



Student Enrollment Form 2024-2025

School _____ Today's Date _____
Student I.D. _____ Grade _____

STUDENT INFORMATION

Name: First _____ Middle _____ Last _____ Gen _____
Student's name exactly as shown on Birth Certificate *Jr. / Sr. / II / III / IV / V*

Birth Date _____ - _____ - _____ Place of Birth (City, State) _____ Sex Male Female

Texas Public School Ethnicity and Race Data

Ethnicity(Circle one) **Race(Circle one or more)**

Hispanic/Latino *American Indian or Alaska Native*
Not Hispanic/Latino *Asian*
Black or African American
Native Hawaiian or Other Pacific Islander
White

Elementary nearest your residence

Circle one

115 Dunbar/Theron Jones *113 Wake Village*
105 Highland Park *117 Waggoner Creek*
109 Nash *108 Westlawn*
111 Spring Lake Park *019 Texas - Out of District*
255 Out of State

TISD Resident Yes No If No, District of Residence _____

All out of district residents must complete a transfer application.

Social Security Number _____ - _____ - _____

Has student ever attended a Texarkana ISD school? Yes No School _____ Grade _____

Previous School _____ City _____ State _____ Grade _____ Year _____

Previous School _____ City _____ State _____ Grade _____ Year _____

Previous School _____ City _____ State _____ Grade _____ Year _____

ENROLLING PARENT INFORMATION

Mother Step-Mother Guardian Name _____ Birth Date _____

Required by TEA

Residence Address _____

Street City State Zip +4

Mailing Address if different from above _____

Street City State Zip +4

Home Phone _____ Unlist Phone Work Phone _____ Cell Phone _____

Check if you do not want this phone number released May we contact you with text messages?

Employer _____ E-Mail _____

Father Step-Father Guardian Name _____ Birth Date _____

Required by TEA

Residence Address _____

Street City State Zip +4

Mailing Address if different from above _____

Street City State Zip +4

Home Phone _____ Unlist Phone Work Phone _____ Cell Phone _____

Check if you do not want this phone number released May we contact you with text messages?

Employer _____ E-Mail _____

With whom does the student live? Both Parents Mother Father Grandparent Other _____

Additional parent contact information may be added on the inside page.

Tiger 411 is a mass communication system used to deliver important announcements such as inclement weather alerts and school closure information. The enrolling parent's home phone number, email address, and, possibly, the cell phone will be used to receive these important announcements.

ADDITIONAL PARENT INFORMATION

Mother **Step-Mother** **Guardian** Name _____ Birth Date _____
Required by TEA

Residence Address _____
Street City State Zip +4

Mailing Address if different from above _____
Street City State Zip +4

Home Phone _____ Unlist Phone Work Phone _____ Cell Phone _____
Check if you do not want this phone number released

Employer _____ E-Mail _____

Father **Step-Father** **Guardian** Name _____ Birth Date _____
Required by TEA

Residence Address _____
Street City State Zip +4

Mailing Address if different from above _____
Street City State Zip +4

Home Phone _____ Unlist Phone Work Phone _____ Cell Phone _____
Check if you do not want this phone number released

Employer _____ E-Mail _____

EMERGENCY CONTACT INFORMATION

Other than parent or guardian

Name _____ Relationship to Student _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to Student _____

Home Phone _____ Work Phone _____ Cell Phone _____

BROTHERS/SISTERS ATTENDING TISD

Name _____ ID _____ School _____

Name _____ ID _____ School _____

Name _____ ID _____ School _____

TRANSPORTATION

Will your child need to ride a bus? Yes No (Transportation provided only if student meets eligibility requirements.)

ENROLLING PARENT SIGNATURE

Texarkana ISD is required to inform persons enrolling a student in this District that:

Presenting false information or false records for identification is a criminal offense under Penal Code 37.10 and that enrolling a child under false documents makes that person liable for tuition or other costs as provided below. *Education Code 25.001(d)*.

A person who knowingly falsifies information on a form required for a student's enrollment in the District is liable to the District if the student is not eligible for enrollment, but is enrolled on the basis of false information. For the period, during which the ineligible student is enrolled, the person is liable for the maximum tuition fee the District may charge or the amount the District has budgeted per student as maintenance and operation expense, whichever is greater. *Education Code 25.001(h)*.

Signature of Enrolling Parent/Guardian _____ **Date** _____

Enrolling Parent/Guardian Driver's License Number _____ **State** _____

Signature of Enrolling Student _____ **Date** _____

STUDENT HANDBOOK

Texarkana Independent School District

2024-2025 Student Handbook and Student Code of Conduct Acknowledgement

Dear Student and Parent:

As required by State law, the District has officially adopted the Student Handbook and the Student Code of Conduct in order to promote a safe and orderly learning environment for every student. These handbooks are available on TISD's website at <http://www.txkisd.net/for-parents>.

Please read these publications thoroughly and discuss them among your family. If you have any questions about the behaviors and consequences, ask the principal at Student's campus for an explanation. If you need a printed copy, please contact the school office at Student's campus and request a copy. The requesting parent or guardian may pick up the copy during regular office hours.

By signing this enrollment form, you acknowledge receiving information on accessing or obtaining copies of the TISD Student Handbook and Student Code of Conduct for the 2024-2025 school year, and that you understand that Student will be held accountable for his or her behavior and will be subject to the disciplinary consequences outlined in these publications.

- YES, Student and Parent / Guardian acknowledge that they have received information on how to access or how to obtain a copy of the TISD Student Handbook and Student Code of Conduct for the 2024-2025 school year, and that they understand that Student will be held accountable for his or her behavior and will be subject to the disciplinary consequences outlined in these publications.**

FAMILY WORKER SURVEY

Have you moved into the school district within the last 3 years? Yes (if yes, complete section A) No (if no, skip to section B)

A. Is your family employed in any agricultural activity such as the ones listed below?

If so, please check the appropriate activity below:

- | | | |
|---|---|---|
| <input type="checkbox"/> Production of crops | <input type="checkbox"/> Cutting hay for forage | <input type="checkbox"/> Chicken, egg, and poultry hatcheries |
| <input type="checkbox"/> Hauling and stacking hay | <input type="checkbox"/> Chicken processing | <input type="checkbox"/> Building and repairing fences |
| <input type="checkbox"/> Cutting and harvesting of trees | <input type="checkbox"/> Irrigating | <input type="checkbox"/> Beef cattle farming or feedlots |
| <input type="checkbox"/> Fish farming | <input type="checkbox"/> Hog farms or feed lots | <input type="checkbox"/> Dairy farming |
| <input type="checkbox"/> Herding, corralling, moving livestock from pasture or pen to pen | | |

B. If your family is employed in an agricultural activity not listed above, please list:

C. If your family is employed in an agricultural activity, is the employment? Temporary Permanent

MSRTS number if known _____

FEDERAL EMPLOYMENT SURVEY

Is the child's parent or guardian employed by one of the following?

- | | | |
|---|--|---|
| <input type="checkbox"/> Red River Army Depot | <input type="checkbox"/> Lone Star Army Ammunition Plant | <input type="checkbox"/> Federal Correctional Institution |
| <input type="checkbox"/> U.S. Post Office | <input type="checkbox"/> Armed Services: Branch _____ | |

Does the student live in federal housing? Yes No If so, where? _____

SPECIAL SERVICES INFORMATION

In order to adequately serve your child, it is necessary to request the following information to determine if special services will be needed. Please review the list and check any services that apply.

My child received the following services at his/her former school:

- | | | |
|--|---|--|
| <input type="checkbox"/> Mainstream | <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Related Service (i.e. OT, PT) |
| <input type="checkbox"/> Content Mastery | <input type="checkbox"/> Resource | <input type="checkbox"/> Self Contained Class |
| <input type="checkbox"/> Other, please specify _____ | | |

Section 504

- | | | |
|---|---|--|
| <input type="checkbox"/> Dyslexia Program | <input type="checkbox"/> Modifications in the classroom | <input type="checkbox"/> Other support program _____ |
|---|---|--|

Other

- | | |
|---|--|
| <input type="checkbox"/> Gifted and Talented Education | <input type="checkbox"/> English as a Second Language (ESL) or Bilingual Instruction |
| <input type="checkbox"/> My child received no special services at his/her previous school | |

Has your student ever been retained? Yes No If yes, what grade? _____

Is there any information which you feel might be useful to us and aid us in the placement of your child? _____

TEXT MESSAGING

During the school year, students may receive text messages from teachers and campus administrators. An example of a message is “Test on Friday – Mrs. Smith (Alg I), THS.” Messages will have an educational purpose. Please indicate whether your student may participate and student’s cell phone number. Normal text messaging rates will apply. TISD will not be responsible for any costs incurred for messages sent from TISD.

- YES, my student may receive text messages. NO, my student may not receive text messages

Student’s Cell Phone _____

FIELD TRIP PERMISSION

During the school year, students may take field trips. Parents will be notified prior to each field trip of the location, date, and approximate time of the trip. Transportation for school-sponsored field trips will be provided by the District.

Please indicate below whether or not Student has your permission to participate in school-sponsored field trips.

- YES, my student may participate in school-sponsored field trips. NO, my student may not participate.

RELEASE OF STUDENT INFORMATION

Regarding student records, federal law requires that ‘directory information’ on your child be released by the District to anyone who requests it unless you object in writing to the release of any or all of this information. This objection must be filed within ten (10) school days of the time this notice was given to the student. Directory information ordinarily includes the student’s name, address, telephone number, and date of birth. Information requested on high school students for scholarship purposes ordinarily includes participation in officially recognized activities and sports, weight and height of members of athletic teams, and awards and honors received in school. Please indicate whether or not you consent to release this information regarding Student.

- YES, information about Student may be released. NO, I object to release of Student’s directory information.

AUTHORIZATION AND RELEASE

Publications, Video, Internet Consent: On occasion, students are asked to participate in publicity, publications, or public relations activities for the District or for a particular school. To ensure student privacy and to confirm your agreement for participation, the District asks that you sign this form and return it to the school.

Agreement: Student and Parent/Guardian consent and give a nonexclusive license to Texarkana ISD to use the student’s name, voice, portraits, video or still image/picture, verbal statements, and student-created work including art, writing, photos, and videos (collectively referred to as the “publicity items”) for school or District promotion, publicity fund raising, instruction, public relations and public information. The nonexclusive license shall exist as long as the student’s “publicity items” are entitled to protection under the laws of the United States or the State of Texas. The student’s “publicity items” shall only be used by Texarkana ISD or its authorized designee, contractee, or licensee; and Texarkana ISD shall have the right to reproduce, publish, and distribute the student’s “publicity items” in any format or medium now known or later discovered, including without limitation any physical, broadcast, electronic, and Internet-based medium, and any future uses directly controlled by the District. Student and Parent/Guardian also understand and agree to the following:

- *TISD shall not pay, and Student and Parent/Guardian shall not receive, any money or other form of compensation for this agreement.
- *The license extended, and the consent provided, have been freely given without coercion or duress.
- *This agreement is binding upon heirs and/or future legal representatives; and
- *The photos, video or student statements may be used in subsequent years.

If the Student and Parent/Guardian wish to rescind this agreement they may do so at any time with written notice to the Public Information Department, TISD Administration Office, 4241 Summerhill Road, Texarkana, Texas 75503.

- YES, I do consent to this agreement. NO, I do not consent to this agreement.

Pursuant to Texas Education Code, Section 26.009(b)(2) TISD has no control of media use of pictures/statements which are taken without permission.

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____



Foster Care

The Texas Legislature requires that all Texas School Districts collect data regarding enrolled students who are in foster care (SB 833). If the following situation applies to your child, please complete below:

Foster Care:

1. Is this student currently in the conservatorship of the Department of Family and Protective Services?

(Please check) Yes No

Student's Name (please print) _____

Please attach a copy of the Texas DFPS Placement Authorization Form (Form 2085) or a court order that designates the student in foster care.

2. PK student only: Was your PK student previously in the conservatorship of the Department of Family and Protective Services following an adversary hearing held as provided by Section 262.201, Family Code?

(Please check) Yes No

Student's Name (please print) _____

Please attach a copy of the verification letter you received from the Texas DFPS and CPS.

Orfanato

La Legislatura de Texas requiere que todos los distritos escolares de Texas recogen datos relativos a estudiantes matriculados que están en hogares de guarda (SB 833). Si la siguiente situación se aplica a su hijo, por favor complete este formulario:

Orfanato:

1. ¿Es este estudiante actualmente bajo la tutela del Departamento de Familia y Servicios de Protección?

2.

(Por favor marque) Sí No

Nombre del estudiante (letra de imprenta) _____

Por favor adjunte una copia de la de Texas DFPS Colocación Formulario de Autorización (Formulario 2085) o una orden judicial que designa al estudiante en cuidado de crianza.

2. Sólo estudiante de PK: ¿Fue su estudiante de PK previamente en la tutela del Departamento de Familia y Servicios de Protección después de una audiencia celebrada adversario a lo dispuesto por la Sección 262.201, Código de Familia?

(Por favor marque) Sí No

Nombre del estudiante (letra de imprenta) _____

Por favor adjunte una copia de la carta de verificación que recibió del DFPS Texas y CPS.

TEXARKANA ISD

STUDENT MILITARY QUESTIONNAIRE

The Texas Education Agency is mandated by Texas State Law to collect data on military connected students enrolled in Texas public school each school year per Section 25.006 of the Texas Education Code.

Please mark one box and return this form to your campus as soon as possible.

Military – Is your student a dependent of an active military member? Please check one box below.

- Not a military-connected student
- Student in grade KG – 12 is a dependent of an active duty member of the United States military
- Student in grade KG – 12 is a dependent of a current member of the Texas National Guard (Army, Air Guard, or State Guard)
- Student in grade KG – 12 is a dependent of a current member of a reserve force in the United States military
- Pre-kindergarten student is:
 - 1) a dependent of an active duty member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who is ordered to active duty by proper authority, or
 - 2) is the child of a member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who was injured or killed while serving on active duty.

Note: A student remains eligible for enrollment if the child’s parent leaves the armed forces or is no longer on active duty after the child begins a prekindergarten class.
- Student in grade KG – 12 is a dependent of a former member of one of the following: the United States military, the Texas National Guard (Army, Air Guard, or State Guard), a reserve force in the United States military
- Student in grade KG – 12 was a dependent of a member of a military or reserve force in the United States military who was killed in the line of duty

Student Name (Please Print)

Campus

Parent Signature

Date



**TEXARKANA INDEPENDENT SCHOOL DISTRICT
HOME LANGUAGE SURVEY**

TO BE COMPLETED BY PARENT OR GUARDIAN (OR STUDENT IF GRADES 9-12):

The state of Texas requires that the following information be completed for each student that enrolls for the first time in Texas public schools. This survey shall be kept in each student's permanent record folder. *(19TAC Chapter 89, Subchapter BB §89.1215)*

NAME OF STUDENT: _____

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).

4. What language is your preference for all TISD mailings/phone calls? _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Student if Grades 9-12: _____ Date: _____



**Texarkana Independent School District
Texas Middle School
2100 College Drive
Texarkana, Texas 75503**

Parental Consent for Release of Student Records

By my signature I grant permission for the release of the following student records for:

_____, whom I certify to be my child or legal ward.
(Student's Name)

Birth date _____ Social Security No. _____ Grade _____

Previous School Name

Address Including City and State

Phone Number

Fax Number

Has student ever been retained? _____ If so, what grade(s) _____

Please fax, mail or email the following information:

- | | |
|--|-------------------------------------|
| ✓ Academic Records | ✓ Report Card and Withdrawal Grades |
| ✓ State Test Scores | ✓ Health and Immunization Records |
| ✓ Birth Certificate | ✓ Home Language Survey |
| ✓ Social Security Card | ✓ Discipline Records |
| ✓ Attendance Records | ✓ Withdrawal Form |
| ✓ Special Services (special education information, Speech, Gifted and Talented, 504) | |

6th Grade Students

Texas Middle School-6th Grade Center
Attn: Dawn Russ
2015 Kennedy Lane
Texarkana, Texas 75503
903-255-3300 Fax: 903-793-5770
dawn.russ@txkisd.net

7th and 8th Grade Students

Texas Middle School
Attn: Shawn Poole
2100 College Drive
Texarkana, Texas 75503
903-793-5631 Fax: 903-792-2935
shawn.poole@txkisd.net

According to the Final Regulations – Family Educational Rights and Privacy Act (Buckley Amendment), dated June 17, 1976, it is no longer necessary to obtain written consent to release records. It states that school officials, including teachers within the educational institution, and official of other school systems in which the student may intend to enroll, may receive a student's record without a written consent for such release.

Parent Signature

Parent Phone Number



TEXARKANA ISD

CHILD NUTRITION

Dear Parents and Guardians,

Our school is implementing a biometric ID management system in an effort to provide accurate student identification and improve efficiency and security for our students and their accounts. We are using this new ID management system because we are held accountable for students and the accuracy of their records. This technology will help us reduce the costs and time required in managing student ID while providing an easy, fast and accurate way to identify students. This system will also ensure that no one but your child can charge items to his/her account.

What is biometric identification?

Biometric identification is an automated method of identifying a person based upon physical or behavioral characteristics. Our school has selected the identiMetrics System because it is secure, accurate, cost-effective and non-intrusive. You can learn more about the system at www.identimetrics.net.

How does biometrics work?

We will be using finger scanning biometrics similar to your smartphone. Using a finger scanner, the software scans certain unique points on the finger to create and store individual templates that identify each student. When the student returns, the software again scans the finger and looks for a match in the database. When a match is found, the student is identified. This all happens in about a second.

What about the privacy of our students?

The software scans the finger for identification. It does not store a copy of the fingerprints. Instead, the software creates a template of the unique points on the finger. The template is converted to a unique number and is stored in the school's database with the same high level of security of all of our records. The templates are also protected by the Family Educational Rights and Privacy Act (FERPA). FERPA is the same Federal Law that protects all student records. When your child graduates or is no longer enrolled in the school system, the templates are deleted. At no time is a fingerprint image stored.

It is important to understand that we are not fingerprinting students. In addition, fingerprints cannot be recreated or delivered to any agency - governmental or otherwise.

Thanks for your attention!

It is important to us that your child's experiences in school are educational and rewarding. This new way of identifying our students is safe, easy, accurate, efficient and secure. If you have any questions or do not want your child to participate, please contact us at Christie.Lammers@txkisd.net.

Sincerely,

Christie Lammers MS, RDN, LD, SNS

Director of Child Nutrition

903.792.2231 Ext 1971

1600 WATERALL ST
TEXARKANA, TX 75501

903.792.2231
WWW.TXKISD.NET