

HILLSBORO ISD

Registration Form
School Year 2024-2025

ID #: _____

SPECIAL ED: _____ yes _____ no

FIRST MIDDLE LAST GEN

GRADE: _____

AGE SEPT 1: _____

Street Address: _____ Mailing Address: _____

ENTRY DATE: _____

City/State/Zip: _____ City/State/Zip: _____

BIRTHDATE: _____

Home Phone: _____

BIRTHPLACE: _____

Parent/Guardian _____

SEX: _____

Email Address: _____

SSN#: _____

*According to Texas State Law [Court Order Section 25.002(f) as amended 2001], a school district is required to record the **name, address and date of birth** of the person enrolling a child.*

1st Parent/Guardian: _____ **2nd Parent/Guardian:** _____

Relation: _____ Date of Birth: _____ Relation: _____ Date of Birth: _____

Address: _____ Address: _____

City/St/Zip: _____ City/St/Zip: _____

Home Phone: _____ Home Phone: _____

Employment: _____ Employment: _____

Work phone: _____ Work phone: _____

Cell phone: _____ Cell phone: _____

Do you have Placement Authorization Form 2085 authorizing you as the child's caregiver? ____yes ____no

Emergency Contact 1: _____ Relation: _____ Home Phone: _____ Work Phone: _____

Emergency Contact 2: _____ Relation: _____ Home Phone: _____ Work Phone: _____

Emergency Contact 3: _____ Relation: _____ Home Phone: _____ Work Phone: _____

Emergency Contact 4: _____ Relation: _____ Home Phone: _____ Work Phone: _____

DOCTOR PREFERENCE: _____ Office Phone: _____

List any Medical Conditions, Allergies, or Medications taken regularly:

Is your child transferring from another school district? _____ (Yes or No) If yes, from what district? _____

List **ALL** previous school(s) attended: _____

Has your child ever previously been enrolled in any HISD School? _____ (Yes or No)

If yes, what school? _____

BROTHERS/SISTERS	GRADE	SCHOOL
_____	_____	_____
_____	_____	_____
_____	_____	_____

To the parent: The information asked above is needed as permanent school record of your child will be used by school personnel **only**. This is to certify the above information is correct. I, the undersigned, do hereby authorize officials of the school to contact directly the person named on this form, and do authorize the above name physician to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physician, other person named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

1st PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

HOME LANGUAGE SURVEY - Hillsboro ISD

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 to the best of your ability.

1. Which languages are used at home? _____
2. Which languages are used by the child at home? _____
3. If the child had a previous home setting, which languages were used? _____
If no previous home setting, answer Not Applicable (N/A).

☐

By checking this box, I understand a request to correct an error to this Home Language Survey can only happen if:

- 1) My child has not yet been assessed for English proficiency; and
- 2) Corrections are made within two calendar weeks of my child's enrollment date.

Student Name: _____

Student ID#: _____

Signature of Parent/Guardian: _____

Date: _____

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

**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

Date

Student/Staff Identification Number

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:

HILLSBORO ISD
ONLINE FAMILY ACCESS APPLICATION FORM

Please Print Clearly

Parent/Guardian Last Name

Parent/Guardian First Name

Parent/Guardian Email Address

Parent/Guardian Phone

Student Last Name

Student First Name

Student ID

By completing the application for this account, you hereby consent to allow Hillsboro Independent School District (HISD) to make your student's schedule, attendance record, grade information, demographic information, health information, and other school information available to you by means of the Internet on a website that is secure and accessible by a login and password. Only you will be able to see your student's digital records with your unique login and password. Other parents or guardians will be provided their own unique login and password to access digital information for their students. Therefore, your login and password should not be shared with anyone. A photo ID may be requested for verification.

HISD will not make your username/password publicly available. The web based digital records for your student can only be accessed by a current parent or guardian who currently has access to the student's written school records and has applied for a valid username and password. You may cancel this service at any time by contacting the campus registrar/secretary. Once your application is approved, you will receive an email with login information and instructions.

You understand and agree that HISD is not responsible for unauthorized Internet access to your student's digital records by persons who do not have your consent. By signing the signature line below, you confirm that you understand and accept the guidelines and conditions for access to your student's digital records and you waive any claims or causes of action that you may have against HISD or its employees, agents, representatives, or Trustees for information being available on the website as described above.

Guardian Applicant Signature

Date

HILLSBORO ISD
ONLINE STUDENT ACCESS APPLICATION FORM

Please Print Clearly

Student Last Name Student First Name MI Student School ID #

By completing the application for this account, you hereby consent to allow Hillsboro Independent School District (HISD) to make your schedule, attendance record, and grade information available to you by means of the Internet on a website that is secure and accessible by a login and password. Only you will be able to see your digital records with your unique login and password. **Your login and password are confidential and should not be shared with anyone.** HISD will not make your username/password publicly available.

You understand and agree that HISD is not responsible for unauthorized Internet access to your digital records by persons who do not have your consent. By signing the signature line below, you confirm that you understand and accept the guidelines and conditions for access to your digital records and you waive any claims or causes of action that you may have against HISD or its employees, agents, representatives, or Trustees for information being available on the website as described above.

This form must be signed by both guardian and student and returned to the campus registrar in the school office. Once your application is returned, you will receive your login and password.

You may cancel this service at any time by contacting the campus registrar.

Student Applicant Signature

Date

Guardian Signature

Date

Please contact Yesenia Calderon with any questions or concerns at 254-582-4100 or Calderon@hillsboroisd.org

**Hillsboro ISD
121 E Franklin St.
Hillsboro, Texas 76645**

PROOF OF RESIDENCE NECESSARY TO ENROLL STUDENT

I am the parent/legal guardian/foster parent/relative of this named student _____ and wish to enroll this student in Hillsboro Independent School District. I understand that Board Policy provides, with few exceptions, that each student must attend the school in the attendance area where the parent, legal guardian, relative or foster parent resides. I reside at the following street address, which I understand is in the attendance area of Hillsboro Independent School District.

PLEASE GIVE COMPLETE RESIDENCE ADDRESS *IN* THE SPACE PROVIDED BELOW:

Street Address	City	Zip Code
----------------	------	----------

VERIFICATION OF RESIDENCY

The parent/legal guardian or foster parent of a new student or a student requesting a change of address; must present an ORIGINAL of one of the following for verification as proof of residence:

- ☐ Deed to your home
- ☐ Property Tax Receipt
- ☐ Current utility bill with service address from water, electric, gas, telephone (land-line only), or cable.
- ☐ Lease Agreement
- ☐ Affidavit of Residency

FALSIFICATION OF ANY INFORMATION OR DOCUMENTS, EITHER WRITTEN OR VERBAL, RELATIVE TO THIS VERIFICATION PROCEDURE WILL RESULT IN REVOCATION OF ENROLLMENT FOR THIS STUDENT AND POSSIBLY A TUITION FEE

DECLARATION

I declare under penalty of perjury that I have read the above statements and information provided by me, that such statements and information are true and complete to the best of my knowledge.

Date: _____

Signature: _____

Print Name: _____

I am (please check the appropriate box)

- ☐ Parent
- ☐ Legal Guardian
- ☐ Foster Parent
- ☐ Relative



REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent:

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

“Life Threatening” means that there is a potential for a severe, or anaphylactic, immune reaction to the food allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention, and has the potential to cause disability or death.

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

☐ My child has no known food allergies at this time.

☐ My child has the following food allergies:

Food	Symptoms of Allergic Reaction	Life Threatening?
		Yes / No
		Yes / No
		Yes / No
		Yes / No
		Yes / No

Please note, this form is for informational purposes only, and only serves to alert the school nurse of the need to develop an allergy action plan in collaboration with your child's doctor. This document will be maintained in the student's cumulative folder.

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

Parent Name (printed): _____ Relation: _____

Parent Signature: _____ Date: _____

Date form reviewed by School Nurse: _____ Nurse Initial: _____

Hillsboro Independent School District Student Health Services

Dear Parent(s) or Guardian(s):

My name is Kate Versluis, RN, and I am the nurse at Franklin Elementary and Hillsboro Elementary Schools. Your child's health, safety, and well-being are my top priority. Please read the following information to learn what to expect when your child visits me at the nurse's office.

First, so you are aware, the state requires that I send children home for any of the following conditions:

- Redness in the eyes, which could be a sign of contagious conjunctivitis (pink eye), which only a doctor will be able to diagnose and decide whether it is safe for the child to be back in school. A note from the doctor will be required if the child is to return to school with red eyes unless you are using prescription eye drops for pink eye.
- Oral temperature above 100 F. It is recommended that they do not return until they have been fever-free for 24 hrs.
- Excessive diarrhea or vomiting.
- Head lice.
- Serious injury.
- Diffuse (non-localized) rash. A note from the doctor will be required if the child is to return to school with the rash.
- Other conditions as outlined by Texas State requirements, which can be found on the following website: http://www.dshs.state.tx.us/idcu/health/schools_childcare/resources/ChildCareChartNotes.pdf, or obtained by contacting the nurse.

When students come to me, I assess the situation and do my best to fix their problem, or help them feel better. Although I am not allowed by law to supply medications to the students, there are some things I am able to do. For example:

- Stomachaches: rest, crackers (if they are not allergic)
- Minor cuts/injuries: clean with saline or antibacterial soap, first aid, ice pack
- Headaches: rest, ice pack
- Splinter: remove with tweezers or splinter extractor
- Dry lips: petroleum jelly (Vaseline)
- Sunburn: aloe vera gel
- Dry skin: hypoallergenic lotion
- Insect bite: alcohol pad (helps itching)
- Foreign object in eye/eye irritation: eye wash

Although I cannot provide medications to the students, you are welcome to bring in medication to be administered as needed. I can also give prescription medication routinely, as long as it is ordered to be given 4 times per day or more (with the exception of medications with an order to give it at a specific time during school hours). Please refer to the medication policies in the handbook for more information. I will notify you if medication was administered to your child, either via phone or a note sent home.

When my interventions do not work, I will attempt to contact you. I will also contact you for any type of head injury, for example if he or she hit his or her head on the ground or on playground equipment. For other problems, I will use my professional judgment to determine if it is necessary for the parent to be contacted either via telephone or a note sent home with the child.

Please let me know if you have any questions or concerns about your child's health care.

Thank you,



Kate Versluis, RN
HES (254) 582-4140

Hillsboro Independent School District Student Health Services

STUDENT ENROLLMENT HEALTH HISTORY

Student's Full Name _____ Date of Birth _____ Gender _____ Grade _____

Name of Parent(s) or Guardian(s): _____

This information will be utilized by the school nurse to develop a health plan for your child if necessary. Information regarding your child's health condition will be shared only with staff who need to know to assist your child in school.

Who is your child's primary doctor? _____ City _____ Phone _____

Does your child see a specialist for any reason? ☐ Yes ☐ No

If yes, for what reason is your child being seen? _____

Specialist's name _____ City _____ Phone _____

Does your child have:

ADD/ADHD ☐ Yes ☐ No Specify _____

Tourette Syndrome ☐ Yes ☐ No Specify _____

Bipolar ☐ Yes ☐ No Specify _____

Other psychological condition ☐ Yes ☐ No Specify _____

Epilepsy or seizures ☐ Yes ☐ No Specify _____

Other neurological condition ☐ Yes ☐ No Specify _____

Allergies to ☐ Yes ☐ No Specify _____

food, medicine, insects, Type of reaction _____

or environmental triggers Emergency medication _____

Asthma ☐ Yes ☐ No Specify _____

Diabetes ☐ Yes ☐ No Insulin ☐ Yes ☐ No

Frequent ear infections ☐ Yes ☐ No Specify _____

Headaches/migraines ☐ Yes ☐ No Specify _____

Heart condition ☐ Yes ☐ No Specify _____

Orthopedic (bone/joint) or musculoskeletal condition ☐ Yes ☐ No Specify _____

Kidney or bladder condition ☐ Yes ☐ No Specify _____

Bowel problems (ex. constipation, diarrhea) ☐ Yes ☐ No Specify _____

Gastric reflux/heartburn ☐ Yes ☐ No Specify _____

Skin condition (ex. eczema, psoriasis) ☐ Yes ☐ No Specify _____

A birthmark ☐ Yes ☐ No Specify _____

History of surgery ☐ Yes ☐ No Specify _____

Hearing or vision problem ☐ Yes ☐ No Specify _____

☐ Hearing device Specify _____

☐ Glasses ☐ Contacts

Other condition not specified ☐ Yes ☐ No Specify _____

Does your child:

Take daily medication ☐ Yes ☐ No Specify _____

Take emergency medication ☐ Yes ☐ No Specify _____

Additional information regarding medical conditions/surgeries: _____

Please notify the school as soon as possible to inform us of any changes to this information. If your child has a medical condition that needs an individual health plan formulated, you will be contacted.

My signature indicates that the above information is complete and true to the best of my knowledge.

Parent or Guardian Signature _____ Date _____



Hillsboro ISD
Family Survey
2024-2025

In order to better serve your child/children, the school district would like to identify students who may qualify to receive additional educational services. The information provided will be kept confidential.

Please print and return form to school office:

Campus: _____ Date: _____
Student Name: _____ Grade: _____
Father/Guardian: _____ Mother/Guardian: _____
Father's Place of Employment: _____ Mother's Place of Employment: _____
Home Address: _____ City: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please answer the following questions:

1. Within the past 3 years, have you moved from one city, state, or school district to another?
☐ Yes ☐ No
2. If yes, did you or your child move/leave in order to work in agriculture or fishing (temporary or seasonal)?
(By checking yes, you are stating that you have worked in agricultural or fishing work within the last 36 months).
☐ Yes ☐ No

If you answered **YES** to question 2, please check all that apply.



Working with
fruits, vegetables,
cotton, wheat,
grain, agricultural
farms, fields or
vineyards

☐

Working in
a cannery

☐

Working on a dairy farm.
Working on a ranch-
feeding livestock, clearing
fields or building fences for
livestock

☐

Working in a slaughter
house-packaging and
cutting meat

☐

Working in a plant
nursery, orchard,
growing or
harvesting trees or
picking pecans

☐

Working in a
fishery

☐

Working on a
poultry farm

☐

Other similar work, please explain:

For more information, please contact Migrant Service Coordinator: Melissa Vega 254-297-1253

Hillsboro ISD

STUDENT RESIDENCY QUESTIONNAIRE

This form helps determine the services the student may be eligible to receive under the McKinney-Vento Act (42 U.S.C. 11435). **Answers to this residency form are private and will be shared with District staff only to the extent necessary to provide services.** Because this information is not maintained in your child's permanent school record, it must be collected each school year. Please answer fully and honestly to assist school staff with appropriately enrolling your child.

Student Name: _____ D.O.B. _____ Student ID# _____

School: _____ Grade _____

Please answer the following questions:

1. Is your current address a temporary living arrangement due to any of the following: loss of housing, economic hardship, domestic violence, unhealthy living conditions, incarceration of parent/ legal guardian? ☐ YES ☐ NO
2. Are you a student over five and younger than 21 years of age, NOT living at home with your parent or guardian? ☐ YES ☐ NO

If you answered "YES" to one or both questions, please complete the remainder of this form.

If you answered "NO" to BOTH questions, please STOP HERE.

Check ☒ only one of the following to describe where the student lives:

The student lives in...

- ☐ **An 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)
- ☐ **A Hotel or Motel** (due to economic hardship or emergency situation)
- ☐ **The Home of Friends or Relatives** (due to any of the reasons mentioned above)
- ☐ **Unsheltered** (car, park, campground, street, abandoned building or substandard housing)

Check ☒ the box that best describes with whom the student resides. (Please note: legal guardianship may be granted only 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.)

The student resides with...

- ☐ **One or Both Parents**
- ☐ **Legal Guardian**
- ☐ **Friend(s)**
- ☐ **an Adult Who is NOT the Student's Legal Guardian**
- ☐ **Alone with no Adult(s)**

Parent/Guardian Name: _____ Phone Number: _____

Address of Temporary Residence: _____
Street City Zip Code

Please provide the following information for school-age siblings (brothers/sisters) of the student:

Name	Grade	School	District

Presenting a false record or falsifying records is a criminal offense punishable by up to 10 years and \$10,000. TEXAS PENAL CODE §37.10. A person who enrolls a child under false documents may be liable for the cost of tuition or other costs. TEXAS EDUCATION CODE §25.002(d).

I have read and understood the information provided above. I understand that if any of the responses given on this form are found to be false, I will be subject to criminal, civil and administrative penalties. I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.

Signature

Printed Name

Date

The SRQ form must be returned to the District Homeless Liaison at the HISD Administration Office. If you have any questions, please contact Angela Boyd at 254-582-858 or boyda@hillsboroisd.org.

**Hillsboro Independent School District
Technology Resources
Student Acceptable Use Agreement
2024 - 2025**

The Technology Acceptable Use is located online at www.hillsboroisd.org or printed copies can be obtained at the campus where your student is enrolled.

It is mandatory that you return this page to the office of your campus before you will be allowed to use the District's computer systems and network.

"My child and I have read, understand, and will comply with the Hillsboro ISD Technology Resources Acceptable Use Policy. We understand that non-compliance with this policy may result in suspension of my child's access or termination of my child's privileges and other disciplinary action consistent with Board Policies and state law." [See the Student Code of Conduct, and Board Policy CQ].

Student Name (Print)

Parent Signature

Date

2024 - 2025

**Acknowledgment of Electronic Distribution of the Hillsboro ISD
Student Code of Conduct and Student Handbook**

As required by state law, the Board of Trustees officially adopts the Student Code of Conduct and reviews the campus Student Handbooks annually in order to promote a safe and orderly learning environment for every student. We urge you to read these publications thoroughly and to discuss them with your family. If you have any questions about the required conduct and consequences for misconduct, we encourage you to ask for an explanation from the student's teacher or campus administrator.

The Student Handbook and Code of Conduct are located online at www.hillsboroisd.org or printed copies can be obtained at the campus where your student is enrolled.

"We acknowledge that we have been offered the option to receive a paper copy or to electronically access at www.hillsboroisd.org, the Student Code of Conduct and campus Student Handbook for the 2024 - 2025 school year and understand that students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in these documents."

Student Name

Grade

Parent Signature

Date

Hillsboro ISD
2024 - 2025 Military-Connected Student Form
(required for the Texas Education Agency PEIMS Data Collection)

Parent/Guardian: 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
- ☐ Student in grade KG-12 is a dependent of a former member of one of the following:
 - 1) the United States military
 - 2) the Texas National Guard (Army, Air Guard, or State Guard)
 - 3) 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

Pre-kindergarten student is:

- ☐ 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
- ☐ 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 the 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 Name: _____

Grade: _____

Parent's Printed Name: _____

Parent's Signature: _____

Date: _____

Hillsboro Independent School District School Bus Rider's Card

Date: _____

Student Name: _____ Grade: _____

Street Address: _____

Mailing Address: _____

Home Phone: _____ Cell/Emergency Phone: _____

Does your child need to ride to a different location?

*(The Only Approved locations are: Grandparents or Student must be enrolled at the drop off location
Boys & Girls Club, Tammy's Learning, Candy Day Care.)*

If yes, write location and address below

Parent Signature: _____

Print Name: _____

PLEASE NOTE: This card must be approved before your child can ride the bus.

OFFICE USE ONLY

Students are eligible for one drop off location

PLEASE NOTE:

This card must be approved before your child can ride the bus.

Once approved student will have access to transportation (3) business days after rider form is
accepted by the transportation office.

For questions regarding bus transportation for your student please contact the appropriate
campus offices.

OFFICE USE ONLY

Student ID # _____ Teacher: _____

Approved _____ Not Approved _____ Parent Emailed _____ Skyward: _____ Badge Printed _____

Bus Route _____ Bus Stop _____ Stop Color: _____

Hillsboro ISD Socioeconomic Information Form

****CONFIDENTIAL****

Student Name _____ Student Grade _____ Student Date of Birth _____

School Name _____ Student ID _____

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

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$0 – 27,861 | <input type="checkbox"/> \$57,721 – 67,673 | <input type="checkbox"/> \$97,533 – 107,485 | <input type="checkbox"/> \$137,348 – 147,301 |
| <input type="checkbox"/> \$27,862 – 37,814 | <input type="checkbox"/> \$67,674 – 77,626 | <input type="checkbox"/> \$107,486 – 117,439 | <input type="checkbox"/> \$147,302 – 157,255 |
| <input type="checkbox"/> \$37,815 – 47,767 | <input type="checkbox"/> \$77,627 – 87,579 | <input type="checkbox"/> \$117,440 – 127,393 | <input type="checkbox"/> \$157,256 – 167,209 |
| <input type="checkbox"/> \$47,768 – 57,720 | <input type="checkbox"/> \$87,580 – 97,532 | <input type="checkbox"/> \$127,394 – 137,347 | <input type="checkbox"/> \$167,210 and above |

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

Hillsboro ISD Pre-K Eligibility Questionnaire

Student Name _____ Student's Date of Birth _____

Please complete the questions below so that we may assess your student's eligibility for PK:

Is this child/stepchild unable to speak/comprehend the English language?	Yes	No
--	-----	----

Is this child/stepchild currently homeless?	Yes	No
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Is this student the child/stepchild of an active duty member of the armed forces of the United States, including the state military forces or a reserved component of the armed forces, who is ordered to active duty by proper authority?	Yes	No
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Is this student the child/stepchild of a member of the armed forces of the United States, including the state military forces or a reserved component of the armed forces, who was injured or killed while serving on active duty?	Yes	No
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The term "member of the armed forces" includes:

- active duty uniformed members (parents or official guardians) of the US Army, Navy, Marine Corps, Air Force, or Coast Guard who have eligible children residing in Texas.
- activated or mobilized uniformed members of the Texas National Guard (army or air guard), or activated or mobilized members of the reserve components of the US Army, Navy, Marine Corps, Air Force, or Coast Guard who have eligible children residing in Texas.
- uniformed service members who are missing in action (MIA).

Also, for purposes of eligibility for enrollment in a PK program, a child is considered to be the child of a member of the armed forces if either of the following conditions is met:

- the child is the biological or adopted child of the member of the armed forces; or
- the child is a stepchild of the member of the armed forces.

Is or has this child/stepchild ever been in the conservatorship of the Texas DFPS (foster care) following an adversary hearing?	Yes	No
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Is this student the child/stepchild of a person eligible for the Star of Texas Award as: a peace officer, firefighter, or emergency medical first responder?	Yes	No
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Is this child/stepchild educationally disadvantaged (eligible to participate in the National School Lunch Program (NSPL)?	Yes	No
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If you answered yes:

- ☐ How many family members in your household? _____
- ☐ Combined gross monthly income of all members of the household? _____
- ☐ Do you receive food stamps, TANF, or Medicaid free/reduced benefits? _____

Office use only: Best ISD Qualification Certified By:

Printed Name-District Employee	Signature of District Employee	Date
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Enlighten. Inspire. Achieve.

Parent/Guardian:

Hillsboro Intermediate will be using one permission slip to cover all in-town field trips. You will still receive information notices regarding any in-town trips. A separate permission slip will be sent home during the year for any out of town field trips the students may take.

Please sign and return this letter to allow your child to participate in our in-town field trips for the 2024-2025 school year.

Thank you!

Student Name: _____ Homeroom Teacher: _____

I give permission for _____ to participate in all in-town field trips taken by Hillsboro Intermediate during the 2024-2025 school year.

I also authorize personnel of the school supervising the activity/programs involved to administer emergency treatment for any accident or illness and to act in my stead in providing any medical or dental care. This authorization shall cover any travel to and from the specified activities, as well as the entire period of the activity.

Please indicate any special duties, allergies, medications, illnesses or physical conditions of which supervising personnel should be aware of:

Date: _____ Parent/Guardian Signature: _____



Enlighten. Inspire. Achieve.

Parent/Guardian:

Hillsboro Junior High will be using one permission slip to cover all in-town field trips. You will still receive information notices regarding any in-town trips. A separate permission slip will be sent home during the year for any out of town field trips the students may take.

Please sign and return this letter to allow your child to participate in our in-town field trips for the 2024-2025 school year.

Thank you!

Student Name: _____ Homeroom Teacher: _____

I give permission for _____ to participate in all in-town field trips taken by Hillsboro Junior High during the 2024-2025 school year.

I also authorize personnel of the school supervising the activity/programs involved to administer emergency treatment for any accident or illness and to act in my stead in providing any medical or dental care. This authorization shall cover any travel to and from the specified activities, as well as the entire period of the activity.

Please indicate any special duties, allergies, medications, illnesses or physical conditions of which supervising personnel should be aware of:

Date: _____ Parent/Guardian Signature: _____



Enlighten. Inspire. Achieve.

Parent/Guardian:

Hillsboro Elementary will be using one permission slip to cover all in-town field trips. You will still receive information notices regarding any in-town trips. A separate permission slip will be sent home during the year for any out of town field trips the students may take.

Please sign and return this letter to allow your child to participate in our in-town field trips for the 2024-2025 school year.

Thank you!

Student Name: _____ Homeroom Teacher: _____

I give permission for _____ to participate in all in-town field trips taken by Hillsboro Elementary during the 2024-2025 school year.

I also authorize personnel of the school supervising the activity/programs involved to administer emergency treatment for any accident or illness and to act in my stead in providing any medical or dental care. This authorization shall cover any travel to and from the specified activities, as well as the entire period of the activity.

Please indicate any special duties, allergies, medications, illnesses or physical conditions of which supervising personnel should be aware of:

Date: _____ Parent/Guardian Signature: _____



Media Opt-Out Form

This form is for parents or guardians who wish to designate that their child **SHOULD NOT** be in photos/video or articles published by HISD and/or its schools.

If this form is not completed and returned to the school by September 1 each year, HISD will assume that parent(s)/guardian(s) have given permission to publish their student's photo, video and/or name as specified below.

Please note: This form does not apply to students participating in public events, like academic competitions, performances and athletic events. Student photos and names from these events may be published by news media.

Photos, Articles and Videos Featuring Students Published in Print and Electronic Media

Hillsboro Independent School District staff often photograph, film and interview HISD students at events and school activities for promotional and publicity purposes.

This information is typically posted on the HISD website and featured on HISD social media channels including Facebook, Twitter, YouTube, and Instagram.

Confidential student information is not shared, but information and photos may be published on websites, in social media and publications as follows:

- As a general rule, students are not identified in photos used on District website pages.
- Students' first and last names may be included in news items on the District website when it relates to participation in curricular and school activities.
- School websites may identify students in photos and/or news items (it is a site-based decision).
- Articles about individual students may include a photo identifying the student.

Special Considerations

- This form does not cover publication of student photos or names in the news media.
- This form does not apply to yearbooks, student newspapers or other student publications.

If you DO NOT want your child to be interviewed, photographed or filmed, complete and sign the form and return it to your child's school.

- ☐ Do not include my child in any articles, photographs, or videos published on the PSD/school websites or in district/school publications.

Student Name _____ School _____

Grade _____ Student ID# _____

Parent or Guardian Signature

Date



High School Student Cell Phone Sign-Up Form

This form is to be completed by parents/guardians for the 2024-2025 school year

Hillsboro ISD is looking to improve communication between educators and students using ParentSquare. It is the district's tool of communication allowing instant communication to families, staff, and now high school students.

Parents and guardians must complete this form to allow their high school student(s) to receive ParentSquare communication to their student's cell phone. **Please note**, the student's cell phone number will **not** be available to staff members. Numbers will be stored on our secure and private student information system. All communication to students will only come through ParentSquare.

ParentSquare communication to student's cell phone would include:

- Test and homework reminders from teachers
- Announcements from the campus
- Athletic communication and announcements

If you wish to allow your student to receive communication on their cell phone, please complete the section below:

Student Name: _____

Student Cell Phone: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

If you have any questions, please contact Leah Deniston at the administration office at 254-582-8585.