

Please return the following documents to your student's school:

- ☐ Student Information Form
- ☐ Student Health History
- ☐ Student Residency Questionnaire
- ☐ Military Information
- ☐ Media Release
- ☐ Disclosure of Student Information
- ☐ Occupational Survey
- ☐ American Indian Eligibility
- ☐ Non-Emergency Communication Consent
- ☐ Student Code of Conduct
- ☐ Technology Resources Information (Informational Only)

Last Name		First Name		Middle Name	GEN
DOB	Gender	Grade	Student ID Number	School #	
/ /	☐ Male ☐ Female				

Address		Apt#	City	Zip Code	Phone #
Place of Birth	Prior School	Prior City / State			
☐ Check here if address, parent name, phone # MAY NOT be in the school or FWISD Directory					

Has the Student Ever:				Ethnicity		Race	
Attended A FWISD School?		Yes ☐	No ☐	Hispanic/Latino		Choose all that apply	
If So, School Name and Year				☐ Yes ☐ No		☐ American Indian or Alaskan Native ☐ Hawaiian or Other Pacific Islander ☐ Black or African American ☐ White ☐ Asian	
Name:		Year:					
Been Retained?		☐ Yes	☐ No				
If So, What Grade(s) and Year(s)		Grade(s)	Year(s)				
Will the Student Ride the School Bus?		☐ Yes	☐ No				
Been in Special Education?		☐ Yes	☐ No	☐ Currently			
Been Coded 504?		☐ Yes	☐ No	☐ Currently			
Been in the Gifted and Talented Program?		☐ Yes	☐ No	☐ Currently			
Been in a Bilingual/ESL Program?		☐ Yes	☐ No	☐ Currently			

Father/Guardian				Employer	
Address If Different From Above		City	State, Zip	Phone#	Cell/Alt #
Mother/Guardian				Employer	
Address If Different From Above		City	State, Zip	Phone#	Cell/Alt #

Are there any court orders or a restraining order? Y or N		If yes, explain:			
Student may be released to Father? Y or N		Student may be released to Mother? Y or N		Other?	
Is the student pregnant? Y or N		Is the student a parent? Y or N		Referred to Project Reach? Y or N	
Emergency Contact		Name	Phone	Relationship	
	1				
	2				

Other Household Members Name		Age	Grade	School Attending
Parent Email Address				
Student Email Address				
Medical Information			Medical Conditions/Current Medications	
Physician Name		Physician Phone #		
Hospital Name		Hospital Phone #		Allergies (including food/medication) Must specify type and reaction. Contact School Nurse
Insurance ☐ Yes ☐ No	ID/Policy #		Group #	Insurance Company Name

In the event emergency medical attention is needed, I give my full permission for transporting and/or any medical services to be rendered to my child by the attending emergency room physician(s) or sub-specialist(s).

Name of Person Enrolling Student		Residential Address
Date	Relationship To Student	Signature of Enroller
/ /		

LEGAL NOTICE: According to penal code 37.10, a person commits an offense if he knowingly makes a false entry in, or false alteration of a government record. This is a Class A misdemeanor. A person who knowingly falsifies information on this form is liable to the district if the student is not eligible for enrollment. The person is liable for the maximum tuition charged by the district for out of district students during the period in which the student is enrolled.

For School Use Only	Birth Certificate		Social Security Card	Immunization Records	Proof of Residence	Copy of DL	Home Loc
Please Initial	Entry	Withdraw	Room #	HR Teacher	Bus Route#	Bus Stop	YR of GRAD
All That Apply							

Student Name: _____ **Date of Birth:** _____
(Last) (First) (Middle)

Grade: _____ **Gender:** _____ **Student ID #:** _____ **Homeroom Teacher:** _____

FWISD would like your child to gain the most from his/her school experience. In order for us to assist in accomplishing this, it is necessary to have a current health history. Please contact the school nurse if you have any health related question(s).

Parent/Guardian: _____

Home Phone Number: _____ Work Phone Number: _____ Cell Phone: _____

Primary Physician: _____ Physician Phone Number: _____ Date of Last Exam: _____

Specialist: _____ Specialist Phone Number: _____

Allergies:

List Type of Food(s): _____

List Type of Medication(s): _____

Life Threatening Yes ☐ No ☐

EpiPen Prescribed Yes ☐ No ☐

Please indicate with a check (✓) if your child has experienced any of the following conditions:

Conditions:	Past	Present	Please Explain:
ADD/ADHD			
Asthma			Inhaler Yes ☐ No ☐ Nebulizer Yes ☐ No ☐
Chicken Pox			Date of Disease: _____
Depression			
Diabetes			Type 1 ☐ Type 2 ☐
Eczema			
Headaches			Type: _____
Heart Condition			
Nausea/Vomiting			
GI/Stomach			
Learning Problems			
Mood Disorder/Behavior			
Nosebleeds			
Other Condition(s)			
Seasonal Allergies			
Seizures/Convulsions			Date of Last Seizure: _____ Type of Seizure: _____
Sickle Cell Anemia			
Urinary/Bowel			

Please Circle Yes or No

Vision Problem:	Glasses	YES	NO	Currently wears	YES	NO	Has worn in past	YES	NO
	Contacts	YES	NO	Currently wears	YES	NO	Has worn in past	YES	NO
Hearing Loss:	Right Ear	YES	NO	Hearing Aid	YES	NO	Frequent Ear Infections	YES	NO
	Left Ear	YES	NO	Ear Tubes	YES	NO	Please Explain:		

Is your child currently taking any medication(s)?	YES	NO	List Medication(s) and Reason:
Has he/she ever taken any other medications in the past on a routine basis?	YES	NO	List Medication(s) and Reason:
Did your child experience any problems at birth?	YES	NO	Please Explain:
Has your child ever been hospitalized for any reason?	YES	NO	Please Explain:
Is there anything more about your child's health that you think is important for us to know?	YES	NO	Please Explain:
Would you like to discuss your child's health with a School Nurse?	YES	NO	Please Explain:

Confidential Protected Health Information: This document contains or requests "protected health information" within the meaning of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Federal law prohibits wrongful use, access or disclosure of protected health information other than as allowed under HIPAA. Wrongful access, use, or disclosure of this information may expose violators to civil and criminal liability under Federal law, as other civil remedies under state law.

Parent/Guardian Signature: _____ Date: _____

O.P.E.N. DOORS – STUDENT SUPPORT SERVICES

The information on this form is required to meet the law known as the McKinney-Vento Act 42 D.S.C. 1134a(2), which is also known as Title X, part C of the No Child Left Behind Act. The answers you give will help the school determine the services the student is eligible to receive. Presenting a false record or falsifying records is an offense under Section 37.10, Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec.25.002(3)(d).

Student's Name _____ Student's ID # _____

Enrolling School _____ Student's Date of Birth _____ Grade ____ Gender: M F

1. Is the student's current address a temporary living arrangement? Yes ____ No ____
2. If "yes," is the temporary living arrangement due to any of the following: loss of housing, economic hardship, domestic violence, unhealthy living conditions, parent/legal guardian deployed, parent/legal guardian incarcerated, other emergency circumstance? Yes ____ No ____

IF YOU ANSWERED "YES" TO BOTH QUESTIONS, PLEASE COMPLETE FORM. IF NOT, PLEASE STOP HERE.

3. Where is the student currently living? **CHECK ONLY ONE:**
☐ Emergency shelter
☐ Transitional housing (housing available only for a certain length of time and partly or completely paid for by a church, nonprofit, or other entity)
☐ Hotel or motel (due to economic hardship or emergency situation)
☐ In the home of friends or relatives due to any of the reasons listed in Question 2
☐ Unsheltered (car, park, campground, street, abandoned building or substandard housing)
4. **How long has the student lived at the current address?** _____ **(Response required)**
5. Is a parent or legal guardian living with the student? Yes ____ No ____
6. Name of Parent, Legal Guardian, or Caregiver _____ Phone _____
7. Student's Address _____
 _____ Street _____ City _____ Zip _____
8. Has the student been placed in Texas Department of Family and Protective Services kinship care, volunteer care, or Foster care? Yes ____ No ____ (If "yes," present the copy of the Texas DFPS Placement Authorization Form #2085)
9. Please list any siblings at other FWISD schools:
 Name _____ School _____
 Name _____ School _____
 Name _____ School _____
10. Please list any siblings (name and age) that are not enrolled in school: _____

Signature of parent, legal guardian, caregiver, or unaccompanied student _____ Date _____

PLEASE RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL

IMPORTANT!! SCHOOL PERSONNEL: Please fax/scan only the forms where **BOTH Questions 1 and 2 are checked "Yes" to 817.814.2874.** Send all other SRQ forms promptly through District mail to **O.P.E.N. Doors, Suite SW210.** Please Do Not mail Military Child forms to this office.

Thank you!

FOR O.P.E.N. DOORS USE ONLY

Unaccompanied Student (i.e., is not in the physical custody of a parent or legal guardian)

Received services under McKinney-Vento program at any time during the current school year: Yes ____ No ____

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

McKinney-Vento Liaison _____ Date _____



List All Dependent Students on One Document

If you have children attending more than one school, please fill out a form for each campus

_____ Last	_____ Middle	_____ First	_____ DOB	_____ School Name
_____ Last	_____ Middle	_____ First	_____ DOB	_____ School Name
_____ Last	_____ Middle	_____ First	_____ DOB	_____ School Name
_____ Last	_____ Middle	_____ First	_____ DOB	_____ School Name

Texas Law requires schools to identify all military connected students in order to recognize and support these students during times of academic or emotional transitions associated with military connectedness.

For all students:

*Please check boxes below to indicate if your child(ren) is a **dependent** of a member of:*

- ☐ Not a military connected student
- ☐ Active Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard [This includes Missing in Action (MIA)]
- ☐ Texas National Guard
- ☐ Reserve Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard
- ☐ Parent/Guardian Currently Deployed

For Pre-Kindergarten students ONLY:

- ☐ Pre-kindergarten student is a dependent of parent who is 1) active duty Army, Navy, Air Force, Marine Corps, or Coast Guard; 2) activated member of the Texas National Guard; 3) activated Reservist; or 4) injured or killed while serving on active duty.

Printed Name of Parent/Guardian

Date

Parent/Guardian Signature

School Personnel Only: *Please fax/scan all forms of **military connected students** to Guidance and Counseling at 817-814-2905.*

Student Name: _____ **School Name:** _____

Release and Waiver

In exchange for valuable consideration, the receipt of which is hereby acknowledged, I understand that by my signature below, I agree to the following:

- The Fort Worth Independent School District and/or its assigns, licensees or legal representatives ("FWISD") may take photographs, pictures, videos and other recordings ("Recordings") of my minor child, identified below, for any lawful purpose. Such Recordings, whether created in the past or future, may be, without further notice to me, reproduced, altered, copyrighted, broadcast, telecast, cablecast, published, used in trade or used in district materials (including the website) by FWISD. Without limitation, such use may be for sale and distribution to school employees, the public, other school districts and/or other persons or entities worldwide.
- I waive the right to inspect or approve any of the Recordings or any matter that may be used in conjunction with them now or in the future, whether known or unknown to me.
- I waive the right to any royalties or other compensation arising from or related to any use by FWISD of the Recordings.
- I shall hold harmless FWISD from any claims or causes of action directly or indirectly related to the creation or use of the Recordings for any lawful purpose.
- I hereby waive and release all monetary or other claims that might arise as a result of any lawful use of the Recordings.

☐ I certify that I am 18 years of age or older and am competent to sign this release and waiver. I have read this release and waiver and am fully familiar with its contents. Further, I certify that I am the parent or legal guardian of the minor mentioned below and that I am authorized to execute this release and waiver on behalf of the below minor.

Or,

☐ I **do not give** the district permission to release **Media Information**.

Printed Name of Parent/Guardian

Date

Address

Telephone #

Parent/Guardian Signature

Student Name: _____ **School Name:** _____

Directory Information

The law permits the district to designate certain personal information about students as “directory information.” This “directory information” will be released to anyone who follows procedures for requesting it. However, release of a student’s directory information may be prevented by the parent or an eligible student. This objection must be made in writing to the principal within ten school days of your child’s first day of instruction for this school year.

The District has designated the following categories of information as directory information: student name; address; telephone listing; electronic mail 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 attended; participation in officially recognized activities and sports; and weight and height of members of athletic teams.

Release of Student Information to Military Recruiters and Institutions of Higher Education

The district is required by federal law to comply with a request by a military recruiter or an institution of higher education for students’ names, addresses, and telephone listings, unless parents have advised the district not to release their child’s information without prior written consent.

Parent/Guardian, please circle one of the choices below:

I **(do give)** **(do not give)** the district permission to release the **Directory Information**.

I **(do give)** **(do not give)** the district permission to release the **Directory Information** to a **Military Recruiter or Institutions of Higher Education**.

Parent/Guardian Signature: _____ Date: _____



Student Name: _____ **Grade:** _____ **Date of Birth:** _____

Your Children May Be Eligible for Extra Services

Within the past **three (3)** years has your child(ren) traveled or moved alone, with a parent, relative, guardian, or a spouse so that a family member could look for or do **temporary or seasonal agricultural work or employment**? **Yes** _____ **No** _____

Parent/Guardian Signature: _____ Date: _____

If No, please stop here and hand this survey back to your school district.

If **YES**, please (✓) the type of employment and complete the following contact information below.

- ___a. Farming
 ___b. Ranching
 ___c. Fencing
 ___d. Dairying
 ___e. Fishing
 ___f. Picking fruit or vegetables
 ___g. Cotton farming/ginning
 ___h. Combining/harvesting grain
 ___i. Driving tractors, machinery
 ___j. Tree growing or harvesting
 ___k. Food processing in plants
 ___l. Plant nursery
 ___m. Poultry production
 ___n. Clearing land
 ___o. Picking pecans, etc
 ___p. Bailing hay
 ___q. Other similar work

Contact Information

Name of Child(ren):_____

Father/Guardian: _____ **Mother/Guardian:** _____

Home Address: _____
Street
City
State
ZIP

Home Phone: (____) _____ **Other Phone:** (____) _____

For further information contact:

Student Placement Center
999 N. University Dr.
Fort Worth, TX. 76114
817-740-5520

School personnel: If Yes, or (✓) is marked above, please send a copy of form to Student Placement Center within two (2) days of completion. Also, file a copy of this form in the student's permanent file.

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribes or bands) of an Indian tribes or bands, including those Indian tribes or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

_____ Federally Recognized, _____ State _____ Organized Indian Group
Including Alaska Native _____ Recognized _____ Terminated meeting #5 of the
definition above

Name of individual with tribal membership: _____

Individual named is (check one): _____ Child _____ Child's Parent _____ Child's Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) _____ **OR**

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band, or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ **DATE** _____

Mailing Address _____ **Telephone** _____

Email Address _____

For further information contact:

American Indian Education Program
100 N. University Dr. Ste. SW 210
Fort Worth, TX. 76107
T: 817-814-2879 F: 817-814-2874

School personnel: If Yes, or (✓) is marked above, please send a copy of form to American Indian Education Program within two (2) days of completion. Also, file a copy of this form in the student's permanent file.



School Name: _____

Student Name: _____ Date of Birth: _____
(Last) (First) (Middle)

Grade: _____ Gender: _____ Student ID #: _____ Homeroom Teacher: _____

Non-Emergency Messaging

Fort Worth ISD (the “District”) is proud to collaborate with Parent Link to create an innovative approach to K-12 community engagement intended to provide parents with the latest information (non-emergency messages) to improve student success in the classroom. ParentLink helps educators improve parental outreach efforts and enjoy the benefits of increased student achievement. Parents may download the ParentLink app to obtain grades, assignments, and attendance, get the news and information that they care about, and view and add contact information. ParentLink offers an easy to use interface, and in a few simple steps, messages can be sent via web portal, phone calls, emails, and SMS text messages. Service charges may be assessed by your mobile service provider for text messages received via ParentLink.

Express Consent

To receive the latest information through the ParentLink messaging system, the District is required to obtain your express consent. Please check YES for each method listed below in which the District may contact you by using the ParentLink messaging system, or select NO to opt out. An opt-out option will be made available to you if you wish to revoke your consent at a later date.

Parent/Guardian Name (please print):			
	Yes	No	
Call my house			Number:
Call my cell phone			Number:
Send me a text message			Number:
Send me an email			Email Address:

My signature below certifies that I understand that my service provider may charge me for any text messages sent to my phone, if I choose Yes to “send me a text message” option. **I also understand that I am to notify my child’s school if any of the contact information changes.**

Parent/Guardian: _____ Signature: Date: _____

* * * * *

Parent/Guardian Name (please print):			
	Yes	No	
Call my house			Number:
Call my cell phone			Number:
Send me a text message			Number:
Send me an email			Email Address:

My signature below certifies that I understand that my service provider may charge me for any text messages sent to my phone, if I choose Yes to “send me a text message” option. **I also understand that I am to notify my child’s school if any of the contact information changes.**

Parent/Guardian: _____ Signature: Date: _____

Please make copies or contact your campus if you need additional forms.

Student Name: _____ **School Name:** _____

I and my son/daughter have received, read and acknowledge the Fort Worth Independent School District's Student Code of Conduct for the 2016-2017 school year. I have discussed with my son/daughter that he/she will be subject to school discipline, as appropriate, and to prosecution if found to have committed a criminal act. Failure to sign and return this statement does not reduce the parent's and/or student's responsibility to abide by the Student Code of Conduct, nor the District's authority in the administration of these policies.

Additionally, any student who desires to participate in any school sponsored activity (football/band/cheerleading, etc.) or attend any school sponsored activity must have a signed receipt on file.

We have chosen to:

☐ I would prefer to receive a paper copy of the Student Code of Conduct

☐ I accept responsibility for accessing the Student Code of Conduct on the District's Web site
(<http://www.fwisd.org> select the Parents tab and the 16-17 SY Student Code of Conduct is listed under General Information)

Yo y mi hijo/hija hemos recibido, leído y entendido el Código de Conducta Estudiantil del Distrito Escolar Independiente de Fort Worth para el año escolar 2016-2017. He conversado con mi hijo/hija sobre el hecho de que él/ella será disciplinado/a tal como sea apropiado y será procesado/a si se le prueba que ha cometido un acto criminal. El incumplimiento de firmar y devolver este comprobante de recibo no reduce la responsabilidad de los padres y/o estudiante de seguir y comportarse de acuerdo con el Código de Conducta Estudiantil, ni le quita al Distrito la autoridad de administrar estas regulaciones.

Adicionalmente, cualquier estudiante que desee participar en alguna actividad patrocinada por la escuela (futbol/ banda, porrista, etc.) o asista cualquier actividad patrocinada por la escuela debe tener una copia de este acuerdo de recibo en archivo.

Hemos seleccionado:

☐ Yo prefiero recibir una copia escrita del Código de Conducta Estudiantil

☐ Yo acepto la responsabilidad de conseguir acceso al Código de Conducta Estudiantil en la página web del Distrito en la siguiente dirección (<http://www.fwisd.org> seleccione la sección de Padres en el año escolar 16-17 Codigo de Conducta Estudiantil que está localizado bajo Información General)

Date/Fecha: _____

Student Name/Nombre del Estudiante: _____
Please Print/ Favor de usar letra de molde

Student Signature/Firma del Estudiante: _____

Parent/Guardian Name/Nombre del Padre/Tutor: _____
Please Print/ Favor de usar letra de molde

Parent/Guardian Signature/Firma del Padre/Tutor: _____

Informational Only – please retain for your records

Your child has an opportunity to be given access to the District's technology resources, meaning electronic communication systems and electronic equipment. Inappropriate use of the District's technology resources may result in suspension or revocation of the privilege to use these educational tools, as well as other disciplinary or legal action, in accordance with the Student Code of Conduct and applicable laws. (<http://www.fwisd.org> select the Parents tab, the 16-17 SY Student Code of Conduct is listed under Technology Resources)

As a user of the District's technology resources, your student will be able to access:

- ★ An unlimited number of databases, libraries, and resources.
- ★ The Internet, Intranet and other electronic information systems/networks, which can be used to communicate with schools, colleges, organizations, and individuals around the world.
- ★ Shared electronic equipment, which may have stored temporary Internet and electronic files of other users.

Please note that the Internet is a network of many types of communication and information networks. It is possible your child may run across areas of adult content and some material you might find objectionable. While the District will use filtering technology to restrict access to such material, it is not possible to absolutely prevent such access. It will be the responsibility of the student to follow the rules for appropriate use. If a District technology device is issued, additional materials addressing the proper use, care, and return of these devices will be provided.

The Texas Education Agency mandates students learn to use technology as early as kindergarten. According to Texas Education Code 4.002: *Technology will be implemented and used to increase the effectiveness of student learning, instructional management, staff development, and administration.*

The Internet may be accessed by a student unless the student's parent or guardian has filed a written request with the building principal. This request, indicating that the internet should not be accessed must be filed annually with the building principal.



Prior School Experience | 16-17 SY

Student Name: _____ School Name: _____

Student ID: _____ Date of Birth: _____

In an attempt to meet the needs of our collaborating agencies, the District is collecting data regarding the educational experience/background of students who are enrolling in Pre-Kindergarten.

Please mark your child's prior school experience.

Experience Descriptions:

- ☐ **Head Start-** Student attended a Head Start program either in FWISD or an approved childcare facility, such as community daycares labeled CDC
- ☐ **Private Pre-School Child Care-** Student attended a pre-school or child care facility, such as Children's Courtyard or La Petite
- ☐ **Family or Home-based Daycare-** Student was in a home-setting daycare
- ☐ **Pre-K-** Student attended a PK program in a school district, such as FWISD, Arlington ISD, etc.
- ☐ **Parents as Teachers Program-** Student and parents participated in the FWISD Parents as Teachers program - at any time birth- age 5
- ☐ **No Formal Pre-school-** Student did not attend any organized pre-school

Printed Name of Parent/Guardian

Date

Parent/Guardian Signature