



# SILSBEE INDEPENDENT SCHOOL DISTRICT



## STUDENT ENROLLMENT FORM

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name of person enrolling student Relationship Date of birth Driver's license # Primary phone

### STUDENT INFORMATION

☐ Bus ☐ Car ☐ Walker ☐ Driver

\_\_\_\_\_  
Last Generation First Middle Grade

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth Social Security # ☐ Male ☐ Female

**Ethnicity & Race:** See attached form. If you choose to re-identify your child's ethnicity or race, please contact the campus secretary.

\_\_\_\_\_  
City and State of Birth Country of Birth

Physical Address: \_\_\_\_\_  
Street City Zip

Mailing Address: \_\_\_\_\_  
Street City Zip

Primary Phone \_\_\_\_\_ Brief directions to residence:  
Secondary Phone \_\_\_\_\_

Student lives with: ☐ Parents ☐ Mother only ☐ Father only ☐ Mother/Stepfather ☐ Father/Stepmother  
☐ Legal Guardian ☐ Foster Parents ☐ Other

### GUARDIAN 1 *PRIORITY* (receives ALL school messenger call-outs)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Relationship Date of Birth Driver's License # Primary Phone Secondary Phone

\_\_\_\_\_  
Home/Mailing Address Email Address Employer Work Phone

### GUARDIAN 2

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Relationship Date of Birth Driver's License # Primary Phone Secondary Phone

\_\_\_\_\_  
Home/Mailing Address Email Address Employer Work Phone

## ADDITIONAL GUARDIANS

		/ /			
Name	Relationship	Date of Birth	Driver's License #	Primary Phone	Secondary Phone
Home/Mailing Address			Email Address	Employer	Work Phone

  

		/ /			
Name	Relationship	Date of Birth	Driver's License #	Primary Phone	Secondary Phone
Home/Mailing Address			Email Address	Employer	Work Phone

## ADDITIONAL EMERGENCY CONTACTS *other than guardians* (has the right to transport student)

1.					
	Name	Relationship	Primary Phone	Secondary Phone	
2.					
	Name	Relationship	Primary Phone	Secondary Phone	
3.					
	Name	Relationship	Primary Phone	Secondary Phone	
4.					
	Name	Relationship	Primary Phone	Secondary Phone	

\*\*\* PERSONS NOT AUTHORIZED TO PICK UP STUDENT - MUST PROVIDE LEGAL DOCUMENTATION IF PARENT IS LISTED \*\*\*

\* The most current legal documentation MUST be provided. A parent/guardian will NOT be denied access to student or student information unless legal paperwork is on file.

Name	Relationship
Name	Relationship

### Office Use Only:

Legal papers on file	__ Yes
IF PARENT?	__ No
	__ N/A

## SIBLING(S) IN SILSBEE ISD

1.				4.		
	Name of Sibling in SISD	Grade			Name of Sibling in SISD	Grade
2.				5.		
	Name of Sibling in SISD	Grade			Name of Sibling in SISD	Grade
3.				6.		
	Name of Sibling in SISD	Grade			Name of Sibling in SISD	Grade

# Silsbee Independent School District

## Special Program Instruction

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Please indicate by circling Yes OR No if this student is now or ever has been in any of the following programs.

Has the student ever been retained? If yes, what grade? _____	YES	NO
Does the student receive Special Education Services?	YES	NO
Does the student receive Speech Services?	YES	NO
Does the student receive services under Section 504?	YES	NO
Does the student receive Dyslexia Services?	YES	NO
Does the student receive Emergent Bilingual Services?	YES	NO
Is the student currently identified as Gifted/Talented?	YES	NO

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

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_



# Silsbee 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. 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

**Student Residency Questionnaire**  
**Cuestionario de Residencia Estudiantil**  
**2023-2024**

This questionnaire is given to ALL students to ensure our district remains in compliance with the McKinney-Vento Homeless Education Act 42 U.S.C.11434a(2), which is also known as Title X, Part C, of the No Child Left Behind Act. Your answers will help school staff determine if the student is eligible for certain rights under federal law and supportive services. All questions contained in this questionnaire are strictly confidential and will become part of your academic record.

Este cuestionario se entrega a TODOS los estudiantes para garantizar que nuestro distrito cumpla con la Ley de Educación para Personas sin Hogar McKinney-Vento 42 U.S.C. 11434a (2), que también se conoce como Título X, Parte C, de la Ley Que Ningún Niño Se quede Atrás. Sus respuestas ayudarán al personal de la escuela a determinar si el estudiante es elegible para ciertos derechos bajo la ley federal y los servicios de apoyo. Todas las preguntas contenidas en este cuestionario son estrictamente confidenciales y pasarán a formar parte de su expediente académico.

1. Does the student live within any of the following situations?

estudiante vive dentro de alguna de las siguientes situaciones?

☐ Owner - Occupied Home

Propietario - Casa ocupada

☐ Rental Unit

Unidad de alquiler

☐ Military Housing

Vivienda Militar

☐ Long-Term, agreed-upon living arrangement with a family member or friend

Acuerdo de vida acordado a largo plazo con un miembro de la familia o un amigo

☐ Emergency Shelter or Transitional Housing

Refugio de emergencia o vivienda de transición

☐ Motel/Hotel

Motel/Hotel

☐ Campground

Campamento

☐ Non-traditional housing space including cars, parks, public spaces, abandoned buildings, substandard housing, and bus or train station that is a public/private place not designed for, or ordinarily used as regular accommodation for people

Espacio de vivienda no tradicional, incluidos automóviles, parques, espacios públicos, edificios abandonados, viviendas de calidad inferior y estación de autobuses o trenes que es un lugar público / privado no diseñado para, o normalmente utilizado como alojamiento regular para personas

☐ Foster care placement for 6 months or less

Colocación en hogares de guarda por 6 meses o menos

☐ Temporary, shared housing with friends, family or others due to:

Alojamiento temporal y compartido con amigos, familiares u otras personas:

- ☐ Loss of personal housing (due to reasons such as eviction, inability to pay rent, destruction or damage to home, abuse or neglect, unhealthy conditions, parental abandonment or incarceration)  
Pérdida de vivienda personal (debido a razones tales como desalojo, incapacidad para pagar el alquiler destrucción o daño a la vivienda, abuso o negligencia, condiciones de falta de salud, abandono o encarcelamiento de los padres)
- ☐ Economic hardship  
Dificultades económicas
- ☐ Other, similar reason: \_\_\_\_\_  
Otra razón similar:

2. Does the student live with a parent or legal guardian?  
¿El estudiante vive con un padre o guardián legal?

- ☐ Yes    Sí  
☐ No    No

If you answered "No," with whom does the student reside?  
Si respondió "No", ¿con quién vive el estudiante?

Name (nombre): \_\_\_\_\_

Relationship to student: \_\_\_\_\_  
Relación con el estudiante:

Students living apart from their parent(s) or legal guardian(s) are considered "Unaccompanied Youth," regardless of age.

Los estudiantes que viven separados de sus padres o tutores legales se consideran "jóvenes no acompañados", independientemente de su edad.

3. Does the student have siblings enrolled at other SISD Campuses?  
¿El estudiante tiene hermanos inscritos en otros campus de SISD?

- ☐ Yes    Sí  
☐ No    No

Signing/Typing your name below as a parent or legal guardian represents your digital signature that you have reviewed the Student Residency Questionnaire.

Firmar/escribir su nombre a continuación como padre o tutor legal representa su firma digital de que ha revisado el Cuestionario de residencia del estudiante.

Signature (firma): \_\_\_\_\_

Date (fecha): \_\_\_\_\_



# Silsbee ISD Socioeconomic Information Form

**\*CONFIDENTIAL\***

Student Name \_\_\_\_\_ Student Grade \_\_\_\_\_ Student Date of Birth \_\_\_\_\_

School Name \_\_\_\_\_ Student ID \_\_\_\_\_

***Silsbee 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

- |                                            |                                            |                                              |                                              |
|--------------------------------------------|--------------------------------------------|----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> \$0 – 26,973      | <input type="checkbox"/> \$55,501 – 65,009 | <input type="checkbox"/> \$93,537 – 103,045  | <input type="checkbox"/> \$131,573 – 141,081 |
| <input type="checkbox"/> \$26,974 – 36,482 | <input type="checkbox"/> \$65,010 – 74,518 | <input type="checkbox"/> \$103,046 – 112,554 | <input type="checkbox"/> \$141,082 – 150,590 |
| <input type="checkbox"/> \$36,483 – 45,991 | <input type="checkbox"/> \$74,519 – 84,027 | <input type="checkbox"/> \$112,555 – 122,063 | <input type="checkbox"/> \$150,591 – 160,099 |
| <input type="checkbox"/> \$45,992 – 55,500 | <input type="checkbox"/> \$84,028 – 93,536 | <input type="checkbox"/> \$122,064 – 131,572 | <input type="checkbox"/> \$160,100 and above |

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



# Migrant Family Survey

Date:	District: Silsbee ISD	Campus:
Student Name:	Date of Birth:	Grade Level:

Dear Parents,

In order to better serve your children, our school district is helping the State of Texas identify students who may qualify to receive additional educational services. Please answer the following questions and return this form to your child's school. The information provided below will be kept confidential. For additional information or questions, please call: (409) 980-7800

1. Within the past 3 years have you, or your child, moved from one school district, city or state to another? ☐ YES ☐ NO

2. If YES, did you or your child move so you could work or look for work in agriculture or fishing?

☐ NO (STOP here and return survey to your child's school) ☐ YES (Please ☒ check all that apply below)



Fruit, vegetables, sunflower, cotton, wheat, grain, on farms or ranches, fields & vineyards ☐



Working in a cannery ☐



Working on a dairy farm or ranch ☐



Working in a fishery ☐



Working on a poultry farm ☐



Working in a plant nursery, orchard, tree growing or harvesting ☐



Working in a slaughterhouse ☐



Other similar work, please explain:

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3. Please list all children who reside in the home who are under age 22 and NOT enrolled in school:

Please complete the following information: (Please print)

Name of Parent/Guardian:

Phone Number:

Address/City/State/Zip Code:

Email Address:

# Encuesta Familiar

Fecha:	Distrito: Silsbee ISD	Escuela:
Nombre del estudiante:	Fecha de Nacimiento:	Grado:

Estimados padres,

Para mejorar los servicios de sus hijos, el distrito está colaborando con el estado de Texas para identificar a los estudiantes que pueden calificar para recibir servicios educativos adicionales.

Toda la información proporcionada será mantenida confidencial. Favor de responder a las siguientes preguntas y regresar esta forma a la escuela de su hijo/hija. Para obtener más información, llame al: (210) 370-5401

1. ¿Dentro de los últimos 3 años usted, o su hijo/hija, se han mudado de un distrito escolar, ciudad o estado? ☐ Sí ☐ NO

2. ¿Si la respuesta es SÍ, se mudaron usted o su hijo/hija para poder trabajar o buscar trabajo en la agricultura o la pesca? ☐ NO (ALTO aquí y devuelva la encuesta a la escuela de su hijo/a) ☐ SÍ (FAVOR ☒ elija los que apliquen abajo)



Fruta, verduras, soya, girasol, algodón, trijo, betabel, la granja, ranchos, campos y viñedos

☐


Trabajando enlatando frutas o verduras

☐


Trabajando en una lechería o rancho

☐


Trabajando en la pesca

☐


Trabajando en granjas de Aves

☐


Trabajando en un vivero de plantas, plantando or cosechando arboles

☐


Trabajando en una casa de manzana

☐


Otro trabajo similar, favor de explicar:

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3. Favor de notar los niños que residen en el hogar que son menores de 22 años y que no están matriculados en la escuela:

Favor de llenar lo siguiente: (Favor de usar letra de molde)

Nombre de Padre/Guardina:	Número de Teléfono:
Dirección de domicilio/Ciudad/Estado/Código Postal:	Correo Electrónico:

# Silsbee Independent School District

## FOSTER CARE OR MILITARY CONNECTED STUDENTS

Dear Parents: The Texas Legislature requires that all Texas school districts collect data regarding enrolled students who are in foster care (SB 833). In addition, school districts are required to collect data regarding students who are Military Connected (SB 525).

### FOSTER CARE:

1. Is your student currently in the conservatorship of the Department of Family and Protective Services or a Pre-K student who was previously in the conservatorship of the Department of Family and Protective Services?

Yes      No

If yes, please attach a copy of the Texas DFPS Placement Authorization Form (Form 2085 or 0695)

### MILITARY CONNECTED:

Please check the applicable boxes below to indicate if the student is a dependent of:

- ☐ Not Applicable
- ☐ An Active Duty Member of the U S Military (Including Missing in Action)
- ☐ A Current Member of the Texas National Guard (Army, Air Guard, or State Guard)
- ☐ A Current Member of a Reserve Force in the U S Military
- ☐ A Veteran (former member): US Military, Texas National Guard (Army, Air Guard, or State Guard)
- ☐ An Individual that was a Member of a Military or Reserve Force and was Killed in the Line of Duty

For Pre-Kindergarten students ONLY:

- ☐ Not Applicable
- ☐ Armed forces or reserved forces of the United States (Army, Navy, Air Force, Marine Corps, or Coast Guard) or Texas National Guard who has been injured or killed while on active duty

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## Student/Parent Chromebook User Agreement

The focus of our Chromebooks is to provide tools and resources to the 21<sup>st</sup> Century Learner. Excellence in education requires that technology be seamlessly integrated throughout our educational program. Increasing access to technology is essential for that future, and one of the learning tools of these 21<sup>st</sup> century learners is the Chromebook. The use of Chromebooks is a way to empower students to maximize their full potential; this immersion does not diminish the vital role of the teacher.

### **Student's Chromebook Usage**

- ⦿ Respect the technology that you are being allowed to use.
- ⦿ Student Chromebook use will be in accordance with the School District's Acceptable Use Policy (AUP).
- ⦿ Students will be assigned a number to a specific Chromebook, and they must always use that corresponding number on the Chromebook. Students will not swap Chromebooks with other students, as they are accountable for the Chromebook assigned to them.
- ⦿ All Chromebooks must be returned to the appropriately numbered slot. The TEACHER will be the only one to plug in the charging cord. The charging cord goes in only one way.
- ⦿ The Chromebook is for use as a tool for learning and must be handled with care.
- ⦿ Students will make sure hands are clean before use.
- ⦿ Student use of the Chromebook is a privilege, not a right. The privilege can be revoked.
- ⦿ Students may only use the Chromebook for school purposes-teacher directed activities and must adhere to all regulations outlined in the District's AUP.
- ⦿ The classroom teacher will first handle improper use of the Chromebook, and if necessary infractions will be referred to the principal or local law enforcement.
- ⦿ Misuse of Chromebooks in anyway will result in removal of computer privileges. This includes, using the Chromebooks for non-school purposes, defacing or damaging in anyway, including, but not limited to: scratches, dents, removing cases or screens savers, cables, etc.....

### **Rules: Respectful, Responsible and Ethical Use and Care of Chromebooks**

- Follow normal school rules-no running, fighting, pushing, shoving, etc...around a Chromebook.
- No food or drinks near the Chromebooks and make sure hands are clean.
- Set Chromebook flat on your desk or lap (not on paper or other materials).
- Do not take Chromebook out of classroom.
- No pencils, pens, etc.... should touch the screen. The Chromebook screens can be damaged if subjected to rough treatment. The screens are particularly sensitive to damage from excessive pressure on the screen.
- Heavy objects should never be placed or stacked on top of the Chromebook. Do not insert things into openings of the Chromebook.
- Do not change any settings on the Chromebook and only use the apps/programs provided or assigned by your teacher.

*Remember...Chromebooks are a learning tool. Please treat them with respect!*

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Notice Concerning Privacy of Student and Directory Information

### **Multimedia Permission Form**

Please sign in ink only, and check off as many of the choices below. By checking the choices below, your child will NOT be included in photographs, videos, or his/her name/work will not be included in any publication/media.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: (Pre-K-5) \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- \_\_\_\_\_ No, I do not want my child's photograph to be used for school or local media purposes.
- \_\_\_\_\_ No, I do not want my child recorded via video for school or local media purposes.
- \_\_\_\_\_ No, I do not want my child's name or school work published in a variety of media.



# Silsbee Independent School District

415 Hwy 327 West, Silsbee, Texas 77656

409-980-7800

[www.silsbeeisd.org](http://www.silsbeeisd.org)

Fax 409-980-7897

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## FOOD ALLERGY DISCLOSURE FORM

*Texas Education Code, Section 25.0022 - The District must request, at the time of enrollment, that the parent or guardian of each student attending the District disclose the student's food allergies.*

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

"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 student is allergic or severely allergic, as well as the nature of your student's allergic reaction to the food.

Food:	Nature of allergic reaction to the food:

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school nurses, food services personnel, school counselors, 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: \_\_\_\_\_

Phone (cell/home/work): \_\_\_\_\_ Phone (cell/home/work): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date form was received by the school: \_\_\_\_\_

# Silsbee Independent School District Student Emergency Health Form

(PLEASE PRINT ALL INFORMATION)

ID# \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

Bus # \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone \_\_\_\_\_

Guardian #1 \_\_\_\_\_ Cell Phone \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

Guardian #2 \_\_\_\_\_ Cell Phone \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

Student lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Grandparents \_\_\_\_\_ Other \_\_\_\_\_

Names and grades of brothers/sisters attending Silsbee ISD: \_\_\_\_\_

**CURRENT HEALTH PROBLEMS:** \_\_\_\_\_

**CURRENT MEDICATIONS:** \_\_\_\_\_

**ALLERGIES** (food, medication, environmental): \_\_\_\_\_

**STUDENT'S MEDICAL HISTORY:** (Circle all that apply)

Blood Disorder    Diabetes    Ear or Hearing Problems    Eye or Vision Problems    Heart Disease    Seizures    High Blood Pressure

Other    Explain: \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

If parents or guardians are unavailable, emergency contact with transportation:

Name	Relationship	Cell Phone	Other Phone
1. _____			
2. _____			
3. _____			

**Disclosure of Health Information:** This information will be kept confidential and shared only to ensure student's health, safety, and well-being at school.

It is the responsibility of the parent/guardian to notify the school about health conditions and secure emergency and/or individualized health plans and provide the medication, written healthcare providers orders, and equipment/supplies needed at school.

I give permission to the school nurse to share or receive health-related information needed to care for my child with appropriate school staff and other healthcare providers during the current school year.

**DISTRICT MEDICATIONS:** SEE STUDENT HANDBOOK

**EMERGENCY TREATMENT:** I, the undersigned, do hereby authorize officials of Silsbee ISD to contact directly the persons named on this card, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency for the health of said student. In the event parents or other persons named on this card cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the aforesaid student.

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_ **Date** \_\_\_\_\_