBORO ISD

SCHOOL CALENDAR

2022-2023



August 17, 2022- First Day of School

May 26, 2023- Last Day of School

	New Teacher Orientation
	Teacher/ Staff Development
	Teacher Comp Days
	Tentative State Testing Days
	Bad Weather Day
	Early Release Day
	First Day of School/ Students Return
	Work Day
	Student/ Staff Holidays

Board Approved 4.11.2022

August 2022						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September 2022						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October 2022						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24/31	25	26	27	28	29

November 2022						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December 2022						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

January 2023						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February 2023						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

March 2023						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

April 2023						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/31	24	25	26	27	28	29/30

May 2023						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June 2023						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

July 2023						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24/31	25	26	27	28	29

HILLSBORO ISD

Registration Form
School Year 2022-2023

ID #: _____

SPECIAL ED: _____ yes _____ no

FIRST MIDDLE LAST GEN

GRADE: _____

AGE SEPT 1: _____

Street Address: _____ Mailing Address: _____

ENTRY DATE: _____

City/State/Zip: _____ City/State/Zip: _____

BIRTHDATE: _____

Home Phone: _____

BIRTHPLACE: _____

Parent/Guardian _____

SEX: _____

Email Address: _____

SSN#: _____

*According to Texas State Law [Court Order Section 25.002(f) as amended 2001], a school district is required to record the **name, address and date of birth** of the person enrolling a child.*

1st Parent/Guardian: _____ **2nd Parent/Guardian:** _____

Relation: _____ Date of Birth: _____ Relation: _____ Date of Birth: _____

Address: _____ Address: _____

City/St/Zip: _____ City/St/Zip: _____

Home Phone: _____ Home Phone: _____

Employment: _____ Employment: _____

Work phone: _____ Work phone: _____

Cell phone: _____ Cell phone: _____

Do you have Placement Authorization Form 2085 authorizing you as the child's caregiver? ____yes ____no

Emergency Contact 1: _____ Relation: _____ Home Phone: _____ Work Phone: _____

Emergency Contact 2: _____ Relation: _____ Home Phone: _____ Work Phone: _____

Emergency Contact 3: _____ Relation: _____ Home Phone: _____ Work Phone: _____

Emergency Contact 4: _____ Relation: _____ Home Phone: _____ Work Phone: _____

DOCTOR PREFERENCE: _____ Office Phone: _____

List any Medical Conditions, Allergies, or Medications taken regularly:

Is your child transferring from another school district? _____ (Yes or No) If yes, from what district? _____

List **ALL** previous school(s) attended: _____

Has your child ever previously been enrolled in any HISD School? _____ (Yes or No)

If yes, what school? _____

BROTHERS/SISTERS	GRADE	SCHOOL
_____	_____	_____
_____	_____	_____
_____	_____	_____

To the parent: The information asked above is needed as permanent school record of your child will be used by school personnel **only**. This is to certify the above information is correct. I, the undersigned, do hereby authorize officials of the school to contact directly the person named on this form, and do authorize the above name physician to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physician, other person named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

1st PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

HILLSBORO INDEPENDENT SCHOOL DISTRICT/CHARTER SCHOOL

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. 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.

For more information on the process that must be followed, please visit the following website: <http://web.esc20.net/LPAC-Interactive/InteractiveFlowchart-EN.htm>.

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

**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:

HILLSBORO ISD
ONLINE FAMILY ACCESS APPLICATION FORM

Please Print Clearly

Parent/Guardian Last Name

Parent/Guardian First Name

Parent/Guardian Email Address

Parent/Guardian Phone

Student Last Name

Student First Name

Student ID

By completing the application for this account, you hereby consent to allow Hillsboro Independent School District (HISD) to make your student's schedule, attendance record, grade information, demographic information, health information, and other school information available to you by means of the Internet on a website that is secure and accessible by a login and password. Only you will be able to see your student's digital records with your unique login and password. Other parents or guardians will be provided their own unique login and password to access digital information for their students. Therefore, your login and password should not be shared with anyone. A photo ID may be requested for verification.

HISD will not make your username/password publicly available. The web based digital records for your student can only be accessed by a current parent or guardian who currently has access to the student's written school records and has applied for a valid username and password. You may cancel this service at any time by contacting the campus registrar/secretary.

You understand and agree that HISD is not responsible for unauthorized Internet access to your student's digital records by persons who do not have your consent. By signing the signature line below, you confirm that you understand and accept the guidelines and conditions for access to your student's digital records and you waive any claims or causes of action that you may have against HISD or its employees, agents, representatives, or Trustees for information being available on the website as described above.

Guardian Applicant Signature

Date

HILLSBORO ISD
ONLINE STUDENT ACCESS APPLICATION FORM

Please Print Clearly

Student Last Name Student First Name MI Student School ID #

By completing the application for this account, you hereby consent to allow Hillsboro Independent School District (HISD) to make your schedule, attendance record, and grade information available to you by means of the Internet on a website that is secure and accessible by a login and password. Only you will be able to see your digital records with your unique login and password. **Your login and password are confidential and should not be shared with anyone.** HISD will not make your username/password publicly available.

You understand and agree that HISD is not responsible for unauthorized Internet access to your digital records by persons who do not have your consent. By signing the signature line below, you confirm that you understand and accept the guidelines and conditions for access to your digital records and you waive any claims or causes of action that you may have against HISD or its employees, agents, representatives, or Trustees for information being available on the website as described above.

This form must be signed by both guardian and student and returned to the campus registrar in the school office. Once your application is returned, you will receive your login and password.

You may cancel this service at any time by contacting the campus registrar.

Student Applicant Signature

Date

Guardian Signature

Date

**Hillsboro ISD
121 E Franklin St.
Hillsboro, Texas 76645**

PROOF OF RESIDENCE NECESSARY TO ENROLL STUDENT

I am the parent/legal guardian/foster parent/relative of this named student _____ and wish to enroll this student in Hillsboro Independent School District. I understand that Board Policy provides, with few exceptions, that each student must attend the school in the attendance area where the parent, legal guardian, relative or foster parent resides. I reside at the following street address, which I understand is in the attendance area of Hillsboro Independent School District.

PLEASE GIVE COMPLETE RESIDENCE ADDRESS *IN* THE SPACE PROVIDED BELOW:

Street Address	City	Zip Code
----------------	------	----------

VERIFICATION OF RESIDENCY

The parent/legal guardian or foster parent of a new student or a student requesting a change of address; must present an ORIGINAL of one of the following for verification as proof of residence:

- ☐ Deed to your home
- ☐ Property Tax Receipt
- ☐ Current utility bill with service address from water, electric, gas, telephone (land-line only), or cable.
- ☐ Lease Agreement
- ☐ Affidavit of Residency

FALSIFICATION OF ANY INFORMATION OR DOCUMENTS, EITHER WRITTEN OR VERBAL, RELATIVE TO THIS VERIFICATION PROCEDURE WILL RESULT IN REVOCATION OF ENROLLMENT FOR THIS STUDENT AND POSSIBLY A TUITION FEE

DECLARATION

I declare under penalty of perjury that I have read the above statements and information provided by me, that such statements and information are true and complete to the best of my knowledge.

Date: _____

Signature: _____

Print Name: _____

REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent:

This form allows you to disclose whether your child has a food allergy or severe food allergy with risk for anaphylaxis that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

"Life Threatening" means that there is a potential for a severe, or anaphylactic, immune reaction to the food allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention, and has the potential to cause disability or death.

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

☐ My child has no known food allergies at this time.

☐ My child has the following food allergies:

Food	Symptoms of Allergic Reaction	Life Threatening?
		Yes / No
		Yes / No
		Yes / No
		Yes / No
		Yes / No

Please note, this form is for informational purposes only, and only serves to alert the school nurse of the need to develop an allergy action plan in collaboration with your child's doctor. This document will be maintained in the student's cumulative folder.

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

Parent Name (printed): _____ Relation: _____

Parent Signature: _____ Date: _____

Date form reviewed by School Nurse: _____ Nurse Initial: _____

Hillsboro Independent School District Student Health Services
STUDENT ENROLLMENT HEALTH HISTORY

Student's Full Name _____ Date of Birth _____ Gender _____ Grade _____

Name of Parent(s) or Guardian(s): _____

This information will be utilized by the school nurse to develop a health plan for your child if necessary. Information regarding your child's health condition will be shared only with staff who need to know to assist your child in school.

Who is your child's primary doctor? _____ City _____ Phone _____

Does your child see a specialist for any reason? Yes No

If yes, for what reason is your child being seen? _____

Specialist's name _____ City _____ Phone _____

Does your child have:

ADD/ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Autism Spectrum Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Bipolar	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Other psychological condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Epilepsy or seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Other neurological condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Allergies to:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
food, medicine, insects,	Type of reaction _____	
or environmental triggers	Emergency medication _____	
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insulin <input type="checkbox"/> Yes <input type="checkbox"/> No
Frequent ear infections	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Headaches/migraines	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Heart condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Orthopedic (bone/joint) or		
musculoskeletal condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Kidney or bladder condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Bowel problems (ex. constipation)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Gastric reflux/heartburn	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Skin condition (ex. eczema)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
A birthmark	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
History of surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Hearing or vision problem	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
	<input type="checkbox"/> Hearing device	Specify _____
	<input type="checkbox"/> Glasses	<input type="checkbox"/> Contacts
Other condition not specified	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____

Does your child:

Take daily medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Take emergency medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____

Additional information regarding medical conditions/surgeries: _____

Please notify the school as soon as possible to inform us of any changes to this information. If your child has a medical condition that needs an individual health plan formulated, you will be contacted.

My signature indicates that the above information is complete and true to the best of my knowledge.

Parent or Guardian Signature _____ Date _____



Hillsboro ISD
Family Survey
2022-2023



In order to better serve your child/children, the school district would like to identify students who may qualify to receive additional educational services. The information provided will be kept confidential.

Please print and return form to school office:

Campus: _____ Date: _____
Student Name: _____ Grade: _____
Father/Guardian: _____ Mother/Guardian: _____
Father's Place of Employment: _____ Mother's Place of Employment: _____
Home Address: _____ City: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please answer the following questions:

1. Within the past 3 years, have you moved from one city, state, or school district to another?
☐ Yes ☐ No
2. If yes, did you or your child move/leave in order to work in **agriculture or fishing** (temporary or seasonal)?
(By checking yes, you are stating that you have worked in agricultural or fishing work within the last 36 months).
☐ Yes ☐ No

If you answered **YES** to question 2, please check all that apply.



Working with
fruits, vegetables,
cotton, wheat,
grain, agricultural
farms, fields or
vineyards

☐

Working in
a cannery

☐

Working on a dairy farm.
Working on a ranch-
feeding livestock, clearing
fields or building fences for
livestock

☐

Working in a slaughter
House-packaging and
Cutting meat

☐

Working in a plant
nursery, orchard,
growing or
harvesting trees or
picking pecans

☐

Working in a
fishery

☐

Working on a
poultry farm

☐

Other similar work, please explain:

For more information, please contact Migrant Service Coordinator: **Melissa Vega** 254-297-1253

**Hillsboro Independent School District
Technology Resources
Student Acceptable Use Agreement
2022 - 2023**

The Technology Acceptable Use is located online at www.hillsboroisd.org or printed copies can be obtained at the campus where your student is enrolled.

It is mandatory that you return this page to the office of your campus before you will be allowed to use the District's computer systems and network.

"My child and I have read, understand, and will comply with the Hillsboro ISD Technology Resources Acceptable Use Policy. We understand that non-compliance with this policy may result in suspension of my child's access or termination of my child's privileges and other disciplinary action consistent with Board Policies and state law." [See the Student Code of Conduct, and Board Policy CQ].

Student Name (Print)

Parent Signature

Date

2022 - 2023

**Acknowledgment of Electronic Distribution of the Hillsboro ISD
Student Code of Conduct and Student Handbook**

As required by state law, the Board of Trustees officially adopts the Student Code of Conduct and reviews the campus Student Handbooks annually in order to promote a safe and orderly learning environment for every student. We urge you to read these publications thoroughly and to discuss them with your family. If you have any questions about the required conduct and consequences for misconduct, we encourage you to ask for an explanation from the student's teacher or campus administrator.

The Student Handbook and Code of Conduct are located online at www.hillsboroisd.org or printed copies can be obtained at the campus where your student is enrolled.

"We acknowledge that we have been offered the option to receive a paper copy or to electronically access at www.hillsboroisd.org, the Student Code of Conduct and campus Student Handbook for the 2022 - 2023 school year and understand that students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in these documents."

Student Name

Grade

Parent Signature

Date

Hillsboro ISD Socioeconomic Information Form

CONFIDENTIAL

Student Name _____ Student Grade _____ Student Date of Birth _____

School Name _____ Student ID _____

Hillsboro 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 (check one box below):
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**)/

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$0 – 25,142 | <input type="checkbox"/> \$51,339 – 60,070 | <input type="checkbox"/> \$86,267 – 94,998 | <input type="checkbox"/> \$121,195 – 129,926 |
| <input type="checkbox"/> \$25,143 – 33,874 | <input type="checkbox"/> \$60,071 – 68,802 | <input type="checkbox"/> \$94,999 – 103,730 | <input type="checkbox"/> \$129,927 – 138,658 |
| <input type="checkbox"/> \$33,875 – 42,606 | <input type="checkbox"/> \$68,803 – 77,534 | <input type="checkbox"/> \$103,731 – 112,462 | <input type="checkbox"/> \$138,659 – 147,390 |
| <input type="checkbox"/> \$42,607 – 51,338 | <input type="checkbox"/> \$77,535 – 86,266 | <input type="checkbox"/> \$112,463 – 121,194 | <input type="checkbox"/> \$147,391 and above |

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

Hillsboro ISD
2022 - 2023 Military-Connected Student Form
(required for the Texas Education Agency PEIMS Data Collection)

Parent/Guardian: Please check one box below:

- ☐ Not a military-connected student
- ☐ Student in grade KG-12 is a dependent of an active duty member of the United States 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 United States military
- ☐ Student in grade KG-12 is a dependent of a former member of one of the following:
 - 1) the United States military
 - 2) the Texas National Guard (Army, Air Guard, or State Guard)
 - 3) 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 United States military who was killed in the line of duty

Pre-kindergarten student is:

- ☐ 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, or
- ☐ 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 the 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 Name: _____

Grade: _____

Parent's Printed Name: _____

Parent's Signature: _____

Date: _____

Hillsboro Independent School District
House Bill 4545
Learning Opportunities Form
2022-2023

House Bill 4545 provides additional **learning opportunities for students who did not meet standards on the STAAR/EOC exam**. One of those learning supports is extra tutoring.

You will receive a separate communication from your child's campus describing the tutoring supports your child will receive if he/she did not pass the 2022 STAAR/EOC exam.

The tutoring required for students under House Bill 4545 states that students are to be in a group of no more than three students per one tutor. Below, Hillsboro ISD is asking you to provide permission for your student to receive tutoring in a group that is larger than three students. We are asking this permission because we believe we can effectively meet your child's needs in a larger group. You can choose to provide this permission or not provide it. Your decision will not affect whether your child receives tutoring.

These learning opportunities are provided for those not reaching passing standards on state assessments are required by law and are mandatory for students.

Please place a \checkmark by the statement that reflects your decision.

_____ I give permission for my student to participate in a larger-than-3:1 tutoring group, for the subject areas requested above.

_____ I do not give permission for my student to participate in a larger-than-3:1 tutoring group for any subjects.

Student Name (Print)

Parent Signature

Date

Hillsboro Independent School District
School Bus Rider's Card

AM ☐

PM ☐

AM & PM ☐

Date: _____

Student Name: _____ Grade: _____ Campus: _____

Street Address: _____

Email Address: _____

Home Phone: _____ Cell/Emergency Phone: _____

******* MULTIPLE BUS ROUTES & STOPS WILL NOT BE APPROVED *******

Does your child need to ride to one of the listed locations below in the afternoon? Yes ☐ No ☐

Grandparents _____ Boys/Girls Club _____ Tammy's Learning _____ Candy's Day Care _____

Courtesy Rider (HISD EMPLOYEE'S ONLY) _____ Campus: __ HES __ HIS __ HJHS __ HHS __ ADMIN

(FILL OUT ONLY IF STUDENT IS RIDING TO GRANPARENT'S)

Grandparent Name: _____

Address: _____

Contact Phone: _____

Parent Name (printed): _____

Parent Signature: _____

LIKE US ON FACEBOOK HISD Maintenance and Transportation for updates

PLEASE NOTE:

This card must be approved before your child can ride the bus.

Once approved student will have access to transportation (3) business days after rider form is accepted by the transportation office.

For questions regarding bus transportation for your student please contact the appropriate campus offices.

OFFICE USE ONLY

Student ID # _____ Teacher: _____

Approved _____ Not Approved _____ Parent Emailed _____ Skyward: _____ Badge Printed _____

Bus Route _____ Bus Stop _____ Stop Color: _____