

**NUECES CANYON ELEMENTARY Registration Form for School Year 2024 - 2025**

Campus Name: NUECES CANYON

Campus Phone: (830) 597-3218

Campus Fax: (830) 597-6197

**STUDENT INFORMATION**

Local ID _____	Student Name _____	Grade Level _____	Orig Entry Dt _____	Track _____	SSN _____	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Pacific Islander
Gender _____	Date of Birth _____	Birth Place _____	Age (Sept 1st) _____	Texas Unique ID _____		<input type="checkbox"/> White	<input type="checkbox"/> Black
						<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian

Address: \_\_\_\_\_ Student Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_ Will your child be using bus transportation to get to school?  Yes  No

**PARENT INFORMATION**

1. Guardian: _____ Relation: _____	2. Guardian: _____ Relation: _____
Address: _____	Address: _____
City, St, Zip: _____	City, St, Zip: _____
Employer: _____	Employer: _____
Cell Ph: _____ Home Ph: _____ Bus Ph: _____	Cell Ph: _____ Home Ph: _____ Bus Ph: _____
Other Ph: _____ Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	Other Ph: _____ Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other
Receive Mailouts: <input type="checkbox"/> Yes <input type="checkbox"/> No Language Pref: <input type="checkbox"/> English <input type="checkbox"/> Spanish	Receive Mailouts: <input type="checkbox"/> Yes <input type="checkbox"/> No Language Pref: <input type="checkbox"/> English <input type="checkbox"/> Spanish
Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Email: _____	Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Email: _____
Svc Branch: _____ Rank: _____ Enrolling Person: _____	Svc Branch: _____ Rank: _____ Enrolling Person: _____
Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License #: _____ State: _____	Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License #: _____ State: _____
Vehicle Make: _____ Model: _____ Color: _____	Vehicle Make: _____ Model: _____ Color: _____
Vehicle Plate #: _____ State: _____	Vehicle Plate #: _____ State: _____

**EMERGENCY CONTACT INFORMATION**

1. Name: _____ Relation: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____
Other Ph: _____ Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License #: _____ State: _____
Vehicle Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____
2. Name: _____ Relation: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____
Other Ph: _____ Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License #: _____ State: _____
Vehicle Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____
Doctor: _____ Bus Ph: _____ Dentist: _____ Bus Ph: _____
Hospital: _____ Bus Ph: _____ Other Medical: _____ Bus Ph: _____

List any Allergies or Health Concerns: \_\_\_\_\_

**SIBLING INFORMATION**

Brothers/Sisters _____ Grade _____ School _____	Brothers/Sisters _____ Grade _____ School _____
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**BUS INFORMATION**

Eligible: _____	Seat: _____	Special Requirements _____
Route: _____	Run: _____	Transportation: _____
Pickup Stop: _____	Dropoff Stop: _____	Special Seating: _____
Pickup Assigned: _____	Dropoff Assigned: _____	Wheelchair: _____
Pickup Route: _____	Dropoff Route: _____	

The above information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records or information is a violation of state law and may subject you to tuition cost for your child. I certify that the information given above is correct. I authorize the school to contact the person named on this form and the above named physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physician, or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.

Parent or Guardian Signature \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

**(For Office Use Only)**

Teacher Name: _____	Control Nbr: _____	Eligibility Code: _____
Birth Certificate on File: _____	Mil Conn: _____ Foster Care: _____	Immunization on File: _____ Title I: _____
Soc Sec Copy on File: _____	At Risk: _____ Migrant: _____	Hm Lng: _____
Gift: _____ LEP: _____ BIL: _____ ESL: _____	Par Per: _____ Econ: _____	Special Education: Prim: _____ Sec: _____ Tert: _____ Multi: _____

**Part Two:**

Please answer the questions 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 there was 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.

**Note:** Please contact your school about the benefits of bilingual education services. The following resources may also provide information on program services that foster bilingualism.

- [Parent/ Guardian Rights](#)
- [Bilingual Education Program](#)
- [Program Information Videos](#)

Please visit the Emergent Bilingual Support Portal ([txel.org](http://txel.org)) for additional information.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student if Grades 9-12 \_\_\_\_\_ Date \_\_\_\_\_



Texas Education Agency

Commissioner Mike Morath

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

Student Name: \_\_\_\_\_

District Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Campus Name: \_\_\_\_\_

## HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey only administered during **initial** enrollment in Texas public schools)

**To be completed by Parent or Guardian for students enrolling in Prekindergarten\* through grade 8 (or by students in grades 9-12).**

\* Prekindergarten includes any student enrolling in a 3- or 4-year-old school program.

### Part One:

The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

### Dear Parent or Guardian:

Please answer the questions below about the languages your child or family uses. If your responses indicate the use of a language other than English, the school will conduct a language proficiency assessment to determine how well your child communicates in English. This information will be used to determine any appropriate linguistic supports and inform instructional recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

This survey shall be kept in each student's permanent record folder. A copy of this survey shall follow the student while enrolled in any public or open enrolled charter school in Texas.

## Segunda Parte:

Por favor, responda a las preguntas lo mejor que pueda.

1. ¿Cuáles idiomas se usan en el hogar? \_\_\_\_\_
2. ¿Cuáles idiomas usa el estudiante en el hogar? \_\_\_\_\_
3. Si el estudiante tenía un entorno familiar anterior, ¿cuáles idiomas se utilizaban? Si no tenía un entorno familiar anterior, responda No aplicable (N/A). \_\_\_\_\_

Al marcar este casillero, yo entiendo que una corrección a este cuestionario solo puede suceder si:

- 1) mi hijo/(a) aún no ha sido evaluado para el dominio del inglés; y
- 2) las correcciones se realizan en un plazo de dos semanas naturales a partir de la fecha de matriculación de mi hijo(a).

**Nota:** Por favor, póngase en contacto con su escuela para informarse sobre los beneficios de los servicios de la educación bilingüe. Los siguientes recursos también pueden proporcionarle información sobre los servicios del programa que fomentan el bilingüismo.

- [Derechos de los padres/tutores](#)
- [Educación bilingüe](#)
- [Videos informativos para padres](#)

Por favor, visite el portal Apoyando a estudiantes bilingües emergentes en Texas ([txel.org](http://txel.org)) para obtener información adicional.

Firma del padre/tutor \_\_\_\_\_ Fecha \_\_\_\_\_

Firma del estudiante si está en los grados 9-12 \_\_\_\_\_ Fecha \_\_\_\_\_



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Nombre del Estudiante: \_\_\_\_\_

Distrito: \_\_\_\_\_

#ID del Estudiante: \_\_\_\_\_

Escuela: \_\_\_\_\_

## CUESTIONARIO SOBRE EL IDIOMA USADO EN EL HOGAR

19 TAC Chapter 89, Subchapter BB, §89.1215

(El cuestionario sobre el idioma usado en el hogar administrado solamente durante la matriculación inicial en escuelas públicas en Texas)

**Este cuestionario debe de completarse por el padre o tutor para estudiantes que cursen desde Prekínder\* hasta el octavo grado (o por el estudiante si cursa grados del 9-12)**

\*Prekínder incluye cualquier estudiante matriculado en programas para niños de 3 o 4 años de edad.

### Primera Parte:

El estado de Texas requiere que la siguiente información se complete para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Es la responsabilidad del padre o tutor, no de la escuela, proporcionar la información del idioma requerida por las siguientes preguntas.

### Estimado padre o tutor:

Por favor, responda las siguientes preguntas sobre los idiomas que usa su hijo(a) o su familia. Si sus respuestas indican el uso de un idioma que no sea inglés, la escuela llevará a cabo una evaluación de dominio del idioma para determinar qué tan bien se comunica su hijo(a) en inglés. Esta información se utilizará para determinar cualquier apoyo lingüístico apropiado e informar las recomendaciones de instrucción. Si tiene preguntas sobre el propósito y el uso del cuestionario sobre el idioma del hogar, o si desea ayuda para completar el formulario, comuníquese con el personal de su escuela/distrito.

Este cuestionario se mantendrá en la carpeta de registro permanente de cada estudiante. Una copia de este cuestionario seguirá al estudiante mientras esté matriculado en cualquier escuela pública o una escuela autónoma de inscripción abierta de Texas.

**Nueces Canyon CISD  
Publishing Permission of Photos and Information**

**Dear Parent:**

**You child will be involved in projects during the school year that may include photographs, digital video and basic student information. These items may be presented in a public performance such as a presentation of a project or posting to the school's website or social media. In the event that you child is among those chosen, we are requesting your permission to use his/her photograph or information. Please sign the permission form below.**

- I give NCCISD permission for use or display of name, photos, video, artwork or other creative property of my child to be display via Public Presentations, News Paper Articles, NCCISD Website, NCCISD Social Media.**

**Child Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

- I do not give NCCISD permission for use or display of name, photos, video, artwork or other creative property of my child to be display via Public Presentations, News Paper Articles, NCCISD Website, NCCISD Social Media.**

**Child Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

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**We receive request for names, addresses and telephone numbers of students during the school year. We need parent permission to release this information.**

**Photographers**

**School Booster Organizations**

**Parent/Guardian Signature:** \_\_\_\_\_



**NUECES CANYON**  
*Consolidated Independent School District*  
*"The Pride of Nueces Canyon"*

P. O. Box 118  
200 Taylor Street  
#1 Panther Circle  
Berksdale, Texas 78828  
(830) 234-3514 Phone  
(830) 234-3435 Fax

**PARENTAL PERMISSION FOR EXTRA-CURRICULAR AND CO-CURRICULAR ACTIVITIES**

I \_\_\_\_\_ Give my permission for my son/daughter  
\_\_\_\_\_ to miss class so that he/she may participate in any  
co-curricular or extra-curricular activity during the school year.

Student grade level \_\_\_\_\_

Date \_\_\_\_\_

**FAMILY SURVEY**

Dear Parents,

In order to better serve your children the Nueces Canyon school district would like to identify students who may qualify to receive additional educational services. The information provided below will be kept confidential. Please answer the following questions and return this survey form to your child's school.

Para mejorar los servicios educativos de sus hijos, el distrito escolar de Nueces Canyon quisiera identificar estudiantes que puedan calificar para recibir servicios educativos adicionales. Toda la informacion proporcionada sera mantenida confidencial. Favor de responder a las siguestes perguntas y devolver esta forma a la escuela de su nino/a.

1. Have you moved within the las 3 years? \_\_\_\_\_YES \_\_\_\_\_No  
Ha cambiado de residencia usted o alguien en su familia dentro de los ultimos tres anos? \_\_\_Si  
\_\_\_NO
  
2. If yes, have you done agricultural or fishing related work since you move?(e.g. field work, canneries, lumbering, dairy work, meat processing \_\_\_\_\_YES \_\_\_\_\_NO  
Si usted contest "si" en la regunta anterior, Ha trabajado usted en la agricultura o en la pesca? ( por ejemplo, la labor, fabrica de conservas, explotacion de bosques, trabajo en la lecheria, el proceso de carne) \_\_\_\_\_Si\_\_\_\_\_NO

If you answered "yes" to both of the questions above an education representative may contact you to find out whether your child is eligible for additional educational services. Please provide the following information.

Si used contest "Si" en las dos preguntas anteriores, un representante de distrito escolar quizas se vaya a comunicar con usted para averiguar sis u nino/a califica para servicios educativos adicionales. Favor de completer las siguiente informacion.

Name of child/s

NombredesuNino/a \_\_\_\_\_age/edad \_\_\_\_\_grade/gr\_\_\_\_\_

\_\_\_\_\_age/edad \_\_\_\_\_grade/grado\_\_\_\_\_

\_\_\_\_\_age/edad \_\_\_\_\_grade/grado\_\_\_\_\_

\_\_\_\_\_age/edad \_\_\_\_\_grade/grado\_\_\_\_\_

Name of Parent/Guardian:

Nombre de Padre/Guardian: \_\_\_\_\_

Phone Number

Numero de telefono \_\_\_\_\_





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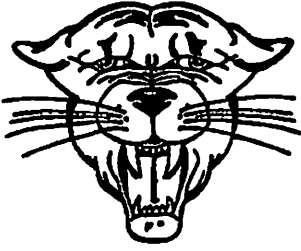
The Nueces Canyon Elementary will be observing a Moment of Silence and the Pledge of Allegiance in the upcoming school year. If you do not want your child to participate please check the box accordingly.

\_\_\_\_\_ Yes they will participate

\_\_\_\_\_ No they will not participate

Name of student \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_



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(830) 234-3435 Fax

Health Office Phone: 830.597.8155

Fax: 830.597.6197

## Student Health Information

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Entering Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Best Phone to be Reached: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Phone: Cell) \_\_\_\_\_ Work) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Phone: Cell) \_\_\_\_\_ Work) \_\_\_\_\_

Child lives with \_\_\_\_\_ Parents Marital Status \_\_\_\_\_

Step-Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

Step-Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

In order to protect your child, please give the Name and Phone Number of a relative/friend with whom we may call or leave your child with if we are unable to locate a parent/guardian. (List at least 2)

1. \_\_\_\_\_ Phone: \_\_\_\_\_ 2. \_\_\_\_\_ Phone: \_\_\_\_\_  
3. \_\_\_\_\_ Phone: \_\_\_\_\_ 4. \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any allergies? (other than mild seasonal) Yes or No

Please list: \_\_\_\_\_

Type of Reaction: \_\_\_\_\_

Date of Last Reaction: \_\_\_\_\_

Does your child wear Glasses? Yes or N

Have there been any significant changes in your child's health over the last year? Explain: \_\_\_\_\_

A student who must take a PRESCRIPTION or OVER-THE-COUNTER medication during the school day MUST BRING a AUTHORIZATION FOR MEDICATION ADMINISTRATION form (which can be found on our school website) filled out by the parent and/or physician AND the medication in its properly labeled bottle to the school nurse. Our medication administration guidelines are in accordance with Section 222.052 of the Education Code.

Are there any limitations on your child's activities at school? If so, they must be listed below and an annual dated note from the child's physician should state the reason, the restriction, what is permitted and the length of time this is to be in effect: \_\_\_\_\_

List all prescription, over-the-counter, and herbal medications that your child takes regularly:

Name of Medicine	Taken for
_____	_____
_____	_____
_____	_____

If yes is checked on any of the following areas, please describe in the comments sections. Include: (1) Medications Prescribed (2) Dr. treating this condition (3) Approx. date of Diagnosis (4) Necessary Treatment or Monitoring in School (5) Special Medical Equipment Needed in School (nebulizer, oxygen use, wheelchair, etc.) and any other information regarding this health issue.

Condition	Yes	No	Comments
Attention Deficit/Hyperactive Disorder			
Asthma/Respiratory			
Diabetes			
Previous Head Injuries			
Seizures/Neurological Issues			Type & Date of last episode:
Headaches/Migraines			
Heart/Blood			
Muscles/Bones/Joints/Skin			
Bladder/Kidney problems			
Stomach/Intestines/Bowels			
Immune Problems			
Hearing Concerns			Hearing aides? Preferential Seating? Tubes?
Vision Concerns			Glasses? Yes or No
Dental Concerns			
Growth & Nutritional Deficiencies			
Developmental Concerns			
Emotional/Behavioral Issues			
Other Health Concerns			

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

This information will become part of your child's permanent school record. If for any reason you do not wish to respond to part(s) of this form you are under no obligation to do so. No assumptions regarding incompleteness will be made. However, we cannot be responsible for omissions which could result in injury or illness to your child.

**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.

<p>_____</p> <p>Student/Staff Name (please print)</p>	<p>_____</p> <p>(Parent/Guardian)/(Staff) Signature</p>
<p>_____</p> <p>Student/Staff Identification Number</p>	<p>_____</p> <p>Date</p>

## ACKNOWLEDGMENT

### *Student Code of Conduct Electronic Distribution*

Dear Student and Parent:

As required by state law, the board of trustees has officially adopted the Student Code of Conduct in order to promote a safe and orderly learning environment for every student.

We urge you to read this publication thoroughly and to discuss it 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 appropriate campus administrator.

The student and parent should each sign this page in the space provided below, and then return the page to the student's school.

Thank you.

Kristi Powers, Superintendent

I understand that the Code of Conduct is available electronically through the school website at [www.nccisd.net](http://www.nccisd.net).

### ***PAPER COPIES OF THIS DOCUMENT AVAILABLE UPON REQUEST***

Print name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Print name of parent: \_\_\_\_\_

Signature of parent: \_\_\_\_\_

Date: \_\_\_\_\_

School: \_\_\_\_\_

Grade level: \_\_\_\_\_

Please sign this page, remove it, and return it to the student's school. Thank you.

**APPENDIX II:  
Acknowledgment of Electronic Distribution of  
Student Handbook**

My child and I have been offered the option to receive a paper copy of or to electronically access at [www.nccisd.net](http://www.nccisd.net) the Nueces Canyon CISD Handbook and the Student Code of Conduct for ~~the~~ year.

I accept responsibility for accessing the Student Handbook and the Student Code of Conduct by visiting the web address listed above.

I understand that the handbook contains information that my child and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Student Code of Conduct. If I have any questions regarding this handbook or the Code of Conduct, I should direct those questions to the principal.

Printed name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of parent: \_\_\_\_\_

Date: \_\_\_\_\_

**PAPER COPIES OF THE HANDBOOK AND CODE OF CONDUCT ARE  
AVAILABLE UPON REQUEST.**

**Nueces Canyon CISD Parent & Student Handbook**

**Please check the lines below accordingly and sign and return to your child's school.**

\_\_\_\_\_ I do agree with corporal punishment for my child.

\_\_\_\_\_ I do not agree with corporal punishment for my child.

\_\_\_\_\_ I want to be contacted If corporal punishment is necessary.

\_\_\_\_\_  
**Student's Name**

\_\_\_\_\_  
**Parent/Guardian Signature**



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**Student Pick-up Authorization**

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

**Authorized Approved Pick-up List**

Please list the persons authorized to pick-up your child, including yourself. Each authorized person must be at least 18 years old and must have an ID on file. The child will not be allowed to leave school grounds with anyone not listed below. Authorized persons may receive the child in person and may be required to show identification to elementary staff. Children will not be handed over to persons who do not present an acceptable ID upon request.

I authorize the following responsible persons to pick-up my child from Nueces Canyon Elementary School. (Add additional pages as needed):

First & Last Name	Telephone Number	Relationship to Child
_____	( ) _____	_____
_____	( ) _____	_____
_____	( ) _____	_____
_____	( ) _____	_____

\*Please note that children must be picked up at designated time and only the registered parent will be allowed to complete this form.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name\*: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_





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**Dear Parent/Guardian:**

**I, the undersigned, do hereby authorize officials of Nueces Canyon Elementary to administer the following over the counter medications to my child as needed.**

**Tylenol**

**Motrin**

**Pepto Bismol**

**Allergy medications (such as Benadryl, Zyrtec)**

**Cough medications (Mucinex)**

**If your child cannot have any of these products please list them below.**

---

**Signature of Parent/Guardian**

---

**Student's Name**

---

**If you have any questions regarding this letter please contact Cristy McRorey @ 830-597-8155**

**If you do not wish to have your child receive any of these medications please sign below.**

**Parent Signature**

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**2023-2024 Multi-Use Application for Free and Reduced-Price School Meals**

Complete one application per household. Please use a pen (not a pencil).

Return to:  
or Apply Online:

Nueces Canyon C.I.S.D  
Elementary Office  
[www.nccisd.net](http://www.nccisd.net)

**STEP 1** List ALL Household Members who are infants, children, and students up to and including grade 12

If more spaces are needed, use the Additional Names section on the back.

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."  
Children in Foster Care, Head Start, and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals. Read the directions for more information.

Child's First Name					
MI					
Child's Last Name					
Student?	Yes	No			
Grade					
Check any that apply					
Homeless,					
Head Foster Migrant,					
Start Child Runaway					

**STEP 2** Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

**IF NO** → Go to STEP 3

Write the Eligibility Determination Group (EDG, n/a for FDIPIR) number here, then go to STEP 4 (do not complete STEP 3).

EDG Number

**STEP 3** Report Income for ALL Household Members (Skip this step if you answered 'YES' to STEP 2)

**A. Last four digits of Social Security Number (SSN) of an Adult Household Member**

XXX-XX-- Check if no SSN

**B. Income for Adult Household Members (including yourself)**

Last all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. Report the frequency by income type: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If more spaces are needed, use the Additional Names section on the back.

Name of Adult Household Members (First & Last)					
Work Earnings	\$				
Public Assistance/Alimony	\$				
Child Support/Retirement/ Social Security/SSI/ VA Benefits/All Other	\$				
Pensons/Retirement/ Social Security/SSI/ VA Benefits/All Other	\$				
Frequency	W	E	T	M	A

**C. Income for Children in the Household**

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Child Household Members listed in STEP 1 here. If applicable, include income from additional children listed on back. Income frequency conversion key provided on back.

Total Child Income \$

Frequency: W E T M A

**D. Total Household Members (Children & Adults)**

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

**STEP 4** Contact information and adult signature.

Printed name of adult signing the form

Signature of adult

Today's date

Street Address (if available) Apt # City State Zip code Daytime Phone and Email (optional)

**STEP 5 (Optional) Sharing Information with Other Programs**

For the following programs, we must have your permission to share your information. Please circle any program or benefit from the list below that you want to receive information from this application. Completing this section will not change whether your children are eligibility for free or reduced-price meals.

**ADDITIONAL NAMES**

List any additional **child** household members not listed in STEP 1.

Child's First Name	MI	Child's Last Name	Student?		Grade	Check any that apply	Homeless, Migrant, Runaway		
			Yes	No			Head Start	Foster Child	Migrant, Runaway
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List any additional **adult** household members not listed in STEP 3. Report the frequency by income type: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually

Name of Adult Household Members (First & Last)	Work Earnings	Frequency					Public Assistance/Child Support/Alimony	Frequency					Pensions/Retirement/Social Security/SSI/VA Benefits/All Other	Frequency				
		W	E	T	M	A		W	E	T	M	A		W	E	T	M	A
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

**DO NOT COMPLETE. This section for school use only.**

Annual Income Conversion: weekly x 52, every two weeks x 26, twice a month x 24, monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Household Size <input type="text"/>	Total Income <input type="text"/>	Frequency W E T M A <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Categorical Determination <input type="checkbox"/>	Eligibility	Free Reduced Denied <input type="radio"/> <input type="radio"/> <input type="radio"/>

Date Received <input type="text"/>	Date Withdrawn <input type="text"/>
Reviewing/Determining Official's Signature <input type="text"/>	Date <input type="text"/>
Confirming Official's Signature <input type="text"/>	Date <input type="text"/>