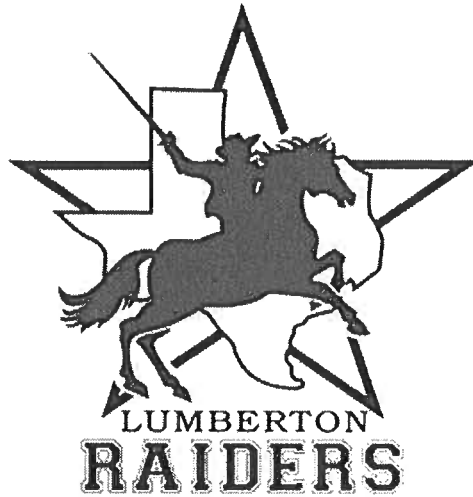




Lumberton Independent School District

2024-2025

New Student Registration

Middle School

Lumberton ISD Student Registration Information 2024-2025 School Year

New Students to the District (this means the student did not attend during the 24-25 school year or withdrew during the 24-25 school year)

Registration:

Wednesday July 17, 2024 (New Student Only) 8:00 am - 4:00 pm

Thursday July 18, 2024 (New Student Only) 11:00 am - 6:00 pm

After the above dates, please contact each campus to make an appointment for New Student Registration.

Items to Bring:

- Child's Birth Certificate
- Immunization Record - see below for details
- Social Security Card (optional)
- Proof of Residency (utility bill, rent/lease contract or homeowner's contract - this must be a current item, not old)
- Last Report Card / High School Transcript or Withdrawal Form from previous district
- Current Driver's License of Person Enrolling Student - must match proof of residency and not be expired

Kindergarten: A child must be five years old on or before September 1st to enroll.

Pre-Kindergarten:

- Child must be four years old on or before September 1st and meet one of the following qualifications
- Unable to speak or comprehend the English Language
- Has been or is in a Foster Care System
- Meets the definition of Homeless
- Child of a member of an active military family, or member of a military family whose parent was injured or killed while serving on active duty
- Economically Disadvantaged (Student is eligible for national School Lunch/Breakfast Program) ****This DOES NOT include Medicaid****
- Child of a person that has received the Sar of Texas Award as:
 - A peace officer under Section 3106.002, Government Code
 - A firefighter under section 3106.003, Government Code
 - An emergency medical first responder under Section 3106.004, Government Code

Required Immunizations:

- For DPT, DTap, Dt, Td, Tdap: For K-6th gr: 5 doses DPT vaccine, 1 dose must have been received on or after 4th birthday. 4 doses meet the requirement if the 4th dose was received on or after 4th birthday. For students 7 years old and older, 3 doses meet the requirement if 1 dose is received on or after their 4th birthday.
For 7th gr: 1 dose of Tdap is required when 5 yrs have passed since the last dose of tetanus-containing vaccine.
For 8th - 12th gr: 1 dose of Tdap is required when 10 yrs have passed since the last dose of tetanus-containing vaccine. Td is acceptable in place of Tdap if a medical contraindication to pertussis exists.
- For Polio: For K-12th gr: 4 doses of polio; 1 dose must be received on or after the 4th birthday. However, 3 doses meet the requirement if the 3rd dose was received on or after the 4th birthday.
- For MMR: For K-12th gr: 2 doses are required with the 1st dose received on or after the 1st birthday. Students vaccinated prior to 2009 with 2 doses of measles and one dose each of rubella and mumps satisfy this requirement.
- For Hep B: For students aged 11-15 yrs: 2 doses meet the requirement if adult hepatitis B vaccine (Recombivax) was received. Dosage (10mcg/1.0ml) and type of vaccine (Recombivax) must be clearly documented. If Recombivax was not the vaccine received, a 3-dose series is required.
- For Varicella: For K-12th gr: 2 doses are required. The 1st dose of varicella must be received on or after the 1st birthday.
- For Meningococcal: For 7th-12th gr: 1 dose of quadrivalent meningococcal conjugate vaccine is required on or after the student's 11th birthday. NOTE: If a student received the vaccine at 10 yrs of age, this will satisfy the requirement.
- For Hep A: For K-10th gr: 2 doses are required with the 1st dose received on or after the 1st birthday.

Student Information

Running Start dates and times:

Early Childhood	Wednesday	July 31, 2024	3:00 pm - 6:00 pm
Primary School	Wednesday	July 31, 2024	3:00 pm - 6:00 pm
Intermediate School	Wednesday	July 31, 2024	3:00 pm - 6:00 pm
Middle School	Wednesday	July 31, 2024	12:00 pm - 6:00 pm
High School	Wednesday	July 31, 2024	12:00 pm - 6:00 pm

Información de Registro de Estudiantes de Lumberton ISD Del Año Escolar 2024-2025

Estudiantes Nuevos al Distrito (esto significa que el estudiante no asistió durante el año escolar 24-25 o se retiró durante el año escolar 24-25)

Registro:

miércoles 17 de julio de 2024 (solo estudiantes nuevos) 8:00 am - 4:00 pm

jueves 18 de julio de 2024 (solo estudiantes nuevos) 11:00 am - 6:00 pm

Después de las fechas anteriores, comuníquese con cada campus para hacer una cita para el registro de nuevos estudiantes.

Artículos para llevar:

- Certificado de Nacimiento del Niño
- Registros de Vacunas: consulte los detalles a continuación
- Tarjeta de la Seguridad Social (opcional)
- Prueba de Residencia (factura de servicios públicos, contrato de alquiler/arrendamiento o contrato de propietario- debe ser un documento actual, no viejo)
- Último Reporte de Calificaciones/Transcripción de la escuela secundaria o formulario de retiro del distrito anterior
- Licencia de conducir actual de la persona que inscribe al estudiante- debe coincidir con el comprobante de residencia y no estar vencido

Kindergarten: El/La niño(a) debe tener cinco años de edad antes del 1 de septiembre para inscribirse.

Pre-Kindergarten:

- El niño debe tener cuatro años el 1 de septiembre o antes y cumplir uno de los siguientes requisitos
- No puede hablar o comprender el idioma del inglés.
- Ha estado o está en un sistema de cuidado de crianza
- Cumple con la definición de personas sin hogar
- Hijo de un miembro de una familia militar activa, o miembro de una familia militar cuyo padre resultó herido o murió mientras prestaba servicio activo
- Desfavorecidos económicamente
- Hijo de una persona que ha recibido el Premio Sar de Texas como:
 - Un oficial del orden público según la Sección 3106.002, Código de Gobierno
 - Un bombero según la sección 3106.003, Código de Gobierno
 - Un socorrista médico de emergencia según la Sección 3106.004, Código de Gobierno

Vacunas Requeridas:

- Para DPT, DTap, Dt, Td, Tdap: Para K-6.º grado: 5 dosis de la vacuna DPT, 1 dosis debe haberse recibido al cumplir 4 años o después. 4 dosis cumplen con el requisito si la 4ta dosis se recibió al cumplir 4 años o después. Para estudiantes de 7 años en adelante, 3 dosis cumplen con el requisito si reciben 1 dosis al cumplir 4 años o después. Para 7mo grado: Se requiere 1 dosis de Tdap cuando hayan pasado 5 años desde la última dosis de vacuna que contiene tétanos. Para 8º - 12º grado: se requiere 1 dosis de Tdap cuando hayan pasado 10 años desde la última dosis de la vacuna que contiene tétanos. La Td es aceptable en lugar de la Tdap si existe una contraindicación médica para la tos ferina.
- Para Polio: Para K-12º grado: 4 dosis de polio; Se debe recibir 1 dosis a partir del cuarto cumpleaños. Sin embargo, 3 dosis cumplen con el requisito si la tercera dosis se recibió al cumplir 4 años o después.
- Para MMR: Para K-12.º grado: se requieren 2 dosis y la 1.ª dosis se recibe al cumplir el primer cumpleaños o después. Los estudiantes vacunados antes de 2009 con 2 dosis de sarampión y una dosis de rubéola y paperas satisfacen este requisito.
- Para Hepatitis B: Para estudiantes de 11 a 15 años: 2 dosis cumplen con el requisito si recibieron la vacuna contra la hepatitis B para adultos (Recombivax). Se debe documentar claramente la dosis (10 mcg/1,0 ml) y el tipo de vacuna (Recombivax). Si Recombivax no fue la vacuna recibida, se requiere una serie de 3 dosis.
- Para Varicela: Para K-12º gr: Se requieren 2 dosis. La primera dosis contra la varicela debe recibirse al cumplir el primer año o después.
- Para Meningococo: para 7.º a 12.º grado: se requiere 1 dosis de la vacuna meningocócica tetravalente conjugada al cumplir 11 años o después. NOTA: Si un estudiante recibió la vacuna a los 10 años de edad, esto cumplirá con el requisito.
- Para Hep A: Para K-10.º grado: se requieren 2 dosis y la 1.ª dosis se recibe al cumplir el primer cumpleaños o después.

Información del Estudiante

Fechas y Horas de Running Start:

Early Childhood	miércoles	31 de julio del 2024	3:00 pm - 6:00 pm
Primary School	miércoles	31 de julio del 2024	3:00 pm - 6:00 pm
Intermediate School	miércoles	31 de julio del 2024	3:00 pm - 6:00 pm
Middle School	miércoles	31 de julio del 2024	12:00 pm - 6:00 pm
High School	miércoles	31 de julio del 2024	12:00 pm - 6:00 pm



Texas State Law requires that students provide proof of the following vaccines **before entering the seventh grade.**

***Tdap**

***Meningococcal vaccine**

On July 17th from 8am-4pm & July 18th from 11pm-6pm during new student registration at the Lumberton High School Commons, and on July 31st from 12-6 during Running Start at the Lumberton Middle School, the Hardin County Immunization Nurse will be present to give the Tdap and Meningococcal vaccines. Vaccines will be provided at a low rate of \$5 per vaccine for all children with or without insurance.

PARENTS: Without proof of these required immunizations, your child will not be allowed to start school in August 2024.

Detailed information about the minimum vaccine requirements for Texas students can be obtained from the Texas of State Health by visiting their website @www.dshs.state.tx.us or by calling (800)252-9152.

Whenever your child gets any new shots, always send a copy of the record to the school nurse immediately. If you have any questions, please call your school nurse. As always, it is a pleasure to work with you in health matters regarding your child.

Thank you,
Debbie Paulino, BSN, RN
Lumberton Middle School Nurse
409-923-7725
dlpaulino@lumbertonisd.org



La Ley Estatal de Texas requiere que los estudiantes proporcionen prueba de las siguientes vacunas antes ingresar al séptimo grado.

***Tdap**

***Meningocócica**

El 17 de julio de 8 am a 4 pm y el 18 de julio de 11 pm a 6 pm durante el registro de nuevos estudiantes en los Comunes de Lumberton High School, y el 31 de julio de 12 a 6 durante Running Start en Lumberton Middle School, la Enfermera de Vacunación del Condado de Hardin estará presente para aplicar las vacunas Tdap y Meningocócica. Las vacunas se proporcionarán a una tarifa baja de \$5 por vacuna para todos los niños con o sin seguro.

PADRES: Sin prueba de estas vacunas requeridas, su hijo no podrá comenzar la escuela en agosto de 2024.

Se puede obtener información detallada sobre los requisitos mínimos de vacunas para los estudiantes de Texas en el sitio web de Salud del Estado de Texas visitando [@www.dshs.state.tx.us](http://www.dshs.state.tx.us) o llamando al (800)252-9152.

Siempre que su hijo reciba nuevas vacunas, envíe siempre una copia del registro a la enfermera de la escuela inmediatamente. Si tiene alguna pregunta, llame a la enfermera de su escuela. Como siempre, es un placer trabajar con usted en asuntos de salud de su hijo.

Gracias,
Debbie Paulino, BSN, RN
Enfermera de Lumberton Middle School
409-923-7725
dlpaulino@lumbertonisd.org



English Version

Commissioner Mike Morath

1701 North Congress Avenue • Austin, Texas 78701-1494 • 512.463-9734 • 512.436-9838 FAX • tea.texas.gov

Student Name: _____

District Name: _____

Student ID#: _____

Campus Name: _____

HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215

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

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

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

Part One:

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

Dear Parent or Guardian:

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

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

Part Two:

Please answer the questions to the best of your ability.

1. 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) for additional information.

Signature of Parent/Guardian _____ Date _____

Signature of Student if Grades 9-12 _____ Date _____

2024-2025 Lumberton ISD Registration Form
Complete BOTH SIDES of Form (Please Print)

For Office Use Only:
ID#
Entry Date
HR Teacher
Date Ent 9th Grade

Date: _____

Grade: _____

Campus: _____

STUDENT INFORMATION

Student Legal Name (Last, First, Middle, Generation)	Gender	Date of Birth	Social Security/State PEIMS #
City and State of Birth	Country of Birth	See Registrar to Change Student's Ethnicity/Race Currently on File	
Student Physical Address (cannot be a PO Box)	Student Home Phone	Student Cell Phone	
Student Mailing Address (if different than physical address)	Student Email		
Student Lives With: ☐ Parents ☐ Mother Only ☐ Father Only ☐ Mother/Stepfather ☐ Father/Stepmother ☐ Legal Guardian ☐ Foster Parents ☐ Other			

PRIORITY 1 PARENT EMERGENCY CONTACT (receives ALL School Messenger call-outs) (has right to transport student)

Priority 1 Parent Name	Relation to Student	Person Enrolling Student: ☐ Y ☐ N If yes, Birth Date: _____
Cell Phone	Home Phone	Work Phone
		Preference: ☐ Cell ☐ Home ☐ Work
Priority 1 Parent Physical Address	Priority 1 Parent Mailing Address (if different)	
Receive Mailouts: ☐ Y ☐ N	Priority 1 Parent Email	Employer

PRIORITY 2 PARENT EMERGENCY CONTACT (receives only emergency School Messenger call-outs) (has right to transport student)

Priority 2 Parent Name	Relation to Student	Person Enrolling Student: ☐ Y ☐ N If yes, Birth Date: _____
Cell Phone	Home Phone	Work Phone
		Preference: ☐ Cell ☐ Home ☐ Work
Priority 2 Parent Physical Address	Priority 1 Parent Mailing Address (if different)	
Receive Mailouts: ☐ Y ☐ N	Priority 2 Parent Email	Employer

ADDITIONAL EMERGENCY CONTACT INFORMATION (all contacts have right to transport student)

1.	Name	Relation to Student	Cell Phone	Home Phone	Work Phone
2.	Name	Relation to Student	Cell Phone	Home Phone	Work Phone
3.	Name	Relation to Student	Cell Phone	Home Phone	Work Phone

*****PERSONS NOT AUTHORIZED TO PICK UP STUDENT – MUST PROVIDE LEGAL DOCUMENT IF A PARENT IS LISTED*****

Name	Relation to Student	Legal Papers on file IF PARENT: ☐ Y ☐ N
Name	Relation to Student	Legal Papers on file IF PARENT: ☐ Y ☐ N

COMPLETE BOTH SIDES

Student Name: _____ Grade: _____ ID# _____

ACADEMIC INFORMATION

Has student ever attended a Texas Public School? ☐ Y ☐ N Has student ever repeated a grade? ☐ Y ☐ N If yes, what grade? _____

Has student previously attended a Lumberton School? ☐ Y ☐ N If yes, last school and grade attended? _____

Previous School History:

<u>School Name:</u>	<u>City & State</u>	<u>Grade(s)</u>	<u>Date(s) of Attendance</u>
_____	_____	_____	____--____
_____	_____	_____	____--____
_____	_____	_____	____--____
_____	_____	_____	____--____

Please check if student is currently or has previously received any of the following services:

☐ Special Education ☐ Speech Therapy Only ☐ 504 ☐ Dyslexia Services ☐ Gifted/Talented
☐ ESL/BILINGUAL ☐ Title I ☐ Other, explain _____

If NEW to the district, do you have paperwork showing participation in the service(s) checked? ☐ Y ☐ N

Is your child currently assigned to an alternative placement program as a result of discipline? ☐ Y ☐ N

IMPORTANT PERMISSIONS & ACKNOWLEDGMENTS: LISD will consider all unmarked answers to be 'YES'

**** I understand and accept responsibility to access the LISD Student Handbook and Student Code of Conduct electronically at www.lumbertonisd.org.**

I understand that paper copies are available upon written request to the campus office.

****The Texas Open Records Act requires districts to release STUDENT DIRECTORY INFORMATION unless a parent requests IN WRITING to not release the information. See the LISD Student Handbook for details and instructions.**

☐ Y ☐ N Permission for student to participate in the district's electronic communications and multi-media systems. This includes internet access.

☐ Y ☐ N Permission for student's name, photo and/or work to be electronically displayed on the district's website, newspaper, etc.

☐ Y ☐ N Student is allowed to receive corporal punishment.

☐ Y ☐ N Permission for student to be videoed

Permission for School Related Field Trips/Activities:

☐ Parent/Guardian DOES give permission and does not require an authorization for each trip.

☐ Parent/Guardian DOES NOT give permission and does require an authorization for each trip.

OTHER INFORMATION

Are there any legal restrictions regarding this student such as divorce decrees, court orders, CPS placement, etc.? ☐ Y ☐ N

If yes, the most current legal documentation MUST be provided to the school.

****A PARENT/GUARDIAN WILL NOT BE DENIED ACCESS TO STUDENT OR INFORMATION UNLESS LEGAL PAPERWORK IS ON FILE****

Provide below any additional information about your child the school should be aware of.

List siblings attending LISD:

<u>Name</u>	<u>Grade</u>	<u>Name</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____

By signing below the Parent/Guardian confirms all sections of this form have been completed with accurate information. Changes to student data will be promptly given to the campus office.

A person who knowingly falsifies information to gain enrollment in LISD is liable for tuition fees (TEC §25.001)

Parent/Guardian Signature _____

Date _____

Lumberton ISD
Ethnicity and Race Data Questionnaire

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

- ☐ **Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **Not Hispanic/Latino**

Part 2. Race: What is the person's race? (Choose one or more)

- ☐ **American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- ☐ **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Black or African American** - A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Student/Staff Name (please print)

(Parent/Guardian)/(Staff) Signature

Student/Staff Identification Number

Date

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:

_____ Hispanic / Latino

_____ Not Hispanic/Latino

Race – choose one or more:

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

Observer signature:

Campus and Date:

Agencia de Educación de Texas

Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal de las Escuelas Públicas de Texas

El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).

Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.

Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).

Parte 1. Etnicidad: ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)

- ☐ **Hispano/Latino** – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.
- ☐ **No Hispano/Latino**

Parte 2. Raza. ¿Cuál es la raza de la persona? (Escoja uno o más de uno)

- ☐ **Indio Americano o Nativo de Alaska** – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo America Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.
- ☐ **Asiático** – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.
- ☐ **Negro o Áfrico-Americano** – Una persona con orígenes de cualquier grupo racial negro de África.
- ☐ **Nativo de Hawai u otras islas del pacífico** – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.
- ☐ **Blanco** – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

Nombre del Estudiante/Miembro de Personal
(por favor use letra de imprenta)

Firma (Padre/Representante legal)
/(Miembro de personal)

Número de Identificación del
Estudiante/Miembro del personal

Fecha

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:

The information on this form is required to meet the law known as the McKinney-Vento Act 42 D.S.C. 1143a(2), also known as the Title X, Part C, of the No Child Left Behind Act. The answers you give will help the school determine the services the student may be 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 others costs. TEC Sec. 25.001 Admission*

OVER

DOCUMENTATION NEEDED FOR PROOF OF RESIDENCE

Both new and returning students are required to provide proof of residence in the district to be eligible to enroll.

- Students **new** to the district for the 24-25 school year complete **Section 3**.
- Students **returning** for the 24-25 school year complete **Section 4**.

Section 3 – Students new to LISD for the 24-25 school year

If living in own residence or renting, provide a current form of (current is within 30 days, not past due or a disconnect notice) one of the following:

- _____ current water bill
- _____ current electric bill
- _____ homeowner contract
- _____ rent/lease contract
- _____ other - submit for approval, may require additional documentation

A copy of the current driver's license/ID of the person enrolling the student must also be provided.

****If you do not have one of the above forms of documentation, see the Registrar for further assistance.**

If living in another person's residence and bills are in that person's name:

See the Registrar to determine documentation needed for enrollment.

A copy of the current driver's license/ID of the person enrolling the student must also be provided.

If building, buying or leasing within 90 days:

A student whose parent has a lease agreement or a contract to buy or build a residence within the district boundaries within 90 days must present evidence of intent to become a resident. By the end of the 90 days, proof of residence must be provided or student may be withdrawn.

A copy of the current driver's license/ID of the person enrolling the student must also be provided.

If none of the above applies, see the Registrar for further assistance.

Section 4 – Students returning for the 24-25 school year

Per board policy, FD(LOCAL), students must provide proof of residence annually. Please make every effort to provide LISD with the required documentation at your student's Running Start or other before school orientation. Documentation not received by the date set by the Superintendent may result in your student being withdrawn from LISD.

If living in own residence or renting, provide a current (current is within 30 days, not past due and no disconnect notice) form of one of the following:

- _____ current electric bill
- _____ current water bill
- _____ other – submit for approval, may require additional documentation

****If you do not have one of the above forms of documentation, see the Registrar for further assistance.**

If living in another person's residence and bills are in that person's name:

See the Registrar to determine documentation needed for enrollment.

A copy of the current driver's license/ID of the person enrolling the student must also be provided.

If none of the above applies, see the Registrar for further assistance.

Signature of person enrolling student _____ Date _____

Relationship to Student _____

2024-2025 Lumberton Independent School District Student Emergency Health Form

(PLEASE PRINT ALL INFORMATION)

ID# _____ Grade _____

Student's Full Name _____ Sex _____ Age _____ D.O.B. ____/____/____ Home Phone _____

Guardian #1 _____ Cell Phone _____ Employer _____ Phone _____

Guardian #2 _____ Cell Phone _____ Employer _____ Phone _____

Student lives with: Both Parents _____ Mother _____ Father _____ Grandparents _____ Other _____

CURRENT HEALTH PROBLEMS: _____

CURRENT MEDICATIONS: _____

ALLERGIES (food, medication, environmental): _____

STUDENT'S MEDICAL HISTORY: (Circle all that apply)

Blood Disorder Diabetes Ear or Hearing Problems Eye or Vision Problems Heart Disease Seizures High Blood Pressure

Other Explain: _____

Physician _____ Phone _____

If parents or guardians are unavailable, emergency contact with transportation:

Name	Relationship	Cell Phone	Other Phone
1. _____			
2. _____			
3. _____			

Disclosure of Health Information

I understand that Lumberton ISD will protect this information as prescribed by the Family Educational Rights and Privacy Act (FERPA). The above information may be shared with individuals working at or with Lumberton ISD for the purpose of providing safe, appropriate, and least restrictive educational settings and school health services and programs.

According to Texas state law and school board policy, any prescription or over-the-counter medication you send to school with your student must be in the original, properly labeled container, along with your written request and signature. For long term prescription medication (over two weeks) a written request from the physician is also required.

EMERGENCY TREATMENT: I, the undersigned, do hereby authorize officials of LISD to contact directly the persons named on this card, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency for the health of said student. In the event parents or other persons named on this card cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the aforesaid student.

SIGNATURE OF PARENT OR GUARDIAN _____ **Date** _____

LUMBERTON ISD
STUDENT FOOD ALLERGY DISCLOSURE

Student name: _____ Grade: _____

In accordance with Texas Education Code Chapter 25, Section 25.0022, upon enrollment of a child in public school, a school district shall give a person with legal control of a child an opportunity to disclose a food allergy or severe food allergy to enable the District to take necessary precautions to ensure the student's safety.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a foodborne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food.

****** This information is being provided without documentation from a physician and will NOT be placed in the health records maintained by the district. Contact the school nurse regarding documentation needed from a physician.***

Food:	Nature of Allergic Reaction:

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

Parent/Guardian Name (Please Print)

Date: _____

Parent/Guardian Signature

Lumberton Independent School District
Middle School
Authorization to Release Student Records

To: _____

School: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

The student identified below has enrolled in our school:

_____	_____	_____
Student Name	DOB	Grade

Please forward the following information and records:

Birth Certificate	Social Security Card	Shot Record
Test Results	Home Language Survey	Section 504
Dyslexia	GT Information	Special Education Records
Report Cards (Including Current Grades)	Any Other Pertinent Information	

From: Middle School

Phone: 409-923-7721

Attn: Tamarind Davis

Fax: 409-234-1632

107 South LHS Drive

Email: ptdavis@lumbertonisd.org

Lumberton, TX 77657

Parent/Guardian Signature

Date

Registrar

Date

2024-2025 Family Survey

District: Lumberton ISD	Campus:	
Student Name:	Age:	Grade Level:

Dear Parents,

In order to better serve your children, our school district is helping the State of Texas identify students who may qualify to receive additional educational services.

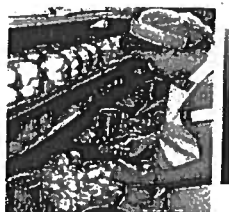
The information provided below will be kept confidential. Please answer the following questions and return this form to your child's school.

1. Within the past 3 years have you, or your child, moved from one school district, city or state to another? YES or NO
2. If yes, did you, or your child, move so you could work or look for work in agriculture or fishing?

☐ **NO** (STOP here and return survey to your child's school.) ☐ **YES** (Please ☒ check all that apply below)



Fruit, vegetables,
sunflower, cotton, wheat,
grain, farms or ranches,
fields & vineyards

☐


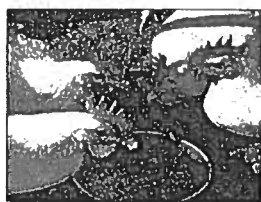
Working in a cannery

☐


Working on a dairy farm

☐

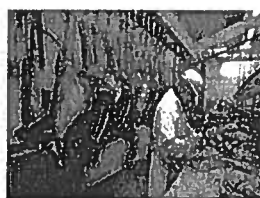

Working in a fishery

☐


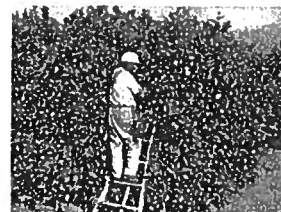
Working on a poultry farm

☐


Working in a plant nursery,
orchard, tree growing or
harvesting

☐


Working in a slaughterhouse

☐


Other similar work, please
explain:

Please complete the following information: (Please print)		Best time to contact you: _____	
Parent/Guardian Name:	Home Address/Apt Name:	City:	Zip Code:
Telephone Number:	Mailing Address:	City:	Zip Code:

For School Use Only: Please forward survey to Belinda Clowers if #2 is 'Yes'

2024-2025 Encuesta de familia

Distrito: Lumberton ISD	Escuela:	
Nombre del estudiante:	Edad :	Grado:

Estimados padres,
 Para mejorar los servicios de sus hijos, el distrito está colaborando con el estado de Texas para identificar a los estudiantes que pueden calificar para recibir servicios educativos adicionales.
 Toda la información proporcionada será mantenida confidencial. Favor de responder a las siguientes preguntas y regresar esta forma a la escuela de su hijo/hija

1 ¿Dentro de los últimos 3 años usted, o su hijo/hija, se ha mudado de distrito escolar, ciudad o estado? SI o NO

2 ¿Si respondió SI, usted, o su hijo/a, se mudó para trabajar o buscar trabajo de agricultura o de pesca?

☐ **NO** (ALTO Regrese la encuesta a la escuela de su hijo/a.)

☐ **SI** (FAVOR ☒ elija los que apliquen abajo)



Fruta, verduras, soya, girasol, algodón, trigo, betabel, ranchos, campos y viñedos

☐


Trabajando enlatando frutas o verduras

☐


Trabajando en una lechería

☐


Trabajando en la pesca

☐


Trabajando en granjas de aves

☐


Trabajando en un vivero de plantas, plantando o cosechando árboles

☐


Trabajando en una casa de matanza

☐


Otro trabajo similar, favor de explicar:

Favor de llenar lo siguiente: (Favor de usar letra de molde)		Mejor hora para comunicarse con usted? : _____	
Padre/Guardian:	Dirección de domicilio/ Apartamentos:	Ciudad:	Código Postal:
Número de Teléfono:	Dirección Postal:	Ciudad:	Código Postal:

For School Use Only: Please forward survey to Belinda Clowers if #2 is 'Yes'.

Rev: 04/2018

Lumberton Independent School District
Military Connected Student Form
2024-2025

*RETURN THIS FORM TO YOUR CHILD'S CAMPUS ONLY IF YOUR CHILD MEETS ONE OF THE
CRITERIA BELOW*

In 2009 the Texas Legislature adopted the Interstate Compact on Education Opportunity for Military Students, TEC§162. This legislation requires schools to recognize and extend certain privileges to students who are military dependents and to assist military dependent students in the transition process of changing schools when their military parents are reassigned and forced to relocate.

Student Name: _____ Grade: _____

Name of Parent in Military: _____

Relation to Student: _____ Father _____ Mother _____ Stepparent _____ Legal Guardian

Please select one of the following

For students in grades K-12:

_____ Student is a dependent of an active duty or former member of the Army, Navy, Air Force, Marine Corps, or Coast Guard (this includes Missing In Action)

_____ Student is a dependent of an active duty or former member of the Texas National Guard (Army, Air Guard, or State Guard)

_____ Student is a dependent of a member or former member of a reserve force in the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard)

For students in Pre-K:

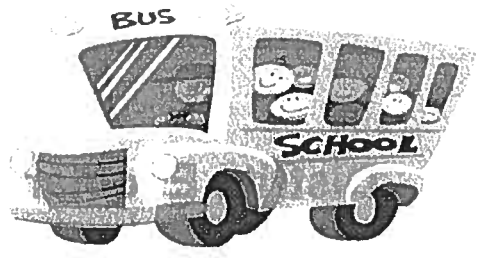
_____ Student is a dependent of:

- an active duty uniformed member of the Army, Navy, Air Force, Marine Corps, or Coast Guard,
- activated/mobilized uniformed member of the Texas National Guard (Army, Air Guard, or State Guard), or
- activated/mobilized members of the Reserve components of the Army, Navy, Marine Corps, Air Force, or Coast Guard; who are currently on active duty or who were injured or killed while serving on active duty.

For Office Use Only:

Enter appropriate code in student system
File form in student's cumulative folder

Lumberton ISD Transportation Registration



Student's Name

Student's Birthday

Parent/Guardian(s) Name

Primary Street Address

City State Zip

E-mail

Parent's Contact Number

Campus

Grade

☐ My student will be riding the bus to or from school

☐ My student will **NOT** be riding the bus to or from school

Please initial below:

___ I, the parent/guardian, have signed up for the Transportation Remind Account

___ I understand that transportation changes will follow the guidelines in the transportation handbook

___ I understand that transportation will only be provided to the student's primary address. If extenuating circumstances exist an appointment must be made with the Transportation Director to review the request. 409-923-7494

___ I have received access to the student handbook which includes bus rider information. I will notify my child's school campus with any changes to any information on this form.

Parent/Guardian Signature

Date

Distrito Escolar Independiente de Lumberton

Registro de Transporte

Nombre del Estudiante

Fecha de Nacimiento del Estudiante

Nombre del Padre/Tutor(es)

Dirección Principal de la Calle

Ciudad Estado Código Postal

Correo Electrónico

Número de Contacto de los Padres

Campus

Grado

☐ Mi estudiante viajará en autobús hacia o desde la escuela.

☐ Mi estudiante NO viajará en autobús hacia o desde la escuela.

Escriba sus iniciales a continuación:

___ Yo, el padre/tutor, me he inscrito en la cuenta de recordatorio de transporte

___ Entiendo que los cambios de transporte seguirán las pautas del manual de transporte

___ Entiendo que solo se proporcionará transporte a la dirección principal del estudiante. Si existen circunstancias atenuantes, se debe hacer una cita con el Director de Transporte para revisar la solicitud. 409-923-7494

___ He recibido acceso al manual del estudiante que incluye información sobre los pasajeros del autobús. Notificará al campus de la escuela de mi hijo sobre cualquier cambio en la información de este formulario.

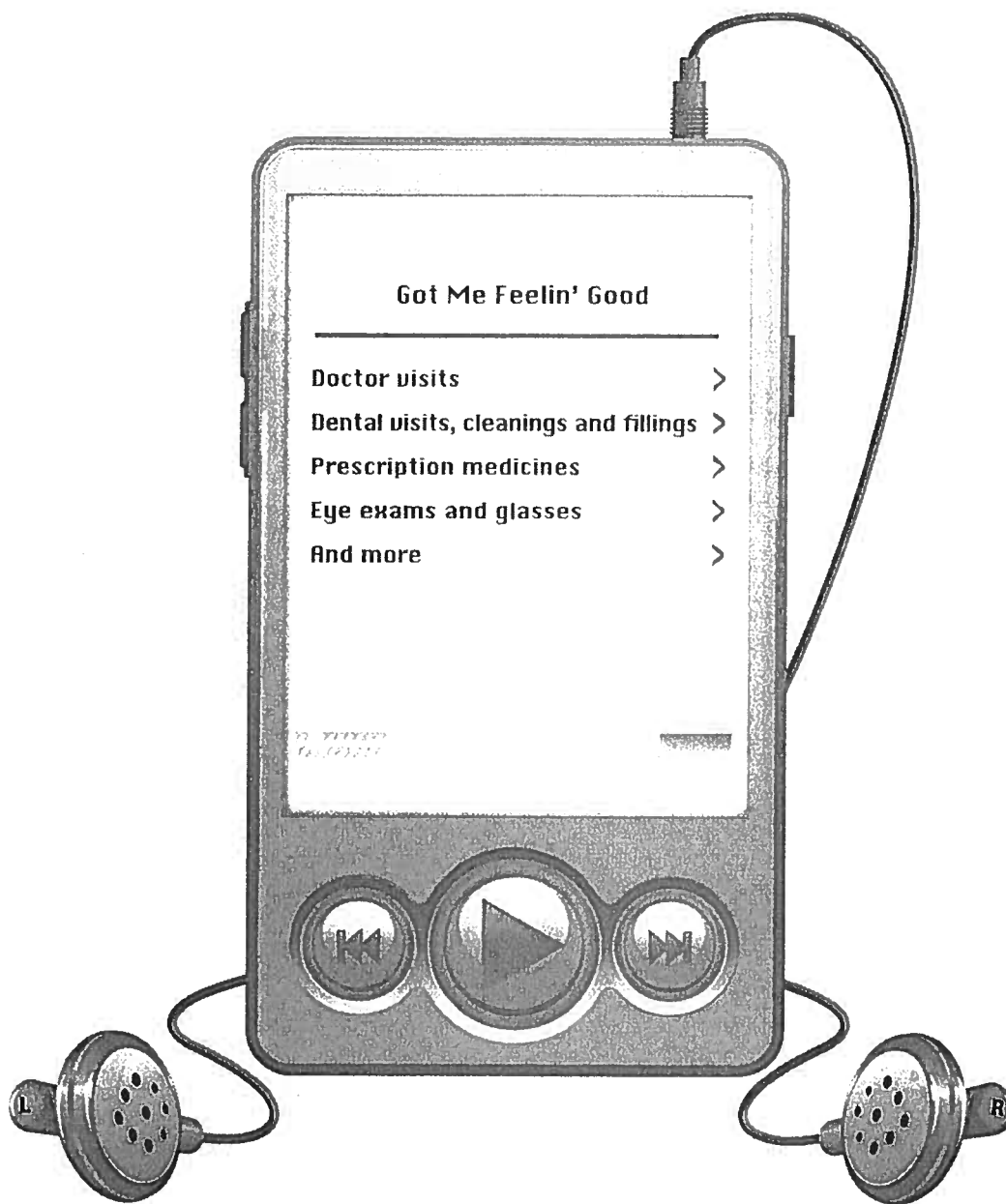
Firma del Padre / Tutor

Fecha



**Lumberton Independent School District
Medication Policy and Procedures
2023-2024**

1. Any prescription or over the counter medication must be accompanied by a completed Medication Administration Request Form and turned in to the school nurse.
2. Medications are considered to be any pills, liquids, inhalers, sprays, eye drops, ear drops, cough drops or topically applied creams or ointments that are expected to relieve symptoms. No BAGGIES, or LOOSE UNIDENTIFIED medicine will be accepted.
3. Only medications that cannot be given at home will be given at school.
4. Written permission from parents and physician is required for students to carry and self-administer medications. Only insulin, asthma reliever inhalers or emergency epinephrine, will be allowed as self-carry medications. All other medications must be administered by the nurse.
5. Prescription medication must be in the original labeled pharmacy container and will be administered in compliance with the prescription instructions printed on the label. For prescription medication to be given for less than two weeks, written request/consent must be signed by both parent/guardian. For medication given for longer than two weeks, a form from the nurse office must be completed by parent **and** physician. NO medication will be given until this or a similar physician's form is received. **This is to be updated annually for every new school year.**
6. Homeopathic medications, dietary supplements and herbal supplements will be given if all of the following requirements are met:
 - All the above must be supplied by the parent and accompanied by written permission. Medications/supplements must be approved by the U.S. Food and Drug Administration and appear in the United States Pharmacopeia.
 - Medications/supplements must be in their original, properly labeled container.
 - Only medications/supplements that cannot be given at home will be given at school.
 - A written request will be required from a physician or other healthcare professional with authority to write prescriptions to administer approved non-prescription, homeopathic medications, herbal substances or dietary supplements when such medications are to be administered at school.
7. Expired medications will not be given.
8. Medications stored in the school clinic must be picked up by the parent/guardian before the last day of school. Medication may be sent home with a student **ONLY** if parent writes and signs a permission note to do so and is verified by the school nurse. Any unused medication left at the end of the school year will be destroyed.



Get your parents to add healthcare to your playlist.

You've got access to the Internet and access to your favorite music. Now amp it up with access to low-cost health and medical care through CHIP/Children's Medicaid. Your parents even get access to someone in your community who can help them fill out the application. Call toll-free 1-877-543-7669 (1-877-KIDS-NOW) or go online at www.CHIPmedicaid.org.

 **CHIP|Children's Medicaid**
We've got your kids covered.



Que tus papás pongan el seguro médico en tu lista de música.

Tienes acceso a Internet y a tu música favorita. Ahora aprovecha más con acceso a atención médica y de salud a bajo costo con CHIP/Children's Medicaid. Tus padres hasta tendrán acceso a una persona en tu comunidad que pueda ayudarles a llenar la solicitud. Llama sin costo al 1-877-543-7669 o visita en línea www.CHIPmedicaid.org.

 **CHIP | Children's Medicaid**
Protegemos la salud de sus hijos.



schoolcafé

QUICK CARD

Contact Info: (Note: For security purposes, you may be asked to verify your contact info, including your security answer, when you request help.)

Phone: 855.PAY-2-EAT - (855) 729-2328

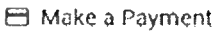
Email: customercare@schoolcafe.com

Website: <https://www.schoolcafe.com>

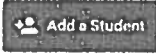
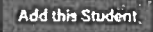
REGISTRATION

1. Select 
2. Select *I'm a Parent* and select 
3. Enter your name and contact information, and then select 
4. Create a username and password you will easily remember, and confirm the password
5. Set up a security question and answer (in case you do forget your login credentials) and select 
6. Read and accept the Terms & Conditions, and then select 

MAKE A PAYMENT

1. At the top of your Dashboard, select 
2. Enter payment dollar amounts for each student as desired and select 
3. (Optional) If your district allows for purchasing of other types of school items (yearbooks, fees, etc.), you will see a  button, where you can enter payment amounts for those items as well. If the district does not accept those kinds of payments through SchoolCafé, this button will not be visible.
4. On the Checkout screen, confirm the total and select an existing payment method, or choose  to add a new card.
 - a. When adding a new card, you can enter your card's details and either save the card (even making it your default payment card) or simply use it for a one-time payment.
5. When you have confirmed all details, select  to complete the payment. Funds are typically available at the child(ren)'s school(s) within 20 minutes.

ADD STUDENT(S)

1. At the top of your Dashboard, select 
2. Enter your student's information as requested
3. Select 
4. Verify the student found is accurate and select 



SET UP AUTOMATIC PAYMENTS

1. From your Dashboard, locate an individual student on your account and select the blue text next to 'Automatic Payment' (the text will say either 'Not Set' or 'Set for ...')  Automatic Payment: **Not Set**
2. In the first field, enter a Payment Amount. This amount will be paid automatically.
3. In the next field, enter a balance threshold. This tells SchoolCafé how low the student's balance must be before the payment will be made.
4. Select a payment source or select  **Add a Card** to add a new card.
5. In the last field, confirm the date that the Automatic Payment will expire.
(Note: this date should be before your payment source expires, if possible!)
6. Select 

SET UP LOW BALANCE ALERTS

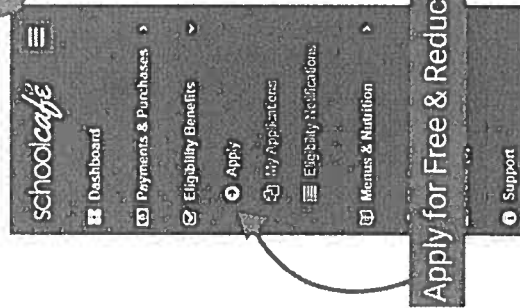
1. From your Dashboard, locate an individual student and select the blue text next to 'Low Balance Alert' (the text will say either 'Not Set' or 'Set for ...')  Low Balance Alert: **Not Set**
2. In the first field, enter a balance threshold. This tells SchoolCafé how low the student's balance must be before a low balance alert is sent to you.
3. In the next field, enter how often you would like to receive a reminder that the student's balance is below the threshold. This is helpful in case you miss an email or alert.
4. Select 

For answers to frequently asked questions, and to get the most up-to-date help with this or any other information not covered here, please visit our website at <https://www.schoolcafe.com> and select

FAQs

schoolcafe

Quick Card



Select Language

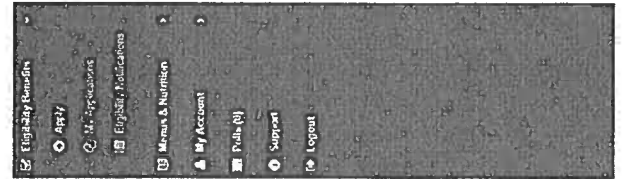
English
中文

Select from Various Languages

Apply for Free & Reduced Meals

Use of Information Statement | Non-Discrimination Statement

2



Certify

Please provide honest acknowledgement of the terms and conditions for this application before proceeding

Bob Smith

4792 Cypress Creek, River Oaks, 400

Houston, TX 77245

123-456-7890

test@test.com

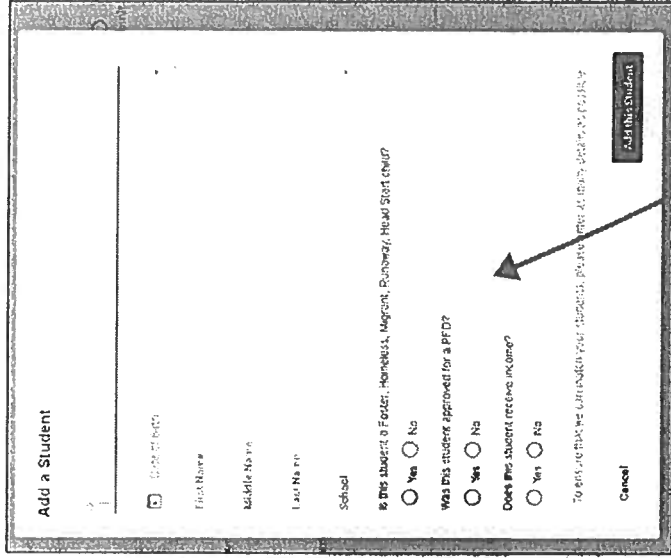
Click to Certify your Information is Correct

I certify (parent and child)

understand that school officials may verify (check) the information provided and that if I knowingly provide false information, my children will lose benefits, and I may be prosecuted.

* required

Previous



Add Details: such as Income, or if your Student is Foster or Homeless

3

Edit Application Information

Edit

Students

Enter all K-12 students in your household

Add Student

You do not have any children in your household. You must add at least one student.

Add Students to your Application

Use of Information Statement | Non-Discrimination Statement

Select Students Already Added

Select Students Already Added

Household

10

Figure 1

ՀԱՅԵՐԵՆԻ ԵՐԱՅԻՆ

about your needs

Abstract

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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1

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Instructions

天

Return to a Previous Step in your Application

Do

●
○

Can determine year housing

Additional

Cheng, C. C. (1997). *China's economic development*. New York: Oxford University Press.

schoolcafe

Quick Card

7

Students Assistance Household Review Submit

Review

Glance over your information and make sure everything looks good. If something needs to be changed, you can select the edit option for each section. Otherwise, you can proceed to the next step.

Students

You have indicated that your household contains 2 K-12 student(s).

- Income: None
Foster/Homeless/Migrant/Runaway/Head Start: No
- Income: None
Foster/Homeless/Migrant/Runaway/Head Start: No

Assistance

You have indicated that you did not receive any assistance from SNAP, TANF, or FDIPI.

Household

Total Household Size (including Children and Adults): 3

- Student
Income: None
- Student
Income: None
- Smith, Bob
1650 1st St
Income: \$3,000.00 (Monthly)

Previous

Next

8

Submit

Bob Smith

Review your Application Information

Enter the Last Four Digits of your SSN (if required)

Do you have an SSN?

☒ Yes ☐ No

By clicking the "Submit" button, you are certifying that the information provided is true and correct.

Return to Previous Steps to Adjust Any Information

to Review

Your application was successfully verified and signed via IP Address 10.10.100.91.

Submit My Application

Digitally Sign your Online Application

Submit your Application

Bob Smith

9

Summary

You have successfully completed your online application.

The application number is 6. You can find the status of your application on the "My Application" page. Please note that it may take up to 10 business days for your application to be processed.

After Submitting, you'll Receive an Application Copy

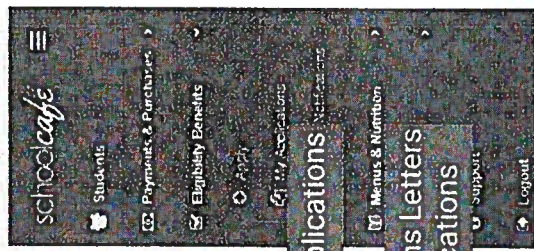
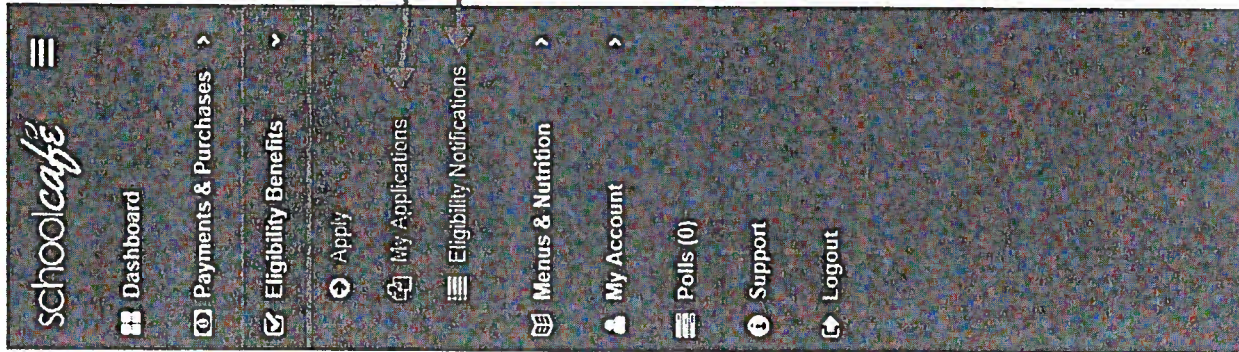
Print or Download a Copy of your Application

PERSONAL INFORMATION		CONTACT INFORMATION		EMPLOYMENT INFORMATION		HOUSEHOLD INFORMATION		INCOME INFORMATION		ASSISTANCE INFORMATION		SIGNATURE	
First Name	Bob	Last Name	Smith	Address	1650 1st St	City	San Francisco	State	CA	Zip	94114	Phone	(415) 555-1234
Age	35	Gender	Male	Occupation	Software Engineer	Employer	Google Inc.	Income Type	Wage	Monthly Income	\$10,000.00	Signature	[Signature]
SSN	123-45-6789	SSN Last Four Digits	6789	Household Size	3	Number of Children	2	Number of Adults	1	Assistance Received	None	Date	10/10/2023

schoolcafé

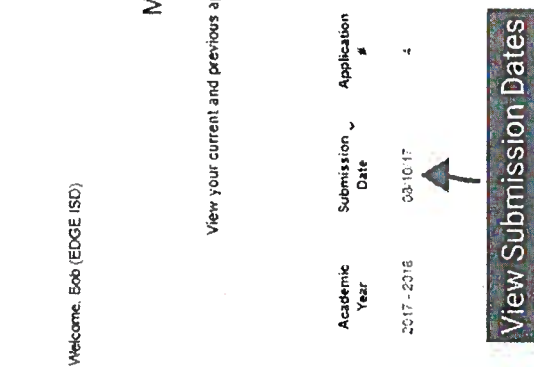
Quick Card

4

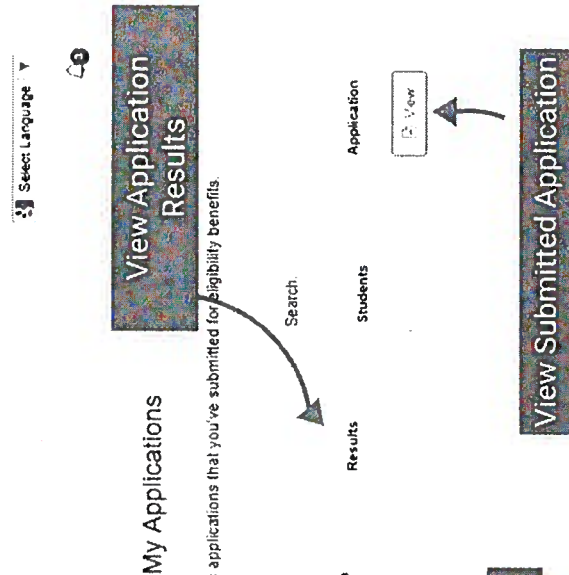


View Previous Applications

View Notifications Letters Regarding Applications



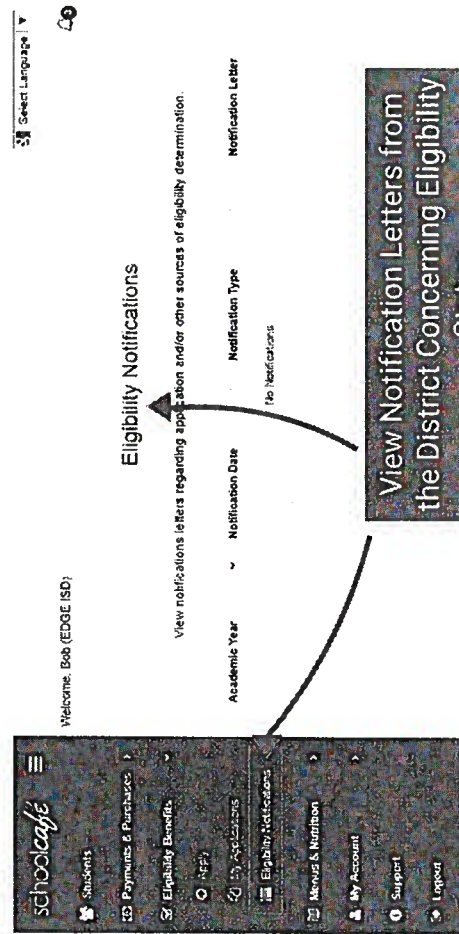
View Submission Dates



My Applications

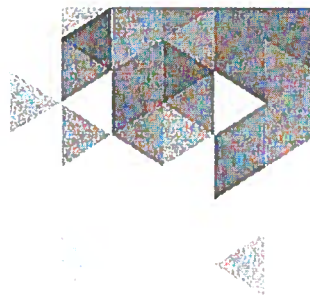
View Application Results

View Submitted Application



Eligibility Notifications

View Notification Letters from the District Concerning Eligibility Status



Lumberton Independent School District

Drug Testing Consent Form

To be completed only by High School and Middle School students involved in Extracurricular Activities or by students who Drive a Vehicle on campus

Student's Full Name _____
Last name First name Middle name

Student I.D. Number _____ Grade _____

I understand after having received and read Lumberton I.S.D. Policy—(local) concerning student drug and alcohol testing that Lumberton I.S. D. will enforce this policy out of concern for my safety and health. I realize that the personal decision that I make daily in regard to the use of illegal drugs and/or alcohol may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated:

Signature of Student _____ Date _____

I have received and understand Lumberton I.S.D. Policy—(Local) concerning student drug and alcohol testing. I understand that it is the practice of the district to conduct drug and or alcohol test for the purpose of carrying out this policy. I desire that my child named above participate in and be subject to the terms of the drug- use testing program. I understand I may withdraw this request for participation at any time in writing to the campus principal. I further understand and accept that if I withdraw my consent after my child has been selected for drug testing or if my child refuses to take the drug test and my child later decides to:

- 1) participate in extracurricular activities offered by L.I.S.D.
- 2) drive and park on school facilities
- 3) participate in drivers' education courses offered by L.I.S.D.

My child will be deemed to have failed a drug test on the date I notify L.I.S.D. of my child's desire to not participate. I accept the method of obtaining specimens and the testing of such samples.

I authorize the employees of Lumberton I.S.D. to release my child's name, social security number, student I.D. number and biological specimens to Pinnacle Medical Management. I authorize the officers, employees and agents of Pinnacle Medical Management to communicate orally and in written with the designated school administrators results of testing. I further authorize Pinnacle Medical Management to have further analysis of my child's specimens and require the results be communicated to me prior to any district administrative proceedings of disciplinary actions.

Parent/Guardian Signature _____ Date _____ Witness Signature _____

Printed name of Parent/Guardian _____ Printed Name of Witness _____

Distrito Escolar Independiente de Lumberton

Formulario de Consentimiento para Pruebas de Drogas

Para ser completado sólo por estudiantes de Lumberton High School y/o Lumberton Middle School que están participando en Actividades Extracurriculares o por estudiantes que Conducen un Vehículo en el campus.

Nombre Completo del Estudiante _____
Apellido Nombre Segundo Nombre

Número de Identificación del Estudiante: _____ Grado _____

Entiendo que después de haber recibido y leído la Política de Lumberton I.S.D.—(local) relativa a las pruebas de drogas y alcohol para estudiantes que Lumberton I.S. D. hará cumplir esta política por preocupación de mi seguridad y salud. Entiendo que la decisión personal que tomo diariamente con respecto al uso de drogas ilegales y/o alcohol puede afectar mi salud y bienestar, así como el posible peligro para quienes me rodean y reflexiono sobre cualquier organización con la que estoy asociado:

Firma de Estudiante _____ Fecha _____

He recibido y entiendo la Política de Lumberton I.S.D. —(Local) relativa a las pruebas de drogas y alcohol de los estudiantes. Entiendo que es práctica del distrito realizar pruebas de drogas o alcohol con el fin de llevar a cabo esta política. Deseo que mi hijo mencionado anteriormente participe y esté sujeto a los términos del programa de pruebas de uso de drogas. Entiendo que puedo retirar esta solicitud de participación en cualquier momento por escrito al director de la escuela. Además, entiendo y acepto que si retiro mi consentimiento después de que mi hijo haya sido seleccionado para la prueba de drogas o si mi hijo se niega a realizar la prueba de drogas y luego decide hacerlo:

- 1) participar en actividades extracurriculares ofrecidas por L.I.S.D.
- 2) conducir y estacionarse en las instalaciones de la escuela
- 3) participar en cursos de educación de conducir ofrecidos por L.I.S.D.

Se considerará que mi hijo no pasó una prueba de drogas en la fecha en que notifique a L.I.S.D. del deseo de mi hijo de no participar. Acepto el método de obtención de muestras y el análisis de dichas muestras.

Autorizo a los empleados de Lumberton I.S.D. para divulgar el nombre de mi hijo, número de seguro social, número de identificación del estudiante y muestras biológicas a Pinnacle Medical Management. Autorizo a los funcionarios, empleados y agentes de Pinnacle Medical Management a comunicarse oralmente y por escrito con los administradores escolares designados sobre los resultados de las pruebas. Además, autorizo a Pinnacle Medical Management a realizar más análisis de las muestras de mi hijo y exijo que me comuniquen los resultados antes de cualquier procedimiento administrativo del distrito sobre acciones disciplinarias.

Firma del Padre/Tutor _____ Fecha _____ Firma del Testigo _____

Nombre del Padre/Tutor en Letra de Molde _____ Nombre del Testigo en Letra de Molde _____