

# "RETURNING" Registration Check List

Whitney Elementary School

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Student Name	Date of Birth	City/Town of Birth	Grade Level
<b>* Registration Form</b>	Y N	Student Project/Photo Release	Y N
Family Survey	Y N	Directory Information	Y N
Residency Questionnaire	Y N	Transportation Guidelines	Y N
Court Documentation Notice	Y N	Ace Form	Y N
Attendance Policy	Y N	Lunch Application (if applicable)	Y N
Permission to Ride School Bus	Y N	<b>* Medical Information Form</b>	Y N
Technology Form	Y N	<b>* Birth Certificate</b>	Y N
Handbook Acknowledgment	Y N	<b>* Social Security Card</b>	Y N
Military Form (if applicable)	Y N	<b>* Person Enrolling DOB</b>	Y N
		<b>* Proof of Residency</b> (utility bill with physical address)	Y N
<b>* Required Documents</b>		<b>* Shot Records</b>	Y N

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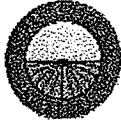
Reviewed By \_\_\_\_\_

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Date \_\_\_\_\_

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Whitney ISD  
Family Survey  
2023-2024



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



Whitney ISD  
Encuesta de Familia  
2023-2024



Con el fin de servir mejor a sus hijos, el distrito escolar le gustaría identificar a los estudiantes que califican para recibir servicios educativos adicionales. La información se mantendrá confidencial.

**Por favor escriba con letra de molde y devuelva esta encuesta a la oficina de la escuela:**

Fecha: \_\_\_\_\_  
 Nombre del Estudiante: \_\_\_\_\_ Grado: \_\_\_\_\_  
 Padre/Guardián: \_\_\_\_\_ Madre/Guardián: \_\_\_\_\_  
 Empleo del Padre: \_\_\_\_\_ Empleo de la Madre: \_\_\_\_\_  
 Dirección de Casa: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Código Postal: \_\_\_\_\_  
 Teléfono de Casa: \_\_\_\_\_ Teléfono Celular: \_\_\_\_\_ Teléfono del Trabajo: \_\_\_\_\_

**Por favor, conteste las siguientes preguntas:**

- ¿En los últimos 3 años se ha movido de una ciudad, Estado o de un distrito escolar a otro?  
 Si  No
- Si la respuesta es SI, ¿usted o sus hijos se movieron a fin de trabajar o buscar trabajo en la agricultura o la pesca (ya sea temporalmente)? ¿Dentro de los últimos 36 meses?  
 Si  No

Si usted contesto SI a la pregunta 2, por favor marque la(s) que aplique(n).



Trabajando con frutas, verduras, algodón, trigo, grano, granjas agrícolas, campos o viñeras



Trabajando en fábrica de conservas



Trabajando en lechería, trabajo de Rancho- alimentando animales, limpiando campos, construyendo cercas para ganado



Trabajando en una matanza Empacando y cortando carne



Trabajando en guardería de plantas o cultivo de árboles o recogiendo nueces



Trabajando en la pesca



Trabajando en una granja de pollos

Otros trabajos similares, por favor expliquen:

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

Para más información, póngase en contacto con el Coordinador de servicios migratorios: **Melissa Vega 254-297-1253**

# Whitney Independent School District

## Student Residency & Foster Care Questionnaire

This questionnaire is intended to address the McKinney-Vento Homeless Education Act 42 U.S.C. 11434a(2) and legislation requiring schools to collect data as to the foster care status of all students. The answers to this residency information will help to determine the services the student may be eligible to receive. 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). All information obtained for this purpose will remain confidential. One form per student is required.

Student Name	Student Age
Student Gender	Student DOB
Student Grade	Student ID
School Name	Date

### Section A. Student Living Situation (Check all that apply.)

<input type="checkbox"/>	<b>I live in a shelter because I do not have permanent housing.</b> (family shelter, domestic violence shelter, children/youth shelter, FEMA housing, moving from place to place, temporary living arrangement)
<input type="checkbox"/>	<b>I live in the home of a friend or a relative because I lost my housing.</b> (doubled up due to economic hardship, fire, food, lost job, divorce, domestic violence, parent in military and was deployed, parent in jail, etc.)
<input type="checkbox"/>	<b>I live in a tent, car, van, abandoned building and/or I have no electricity, running water, and/or heat in a home/apartment.</b> (living on the streets, campground, park, unsheltered location)
<input type="checkbox"/>	<b>I live in a hotel or motel.</b> (due to economic hardship, eviction, flood, fire, hurricane, etc.)
<input type="checkbox"/>	<b>I am an Unaccompanied Youth.</b> (Student is not living in the home of a parent or legal guardian.)
<input type="checkbox"/>	<b>I am a child or youth placed with a temporary guardian by the Department of Family and Protective Services.</b> (DFPS provided a Parental Child Safety Plan or Authorization for Non-Parent or Voluntary Caregiver.)
<input type="checkbox"/>	<b>I live with a parent/guardian in a home, apartment, or housing that is not shared with any other family.</b>

### Section B. Foster Care Status (Check all that apply. Leave blank if not applicable.)

<input type="checkbox"/>	<b>The student is currently in the conservatorship (custody) of DFPS.</b> (A court order names DFPS as the Temporary/Permanent Managing Conservator.)
<input type="checkbox"/>	<b>The student is currently in Foster Care and residing in a foster or group home.</b> (Foster Parent/Group Home has a DFPS Placement Authorization Form 2085, Form 2085-E or Court Order.)
<input type="checkbox"/>	<b>The student is currently in PreK and has previously been in the conservatorship (custody) of DFPS.</b>

### Section C. Parent/Legal Guardian/Caregiver

Parent/Guardian Name				Relationship to student
Address				Phone Number
Student's Time at Present Address	Days	Months	Years	Number of students enrolled in WISD

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to Melissa Marbut, Whitney ISD McKinney-Vento Liaison.

<input type="checkbox"/>	I certify that the above-named student meets the requirements of the McKinney Vento Act.
<input type="checkbox"/>	I certify that the above-named student does not meet the requirements of the McKinney Vento Act.

<input type="checkbox"/>	I certify that the above-named student is in the conservatorship of DFPS
<input type="checkbox"/>	I certify that the above-named student is not in the conservatorship of DFPS.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Whitney Independent School District

## Cuestionario de residencia estudiantil y cuidado de crianza

Este cuestionario está destinado a abordar la Ley de Educación para Personas sin Hogar McKinney-Vento 42 U.S.C. 11434a (2) y la legislación que requiere que las escuelas recopilen datos sobre el estado de cuidado de crianza de todos los estudiantes. Las respuestas a esta información de residencia ayudarán a determinar los servicios que el estudiante puede ser elegible para recibir. Presentar un registro falso o falsificar registros es un delito bajo la Sección 37.10, Código Penal, y la inscripción del niño bajo documentos falsos somete a la persona a la responsabilidad por la matrícula u otros costos. TEC Sec.25.002(3)(d).

Toda la información obtenida para este fin será confidencial. Se requiere un formulario por estudiante.

Nombre del estudiante	Edad del estudiante
Género del estudiante	Fecha de nacimiento del estudiante
Grado del estudiante	Identificación del estudiante
Nombre de la escuela	Fecha

### Sección A. Situación de vida del estudiante (Marque todo lo que corresponda).

	<b>Vivo en un refugio porque no tengo vivienda permanente.</b> (refugio familiar, refugio de violencia doméstica, refugio para niños/jóvenes, vivienda de FEMA, mudanza de un lugar a otro, arreglo de vivienda temporal)
	<b>Vivo en la casa de un amigo o un pariente porque perdí mi vivienda.</b> (duplicado debido a dificultades económicas, incendio, comida, pérdida de trabajo, divorcio, violencia doméstica, padre en el ejército y fue desplegado, padre en la cárcel, etc.)
	<b>Vivo en una tienda de campaña, automóvil, camioneta, edificio abandonado y / o no tengo electricidad, agua corriente y / o calefacción en una casa / apartamento.</b> (vivir en las calles, campamento, parque, ubicación sin refugio)
	<b>Vivo en un hotel o motel.</b> (debido a dificultades económicas, desalojo, inundación, incendio, huracán, etc.)
	<b>Soy un joven no acompañado.</b> (El estudiante no vive en la casa de un padre o tutor legal).
	<b>Soy un niño o joven colocado con un tutor temporal por el Departamento de Servicios de Familia y Protección.</b> (DFPS proporcionó un Plan de Seguridad Infantil para Padres o Autorización para Cuidadores Voluntarios o que no son padres).
	<b>Vivo con un padre/tutor en una casa, apartamento o vivienda que no se comparte con ninguna otra familia.</b>

### Sección B. Estado de cuidado de crianza (Marque todo lo que corresponda. Dejar en blanco si no corresponde.)

	<b>El estudiante se encuentra actualmente bajo la tutela (custodia) del DFPS.</b> (Una orden judicial nombra al DFPS como el Conservador Administrativo Temporal/Permanente.)
	<b>El estudiante está actualmente en cuidado de crianza y reside en un hogar de crianza o grupal.</b> (Foster Parent/Group Home tiene a DFPS Placement Authorization Form 2085, Form 2085-E, or orden judicial.)
	<b>El estudiante está actualmente en PreK y ha estado previamente en la tutela (custodia) de DFPS.</b>

### Sección C. Padre/tutor legal/cuidador

Nombre del padre/tutor				Relación con el estudiante
Dirección				Número de teléfono
Cuanto tiempo tiene viviendo el estudiante en esta dirección	Días	Meses	Años	Número de estudiantes matriculados en WISD

Firma \_\_\_\_\_ Fecha \_\_\_\_\_

Please return this form to Melissa Marbut, Whitney ISD McKinney-Vento Liaison.

	I certify that the above-named student meets the requirements of the McKinney Vento Act.
	I certify that the above-named student does not meet the requirements of the McKinney Vento Act.

	I certify that the above-named student is in the conservatorship of DFPS
	I certify that the above-named student is not in the conservatorship of DFPS.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# WHITNEY ELEMENTARY SCHOOL

P.O. Box 518  
308 S. Bosque Street  
Whitney, TX 76692  
Phone: 254-694-3456  
Fax: 254-694-2059

AMBER SEELY, PRINCIPAL

## Court Documentation Notice

Student Name: \_\_\_\_\_

\_\_\_ The following items do not apply.

My child has court documentation on file regarding:

\_\_\_ Custody Issues

\_\_\_ Restraining Order

\_\_\_ Other: \_\_\_\_\_

Attached is the most current, complete and file marked copy of the above stated document.

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

Date: \_\_\_\_\_





# WHITNEY ELEMENTARY SCHOOL

## ATTENDANCE POLICY

Teacher's Name \_\_\_\_\_

The Whitney ISD recognizes the high correlation between student absences and student failures. In our school's desire to better prepare our students for academic success, we propose the following attendance policy:

1. Students must, by law, attend school 90% of the required school days for the school year.
2. Each campus will establish an attendance review committee with the authority to grant exceptions for extenuating circumstances such as hospital stays, long-term illness, and any other situation that would warrant such exceptions.

Committee membership must include, but not limited to, the following:

1. Building principal
2. Counselor
3. Two classroom teachers
4. One parent

Committee membership on the secondary level will include at least one student to be selected by the building principal.

Any student accumulating over eighteen absences will lose credit, unless the Attendance Review Committee has ruled otherwise.

The state unexcused absences policy will remain the same.

\*Student name: \_\_\_\_\_

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

Incase of an accident or a serious illness, if I cannot be reached and the persons listed under emergency numbers cannot be reached, you have my permission to seek emergency medical care.

State required vision and hearing screening tests may be completed on my child by the school nurse or authorized trained personnel.

\*Parent Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

El Nombre del maestro \_\_\_\_\_

Attendance policy (Spanish)

NORMA de Atendencia

Whitney ISD reconocen la correlación alta entre ausencias de estudiante y fracasos de estudiante. En nuestro deseo de escuela para preparar mejor a nuestros estudiantes para el éxito académico, nosotros proponemos la norma siguiente:

1. Los estudiantes deben por la ley asistir a la escuela 90% de los días lectivos requeridos por ese año de escuela.
2. Cada campus establecerá un comité de la revisión de asistencia con la autoridad para otorgar las excepciones para atenuar las circunstancias tal como hospitalización enfermedad a largo plazo, y cualquier otra situación que justificaría tal excepciones.

La asociación del comité debe incluir, pero no limitado lo siguiente:

1. directora del edificio.
2. consejero
3. dos maestros de aula.
4. Un Padre de familia

La asociación del comité en el nivel secundario incluirá por lo menos un estudiante para ser escogido por el director de edificio.

Cualquier estudiante que acumula sobre diesidocho aucencias perderá el crédito, a menos que el Comité de la Revisión de Asistencia haya revisado de otro modo.

Las aucencias sin disculpas del estado permanecera' igual.

\* El Nombre de Estudiante

\_\_\_\_\_

\*Firma de padres: \_\_\_\_\_ Fecha \_\_\_\_\_

en caso de un accidente o una enfermedad grave; si yo no puedo ser localizado y las personas listados bajo números de Emergencia no pueden ser localizadas, usted tiene mi permiso para buscar emergencia cuidado médico.

El estado requiere un examen de la vista y oído que puede ser completado en mi niño por la enfermera de la escuela o personal entrenado autorizado.

\* Firma de Padre: \_\_\_\_\_

fecha \_\_\_\_\_

## WHITNEY ELEMENTARY SCHOOL

### PERMISSION TO RIDE SCHOOL BUS

Teacher's Name \_\_\_\_\_

Whitney ISD school buses are equipped with video surveillance equipment for the safety of the students. Everyone should be aware that videotapes might be available to school administration to determine student discipline problems or driver behavior that hinders the safe transportation of our students.

Students are reminded that the bus driver is in charge at all times. The safety of all students on the bus is a great responsibility, therefore, disruptive conduct on the bus will not be tolerated. Students who continually cause disturbances will lose the privilege of riding the bus.

Students are under the same code of conduct aboard buses as they are in the classroom. The bus driver should give a written discipline referral on all inappropriate student behaviors. The principal will take the appropriate disciplinary action on all referrals.

Students and parents are reminded that in addition to general school rules found in the student handbook, the following specific rules apply to student bus transportation.

#### "PROTECT YOUR RIDING PRIVILEGES!"

Follow these rules:

1. Observe the same conduct as in the classroom.
2. Be courteous and do not use profanity.
3. Do not eat or drink on the bus.
4. Keep the bus clean.
5. Cooperate with the driver.
6. Do not use tobacco.
7. Do not be destructive.
8. Stay in your seat.
9. Keep head, hands, and feet inside the bus.
10. The bus driver has the authority to assign seats to students.

My child has permission to participate in short, curriculum-based field trips.

Upon reading the above information, I request my child, \_\_\_\_\_ be allowed to ride a WISD school bus.

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

Date: \_\_\_\_\_

# WHITNEY ELEMENTARY SCHOOL

El Nombre del maestro \_\_\_\_\_

## EL PERMISO PARA MONTAR EL AUTOBÚS DE LA ESCUELA

Whitney ISD los autobuses escolares están provistos con el equipo de vigilancia video para la seguridad de los estudiantes. Todos debemos ser conscientes que los videos podrían estar disponibles a la administración de la escuela determinar problemas de disciplina de estudiante o conducta del chófer que impiden el transporte seguro de nuestros estudiantes.

Se recuerdan los estudiantes que el chófer del autobús está en todo momento al cargo. La seguridad de todos los estudiantes en el autobús es una gran responsabilidad, por consiguiente, que la conducta disociadora en el autobús no se tolerará. Estudiantes que continuamente causan las perturbaciones perderán el privilegio de montar el autobús.

Los estudiantes están a bordo bajo el mismo código de conducta los autobuses como ellos están en el aula. El chófer del autobús debe dar una referencia de disciplina escrito en las conductas del estudiante todo impropias. El principal tomará la acción disciplinaria apropiada en todas las referencias.

Se recuerdan estudiantes y padres que ademas de reglas de la escuela generales encontradas en el manual del estudiante, las reglas específicas siguientes aplican al transporte de autobús de estudiante.

### **"¡PROTEJA SU PASEO A CABALLO PRIVILEGIA!"**

Siga estas reglas:

1. observe la misma conducta como en el aula.
2. esté atento y no usa la profanidad.
3. no coma o beba en el autobús.
4. guarde el autobús limpio.
5. coopere con el chófer.
6. no use el tabaco.
7. no sea destructivo.
8. quédese en su asiento.
9. guarde cabeza, manos, y pies dentro del autobús.
10. El chófer del autobús tiene la autoridad para asignar los asientos a los estudiantes.

Mi niño tiene el permiso para participar para abreviar, los viajes del campo plan de estudios-basado.

Al leer la información anterior, yo le pido a mi niño, \_\_\_\_\_ se permita montar un WISD escuela autobús.

La Firma del padre : \_\_\_\_\_

Fecha : \_\_\_\_\_

# Whitney ISD Student-Laptop /I-Pad Checkout Agreement

The Whitney Independent School Board provides devices to students to enhance their education. It is imperative that parents/guardians stress to their children how important it is to take good care of their issued device and to behave appropriately when interacting with other digitally. Certain rules are necessary to protect the device and the school network and ensure that this technology serves as an effective instructional tool. By accepting possession of a WISD device, student and his/her parents/ guardians agree to the following responsibilities for the use and care of this device.

1. The student agrees to follow all WISD policies and regulations governing the use of devices including, but not limited to, the exceptions for responsible device use below, as well as the acceptable use policy.
2. The device is the property of WISD. If a student withdraws from the school prior to the end of the loan period, the device and charger must be returned to the school officials by the student prior to withdrawal.
3. The student shall not remove or alter any WISD identifications labels attached to or displayed on the device, nor shall the student change identification within the device, such as the device name.
4. The student agrees to keep the device secure and safe. The parent/guardian will assume the risk of loss by theft, destruction, or damage caused by intentional misuse. If, during the loan period the device is damaged or returned with any accessories missing, WISD may charge the parent the lesser of the repair or the replacement cost.
5. The student must report theft (or suspected theft) of the device, loss of the device, damage to the device, or malfunctioning of the device to school personnel promptly and no later than 24 hours of the incident.
6. Upon request, the student agrees to deliver the device to WISD staff for technical inspection to verify inventory or other information, or for random screening.
7. The device cannot be loaned, sold, bartered, traded, leased, rented or given to any other person or persons without the express written consent of WISD.

## Student Expectations for Responsible Device Use

1. I understand that WISD property, the device is subject to inspection and search at any time and without cause.
2. I understand that I am not to remove or alter any part of the device.
3. I understand that only authorized educational programs installed by WISD staff may be used on the device, and that I am not to download, install, play games, video, music, or pictures unless they are directly related to classroom instruction.
4. I understand that I am accountable for knowing where my device is always.
5. I understand that I am not to add or remove labels to the device, that I am not allowed to personalize it with stickers, decals, markers, or any type of decorative materials, and that no paint, glue, or other substance is to be placed on the device.

6. I understand I am responsible for keeping food and beverages away from my device and that I am not to leave my device outside, unattended in a vehicle, or in an unsecure location, or near water.

7. I understand that I am to avoid using objects that may scratch or damage any part of the device.

8. I understand that I am not to loan my device or charger to other individuals.

9. I understand that my device's serial number and manufacturer/district labels are not to be defaced.

10. I understand I am not to alter any school-installed software.

11. I understand that I am only to use my device in ways that are educational and appropriate and in accordance with all policies and procedures, including the Acceptable Use Policy and the student code of conduct.

12. I understand that I represent the school division in all my online activities while using the device. I understand that what I do online on the WISD device should not reflect negatively on my fellow students, teachers, or WISD schools.

13. I understand that I am to interact with all others in a respectful, courteous, and school-appropriate manner while using the device.

14. I understand that my personal username and password must not be shared with any individual doing so will result in loss of computer privileges.

15. I understand that I am to always follow the WISD Acceptable Use Policy.

16. I agree to return the device and charger in good working order at the end of the school year upon leaving WISD, or when my user privileges are revoked.

I have read and agree to comply with these rules and all WISD policies and regulations for the use of equipment, including the above rules; the Acceptable Use Policy and Student Code of Conduct. I understand that the device is school property, and it may access, monitor, and archive my student's use of the device system, including use of the internet, e-mail, and downloaded material without prior notice to me. I accept responsibility for damage to or loss of the equipment described below while assigned to my student. I understand that if the device or any accessory is lost, damaged, or stolen, student and his/her parent/guardian is responsible for the repair or replacement cost. I will report any damage to hardware or software immediately to designated school personnel and will return equipment promptly when requested.

WISD grants permission to the student to have limited use of the device described in the continuing agreement. The school system insurance AND permission granted to the student ceases during the last month of school on the day designated by the Technology Director (unless terminated earlier by WISD) and failure to return the device and charger before that date to the building principal or his/her designee could result in billing for the unreturned item(s) and/or other legal proceedings against the student and/or person who has the device. WISD reserves the right to demand return of the device anytime.

Parent/Guardian Name\* \_\_\_\_\_

Date\* \_\_\_\_\_

Parent Email address\* \_\_\_\_\_

Parent/Guardian Phone Number\* \_\_\_\_\_

# Device Insurance

Student Name\*

Device Insurance:

I would like to purchase the Whitney ISD Device Insurance.

A one time \$20.00 non-refundable payment covers:

1st instance of any damage to device or accessories.

2nd instance of any damage to device or accessories will be at a 50% cost of repairs. All Payments expected prior to repair unless otherwise approved.

3rd instance of any damage you will be charged at full market value for repairs. (Device/Accessories) All payments expected prior to repair unless otherwise approved.)

4th instance will result in loss of device privilege and cost of repairs.

Opt Out Device Insurance: I understand that I am responsible for any damage to the laptop/ I-Pad, charger and accessories and I would like to opt out of the insurance option and understand that I am fully responsible for full price of repair if the device or any of its accessories are lost, stolen, or damaged.

\*\*\*All Payments expected prior to repair unless otherwise approved.

## You can VENMO @WISDTECH \$20.00 Device Insurance

Device Insurance\*

\$20.00 non-refundable Device Insurance

OPT out Device Insurance- you are responsible for damages etc.

## Please See Repair Price List Below

Laptops:

Description of Non Warranty Repair /Replacement

Broken Screen (LCD) #75.00

Damaged/ Lost Power Supply \$35.00

Abandonment Fee \$20.00

Other Minor/ Major Damage (TBD)

Lost or Damaged Laptop Bag \$35.00

Lost/ Destroyed Laptop fair market value (\$695) FMV

Cleaning and/or Removing/ Replacing Stickers \$5.00

Hard Drive \$50.00

Keyboard Replacement \$50.00

iPADS: Description of Non Warranty Repair/ Replacement Broken Screen (LCD) \$125.00 Damaged/Lost power supply \$40.00 Abandonment Fee \$20.00 Other Minor/Major Damage- Not to Exceed \$50.00 Replacement Case \$50.00 Lost/ Destroyed laptop fair market value (FMV) Cleaning and/or Removing/Replacing Stickers \$5.00





# WHITNEY ELEMENTARY SCHOOL



P.O. Box 518  
308 S. Bosque Street  
Whitney, TX 76692  
Phone: 254-694-3456  
Fax: 254-694-2059  
Amber Seely, Principal

**2023-2024**

## **Acknowledgment of Electronic Distribution of Student Handbook**

My child and I have been offered the option to receive a paper copy of or to electronically access at [www.whitney.k12.tx.us](http://www.whitney.k12.tx.us) the Whitney Elementary Student Handbook and the Student Code of Conduct for 2023-2024.

I have chosen to:

- Receive a paper copy of the Student Handbook and the Student Code of Conduct.
- Accept responsibility for accessing the Student Handbook and the Student Code of Conduct by visiting the Web address listed above.

I understand that the handbook contains information that my child and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Student Code of Conduct. If I have any questions regarding this handbook or the Code of Conduct, I should direct those questions to the principal at 254-694-3456.

Printed name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of parent: \_\_\_\_\_

Date: \_\_\_\_\_



# WHITNEY ELEMENTARY SCHOOL

P.O. BOX 518  
308 SOUTH BOSQUE STREET  
Whitney, TX 76692

Phone 254-694-3456  
PRINCIPAL: AMBER SEELY

Fax 254-694-2059

## Military Connected Student Form

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 Educational 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: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Campus: \_\_\_\_\_

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

**For all students:**

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

**For Pre-Kindergarten students ONLY:**

- An active duty uniformed member of the Army, Navy, Air Force, Marine Corps, or Coast Guard
  - Activated /mobilized uniformed member of the Texas National Guard (Army, Air Guard, or State Guard)
  - Activated/mobilized members of the Reserve components of the Army, Navy, Marine Corps, Air Force, or Coast Guard;
- Who are currently on active duty or who were injured or killed while serving on active duty.**



# Student Project/Photo Release Form

STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL: WHITNEY ELEMENTARY

1. My child's work may be electronically displayed and published by the Whitney Independent School District.

Yes \_\_\_\_\_

No \_\_\_\_\_

2. Photographs of my child may be electronically displayed and published by the Whitney Independent School District.

Yes \_\_\_\_\_

No \_\_\_\_\_

3. My child's name may be used in association with a photograph or published work.

Yes \_\_\_\_\_

No \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Name (Print)

\_\_\_\_\_  
Parent/Legal Guardian Name Signature

\_\_\_\_\_  
Date



Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

**Notice Regarding Directory Information and Parent's  
Response Regarding Release of Student information**

State law requires the district to give you the following information:

Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about the student. If you do not want Whitney ISD to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing within ten school days of child's first day of instruction for this school year.

This means that the district must give certain personal information (called "directory information") about your child to any person who requests it, unless you have told the district in writing not to do so. In addition, you have the right to tell the district that it may, or may not, use certain personal information about your child for specific school-sponsored purposes. The district is providing you this form so you can communicate your wishes about these issues. [See **Directory Information**.]

Whitney ISD has designated the following information as directory information:

- Student's name
- Address
- Telephone listing
- E-mail address
- Photograph
- Date and place of birth
- Honors, and awards received
- Dates of attendance
- Grade level
- Most recent school previously attended
- Participation in officially recognized activities and sports
- Weight and height, if member of an athletic team

**Parent: Please circle one of the choices below:**

I, parent of \_\_\_\_\_, (do give) (do not give) the  
(student's name)

District permission to release the information on this list in response to a request.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date





# Whitney ISD

## Transportation Guidelines

Students are reminded that the bus driver is in charge at all times. The safety of all students on the bus is a great responsibility; therefore, disruptive conduct on the bus will NOT be tolerated. Students should remain seated at all times and keep hands, feet and all objects to themselves. Students who continually create disturbances will lose the privilege of riding the bus.

Students are under the same code of conduct aboard buses as in the classroom. Misbehavior while waiting for the bus (at school or the bus stop) will also result in disciplinary action. The bus driver should give a written discipline referral on all inappropriate student behaviors. The principal/assistant principal will take the appropriate disciplinary action on all referrals.

All bus passes must be approved by the bus barn administrator or his/her designee. Parents may designate a child care facility or the residence of grandparent or caregiver instead of the child's residence as a permanent pick up/drop off location on an approved bus route. Students may only have one designated pickup stop in the mornings and one designated drop off stop in the afternoon. Temporary bus passes will NOT be issued. Cut off time for arranging bus transportation service will be at 2:00 PM, if you are calling after 2 PM, service will begin the next school day. For more information on bus routes, stops or passes, please call the Transportation Department at 254-694-4121.

### Students MUST:

- Follow the driver's directions at all times.
- Enter and leave the bus or vehicle in an orderly manner at the designated stop nearest home and campus.
- Keep feet, books, band instruments cases, back packs, and all other objects out of the aisle.
- Not deface the bus/vehicle, or its equipment.
- Not put head, hands, arms or legs out of the window, hold any objects out of the window or throw and objects within or out of the bus/ vehicle.
- Be seated at all times and if vehicle is equipped with seat belts, they must be fastened at all times.
- Please stay seated until the bus has come to a complete stop.
- Misconduct will be punished in accordance with the Student Code of Conduct; bus privileges may be suspended.
- Misbehavior while waiting for the bus (at campus or at the bus stop) may result in a student being suspended from riding the bus.



## Consequences from Violation of Bus Conduct Rules

**1st Violation:** A bus discipline notice is written by the driver/bus monitor and turned into the school principal/assistant principal. A student-principal conference will be held.

**2<sup>nd</sup> Violation:** The bus discipline notice is turned into the principal/assistant principal. The parents will be contacted by phone (or by mail if unavailable) and a student-principal conference will be held.

**3<sup>rd</sup> Violation:** The bus discipline notice is turned into the principal/assistant principal. The student is suspended from riding the bus for one week (5 school days). The parent is notified and must come to the school for a conference before the student's riding privileges are re-instated.

**4<sup>th</sup> Violation:** The bus discipline notice is turned into the principal/assistant principal. The student is suspended from riding the bus for the remainder of the semester, or a minimum of 20 school days. The parents are notified and are the responsible for getting the student to and from school.

**5<sup>th</sup> Violation:** The bus discipline notice is turned into the school principal/assistant principal and the student is suspended from riding the bus for the remainder of the current school year. The parents are notified and are responsible for getting the student to and from school.

At the discretion of the principals or his/her designee, ANY serious misconduct may be treated as a 4<sup>th</sup> or 5<sup>th</sup> violation which will result in suspension from riding the bus for the remainder of the semester or school year.

Video monitoring cameras may be used on Whitney ISD buses while transporting students.

Students are expected to assist District staff in ensuring that buses remain in good condition and that transportation is provided safely. Same rules apply to ALL District Vehicles.

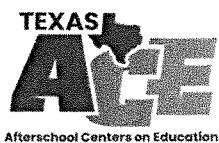
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Parent signature/date

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Student Name/date





### 2023-2024 Morning ACE

ACE (Texas Afterschool Centers on Education program, or Texas ACE) is a program in Texas that aims to improve student attendance, behavior, and academics for students. This grant-funded program has been provided on the Elementary and Intermediate campuses for the last three years. Our Morning ACE Program was so successful last year that we are continuing it this year. The opportunity to participate in the Morning ACE Program includes **ALL** students entering the campus between 7:20 – 8:00.

On the Whitney Elementary Campus, students will go to the cafeteria, eat, go to their classrooms and receive instruction. This instruction will either be through videos provided by ACE or by intervention lessons provided by their classroom teacher.

On the Whitney Intermediate Campus, students will participate in several ways. They may either go to the cafeteria and have laptops provided instruction or have different learning activities provided. In addition, students who choose to sit in the hallways waiting to enter class will be provided additional time to read or work on their classroom laptops utilizing learning apps.

Students and parents who wish for their children to participate in the afterschool program may pick up a registration form at their campus during registration. This year we will include Prek – 5. Prek – K will attend at the Whitney Elementary Campus and students 1<sup>st</sup> – 5<sup>th</sup> will attend at the Intermediate Campus.

Please sign the form below and return with your registration forms for school next year showing you understand that should your child enter the campus between 7:20 – 8:00 that they will have instruction provided. We are looking forward to working with you, your child (ren) and the district to provide your child with a full rounded learning opportunity.

Thank you,

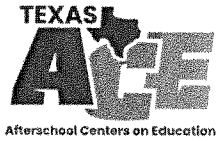
Cindy Ries, Whitney ACE Site Coordinator

I have read the letter above and understood that my child has an opportunity to participate in the Morning ACE Program when they arrive between the hours of 7:20 – 8:00.

Child/children’s Names & Grades \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



### 2023-2024 Mañana ACE

ACE (programa de centros de educación después de la escuela de Texas, o Texas ACE) es un programa en Texas que tiene como objetivo mejorar la asistencia, el comportamiento y los aspectos académicos de los estudiantes. Este programa financiado por subvenciones se ha proporcionado en los campus de primaria e intermedia durante los últimos tres años. Nuestro programa matutino ACE fue tan exitoso el año pasado que lo continuaremos este año. La oportunidad de participar en el programa ACE matutino incluye a TODOS los estudiantes que ingresan al campus entre las 7:20 y las 8:00.

En el campus de la primaria Whitney, los estudiantes irán a la cafetería, comerán, irán a sus salones de clases y recibirán instrucción. Esta instrucción será a través de videos proporcionados por ACE o por lecciones de intervención proporcionadas por su maestro de aula.

En el campus intermedio de Whitney, los estudiantes participarán de varias maneras. Pueden ir a la cafetería y recibir instrucción en computadoras portátiles o tener diferentes actividades de aprendizaje. Además, los estudiantes que opten por sentarse en los pasillos esperando para entrar a clase tendrán tiempo adicional para leer o trabajar en las computadoras portátiles de su salón de clases utilizando aplicaciones de aprendizaje.

Los estudiantes y padres que deseen que sus hijos participen en el programa extracurricular pueden recoger un formulario de inscripción en su campus. Este año incluiremos Prek - 5. Prek - K asistirá en el campus de la primaria Whitney y los estudiantes de 1º a 5º se alojarán en el campus intermedio.

Por favor, firme el formulario a continuación y devuélvalo con sus formularios de inscripción para la escuela el próximo año mostrando que comprende que si su hijo ingresa al campus entre las 7:20 y las 8:00, se le proporcionará instrucción. Esperamos trabajar con usted, su (s) hijo (s) y el distrito para brindarle a su hijo una oportunidad de aprendizaje completa.

Gracias,  
Cindy Ries, Coordinadora del sitio de Whitney ACE

Leí la carta anterior y entendí que mi hijo tiene la oportunidad de participar en el programa ACE matutino cuando llega entre las 7:20 y las 8:00.

niño/nombres y grado de los niños \_\_\_\_\_

\_\_\_\_\_

Firma del padre

\_\_\_\_\_

Fecha

## Meal charge Policy

### I. Purpose

The goal is Whitney ISD is to provide students with healthy meals each day.

However, unpaid charges place a large financial burden on our Food Services Department. The purpose of this policy is to insure compliance with federal reporting requirements for the USDA Child Nutrition Program, and to provide oversight and accountability for the collection of outstanding student meal balances.

The intent of this policy is to establish uniform meal account procedures throughout the Whitney Public Schools. The provisions of this policy pertain to regular, reduced, and free priced school breakfast and lunch meals. While the USDA Child Nutrition Program does not require that a student who pays for regular/reduced priced meals be served a meal without payment, Whitney ISD provides this policy as a courtesy to those students in the event that they forget or lose their lunch money.

### II. Policy

**Full Pay Students- Pre K- 12<sup>th</sup> Grade** will pay for meals at the district's published standard rate each day. A student will be allowed to charge a maximum of \$20.00 to their account after the balance reaches zero. Once a student has charged \$20.00, he/she will not be allowed to charge, however he/she will be offered a designated menu alternate. Sample: cheese sandwich, veggie sticks, fruit and milk. This designated menu alternate will be charged to Whitney ISD Funds at the standard rate.

**Free Meal Benefit- Pre K-12<sup>th</sup> Grade-** Free status students will be allowed to receive a free breakfast and lunch each day. A la carte purchases must be prepaid or paid for at the time of purchase. No charging will be allowed.

**Reduced Meal Benefit- Pre K- 12<sup>th</sup> grade-** Reduced status students will be allowed to receive a breakfast for \$.30 and lunch for \$.40 each day. A student will be allowed to charge \$20.00 to their account after the balance reaches zero. Once a student has charged \$20.00 he/she will not be allowed to charge, however he/she will be offered a designated menu alternate. Sample: cheese sandwich, veggie sticks, fruit and milk. This designated menu alternate will be charged to Whitney ISD Funds at the reduced rate.

Parents/Guardians are responsible for meal payment to the food service program. Notices of low or deficit balances will be sent to parents/guardians at regular intervals during the school year if current phone numbers, mailing addresses or email address are provided.

All school cafeterias possess computerized point of sale/cash register systems that maintain records of all monies deposited and spent for each student and said records are available by setting up an account at [ezschoolpay.com](http://ezschoolpay.com) or by speaking with the cafeteria manager.

Students/Parents/Guardians may pay for meals in advance via [ezschoolpay.com](http://ezschoolpay.com), cash or with a check payable to Whitney ISD Food Service Department. Further details are available on our webpage at [www.whitneyisd.com](http://www.whitneyisd.com). Funds should be maintained in accounts to minimize the possibility that a child may be without meal money on any given day. Any remaining funds for a particular student will be carried over to the next school year.

Refunds for withdrawn, and graduating students; a written request for a refund of any money remaining in their account must be submitted. An e-mail request is also acceptable. Students who are graduating at the end of the year will be given the option to transfer to a sibling's account with a written request.

Unclaimed Funds must be requested within one school year. Unclaimed funds will then become the property of the Whitney ISD Food Service Program.

Charging will be discouraged in May.

If a student is without meal money on a consistent basis, the administration will investigate the situation more closely and take further action as needed. If financial hardship exists, parents and families are encouraged to apply for free or reduced price lunches for their child.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: [Program.Intake@usda.gov](mailto:Program.Intake@usda.gov) This institution is an equal opportunity provider. The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children's eligibility for free or reduced price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced price meals.

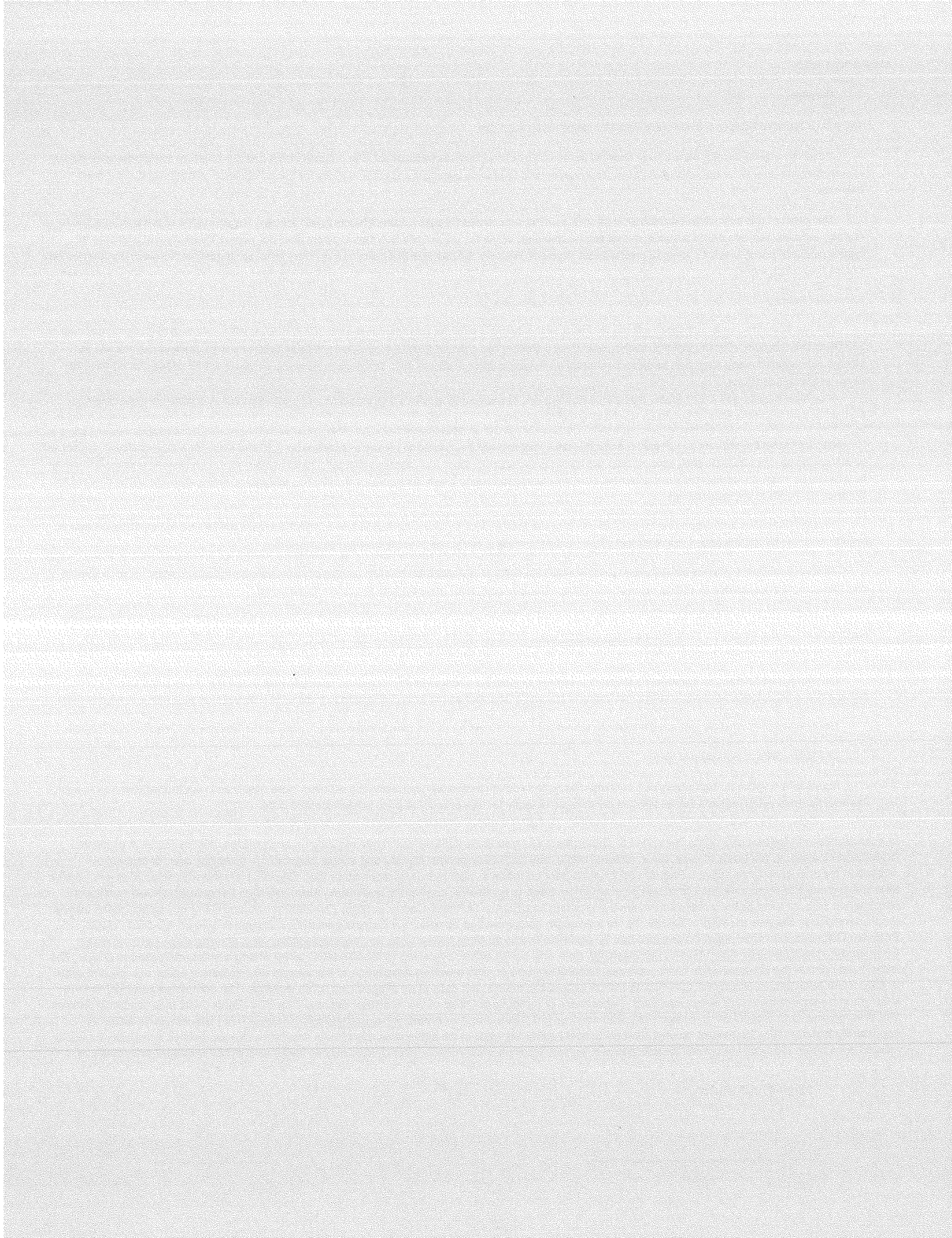
### \*Sign and Return

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Signature

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Date





# WhitneyISD

Dear Parent/Guardian:

Children need healthy meals to learn. Whitney ISD offers healthy meals every school day. Breakfast costs \$2.50; lunch costs \$3.00 at Elementary and Intermediate and \$3.25 at Middle & High School. **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is \$.30 for breakfast and \$.40 for lunch. If you received a notification letter that a child is directly certified for free or reduced-price meals, do not complete an application. Let the school know if any children in the household attending school are not listed in the letter.

The questions and answers that follow and attached directions provide additional information on how to complete the application. Complete only one application for all the students in the household and return the completed application to Judy Bailey 305 S San Jacinto Whitney Texas 76692 or and campus cafeteria. If you have questions about applying for free or reduced-price meals, contact 254-694-4661 or [judy.bailey@whitneyisd.org](mailto:judy.bailey@whitneyisd.org).

## 1. Who Can Get Free Meals?

- **Income**—Children can get free or reduced-price meals if a household's gross income is within the limits described in the *Federal Income Eligibility Guidelines*.
  - **Special Assistance Program Participants**—Children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program for Households on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF), are eligible for free meals.
  - **Foster**—Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
  - **Head Start or Early Head Start**—Children participating in these programs are eligible for free meals.
  - **Homeless, Runaway, and Migrant**—Children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told about a child's status as homeless, runaway, or migrant or you feel a child may qualify for one of these programs, please call or email Melissa Marbut at [Melissa.marbut@whitneyisd.org](mailto:Melissa.marbut@whitneyisd.org).
  - **WIC Recipient**—Children in households participating in WIC may be eligible for free or reduced-price meals.
2. **What If I Disagree with the School's Decision About My Application?** Talk to school officials. You also may ask for a hearing by calling or writing to John McCullough 305 S San Jacinto, Whitney Texas 76692 254-694-2254 , [John.McCullough@whitneyisd.org](mailto:John.McCullough@whitneyisd.org).
3. **My Child's Application Was Approved Last Year. Do I Need to Fill Out A New One?** Yes. An application is only good for that school year and for the first few days of this school year. Send in a new application unless the school has told you that your child is eligible for the new school year.
4. **If I Don't Qualify Now, May I Apply Later?** Yes. Apply at any time during the school year. A child with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
5. **What If My Income Is Not Always the Same?** List the amount normally received. If a household member lost a job or had hours/wages reduced, use current income.
6. **We Are in The Military. Do We Report Our Income Differently?** Basic pay and cash bonuses must be reported as income. Any cash value allowances for off-base housing, food, or clothing, or Family Subsistence Supplemental Allowance payments count as income. If housing is part of the Military Housing Privatization Initiative, do not include the housing allowance as income. Any additional combat pay resulting from deployment is excluded from income.
7. **May I Apply If Someone in My Household Is Not a U.S. Citizen?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
8. **Will Application Information Be Checked?** Yes. We may also ask you to send written proof of the reported household income.
9. **My Family Needs More Help. Are There Other Programs We Might Apply For?** To find out how to apply for other assistance benefits, contact your local assistance office or 2-1-1.
10. **Can I Apply Online?** Online Not Available

If you have other questions or need help, call Judy Bailey 254-694-4661.

Sincerely,

Judy Bailey

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible

Letter for 2023-2024 Application for Free and Reduced-Price School Meals | June 12, 2023

state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf> from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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: (833) 256-1665 or (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

## Instructions for Applying for Free and Reduced-Price School Meals, 2023-2024

Please use these instructions to complete the free or reduced-price school meals application. Submit one application per household, even if the children in the household attend more than one school in Whitney ISD. Please use a **pen** (not a pencil) when completing the application. The application must be filled out completely in order for the school to make a determination if the children in your household qualify for free or reduced-price school meals. **An incomplete application cannot be approved.** Please contact *Judy Bailey* 254-694-4661 or *judy.bailey@whitneyisd.org* with your questions.

### Step 1: List All Household Members Who Are Infants, Children, And Students Up to and Including Grade 12.

- List each child's name.
  - Print first name, middle initial, and last name for each child in the household in the spaces. If there are more children than lines, use the back of the application to record additional names.
  - Include all household members who are age 18 or under and are supported with the household's income including children who are not enrolled in the district. Children do NOT have to be related to anyone in the household to be a part of the household.
- Mark the box following the child's name to show if the child is a student in the Whitney ISD.
- Record the child's grade if the child is in school.
- Check the appropriate box if a child qualifies for free meals as participant in the foster care system, Head Start (including Early Head Start) or if a child meets the criteria for homeless, migrant, or runaway.  
*Checking Foster indicates that a foster care agency or court has placed the child in your home. If the application is being submitted for foster children only, complete Step 1, skip Steps 2-3, and complete Step 4.*

### Step 2: Participating in a Categorical Eligibility Program

- Do any household members (including you) currently participate in SNAP, TANF, and/or FDPIR?
  - If a child or adult in the household participates in Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance to Needy Families (TANF), record the Eligibility Determination Group (EDG) number in the space.
  - If a child or adult in the household is a participant in Food Distribution Program for Households on Indian Reservations (FDPIR), circle YES to indicate participation. The Whitney ISD will contact you to obtain documentation of FDPIR participation.
- If the students in the household are eligible based on SNAP, TANF, or FDPIR, skip Steps 3, and complete Step 4.
- If any children in the household are participants in one of the following programs—*Foster, Head Start, Homeless, Migrant, or Runaway*, skip Steps 3 and complete Step 4.

### Step 3: Report Income for All Household Members

#### Part A. Last Four Digits of Social Security Number (SSN) of an Adult Household Member

- Provide the last four digits of the Social Security number (SSN) of an adult in the household or check the box for no SSN. *A social security number is not required to apply for these programs.*

#### Part B. Income for All Adult Household Members (including yourself)

- Record the first and last name of each adult in the household in the space provided.
  - If there are more adults in the household than available spaces, use the back of the application.
  - Include all adults living in the household that share income and expenses, even if the adult is not related to anyone in the household and does not receive any income. Do not include adults that are not supported by the household's income and do not contribute income to the household.
- Record the amount of income the adult receives under the type of income: Working Earnings; Public Assistance/Child Support/Alimony; Pensions/ Retirement/Social Security/Supplemental Security Income (SSI); and All Other.
  - Report all amounts in gross income only and in whole dollars. Gross income is the total income received before taxes or deductions. Ensure that the income reported has not been reduced by the amounts deducted for taxes, insurance premiums, or any other purpose. The Adult Income Information Box (next page) provides additional information on the types of income that need to be reported. Foster children may be included as a member of the household or may be included on a separate application.
  - Write a 0 in any field where there is no income to report. If you write 0 or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that the household income was reported incorrectly, the application will be verified for cause.
    - Select how often each type of income is received (frequency).  
W = Weekly, E = Every 2 Weeks, T = Twice per Month, M = Monthly, A = Annually

**Adult Income Information**

Earnings from Work

General Types of Income

- Salary, wages, cash bonuses
- Strike benefits

U.S. Military

- Allowances for off-base housing, food, and clothing
- Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)

Self-Employed Worker

- Net income from self-employment (farm or business)—calculated by subtracting the total operating expenses of the business from its gross receipts or revenue.

Public Assistance/ Child Support/Alimony

(Do not report the value of any cash value public assistance benefits NOT listed on the chart.)

- Alimony payments
- Cash assistance from State or local government
- Child support payments from court-ordered child support or alimony decree should be reported here. Informal but regular payments should be reported as *other* income in the next part.
- Unemployment benefits
- Worker's compensation

Pensions/Retirement/ Supplemental Security Income (SSI)

- Annuities
- Income from trusts or estates
- Private Pensions or disability
- Social Security (including railroad retirement and black lung benefits)
- Supplemental Security Income (SSI)
- Veteran's benefits

All Other Income

**Part C. Income for Children in the Household**

- Record total income for all children in the household who receive regular income by how often income is received (frequency). *The Child Income Information Box (below) provides additional information on the types of income that needs to be reported for children in the household.*
- Do not annualize income to determine eligibility unless more than one income frequency is listed.  
Annual Income Conversion: weekly x 52, every two weeks x 26, twice a month x 24, monthly x 12.

**Child Income Information**

Earnings from Work

For Example: A child has a job where she or he earns a salary or wages.

Social Security Disability Payments

For Example: A child is blind or disabled and receives Social Security benefits.

Social Security Survivor's Benefits

For Example: A parent is disabled, retired, or deceased, and their child receives social security benefits.

Income from any other source

**Part D. Total Household Members**

- Record the total number of children and adults in the household in the appropriate box. This number **MUST** be equal to the number of household members listed in Step 1 and Step 3. It is very important to list all household members as the size of the household determines the household eligibility.

**Step 4: Provide Contact Information and Adult Signature**

- Read the certification statement.
- Write your current address and contact information in the space provided. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you. *If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals.*
- Print the name of the adult signing the form, sign the form, and record today's date in the appropriate spaces.
- All applications must be signed by an adult household member. *By signing the application, the household member is promising that all information has been truthfully and completely reported. Before completing this section, please read the privacy and civil rights statements on the back of the application.*

**MUTLI-USE APPLICATION – Step 5 (Optional): Sharing Information with Other Programs**

- *Completing this section will not change whether your children are eligible for free and reduced-price meals.*
- To provide your permission to share household information provided on the application with other programs, you **MUST** select/circle the program(s) or benefit(s) from the list.

**NONPUBLIC SCHOOL APPLICATION – Step 5 (Optional): Race and Ethnicity**

- *Completing this section is optional and does not affect your children's eligibility for free or reduced-price meals.*
- Select the child's ethnicity (select only one option)
- Select the child's race (select all that apply)

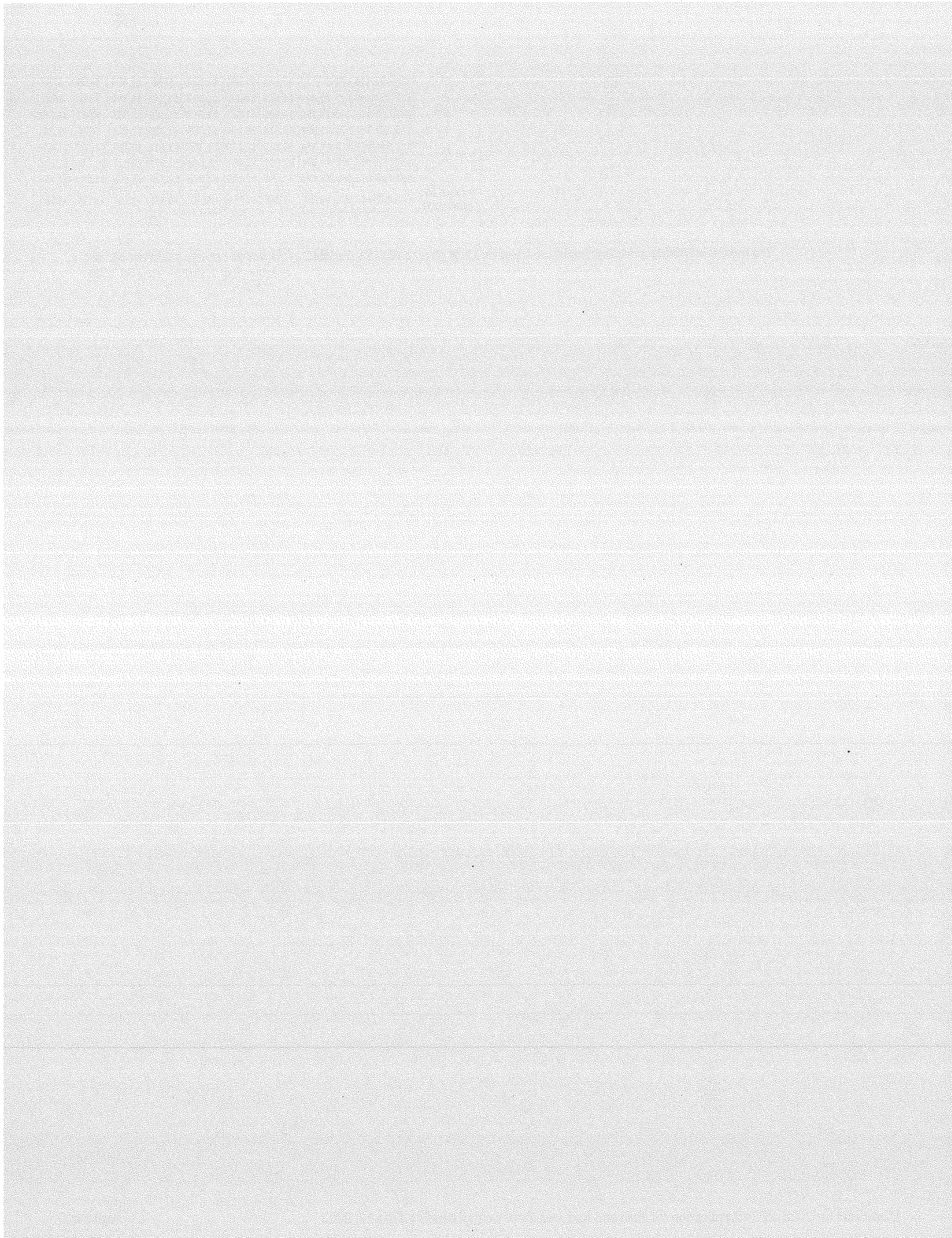
**Return the Application**

- Return the application to 305 S San Jacinto St. Whitney Texas 76692. Or [Judy.bailey@whitneyisd.org](mailto:Judy.bailey@whitneyisd.org).

Household Size	Income Eligibility Guidelines									
	Annual		Monthly		Twice-Monthly		Bi-Weekly		Weekly	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$18,954	\$26,973	\$1,580	\$2,248	\$790	\$1,124	\$729	\$1,038	\$365	\$519

2	\$25,636	\$36,482	\$2,137	\$3,041	\$1,069	\$1,521	\$986	\$1,404	\$493	\$702
3	\$32,318	\$45,991	\$2,694	\$3,833	\$1,347	\$1,917	\$1,243	\$1,769	\$622	\$885
4	\$39,000	\$55,500	\$3,250	\$4,625	\$1,625	\$2,313	\$1,500	\$2,135	\$750	\$1,068
5	\$45,682	\$65,009	\$3,807	\$5,418	\$1,904	\$2,709	\$1,757	\$2,501	\$879	\$1,251
6	\$52,364	\$74,518	\$4,364	\$6,210	\$2,182	\$3,105	\$2,014	\$2,867	\$1,007	\$1,434
7	\$59,046	\$84,027	\$4,921	\$7,003	\$2,461	\$3,502	\$2,271	\$3,232	\$1,136	\$1,616
8	\$65,728	\$93,536	\$5,478	\$7,795	\$2,739	\$3,898	\$2,528	\$3,598	\$1,264	\$1,799
For each add. person, add	+\$6,682	+\$9,509	+\$557	+\$793	+\$279	+\$397	+\$257	+\$366	+\$129	+\$183

*The income eligibility guidelines (right) are based on 130% (free) and 185% (reduced) of the federal poverty guidelines and are effective July 1, 2023 – June 30, 2024.*



**2023-2024 Application for Free and Reduced-Price School Meals**  
 Complete one application per household. Please use a pen (not a pencil).

Whitney ISD  
 2023-2024 Application for Free and Reduced-Price School Meals  
 On line not available

Return to:  
 or Apply Online:

**STEP 1** 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.

**Definition of Household Member:**  
 "Anyone who is living with you and shares income and expenses, even if not related."  
 Children in Foster Care, Head Start, and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals. Read the directions for more information.

Child's First Name	MI	Child's Last Name	Student?	Grade	Homeless, Migrant, Runaway	Foster Child	Head Start
			Yes <input type="radio"/> No <input type="radio"/>				
			<input type="radio"/>				
			<input type="radio"/>				
			<input type="radio"/>				

Check any that apply

**STEP 2** Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?  
 IF NO → Go to STEP 3 IF YES → Write the Eligibility Determination Group (EDG, n/a for FDIPIR) number here, then go to STEP 4 (do not complete STEP 3).

EDG Number

**STEP 3** Report Income for ALL Household Members (Skip this step if you answered 'YES' to STEP 2)

**A.** Last four digits of Social Security Number (SSN) of an Adult Household Member XXX-XX-  
**B.** Income for Adult Household Members (including yourself)  Check if no SSN

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 gross income (before taxes) for each source in whole dollars (no cents) only. Report the frequency by income type: 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. If more spaces are needed, use the Additional Names section on the back.

Name of Adult Household Members (First & Last)	Work Earnings				Public Assistance/Child Support/Alimony				Pensions/Retirement/Social Security/SSI/VA Benefits/All Other				
	W	E	T	A	W	E	T	A	W	E	T	M	A
	\$				\$				\$				
	\$				\$				\$				
	\$				\$				\$				
	\$				\$				\$				

**C. Income for Children in the Household**  
 Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Child Household Members listed in STEP 1 here. If applicable, include income from additional children listed on back. Income frequency conversion key provided on back.

Total Child Income \$

W	E	T	M	A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**D. Total Household Members (Children & Adults)**

**STEP 4** Contact information and adult signature.

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 (if available)  Apt #  City  State  Zip code  Daytime phone and email (optional)

Printed name of adult signing the form  Signature of adult  Today's date

**ADDITIONAL NAMES**

List any additional child household members not listed in STEP 1.

Child's First Name	MI	Child's Last Name	Student?	Grade	Head Foster Start	Homeless, Migrant, Runaway
			Yes <input type="radio"/> No <input type="radio"/>		Child	

Check any that apply

Name of Adult Household Members (First & Last)	Work Earnings	Frequency					Public Assistance/ Child Support/Alimony	Frequency					Pensions/Retirement/ Social Security/SSI/ VA Benefits/All Other	Frequency				
		W	E	T	M	A		W	E	T	M	A		W	E	T	M	A
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 FPIR 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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf> 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](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

**DO NOT COMPLETE THIS SECTION FOR SCHOOL USE ONLY**

Annual Income Conversion: weekly x 52, every two weeks x 26, twice a month x 24, monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Household Size	Total Income	Frequency	Date Received	Date Withdrawn
		W E T M A		
		Free Reduced Denied		
Categorical Determination	Eligibility		Reviewing/Determining Official's Signature	Date
			Confirming Official's Signature	Date



## MEDICAL INFORMATION

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

Campus \_\_\_\_\_ Grade \_\_\_\_\_

ANY MEDICAL CONDITIONS WE SHOULD  
BE AWARE OF \_\_\_\_\_

DOES STUDENT USE AN INHALER \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

DOES STUDENT USE EPI-PEN \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

ALLERGIC TO: \_\_\_\_\_

\_\_\_\_\_ My child has a food allergy or severe food allergy that in my judgment should be disclosed to the district to enable the district to take any necessary precautions regarding the child's safety. Specify the food to which the child is allergic and the nature of the allergic reaction.

Food:	Nature of allergic reaction to the food:

\_\_\_\_\_ My child does not have a food allergy.

We ask you to complete this form at the beginning of every school year to ensure that we have the most current information on your child.

The information you provide will be shared only with staff in the school district whose jobs require access to this information to ensure your child's health and safety.

Please contact your school promptly with any changes of information on this form.

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

Date \_\_\_\_\_ Phone \_\_\_\_\_

### Información Médica

Nombre del estudiante \_\_\_\_\_ Fecha de nacimiento \_\_\_\_\_

Escuela \_\_\_\_\_ Grado \_\_\_\_\_

Cual quier Condición medica que tenemos que ser conscientes de \_\_\_\_\_

El Estudiante usa un inhalador \_\_\_\_\_ SI \_\_\_\_\_ No

Es Estudiante usa un bolígrafo epi \_\_\_\_\_ SI \_\_\_\_\_ No

Alérgico a: \_\_\_\_\_

\_\_\_\_\_ Mi hijo tiene una alergia alimentaria o alergia alimentaria severa que a mi juicio debe ser compartida con el distrito para permitir que el distrito tome todas las precauciones necesarias con respecto a la seguridad del niño. Especificar el alimento al que el niño es alérgico y la naturaleza de la reacción alérgica.

Comida:	Reacción a los alimentos:

\_\_\_\_\_ Mi hijo no tiene una alergia a los alimentos.

Les pedimos que complete este formulario al comienzo de cada año escolar para asegurar que tenemos la información más reciente sobre su hijo. La información que usted provea será compartida solamente con el personal del distrito escolar que tienen trabajos que requieren el acceso a esta información para asegurar la salud de su hijo y de seguridad. Por favor comuníquese con su escuela puntualmente de cualquier cambio de la información en este formulario.

Firma de Padre/tutor \_\_\_\_\_

Fecha \_\_\_\_\_ Teléfono \_\_\_\_\_