Krum Independent School District Registration Form for School Year 2024-2025

Student Information

_____
Student Name   Grade   Social Security Number

_____   _____   _____   _____
Gender   Date of Birth   Birth Place   Age (Sept. 1, 2024)

Physical Address: _____   Home Phone: _____

Mailing Address: _____

Parent/Guardian Information

1. Guardian: _____ Relation: _____
   Address: _____
   City, State, Zip _____
   Employer: _____
   Cell: _____ Home: _____ Bus: _____
   Phone Preference: Cell ☐ Home ☐ Bus ☐
   Email: _____
   Driver's License #: _____ State: _____
   Receive Mailouts: ☐ Y ☐ N   Lang. for Mailouts: ☐ English ☐ Spanish
   Notification Preferences
   Do not contact
   General
   General and Emergency Announcements

2. Guardian: _____ Relation: _____
   Address: _____
   City, State, Zip: _____
   Employer: _____
   Cell: _____ Home: _____ Bus: _____
   Phone Preference: Cell ☐ Home ☐ Bus: ☐
   Email: _____
   Driver's License #: _____ State: _____
   Receive Mailouts: ☐ Y ☐ N   Lang. for Mailouts: ☐ English ☐ Spanish
   Notification Preferences
   Do not contact
   General
   General and Emergency Announcements

Emergency Contact Information
(Add someone other than guardians listed above)

3. Name: _____ Relation: _____ Cell: _____ Home: _____ Bus: _____
   Email: _____
   Phone Preference: Cell   Home   Bus
   Notification Preference: Do not contact   General   General and Emergency Announcements

4. Name: _____ Relation _____ Cell: _____ Home: _____ Bus: _____
   Email: _____
   Phone Preference: Cell   Home   Bus
   Notification Preference: Do Not Contact   General   General and Emergency Announcements

Doctor Preference _____ Phone: _____ Dentist Preference _____ Phone: _____

Hospital Preference: _____ Phone: _____ Other Medical: _____ Phone: _____

Sibling Information

Brothers/Sisters	Grade	School	Brothers/Sisters	Grade	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The above information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records or information is a violation of state law and may subject you to tuition cost for your child. I certify that the information given above is correct. I authorize the school to contact the person named on this form and the above named physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physician, or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgement for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.

Parent Signature _____ Date of Birth _____ Date _____

Krum Independent School District

Grade _____

Campus _____

Student Name _____

List school and district student is coming from (If student is under 11 years old, list all schools and districts he or she has attended.)

_____

_____

Please select whether or not the student EVER enrolled in the following special programs or received services in his/her previous school(s):

yes_____ no_____ GT

yes_____ no_____ Special Education

yes_____ no_____ Speech

yes_____ no_____ Bilingual/ESL

yes_____ no_____ 504 Program

yes_____ no_____ Dyslexia

yes_____ no_____ DAEP/JJAEP

yes_____ no_____ Alternative Program

yes_____ no_____ Foster Care (If yes, please provide form 2085 or letter of verification for pre-kindergarten)

yes_____ no_____ Was your child born outside of the United States AND have been enrolled in US schools 3 or less years?

Please indicate any other programs:

_____

_____

_____

Parent Signature and date

Student Name: _____   **District Name:** _____

Student ID#: _____   **Campus Name:** _____

HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215
(Home Language Survey only administered during **initial** enrollment in Texas public schools)

> **To be completed by Parent or Guardian for students enrolling in Prekindergarten* through grade 8 (or by students in grades 9-12).**
>
> ***** Prekindergarten includes any student enrolling in a 3- or 4-year-old school program.

Part One:

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:

> Please answer the questions below about the languages your child or family uses. If your responses indicate the use of a language other than English, the school will conduct a language proficiency assessment to determine how well your child communicates in English. This information will be used to determine any appropriate linguistic supports and inform instructional recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.
>
> This survey shall be kept in each student's permanent record folder. A copy of this survey shall follow the student while enrolled in any public or open enrolled charter school in Texas.

Part Two:

Please answer the questions to the best of your ability.

1. Which languages are used at home? _____

2. Which languages are used by the child at home? _____

3. If the child had a previous home setting, which languages were used? If there was no previous home setting, answer Not Applicable (N/A). _____

> ☐ **By checking this box, I understand a request to correct an error to this Home Language Survey can only happen if:**
>
> 1) my child <u>has not</u> yet been assessed for English proficiency; <u>and</u>
> 2) corrections are made within <u>two calendar weeks</u> of my child's enrollment date.

Note: Please contact your school about the benefits of bilingual education services. The following resources may also provide information on program services that foster bilingualism.
- Parent/ Guardian Rights
- Bilingual Education Program
- Program Information Videos

Please visit the Emergent Bilingual Support Portal (txel.org) for additional information.

Signature of Parent/Guardian _____ Date _____

Signature of Student if Grades 9-12 _____ Date _____

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

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

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

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

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

☐ **Hispanic/Latino -** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ **Not Hispanic/Latino**

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

☐ **American Indian or Alaska Native -** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

☐ **Asian -** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Black or African American -** A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander -** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **White -** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Student/Staff Name (please print)	(Parent/Guardian)/(Staff) Signature
Student/Staff Identification Number	Date

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.	
Ethnicity – choose only one: _____ Hispanic / Latino _____ Not Hispanic/Latino	Race – choose one or more: _____ American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White
Observer signature:	Campus and Date:

Texas Education Agency – March 2018

Krum Independent School District

To be in compliance with the Every Student Succeeds Act, the Texas Education Agency is federally mandated to identify school-age children in grades K-12 who are dependents of active duty or former members of the armed forces. Therefore, we are requesting you to fill out this form and return it to your child's school.

Your Name: _____

Student/Students of Krum ISD (please list all that attend KISD)

Student's Name   Student's Grade Level

_____   _____

_____   _____

_____   _____

_____   _____

Is your child/children military connected? (Please circle one)   YES   NO

If you answered 'YES' to the previous question, please select the option that best describes your service:

_____ I am currently an active duty military member of the United States and my child is my dependent.

_____ I am currently a member of the Texas National Guard (Army, Air Guard, or State Guard) and my child is my dependent

_____ I am currently a member of a reserve force in the United States Military and my child is my dependent.

_____ I am a former member of the United States Military, the Texas National Guard, or a reserve force in the United States Military and my child is my dependent

_____ I am the caregiver to a child whose parent was a member of the military or reserve force in the United States Military who was killed in the line of duty.

_____   _____

Signature   Date

Krum ISD

Notices Regarding Directory Information and Parent's Response Regarding Release of Student Information

FEDERAL EDUCATION RIGHTS AND PRIVACY ACT (FERPA) FORM

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 Krum Independent School District to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing by the tenth business day after enrollment."

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 with this form so that you can communicate your wishes about these issues.

For the following **school-sponsored purposes*** (all District publications and announcements), Krum Independent School District has designated the following information as directory information:

- Student's name
- Address
- Telephone listing
- Email address
- Photograph
- Date and place of birth
- Major field of study
- Degrees, honors, and awards received
- Dates of attendance
- Grade level
- Most recent educational institution previously attended
- Enrollment status
- Participation in officially recognized activities and sports
- Weight and height, if a member of an athletic team

For **all other purposes****, Krum Independent School District has designated the following information as directory information:

- Student's name

- Photograph
- Honors and awards received
- Grade level
- Enrollment status
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams

PLEASE <u>CHECK ONLY ONE</u> OF THE FOLLOWING THREE BOXES:

☐ I consent to the release of directory information for school-sponsored purposes only. *

☐ I consent to the release of directory information for all other purposes, including school-sponsored purposes. **

☐ I object to the release of all directory information. PLEASE NOTE: If you choose this option, your child's name or picture will not appear in the school yearbook, school website, sports programs, concert programs, commencement programs, or any media releases for awards or special recognition.

Student's Name: _____

Campus: _____ Grade: _____

Parent's Name: _____

Parent's Signature: _____Date: _____

<u>Parent's response regarding release of information to military recruiters and institutions of higher education:</u>

Federal law requires that the District release to military recruiters and institutions of higher education, upon request, the name, address, and phone number of secondary school students enrolled in the District, unless the parent or the eligible student directs the District not to release information to these types of requestors without prior written consent.

Parent: Please complete the following only if you <u>do not want</u> your child's information released to a military recruiter or an institution of higher education without your prior consent.

I, parent of _____ *(student's name)*, choose to object to the release of my child's name, address, and telephone number to a military recruiter or institution of higher education without my prior written consent.

Parent's signature:

_____

Date:

_____

Technology Responsible Use Policy

Our staff and students use technology to learn. Technology is essential to facilitate the creative problem solving, information fluency, and collaboration that we see in today's global economy. While we want our students to be active contributors in our connected world, we also want them to be safe, legal, and responsible. This Responsible Use Policy (RUP) supports our vision of technology use and upholds in our users a strong sense of digital citizenship. This policy applies to all Krum Independent School District (KISD) computer networks (including the resources made available by them), and all devices connected to those networks in accordance with Board policy **CQ(Local)**.

Responsible Use and Digital Citizenship

Respect Yourself: I will select online names that are appropriate, and I will be polite and use appropriate language/content in all online posts.

Protect Yourself: I will not publish personal details, contact details or a schedule of activities for myself or anyone else. I understand that unless otherwise authorized, I am the owner of my accounts, and I am responsible for all activity initiated by and/or performed under these accounts. I understand that it is my responsibility to appropriately secure my account credentials. I understand that I am responsible for maintaining and backing up all of my own data. If I am uncertain whether a specific computer activity is permitted or appropriate, I will ask a teacher/administrator before engaging in that activity.

Respect Others: I will not use technologies to bully or tease other people. I will not make audio or video recordings of students/employees without their prior permission. I understand that posing as someone else is forbidden and I will not pose as a user other than myself when online. I will be careful and aware when printing to avoid wasting resources and printing unnecessary items.

Protect Others: I will help maintain a safe computing environment by notifying appropriate campus officials of inappropriate behavior, vulnerabilities, risks, and breaches involving campus technology.

Respect Intellectual Property: I will suitably cite any and all use of websites, books, media, etc. I will respect all copyrights.

Protect Intellectual Property: I will request to use the software and media that others produce.

General Policies

- The purpose of a KISD user account is to access the KISD network and facilitate creativity and innovation. We use this network to support communication and collaboration. We use technology to extend research and information fluency, to collect and analyze data and to solve problems.
- Access is a privilege, not a right. Access entails responsibility, and inappropriate use may result in cancellation of those privileges.
- KISD user accounts are owned by the KISD; Consequently they are subject to the Open Records Act. All digital files associated with user accounts may be retrieved by KISD staff at any time without prior notice and without the permission of any user. The KISD reserves the right to monitor all accounts in order to maintain system integrity and to ensure responsible use.
- **Students/Staff should have no expectation of personal privacy in any matters stored in, created, received, or sent through the KISD computer network.** These are subject to review by the KISD at any time, with or without notice, with or without cause and without the permission of any student or parent/guardian.
- A content filtering solution is in place in order to prevent access to certain sites that may contain inappropriate material, including pornography, weapons, illegal drugs, gambling, and any other topics deemed to be of non-educational value by the KISD. The KISD is not responsible for the content accessed by users who connect via their own 4G type service (cellphones, air-cards, etc.).

Krum Independent School District
Technology Department
Responsible Use Policy (March 2018 Revision)

Government Laws

Technology is to be utilized in conformity with laws of the United States and the State of Texas. Violations include, but are not limited to, the following:

1. Criminal Acts – These include, but are not limited to:

- unauthorized tampering
- cyberstalking
- cyberbullying
- vandalism
- harassing email
- child pornography

2. Libel Laws - You may not publicly defame people through published material.

3. Copyright Violations - Copying, selling or distributing copyrighted material without the express written permission of the author or publisher (users should assume that all materials available on the Internet are protected by copyright), and/or engaging in plagiarism.

Bring Your Own Device

KISD is now allowing staff and students the option to Bring Your Own Device (BYOD). **Staff** may use a personal device in place of (or along with) their district assigned devices if they choose. **Secondary (6th-12th grade) students** may use a personal device in class for instructional use with teacher permission. **I understand that if my device is damaged or stolen while on KISD property I will not hold the KISD liable for the replacement or repair of my device. I understand that any data and/or SMS/MMS (texting) charges will not be reimbursed by the KISD.**

I understand that for my device to be compatible with the KISD BYOD initiative some software may need to be installed on the device. I understand that the KISD may provide accessories that can be installed and used with my personal device. These accessories will remain district property and will be maintained according to the currently established procedures in the KISD. At such time as I choose to leave the KISD, any of the KISD owned accessories will be returned prior to my last day, and I will be responsible for removing any licensed KISD software from my device(s). I understand that I will **only** have access to the guest wireless service that the KISD has provided. I understand that I will not have access to the wired network. I understand that my Internet will still be filtered by the KISD content filter when I am connected to the guest wireless service.

Other Third Party Accounts

In accordance with our District mission, goals and vision for technology our students may require accounts in third party systems. Many of these accounts are for school or for school related projects and have access outside of school with their parents' permission. The use of these accounts will help our students to master effective and proper online communications as required in the PreK-12 Technology Applications Standards. The District reserves the right to create and manage third party accounts (including but not limited to: Destiny, Renaissance, Discovery Education, Study Island, Learning.com, HMH, Pearson, Google's G Suite for Education, Stemscopes) for students. Parents may deny the District permission to create and manage third party accounts by sending written notice to their child's campus principal.

Consequences

I understand and will abide by this Responsible Use Policy. If I break this agreement, the consequences could include suspension of your accounts and network access. In addition you could face disciplinary/legal action including but not limited to: criminal prosecution and/or penalty under appropriate state and federal laws.

The following actions are not permitted and could result in the consequences outlined above:

- Users may not attempt to disable or bypass the KISD content filter.
- Users may not illegally access or manipulate the information of a private database/system such as gradebooks and other student information systems.

Krum Independent School District
Technology Department
Responsible Use Policy (March 2018 Revision)

- Users may not install unauthorized network access points, or other connections that may not effectively integrate with existing infrastructure.
- Users may not use their accounts for non-school related activities including but not limited to: "Using the Internet for financial gain, personal advertising, promotion, non-government related fundraising, or public relations " Political activity: lobbying for personal political purposes, or activities such as solicitation for religious purposes
- Users may not send, save, view, forward, or create harassing or offensive content/messages. Offensive material includes, but is not limited to, pornographic, obscene, or sexually explicit material, sexual comments, jokes or images that would violate school policies. The school policies against harassment and discrimination apply to the use of technology.

The Director of Technology and the campus Principal will deem what is considered to be inappropriate use of the KISD computer network. They may suspend an account or network access at any time. In addition, the administration, faculty, and staff of the KISD may request that a user's account be suspended or denied at any time.

Note: Please complete this form in its entirety.

This agreement/permission form shall remain in effect as long as a student is enrolled at Krum ISD, until a new policy becomes effective, or until a parent rescinds permission in writing. It will be rolled forward from one year to the next.

Student's Name: _____ Parent's Name: _____
Campus: _____ Grade: _____
Parent's Email Address: _____ Contact Number: _____

Student User Agreement

As a user of the Krum Independent School District, I hereby agree to use the network responsibly, to comply with the statements and expectations outlined in the Student Network/Internet Responsible Use Policy, and to honor all relevant laws, rules, and restrictions.

Student Signature: _____ **Date:** _____

Parental/Guardian Permission

I understand and consent to the responsibilities outlined in the District's Student Network/Internet Responsible Use Policy (2018 Revision). I also understand and agree that my child shall be held accountable for violations of this policy, and may be subject to disciplinary action in accordance with the Student Code of Conduct and other applicable District policies.

These permissions are granted for as long as this student is enrolled at Krum ISD, unless otherwise requested in writing. Permissions granted or denied on this form supersede and replace any permission granted or denied on previous revisions of this form. I understand that my child or my family may be held liable for violations of this policy. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of internet use-setting and conveying standards for my son or daughter to follow when selecting, sharing, or exploring information and media.

Parent Signature: _____ **Date:** _____

Krum Independent School District
Technology Department
Responsible Use Policy (March 2018 Revision)

Student's Name: _____
Campus: _____
Parent's E-mail Address: _____

Parent's Name: _____
Grade: _____
Contact Number: _____

KRUM ISD STUDENT RESIDENCY QUESTIONNAIRE

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 and other costs. Texas Education Code Section 25.002(3)(d).

All of the questions below refer to the student that is enrolling.

Today's Date (MM/DD/YYYY):		Campus:		Grade:	
Last Name:		First Name:		MI:	
Date of Birth:		Last District Attended:		Last School Attended:	

Name of Person with whom student resides:	
Address where student sleeps at night (street address, Apt.#, City, Zip):	
How long has the student been at this address?	
Main Phone Number:	
Other Phone Number:	

"X" all boxes below that best describe the student's situation, leave those blank that do not.

	1. **Student lives with one or both parents every day of the school year** (C192=3)
	2. **Student lives with a legal guardian every day of the school year** (C192=3) *(Note: A legal guardian is appointed by the court)*
	3. **Student does not live with a parent or guardian** (C192=4)

"X" all boxes below that best describe where the student sleeps at night, leave those blank that do not apply:

	In a home that the student's parent or legal guardian owns or rents (C189=0)
	Living with a friend or relative by choice or convenience (C189-0)
	In a place that does not have windows, doors, running water, heat, electricity, or is overcrowded (C189=3)
	Staying with a friend or relative because of loss of housing, economic hardship, or a similar reason (C189=2) *(Examples: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)*
	In a shelter (C189=5) *(Examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)*

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Revised March 9, 2018

	In an unsheltered location, such as: • a tent • a car or truck • a van • an abandoned building • on the streets • at a campground • in the park • in a bus or train station • other similar place (C189=3)
	In a hotel or motel because of loss of housing or economic hardship (C189=4) *(Examples: eviction, foreclosure, cannot get deposits for permanent home, flood, fire, hurricane)*
	In a transitional housing program (C189=5) *(Housing that is available as part of a program for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, governmental agency, or another organization)*
	The student does not sleep in any of the places described above. Tell below where the student does sleep: *(FOR DISTRICT INFORMATION ONLY: this option is uncoded for PEIMS. If a student selects this option, **the school must determine** which category above is appropriate for describing where the student sleeps at night. There is no code for OTHER—all students must fall into one of the five categories listed on Homeless-Status-Code Table C189)*
	The student sleeps here because of a natural disaster: Type of disaster:_____ Date the disaster took place:_____ Place disaster occurred: _____

Provide the following information for school-age siblings (brothers and/or sisters) of the student: .

Last Name	First Name	Brother or Sister	Stay at the same place (X)	Grade	School	District

List all other school-aged children that stay in the same place

Last Name	First Name	Grade	School	District

_____ _____

Signature of Person Providing Information   **Date**
Parent/Legal Guardian/Caregiver/Unaccompanied Student

For School Use Only
I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

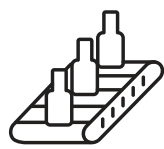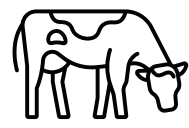_____   _____

McKinney-Vento Liaison Signature   **Date**

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Revised March 9,2018

2024-2025 Family Survey

Today's Date:_____ District:_____ Campus:_____ Grade:_____

Student Name: _____ Date of Birth: _____

The Family Survey will identify students who may qualify for additional educational services based on a family member working in a temporary location for agriculture. In the state of Texas, all districts must assist in identification.

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1. In the last three years, did you live/stay somewhere temporarily (for the weekend or longer) in order to work or look for work in AGRICULTURE? (Example: picking pecans or hauling hay)
   ☐ **No**   ☐ **Yes**

---

2. Have you performed any of the jobs listed below (**temporarily** or **seasonally**) within the U.S. and received payment for your services?
   ☐ **No**
   ☐ **Yes (Please check all that apply below.)**

☐ Working with fruit, vegetables, grain, peanuts, cotton, wheat, sugar beets, farms, ranches, fields, vineyards	☐ Working in a cannery, granary, or packing plant	☐ Working on a dairy, temporarily	☐ Baling and hauling hay
☐ Working in a slaughter house	☐ Working on a poultry farm or fishery	☐ Working in a plant nursery or orchard; growing or harvesting trees	☐ Building fence, farm/ranch welding, or other similar work, please explain: _____

Please complete below:

Parent 1/Guardian Name: _____ Parent 2/Guardian Name: _____

Home Address/Apt Name: _____
                         Street   City   Zip

Telephone Numbers:_____

Mailing Address: ☐ *(Check if same as home address)* _____
                                                      Street   City   Zip

The information provided below will be kept confidential.
For School Use Only: Please email <u>all</u> surveys to migrant@esc11.net.

<u>STUDENT HEALTH INFORMATION</u>
<u>2024-2025</u>

Student: _____Grade: _____ Date: _____

PHYSICIAN DIAGNOSED HEALTH CARE NEEDS

ADH**D**: _____   HEART_____

AUTISM: _____   MOBILITY: _____

ASTHMA: _____   SEIZURES: _____

DEPRESSION/ANXIETY: _____   URINARY: _____

DIABETES: _____   VISION: _____

HEARING: _____   OTHER: _____

MEDICATION ALLERGY: _____

REQUEST FOR FOOD ALLERGY INFORMATION

*(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 will satisfy this requirement. Addition information regarding food allergies, including maintaining records related to a **student's** food allergies, can be found at FD and FL.)* This form allows you to disclose whether your child 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 child'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 child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food.

Food:	Nature of allergic reaction to the food:

Parent/Guardian Signature: _____Date form returned: _____

2024-2025
ACKNOWLEDGMENT

Dear Parents/Guardians:

The Krum Independent School District provides the Student Handbook and Code of Conduct to you and your student in order to provide information about the general rules and guidelines for attending and receiving and education in our schools.

We urge you and your student to read this publication thoroughly and to discuss it with your family. If you have any questions about the information provided, we encourage you to ask for guidance from the student's teacher, school counselor, or campus administrator.

Also, you and your student have the option to receive the Student Handbook and Code of Conduct in electronic format or hard copy. To access the information online, go to www.krumisd.net and click on the "parent resources" tab and select "Documents and Policies." From there, click on "Document Library," located on the left-hand side of the web page.

Please indicate your choice by checking the appropriate box below:

☐ **I choose to receive the Student Code of Conduct and Student Handbook in electronic format and accept responsibility for accessing according to the instructions provided.**

☐ **I choose to receive a hard copy of the Student Code of Conduct and Student Handbook.**

You and your student should sign this page on the space provided below, and return the page to the student's school. Thank you for your cooperation.

Student's name (please print): _____

Student's Signature: _____

Parent/Guardian's Name (please print): _____

Parent/Guardian's Signature: _____

Name of Student's School: _____ Grade: _____

Bus Safety Rules and Regulations

If Rules Are Broken, Bus Privileges May Be Taken Away

1. Remain seated at all times.
2. Sit in assigned seats at the driver's discretion.
3. Nothing may be extended out the windows at any time.
4. Emergency doors may not be entered or exited except for emergency purposes.
5. No type of weapon, explosive, fireworks, sharp or pointed articles will be permitted.
6. No type of alcoholic beverage, controlled drug or substance will be permitted. No tobacco products will be permitted.
7. Student's MUST follow the driver's and monitor's instruction at all times.
8. Cursing, obscenities, harassment, and scuffling are forbidden.
9. Fighting is absolutely forbidden.
10. Students must not depart at unauthorized stops unless a school administrator grants approval.
11. No objects may be thrown from the bus windows.
12. **Bus arrival time may very 5 to 7 minutes. Drivers are not required to wait for students at the bus stop, or to sound the horn while students come out of their residence. Students must be at the stop before the bus arrives.**
13. KISD students and staff are the only authorized persons to board the bus.
14. No type of animal, bird or pet is permitted on the bus.
15. Students may not eat, drink, or litter while on the bus.
16. Students may be denied bus privileges and required to pay for any damage to any part of the bus, including the seats.
17. Cell phones may be used only with ear buds; no sharing or looking at other students phones. Cell phones will be taken up if the rule is not being followed.
18. No photos can be taken on the bus at any time.
19. Be respectful to other students.
20. **NO GUEST BUS RIDERS... NOTES WILL NOT BE ACCEPTED**

BUS ROUTE /CROSS TOWN
TRANSPORTATION REQUEST FORM
2024-2025
FILL OUT THIS FORM ONLY IF YOU LIVE ON A DESIGNATED BUS ROUTE OR
MORE THAN 2 MILES FROM ATTENDING CAMPUS

Bus Name_____   Driver _____

Student's Name:_____ Age:_____ Grade:_____ School:_____

Student's Name:_____ Age:_____ Grade:_____ School:_____

Student's Name:_____ Age:_____ Grade:_____ School:_____

Student's Name:_____ Age:_____ Grade:_____ School:_____

Home Address:_____

Parent's Name:_____

Home Phone:_____ Cell Phone:_____

Emergency Contact Person:_____ Emergency #:_____

***Employed by KRUM ISD (campus parent works at)*_____

**IMPORTANT BUS RULES TO REMEMBER IF
BREAKING ANY RULES BUS PRIVILEGES MAY BE PULLED**

- **Bus arrival time may very 5 to 7 minutes. Drivers are not required to wait for students at the bus stop, or to sound the horn while students come out of their residence. Students must be at the stop before the bus arrives.**

- When being picked up by the bus, remain standing in one spot. Wait for the bus come to a complete stop before entering the bus.   **NO PLAYING AROUND AT THE BUS STOP**
- When riding the bus remain sitting forward at all times, no switching seats.
- Follow directions from the bus driver or bus monitor at all times.
- No cell phone use or taking photos on the bus at any time.
- Cursing, obscenities, harassment and scuffling, fighting are forbidden.
- No objects thrown from the bus windows.
- Be respectful to other students.
- No tobacco products permitted.
- No weapon permitted. (knifes, explosive, sharp or pointed articles)

** Students cannot depart at any unauthorized stops unless a school administrator grants approval.

NO GUEST BUS RIDERS... NOTES WILL NOT BE ACCEPTED

Parent's Signature: _____ *Date:* _____

IMPORTANT INFORMATION

After printing, please bring the printed documents along with the following required items to the designated registration time and place for your child's campus.

Items to Bring (New Students):

☐ Registration forms

☐ Proof of Residency –
Acceptable forms include:
-Utility bill, most recent (electric, gas, or water)
Lease agreement
-Closing documents on a home
-Tax or mortgage statement on a home
Notarized letter stating that the family is living with a Krum ISD resident along with that resident's proof of residency.
Credit card & cell phone bills, & driver's license not accepted

☐ Immunization Records

☐ 2 forms of ID –

-If under age 11, one item **must be** the student's original birth certificate

Additional ID types accepted include:
-Driver's license
-Passport
-Report card from previous school
-Social Security card
-Military ID
-Hospital birth record
-Adoption records
-Shot records
-Foster Care form 2085.

Items to Bring (Returning Students):

☐ Registration forms

☐ Proof of Residency –

Acceptable forms include:
-Utility bill, most recent (electric, gas, or water)
Lease agreement
-Closing documents on a home
-Tax or mortgage statement on a home
Notarized letter stating that the family is living with a Krum ISD resident along with that resident's proof of residency.
Credit card & cell phone bills, & driver's license not accepted

Note: By default, only the required signature pages within this document will print. If you would like to print all pages for your own records, you must manually change the print settings during printing. In addition, please look at the OPTIONAL FORMS located at www.krumisd.net/. These optional forms print separately.