

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> <ul style="list-style-type: none">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 _____



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 _____
 _____ / _____ / _____ Date of Birth _____
 _____ - _____ - _____ Social Security # _____
 Student ID #: _____
 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.		
<p style="text-align: right;">_____ __Parent __Legal Guardian __Caregiver __Student</p> <p><i>Signature of person providing information.</i></p>		
<p>Questions may be directed to: Renee Tijerina, State and Federal Programs/Homeless Liaison (BUS) 409/ 980-7800, ext. 7815 renee.tijerina@silsbeeisd.org</p>		

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








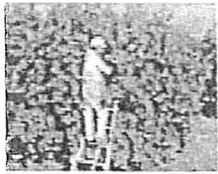
Date:	District: Silsbee ISD	Campus:
Student Name:	Date of Birth:	Grade Level:

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"/>	 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

415 Hwy 327 West, Silsbee, Texas 77656

409-980-7800

www.silsbeeisd.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** _____

SILSBEE ISD
FAMILY ACCESS AUTHORIZATION FORM

Please fill in the appropriate information below for each parent and/or guardian who would like to have a login and password assigned to them so they can view their student's Information, grades, and progress in Family Access. You will receive an email from Administrator@silsbeelsd.org with your login, password, and Family Access link.

Student's Full Name _____

Parent/Guardian Name _____

Relationship _____

Primary Phone # _____

Second Phone # _____

Physical Address _____

Email _____

Signature _____ Date _____

Parent/Guardian Name _____

Relationship _____

Primary Phone # _____

Second Phone # _____

Physical Address _____

Email _____

Signature _____ Date _____



SILSBEE INDEPENDENT SCHOOL DISTRICT

SILSBEE HIGH SCHOOL



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.

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

The district has permission to use the student information for specified school-sponsored purposes

- Yes
- No

The district has permission to release the information in response to a request unrelated to school-sponsored purposes

- Yes
- No

Parent's Response to the Release of Student Information to Military Recruiters and/or Institution of Higher Education

The district has permission to release my student's name, address, and telephone number to a military recruiter

- Yes
- No

The district has permission to release my student's name, address, and telephone number to an institute of higher education

- Yes
- No

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 _____



SILSBEE INDEPENDENT SCHOOL DISTRICT



SILSBEE HIGH SCHOOL

Multimedia Permission Form

Printed name of student _____

Parent Permission for Photographs

My student may be photographed for school and local media purposes

- Yes
 No

Parent Permission for Videos

My student may be videotaped for school or local media purposes

- Yes
 No

Parent Permissions for Publications

My student's work, including their name, may be published in a variety of media

- Yes
 No

Comments _____

As a parent/guardian of a student enrolled in Silsbee ISD, I have read the information about the appropriate use of computers at the school and I understand this agreement will be kept on file in the Technology Department. Any questions should be directed to the Student Technology Acceptable Use Policy at www.silsbeeisd.org or the campus principal for clarification.

I also understand that from time to time the school may wish to publish examples of student's projects, photographs of students (ex. Team, club, or classroom photographs), and other work on an internet accessible World Wide Web server.

Signature of parent/guardian _____ Date _____

As a user of the Silsbee ISD computer network, I agree to comply with the rules and to use the network in a constructive manner for educational purposes.

Signature of student _____ Date _____



SILSBEE INDEPENDENT SCHOOL DISTRICT SILSBEE HIGH SCHOOL



Chromebook User Agreement

Printed name of student _____

- Accept Silsbee ISD Chromebook (complete sections 1 & 3)
- Decline Silsbee ISD Chromebook, remote learners with personal device (completes sections 2 & 3)

Section 1. (Please initial each statement)

Fee required

____ District Safety Deposit- \$40 (This payment is required to receive a Silsbee ISD Chromebook and will be applied toward replacement cost if needed). Replacement cost: Chromebook \$345, Charging cord \$40, Protective case \$12

Acceptable Use Requirements

- ____ The chromebook and its accessories are the property of Silsbee ISD
- ____ The student MUST abide by the rules and regulations of the Student Technology Acceptable Use Policy
- ____ The student, with support of the parent/guardian, is responsible for the daily care and maintenance of the chromebook
- ____ The chromebook MUST be returned when the student withdraws or at the end of the school year, whichever comes first
- ____ All damages, loss, or theft of the chromebook must be reported to the campus representative as soon as an incident occurs
- ____ On campus students must have their chromebook charged and with them EVERY day for EVERY class

Move to Section 3.

Section 2. (Please initial each statement)

Personal Device Requirements for REMOTE LEARNING ONLY:

____ Personal device must be able to access all documents and applications, and edit any documents per the directions of the teacher.

Move to Section 3.

Section 3.

All students are responsible for appropriate behavior on the school's computer network regardless of device being used. General school rules for behavior and communication apply. The user is personally responsible for his/her actions in accessing and utilizing the school's computer resources.

By signing below, I acknowledge that I understand the responsibility of both the student and parent/guardian when using a school issued chromebook or logging in to the student's school accounts.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

For Office Use: Receipt date _____ Payment form _____ Received by _____

Silsbee Independent School District

Silsbee High School

DATE: _____

ATTENTION: Registrar or Records Clerk

RE: Student Records

DOB: _____ GRADE: _____

_____ is in the process of enrolling at Silsbee High School.
(Student name)

Please forward the following information:

_____ Complete transcript with credits earned

_____ Test Scores

_____ Current Grades

_____ Immunization Records

_____ Pertinent information to help place the student

_____ 504/Special Ed records

_____ Attendance/Discipline records

_____ Recent report card

_____ Home Language Survey

_____ Court or Legal Documents (ie, custody, name changes, assumption of responsibility, etc.)

SEND TO: Office of the Registrar
Silsbee High School
1575 Hwy 96 N
Silsbee, TX 77656

School Official

PLEASE NOTE: *Under the provisions of the Privacy Rights of Parents and Student Act, page 1213, Subpart D 99130 (B), it is not necessary to have the written consent of the parents to release records to officials of other schools or school systems in which the student intends to enroll.*



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)

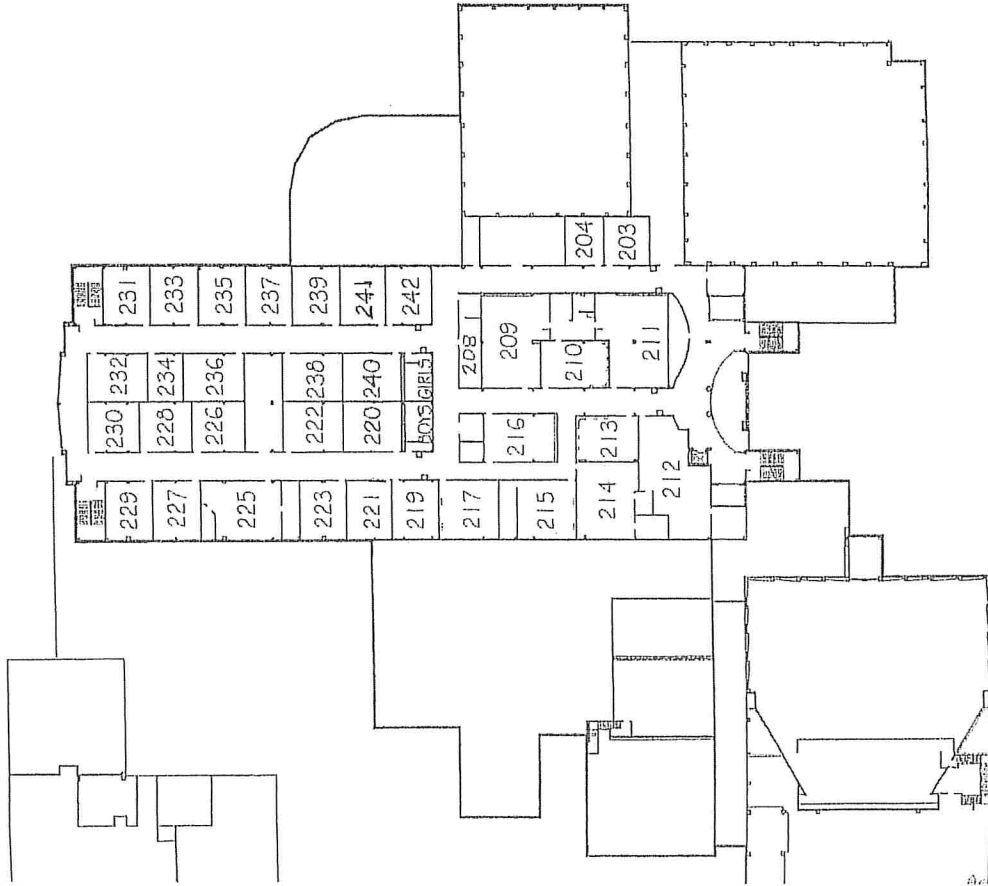
karen.stevens@silsbeeisd.org

tonnee.hawthorne@silsbeeisd.org

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

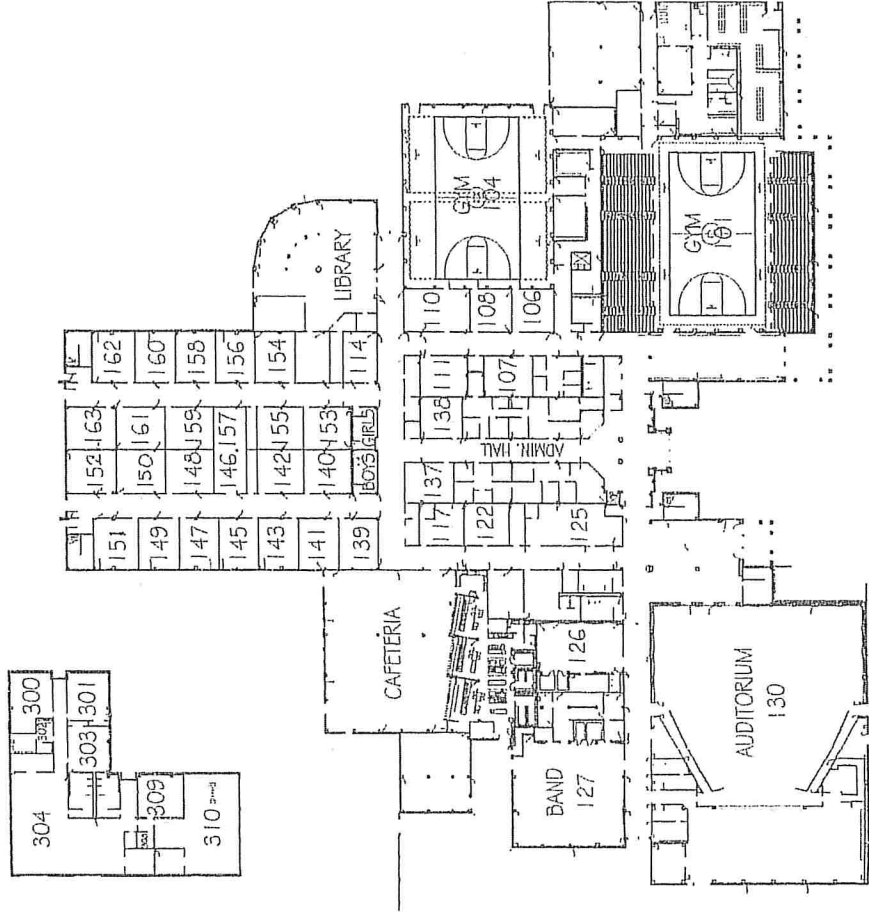
Silsbee High School

Second Floor

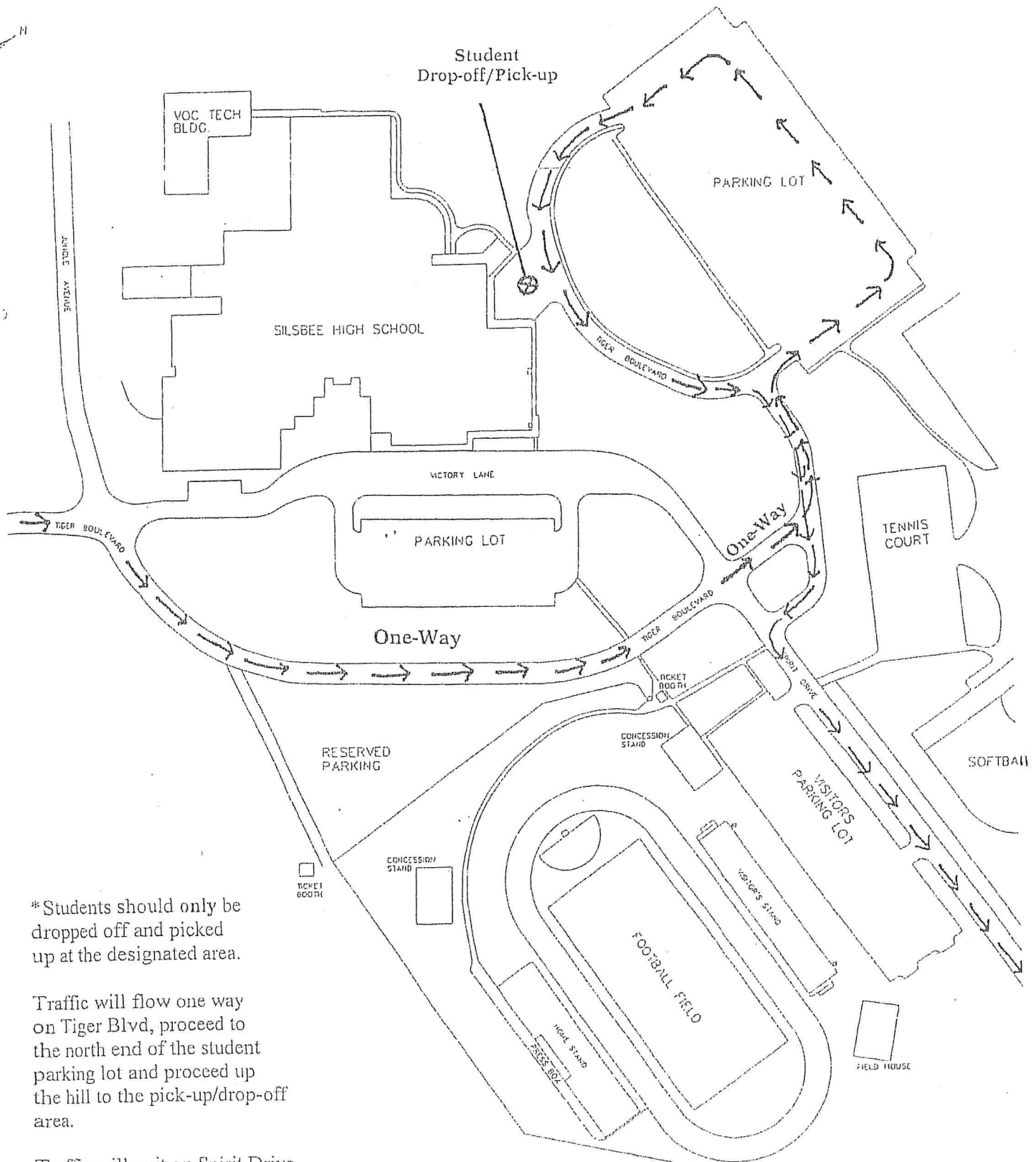


Silsbee High School

First Floor



Silsbee High School Traffic Pattern for Student Drop-off and Pick-Up



* Students should only be dropped off and picked up at the designated area.

Traffic will flow one way on Tiger Blvd, proceed to the north end of the student parking lot and proceed up the hill to the pick-up/drop-off area.

Traffic will exit on Spirit Drive toward 96 N (by-pass).