



SILSBEE INDEPENDENT SCHOOL DISTRICT



STUDENT ENROLLMENT FORM

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

STUDENT INFORMATION

Bus Car Walker Driver

 Last Generation First Middle Grade

_____/_____/_____
 Date of Birth Social Security # Male Female

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

 City and State of Birth Country of Birth

Physical Address: _____
 Street City Zip

Mailing Address: _____
 Street City Zip

Primary Phone _____ Brief directions to residence:
 Secondary Phone _____

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

PARENT/ LEGAL GUARDIAN 1 *PRIORITY* (receives ALL school messenger call-outs)

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

 Home/Mailing Address Email Address Employer Work Phone

GUARDIAN 2

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

 Home/Mailing Address Email Address Employer Work Phone

ADDITIONAL GUARDIANS

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

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

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

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

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

_____	_____
Name	Relationship
_____	_____
Name	Relationship

Office Use Only:	
Legal papers on file IF PARENT?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> N/A

SIBLING(S) IN SILSBEE ISD

1.	_____	_____	3.	_____	_____
	Name of Sibling in SISD	Grade		Name of Sibling in SISD	Grade
2.	_____	_____	4.	_____	_____
	Name of Sibling in SISD	Grade		Name of Sibling in SISD	Grade

EDUCATION HISTORY

Previous School District attended/Homeschool program _____
 Last date of attendance _____

Silsbee Independent School District

Special Program Instruction

Student Name _____ Grade _____

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

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

Parent/Guardian Signature

Date

Comments: _____

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

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

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

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

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

- Hispanic/Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino

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

- American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Student/Staff Name (please print)

(Parent/Guardian)/(Staff) Signature

Student/Staff Identification Number

Date

This space reserved for Local school observer- upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity- choose only one:

_____ Hispanic/Latino

_____ Not Hispanic/Latino

Race- choose one or more:

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

Observer Signature: _____ Campus and Date _____



Texas Education Agency

Commissioner Mike Morath

1701 North Congress Avenue • Austin, Texas 78701-1494 • 512 463-9734 • 512 436-9838 FAX • tea.texas.gov

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. What language(s) is/are used in the child's home most of the time? _____
2. What language(s) does the child use most of the time? _____
3. If the child had a previous home setting, what language(s) was/were used for communication in that home setting? If no, previous home setting, answer Not Applicable (N/A). _____

<p><input type="checkbox"/> By checking this box, I understand a request to correct an error to this Home Language Survey can only happen if:</p> <p>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.</p>
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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 _____



SILSBEE INDEPENDENT SCHOOL DISTRICT



STUDENT RESIDENCY QUESTIONNAIRE

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

STUDENT INFORMATION

Last _____ First _____ Middle _____ Grade _____

_____/_____/_____ Student ID #: _____

Date of Birth _____ Social Security # _____

Last School Attended: _____ Last District Attended: _____

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

- In a home that the student's parents or legal guardian owns or rents.
- Staying with a friend or relative because of loss of housing, economic hardship, or similar reason.
(Ex. Eviction, foreclosure, fire, flood, lost job, divorce, etc.)
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite.
- In a place that does not have windows, doors, running water, heat, electricity, or is overcrowded.
- In a shelter
- In a hotel or motel because of loss of housing or economic hardship.
- In a transitional housing program.
(Ex. Paid for by church, nonprofit organization, government agency, or another organization)

How long has the student been at this address? _____

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

Last Name	First Name	Lives at the same location?	Grade	School/District

Printed name of person providing information.

Date.

Signature of person providing information.

___ Parent ___ Legal Guardian ___ Caregiver ___ Student

UNACCOMPANIED YOUTH Status (Circle YES or NO)

YES	NO	1a. UNACCOMPANIED YOUTH (student is NOT in the PHYSICAL CUSTODY of a parent or legal guardian) NOTE: legal guardianship may ONLY be granted BY A COURT; students living on their own or with friends, or relatives who do not have legal guardianship are allowed to enroll in and attend school. The school cannot require proof of guardianship for enrollment or continued attendance.
YES	NO	1b. UNACCOMPANIED Self-Supporting Youth at risk for homelessness (student is NOT in PHYSICAL CUSTODY of a parent, legal guardian, and provides his/her own living expenses entirely on his/her own, and at risk of losing his/her housing.)

Student FOSTER CARE status (Circle YES or NO)

THE LEGISLATURE OF THE STATE OF TEXAS has enacted an amendment on SECTION 1 Section 7.029, Education Code to include the following:		
YES	NO	1. FOR ALL STUDENTS - Student is currently in the conservatorship of the Department of Family and Protective Services.
YES	NO	2. For PRE-KINDER STUDENTS ONLY – Pre-kindergarten student was previously in the conservatorship of the Department of Family Protective Services following an adversary hearing held as provided by Section 262.201, Family Code.
YES	NO	DFPS Form *2085 is Attached for documentation of school records (REQUIRED). *Any form in the 2085 series

Student MILITARY CONNECT Status (Circle YES or NO)

YES	NO	1. Student is a dependent of a member of the U.S. Military (Army, Navy, Air Force, Marine Corps, or Coast Guard) ON ACTIVE DUTY.
YES	NO	2. Student is a dependent of a member of the Texas National Guard (Army, Air Guard, or State Guard).
YES	NO	3. Student is a dependent of a member of a reserve force in the US Military (Army, Navy, Air Force, Marine Corps, or Coast Guard).
YES	NO	4. FOR PRE-KINDER STUDENTS ONLY : Student is a dependent of an: <ul style="list-style-type: none"> <input type="checkbox"/> 1- active duty uniformed member of the Army, Navy, Air Force, Marine corps, or Coast Guard, <input type="checkbox"/> 2- activated/mobilized uniformed member of the Texas National Guard (Army, Air Guard, or State Guard), or <input type="checkbox"/> 3- 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.
YES	NO	5. Student is a dependent of a former member in the U.S. Military, Texas National Guard, or Reserve Force in the U.S. Military.
YES	NO	6. Student is a dependent of a member of a military or reserve force in the U.S. Military who was killed in the line of duty.

I understand that making a false statement in this document or any other document for the purpose of school enrollment is a criminal offense under §37.10 of the Texas Penal Code and could subject me to imprisonment or fine. I further understand that enrollment of a child under false documents is a violation of §25.001 of the Texas Education Code and subjects me to liability for tuition or costs under Texas Law and will at a minimum result in my child being withdrawn from Silsbee ISD.

_____ ___Parent ___Legal Guardian ___Caregiver ___Student
Signature of person providing information.

Questions may be directed to: Renee Tijerina, State and Federal Programs/Homeless Liaison
 (BUS) 409/ 980-7800, ext. 7815
 renee.tijerina@silsbeeisd.org

**Silsbee ISD Socioeconomic
Information Form 24/25**

CONFIDENTIAL

Student Name _____ Student Grade _____ Student Date of Birth _____

School Name _____ Student ID _____

Silsbee ISD is required to collect and report the socioeconomic status of each student to the Texas Education Agency for purposes of the annual state accountability ratings and for federal reporting. Please note that this form is not sent to the Texas Education Agency and that the income levels indicated for your family are not reported to the Texas Education Agency. Only the Economic Disadvantaged status of each student as determined by the information provided is reported to the Texas Education Agency.

SECTION A

Do you receive Supplemental Nutrition Assistance (SNAP)? Yes No

Do you receive Temporary Assistance to Needy Families (TANF)? Yes No

If you answered YES on either of the above, skip SECTION B and continue to the SIGNATURE section.

SECTION B (Complete only if all answers in SECTION A are NO)

How many members are in the household (include all adults and children)? _____

TOTAL YEARLY INCOME BEFORE DEDUCTIONS OF **ALL** HOUSEHOLD MEMBERS (check one box below):
Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$0 – 27,861 | <input type="checkbox"/> \$57,721 – 67,673 | <input type="checkbox"/> \$97,533 – 107,485 | <input type="checkbox"/> \$137,345 – 147,297 |
| <input type="checkbox"/> \$27,862 – 37,814 | <input type="checkbox"/> \$67,674 – 77,626 | <input type="checkbox"/> \$107,486-117,438 | <input type="checkbox"/> \$147,298 – 157,250 |
| <input type="checkbox"/> \$37,815 – 47,767 | <input type="checkbox"/> \$77,627 – 87,579 | <input type="checkbox"/> \$117,439 – 127,391 | <input type="checkbox"/> \$157,251 – 167,203 |
| <input type="checkbox"/> \$47,768 – 57,720 | <input type="checkbox"/> \$87,580 – 97,532 | <input type="checkbox"/> \$127,392 – 137,344 | <input type="checkbox"/> \$167,204 and above |

compensation, unemployment and all other sources of income (**before any type of deductions**)

SIGNATURE Please check one of the following two boxes as appropriate.

In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA) no student shall be required, as part of any program funded in whole or in part by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent or legal guardian.

I certify that all the information on this form is true and that all income is reported. I understand the school will receive federal funds and will be rated for accountability based on the information I provide.

I choose not to provide this information. I understand that the school's disbursement of federal funds and accountability rating may be affected by my choice.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Migrant Family Survey









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

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

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

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

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

 Fruit, vegetables, sunflower, cotton, wheat, grain, on farms or ranches, fields & vineyards <input type="checkbox"/>	 Working in a cannery <input type="checkbox"/>	 Working on a dairy farm or ranch <input type="checkbox"/>	 <input type="checkbox"/> Working in a fishery <input type="checkbox"/>
 Working on a poultry farm <input type="checkbox"/>	 Working in a plant nursery, orchard, tree growing or harvesting <input type="checkbox"/>	 Working in a slaughterhouse <input type="checkbox"/>	 Other similar work, please explain: _____ _____

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

Please complete the following information: (Please print)

Name of Parent/Guardian:	Phone Number:
Address/City/State/Zip Code:	Email Address:



SILSBEE INDEPENDENT SCHOOL DISTRICT



Acknowledgement of Distribution of Student Handbook and Student Code of Conduct

Silsbee ISD will be offering the option to receive a paper copy or to access the electronic version of the Silsbee ISD Student/Parent Handbook, and the Student Code of Conduct for the 2024-2025 school year.

My child and I have been offered the option to receive a paper copy or to electronically access at www.silsbeeisd.org the Silsbee ISD Student/Parent Handbook, the Student Code of Conduct, and/or the Extracurricular Handbook for the 2024-2025 school year. We have chosen to:

- Receive a paper copy of the following:
 - The Silsbee ISD Student/Parent Handbook
 - The Student Code of Conduct

- Accept the responsibility for electronically accessing the following by visiting the website above:
 - The Silsbee ISD Student/Parent Handbook
 - The Student Code of Conduct

I understand the handbooks contain 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. Any questions regarding the Silsbee ISD Student/Parent Handbook or the Code of Conduct should be directed to the campus principal at (409) 980-7800. Any questions regarding the Extracurricular Handbook should be directed to the principal or athletic director at (409) 980-7877.

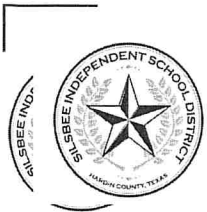
Printed name of student _____

Signature of student _____

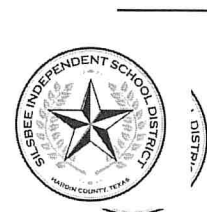
Printed name of parent/guardian _____

Signature of parent/guardian _____

Grade for 2024-2025 school year _____ Date _____



SILSBEE INDEPENDENT SCHOOL DISTRICT



Acknowledgements/Permissions

For questions regarding any of these acknowledgements/permissions, please refer to the Silsbee ISD Student/Parent Handbook or reach out to campus principal.

Parent's Response to Consent for Permission for Student's Participation in Surveys

My student has permission to participate in surveys conducted by Silsbee ISD

- Yes
- No

My student has permission to participate in surveys conducted by third parties

- Yes
- No

Corporal Punishment

The district has permission to administer Corporal Punishment to my student

- Yes
- No

Printed name of student _____

Signature of parent/guardian _____



Student/Parent Chromebook User Agreement

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

Student's Chromebook Usage

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

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

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

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

Student Name: _____ Grade: _____ Teacher: _____

Parent Signature: _____ Date: _____

Notice Concerning Privacy of Student and Directory Information

Multimedia Permission Form

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

Student Name: _____ Grade: _____ Teacher: (Pre-K-5) _____

Parent Signature: _____ Date: _____

_____ No, I do not want my child's photograph to be used for school or local media purposes.

_____ No, I do not want my child recorded via video for school or local media purposes.

_____ No, I do not want my child's name or school work published in a variety of media.

Silsbee Independent School District

415 Hwy 327 West, Silsbee, Texas 77656

409-980-7800

www.silsbeesd.org

Fax 409-980-7897

FOOD ALLERGY DISCLOSURE FORM

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

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

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your student is allergic or severely allergic, as well as the nature of your student's allergic reaction to the food.

Food:	Nature of allergic reaction to the food:

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

Student name: _____ Date of birth: _____ Grade: _____

Parent/Guardian name: _____

Phone (cell/home/work): _____ Phone (cell/home/work): _____

Parent/Guardian Signature: _____ Date: _____

Date form was received by the school: _____

Silsbee Independent School District Student Emergency Health Form

(PLEASE PRINT ALL INFORMATION)

ID# _____ Grade/Teacher _____

Bus # _____

Student's Full Name _____ Sex _____ Age _____ D.O.B. ____/____/____ Home Phone _____

Guardian #1 _____ Cell Phone _____ Employer _____ Phone _____

Guardian #2 _____ Cell Phone _____ Employer _____ Phone _____

Student lives with: Both Parents _____ Mother _____ Father _____ Grandparents _____ Other _____

Names and grades of brothers/sisters attending Silsbee ISD: _____

CURRENT HEALTH PROBLEMS: _____

CURRENT MEDICATIONS: _____

ALLERGIES (food, medication, environmental): _____

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

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

Other Explain: _____

Physician _____ Phone _____

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

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

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

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

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

DISTRICT MEDICATIONS: SEE STUDENT HANDBOOK

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

SIGNATURE OF PARENT OR GUARDIAN _____ **Date** _____



1

Silsbee I.S.D Transportation Request

Student's Name: _____

Student's ID #: _____

Campus (circle One) LRP , SES , SMS , SHS Grade _____

Home Address: _____

Alternate Addresses: (Eligible address, Family or certified Daycare, no friends)

1. _____

2. _____

Parent or Guardian Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contacts:

Name _____ Phone # _____

Name _____ Phone # _____

(Please fill out and return to bus driver or email to)

karen.stevens@silsbeeisd.org

tonnee.hawthorne@silsbeeisd.org

Students will not be able to ride without a form on file.

¹ BUS #

BUS P/U TIME

TRANSFER

BOYS AND GIRLS CLUB (OFFICE ONLY)