



Big Spring Independent School District

School: _____

2025-2026

DISTRIBUTION OF STUDENT INFORMATION

ALL information on your child will be disseminated through the Goliad Elementary School office. Anyone requesting personal or educational information on a student needs to submit the request to the office.

“Directory Information” (as defined by the Texas Education Code and the BSISD School Board) will be given out to the requesting party with legitimate interest in needing the information at the Goliad Elementary School office, in person, only if the enrolling legal parent or guardian has given written permission for the release.

BSISD Directory information is considered:

- Name
 - Address
 - Telephone Listing
 - Photograph
 - Grade Level
 - Enrollment Status
 - Homeroom Teacher
 - Participation in officially recognized activities and sports
- **Please note ... this includes your child's name on any team rosters, team programs, yearbooks, honor roll, academic accolades, and similar placements.

Written consent will be kept and maintained at the Goliad Elementary School office with the students enrollment information.

Unless indicated by a “mark-out” of the particular information listed above, Directory Information for my child will be released.

Student Name: _____

Grade: _____

Campus: _____

Printed Name of Legal Parent or Guardian

Signature of Legal Parent or Guardian

Date

Phone Number

School: _____

Confidential Information

Big Spring School ISD Form for Compensatory Education Funding Qualification School Year 2025–2026

Please fill out one form for each child attending school, sign each form, and return it to _____. Instructions for filling out the form are attached. If you need help, please call _____.

1. Child's name: _____

(Last Name)

(First Name)

(Middle Initial)

Child's grade: _____ School: _____ SSN or student ID: _____
(Optional)

2. Is the child a foster child? If this is a foster child, check here [] and list the child's monthly personal use income: \$ _____.
SKIP sections #3 and #4 and GO TO section #5.

3. Are you receiving SNAP or TANF benefits for your child? If you are receiving SNAP or TANF benefits for this child, check here [], list the case number, and then SKIP section #4 and GO TO section #5.

SNAP case number: _____ TANF case number: _____

4. All other households. Complete this section if the child is not a foster child and you are not receiving SNAP or TANF benefits for the child (you did not complete sections #2 or #3). (If you have more than one child attending school and you are completing a separate form for each, you may complete this section only once.)

List all household members including the child listed above. Show all income. Then, GO TO section #5.

NAMES	CURRENT MONTHLY INCOME					
	Name of household members (Include the child listed above)	Check if \$0 income	Monthly earnings (before deductions) Job #1	Monthly welfare, child support, alimony	Monthly payments from pensions, retirement, social security	Monthly earnings from job #2 or any other monthly income
1.			\$	\$	\$	\$
2.			\$	\$	\$	\$
3.			\$	\$	\$	\$
4.			\$	\$	\$	\$
5.			\$	\$	\$	\$
6.			\$	\$	\$	\$
7.			\$	\$	\$	\$
8.			\$	\$	\$	\$
9.			\$	\$	\$	\$
10.			\$	\$	\$	\$

5. Signature and social security number. I certify that all the above information is true and correct and that the SNAP or TANF case number is current and correct or that all income is reported. I understand that this information is being given for the school to receive additional state funding and that school officials may verify the information.

Signature of adult _____ Social security number xxx - xx- _____

Printed name _____ Date _____

Home phone _____ Work phone _____

Mailing address _____ City _____ State TX ZIP _____

6. Consent for release of information to Texas Education Agency for program audit purposes.

I consent to the release of the above information by the _____ school district/charter school to the Texas Education Agency for the purposes of auditing compensatory education funding reports. I understand that the Texas Education Agency will not share the information with any other entity or program. I also understand that the failure to sign this consent does not affect my child's eligibility for free or reduced-price meals or free milk.

Signature of adult _____ Date _____

FOR OFFICIAL USE ONLY:

SNAP or TANF Eligible [] Total Monthly Income \$ _____ Household Size _____ Income Eligible []

Determining Official _____ Signature _____ Date _____

Retain in District – Do Not Send to TEA



Big Spring Independent School District

School: _____

FAMILY SURVEY 2025-2026



Date _____

Dear Parents,

In order to better serve your children, the **Big Spring** 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.

Or, if you prefer, for more information, call: _____

1. Have you done **agricultural or fishing related work** within the last three (3) years?

(e.g., canneries, dairy work, field work, lumbering, meat processing).

Yes

No



2. Have you moved within the last 3 years?

Yes

No

3. Was the move due to economic necessity?

Yes

No

4. Do you have a high school aged child under the age of 22 who lacks a U.S. issued HS diploma or Certificate of HS Equivalency and is currently **NOT** enrolled in school?

Yes

No

*If you answered "yes" to No. 1 and any other question above, an education representative will contact you to find out whether your child is eligible for additional educational services under the **Migrant Education Program**. Please provide the following information:*

Name of child:

D.O.B.:

Age:

Grade:

Parent/Guardian Name:

Telephone Number:

Best Time to Contact You:



Big Spring Independent School District

School: _____

2025-2026

Acknowledgment Form for Electronic Distribution of District Grading Guidelines

My child and I have been offered the option to receive a paper copy of, or to electronically access at www.bsisd.esc18.net, the District's grading guidelines for the 2025 - 2026 school year.

I have chosen to:

- Receive a paper copy of the grading guidelines.
- Accept responsibility for accessing the grading guidelines by visiting the website listed above.

I understand that the grading guidelines contain information that my child and I may need during the school year. If I have any questions regarding the grading guidelines, I should contact the campus principal.

Student's Name: _____

Student's Signature: _____

Parent's Signature: _____

Date: _____



Big Spring Independent School District

School: _____

Big Spring High School

HB 1416/4545 Accelerated Learning Documentation

Legislation requires ALL students who were unsuccessful on spring STAAR/EOC testing to receive tutoring in up to two contents.

If your student failed a STAAR/EOC assessment in the previous year, HB1416 requires tutoring in up to two subjects.

The learning plan is as follows:

Your child will be placed with a teacher/para in a small group setting and/or on a one to one computerized device for parts of the remediation time.

_____ ***If needed, I give permission for my student to receive tutorials in a group larger-than-4:1, for the required contents.***

(Parent /Guardian Signature)

(Date)

(Student name)

(Grade)

A(Uc a^} aAD



Big Spring Independent School District

School: _____



Dear Parents,

We are pleased to announce Big Spring ISD has partnered with Martin County Family Clinic to create an on campus clinic that allows your child to see a provider if they become ill or have unexpected healthcare needs during the school day. The program is designed to assist families in rural areas to have convenient access to medical care without leaving their campus. This program will be available in the 2025-2026 school year.

Enrollment is necessary if you would like your child to be able to see a Physician or Nurse Practitioner from The Martin County Family Clinic during the school day by telehealth.

Enrollment/Registration – There is no cost to enroll! Some information is necessary to complete the enrollment process. This includes insurance information, address and emergency contact, child’s allergies, your pharmacy and a written consent to evaluate your child by telehealth.

Enrollment is easy! Go to the Martin County Hospital website at <https://martincountyhospital.org/> and visit the Family Clinic - Community Outreach Programs. Select the “Enroll Now” option to get started.



You may also scan this code by phone to start the enrollment process

Once enrolled, the parent or guardian will be notified and permission granted before telehealth services are initiated. Parents/guardians can opt out of the program at any time and there is no commitment to see a provider if you do not wish to.

Martin County Family Clinic is proud to be a partner with Big Spring ISD!

If you have any questions, please call the Martin County Family Clinic at 432-607-3243.

Thank you!



Big Spring Independent School District

School: _____

Student Name: _____

Student ID#: _____

Date of Birth: ___/___/___

Big Spring ISD - Student Medical Information

Circle any conditions that apply to this student:

- | | | | |
|-----------------|----------------------------|------------------------------------|--|
| Allergies | Diabetes | Hearing Problems | Scoliosis |
| ADHD | Down Syndrome | Kidney Disorder | Serious Accident Stomach Disorder/Ulcers Surgery |
| Asthma | Dyslexia/Learning Disorder | Migraine Headache | Vision Problems/Glasses |
| Cerebral Palsy | Eating Disorder | Muscular/Orthopedic Disorder | Other (Please List Below) |
| Chicken Pox | Epilepsy/Seizure Disorder | Pervasive Developmental Disorder | |
| Cystic Fibrosis | Heart Condition | Psychiatric Psychological Disorder | |

Describe any physical and/or medical problems of this student: (conditions not listed above, allergies to medicines, insects, etc.)

List medications student is currently taking: (attach additional page if necessary)

Name of Medicine	Dosage	Frequency	Reason

Doctor: _____ Phone: _____ Dentist: _____ Phone: _____

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

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne 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.

Food	✓ if Severe	Nature of allergic reaction to the food

****NOTE **** Cafeteria will only provide food substitutions if there is a doctor's note on file regarding a food allergy. Please speak to your school nurse for more information. _____

(Initial)

In case of high fever or illness an attempt will first be made to contact the parent or guardian. In the event I cannot be reached, my child may be picked up by one of the Individuals I have listed on Registration Form. _____

(Initial)

If I am unable to be reached in the case of a serious accident or illness to my child, I authorize a representative of BSISD to consent for medical treatment or to refer my child to the Doctor/Dentist I have specified or to Scenic Mountain Medical Center Hospital. _____

(Initial)

I authorize the above information to be shared with school personnel on a need-to-know basis. I will discuss any confidential medical conditions with the campus nurse. I certify that the information given on this form is true and correct. _____

(Initial)

Signature of Parent/Guardian Enrolling Student

Date

Relationship

Your Date of Birth

Office Use Only: Student # _____ Homeroom: _____



Big Spring Independent School District

Student ID#: _____

School: _____

Student Name: _____

2025-2026

School Handbook	<input type="checkbox"/> I agree to abide by the Student Handbook.	<input type="checkbox"/> I would like a printed copy of the Student Handbook.	My child and I have the opportunity to receive a hard copy of the Student Handbook. The Handbook contains information that students and parents may need during the school year. Your signature on this page acknowledges that you fully understand and agree with the campus Student Handbook found online at www.bsisd.esc18.net .
Student Code of Conduct	<input type="checkbox"/> I agree to abide by the Code of Conduct.	<input type="checkbox"/> I would like a printed copy of The Code of Conduct.	My child and I have the opportunity to receive a hard copy of the Student Code of Conduct. All students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Student Code of Conduct. Your signature on this page acknowledges that you fully understand and agree with the BSISD. Student Code of Conduct found online at www.bsisd.esc18.net.
Media Release	Yes	No	I give permission for my child to be interviewed, videotaped, or photographed by a local newspaper, television, or radio reporter, or by a representative of the Big Spring Independent School District to be used in connection with a news story that has been approved by a staff member of the Big Spring ISO.
Compulsory Attendance Policy	Yes	No	I was given a copy and read the Compulsory Attendance-Truancy Policy. Texas (HB 2398)
Bullying, Sexual Harassment, Dating Violence, Sexual Violence Policy	Yes	No	I was given a copy and read the Bullying, Sexual Harassment, Dating Violence, and Sexual Violence Policy.
Class Field Trips	Yes	No	I give my permission for my student to participate in all class field trips scheduled during the school day for the current school year. I understand that these field trips will be within the school district and surrounding areas. I also understand that the same degree of supervision will be exercised as in the classroom, and I further understand that the school is not liable for any accidents or other unusual incidents that could occur on these trips. If vehicle transportation is needed, school buses will be used unless you are notified otherwise.
Use of Student Work	Yes	No	I give Big Spring ISO permission to use my child's artwork or special project on the district's website and in district publications.
Corporal Punishment	Yes	No	I give permission for my child to receive corporal punishment. I agree to pick up my child within 30 minutes after I have been called.
Pesticides	Yes Student is allergic	No Student is not allergic	The Big Spring ISO periodically applies pesticides at the different school facilities during the school year. Information concerning the application of any pesticides can be obtained from the Maintenance Department at 264-4108. Is this student allergic to any known pesticides or herbicides?
Military and Institution of Higher Education	Yes	No	I give permission for my child's information to be released to Military Recruiters and Institutions of Higher Education. <i>(IF no then parent's objection form must be filled out and returned)</i>
Howard College and Early Admission Student/Parent Agreement Form	Yes	No	I signed the permission Agreement for Howard College Dual Credit and Early Admission

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____

I understand that I may revoke this permission at any time by notifying the campus principal in writing.



Big Spring Independent School District

School: _____

Student Residency Questionnaire 2025-2026

Legal Name of Student: _____

— Date of Birth: ___/___/___ Age: ___ Local Student ID#: _____

Parent/ Guardian's Name: _____

Home Address: _____ City: _____ TX Zip Code: _____

— Home Phone: (___) ___ - ___ Cell Phone: (___) ___ - ___

Instructions: Indicate a true statement with a check mark.

Foster Care

(ORANGE)

Student is in the custody of DFPS.

Must provide verification letter from DFPS

McKinney Vento as defined by 42 U.S.C. Section 11302 (indicate the qualifier/s that are true): (GREEN)

Student lives temporarily lives with another family due to economic hardship

Student does not have a "fixed, regular, and adequate nighttime residence"

Student lives in a hotel or motel due to losing his or her housing

Student lives in a shelter

If yes to any of the above, choose appropriate status below:

Student is in the physical custody of a parent or legal guardian

Student is NOT in the physical custody of a parent or legal guardian

Military (indicate the military qualifier that applies to your student):

(BLUE)

Student is a dependent of an active duty member of the United States military

Student is a dependent of a current member of the Texas National Guard (Army, Air Guard, or State Guard)

Student is a dependent of a current member of a reserve force in the United States military

Student is a dependent of a former member of the US military, Texas National Guard, or a reserve force in the US military

Student was a dependent of a member of a military or reserve force in the US military who was killed in the line of duty.

(Acceptable documentation: Dept of Defense photo ID for active duty service members, a statement of service, copy of Purple Heart citation, line of duty determination or commander's letter.) **Note: Do not make a copy of DoD identification.**

Please read the following. Sign and date the application.

I understand that school officials will verify the information on this application.

Parent/Guardian Signature: _____ Date: ___/___/___

Office Use Only -- Admin Review: _____ Date: ___/___/___

Printed Name

Signature

Enrollment Date: ___/___/___



Big Spring Independent School District

School: _____

Big Spring Independent School District Parental Consent for Random Drug Testing Program for Extracurricular Activities and the Voluntary Drug Testing Program

Student Name: _____
(Please print)

Student ID#: _____

Extracurricular Activities Participating in: _____

I _____ as a parent/guardian of the above named student, who is enrolled in Big Spring Jr. /Sr. High School, hereby agree to the following:

I understand the school district's policy regarding substance abuse. I understand that it is the practice of the District to conduct random and reasonable suspicion drug and alcohol tests for carrying out this policy.

I understand that my child cannot be compelled to give a urine, breath or saliva sample (hereafter "sample"). I understand that if he/she gives a sample, it will be tested for illegal drugs and/or alcohol. I understand that as a condition of my child's participation in Jr. /Sr. High School extracurricular activities and to be in good standing, my child must give a sample when requested by the District. If my child is not involved in extracurricular activities, I hereby request that my child be allowed to participate in the Big Spring I.S.D. Voluntary Random Drug Testing Program and waive his/her rights to the extent needed for Big Spring I.S.D. to conduct drug testing under its Voluntary Drug Testing Program. I understand that if my child fails to provide a sample or his/her sample reveals an unexplained presence of an illegal drug and/or alcohol, the District will implement the steps associated with the random drug testing policy, student handbook, and student code of conduct if applicable.

I have received and read a copy of the Big Spring I.S.D. Drug Deterrent Policy. I understand that this policy is part of the school district's rules, and that it applies to all Big Spring I.S.D. students, grades seven through twelve, who participate in extracurricular activities or who participate in the Big Spring I.S.D. Voluntary Random Drug Testing Program.

Prescription drugs currently being taken as prescribed by the above-mentioned student are: _____

Comments:

Please Print Parent/Guardian Name

Parent/Guardian Signature

Date

Please Print Student Name

Student Signature

Date