

Welcome to Rockdale ISD!

This packet contains the following *ROCKDALE ISD FORMS* that need to be completed for your child's registration:

- Student Registration Form
- Home Language Survey
- TEA Ethnicity Race Survey
- Student Residency Questionnaire
- School Records Request Form, *if needed*
- Bus Request Form, *if needed*
- Military Connected Form

Rockdale ISD also needs the following *DOCUMENTS* on file for your student. Please bring these documents when you register your child.

- Student's Birth Certificate
- Student's Immunization Record
- Student's Social Security Card
- Proof of Residency
- Copy of Parent/Guardian ID
- Most recent Report Card/Transcript
- Proof of income (*Pre-K only*)
- Custodial Protective Order, *if applicable*

If you have any questions about Student Registration, please contact the registrar at the campus your child will be attending.

Rockdale Elementary School (Grades PreK-2)

625 W Belton | Rockdale, TX 76567
512-430-6030 ph
512-446-5229 fax
Registrar: Maria Silva
maria.silva@rockdaleisd.net

Rockdale Junior High (Grades 6-8)

814 Bushdale | Rockdale, TX 76567
512-430-6100 ph
512-446-2597 fax
Registrar: Jaycee Stewart-Maciell
jstewart@rockdaleisd.net

Rockdale Intermediate School (Grades 3-5)

1338 W Hwy 79 | Rockdale, TX 76567
512-430-6200 ph
512-446-3682 fax
Registrar: Jessica Janak
jjanak@rockdaleisd.net

Rockdale High School (Grades 9-12)

500 Childress | Rockdale, TX 76567
512-430-6140 ph
512-446-3512 fax
Registrar: Mandy San Migel
mandy.sanmigel@rockdaleisd.net

**STUDENT ENROLLMENT FORM****Office Use only**
Student IDCampus
Enrolled

Grade

Homeroom
TeacherEnrollment
Date

- ☐
- Birth Cert
- ☐
- Parent/Guard ID
-
- ☐
- SS Card
- ☐
- Report Card/Trans
-
- ☐
- Immun Rec
- ☐
- Legal Orders, if
-
- ☐
- Proof of Res applicable

Instructions: Complete all sections. Sign in both places on the back of the form and return to your child's school.**Student Information:**

Last Name		First Name		Middle Name		Grade
Social Security Number	Gender	Birthdate	Birth City, State and Country		Student Cell Phone (Gr. 6-12 only)	

Family 1 Information:

Residence Address	City	State	Zip Code	Primary Phone #
Mailing Address (if different)	City	State	Zip Code	

Family 1 Parent/Guardian Information:

Parent/Guardian #1	Phone #	Parent/Guardian #1 Birthdate
Relationship	Email	Preferred Communication Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> _____

Parent/Guardian #2	Phone #	Parent/Guardian #2 Birthdate
Relationship	Email	Preferred Communication Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> _____

Family 2 Information (if necessary):

Residence Address	City	State	Zip Code	Primary Phone #
Mailing Address (if different)	City	State	Zip Code	

Family 2 Parent/Guardian Information (if necessary):

Parent/Guardian #1	Phone #	Parent/Guardian #1 Birthdate
Relationship	Email	Preferred Communication Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> _____

Parent/Guardian #2	Second Phone #	Parent/Guardian #2 Birthdate
Relationship	Email	Preferred Communication Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> _____

List any school-age brothers/sisters:

Name	Grade	Name	Grade
Name	Grade	Name	Grade

Emergency Contact Information: Please list at least 2 adults (*other than parents already listed under Family on page 1*) that we may contact if we are unable to reach you in the event of an emergency. Check YES or NO if they may pick up your child from school.

Name	Relationship	First Phone	Second Phone	Pick Up <input type="checkbox"/> YES <input type="checkbox"/> NO
Name	Relationship	First Phone	Second Phone	Pick Up <input type="checkbox"/> YES <input type="checkbox"/> NO
Name	Relationship	First Phone	Second Phone	Pick Up <input type="checkbox"/> YES <input type="checkbox"/> NO

Transportation to School ___ Bus # ___ (Bus Request Form) ___ Walk/Bike/Drive ___ Parent Drop-off	Transportation after School ___ Bus # ___ (Bus Request Form) ___ Walk/Bike/Drive ___ Parent Pickup	Type of Classes Student Attended at Previous School ___ Regular ___ Pre-AP/AP ___ ESL ___ Dyslexia ___ 504 ___ Special Education ___ Reading/Math Pull-out ___ G/T Has your student ever been retained? If yes, what grade?
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Custodial Protective Order: If a family member or other individual is not allowed to have contact with the student, please include his/her name in this box and bring a copy of court orders to the school.	Foster Care Student is currently in the conservatorship of the Department of Family and Protective Services? <u>You must provide a copy of the Texas DFPS Placement Authorization Form (Form 2085) or a court order that designates the student is in the conservatorship of the Department of Family and Protective Services.</u> YES or NO
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RELEASES: Please circle YES or NO for each item below to provide your consent. If an item is not circled, it will be considered a YES.

YES NO	FIELD TRIPS: My child has permission to go on all scheduled field trips this year.	YES NO	My child's information may be released to a MILITARY recruiter. (Gr. 6-12 only)
YES NO	My child's information may be released to HIGHER EDUCATION institutions. (Gr. 6-12 only)	YES NO	Senate Bill 12-Student Participation in Clubs/Organizations I give permission for my student to participate in any school-sponsored club/organization for the current school year. I may revoke this consent by notifying the school in writing.
YES NO	INTERNET: My child has access to the internet at home.	YES NO	DEVICE: My child has access to an e-learning device at home. (ex. Chromebook, iPad, laptop, etc.)

ACCEPTABLE USE FOR TECHNOLOGY RESOURCES

Please read and review the District Policy on Technology Resources at

<https://www.rockdaleisd.net/departments/technology>

My child and I have read, understand, and agree to abide by the *Student Agreement for Acceptable Use of the District's Technology Resources + Addendum Addressing Student Use of Personal Telecommunications or Other Electronic Devices for Instructional Purposes While on Campus*.

Parent/Guardian Signature: _____ Student Signature _____

STUDENT HANDBOOK & CODE OF CONDUCT ACKNOWLEDGEMENT

Please read and review the Student Handbook and Student Code of Conduct at

<https://www.rockdaleisd.net/students-families/handbooks-and-guidelines>. Hard copies of these are available in the school office.

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

Parent/Guardian Signature: _____ Student Signature: _____

Student Name: _____

District Name: Rockdale ISD

Student ID#: _____

Campus Name: Elementary Intermediate Jr. High High School
circle one

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. What language(s) is/are used in the child's home most of the time? _____
2. What language(s) does the child use most of the time? _____
3. If the child had a previous home setting, what language(s) was/were used for communication in that home setting? If no, previous home setting, answer Not Applicable (N/A). _____

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

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

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 _____

**Texas Education Agency
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

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

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

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

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

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

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

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

Student/Staff Name (please print)

(Parent/Guardian)/(Staff) Signature

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:



Rockdale ISD Student Residency Questionnaire

Campus: ☐ Elementary ☐ Intermediate ☐ Junior High ☐ High School **Grade:** _____

Student Name: _____ **Sex:** ☐ Male ☐ Female
Last First Middle

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

Is your current address a temporary living arrangement? ____ Yes ____ No

Is this temporary living arrangement due to loss of housing or economic hardship? ____ Yes ____ No

If you answered yes, how long have you been living in this arrangement? _____

If you answered YES to both questions, complete the remainder of this form.

If you answered NO, you may stop here.

Where is the student presently living? (Check one box)

- ☐ In a shelter, transitional housing at any time during current school year. This includes emergency shelters, family shelters, domestic violence shelters, youth shelters, and transitional housing programs. (C189 = 5)
- ☐ In the home of a friend or relative (temporarily doubled-up) at any time during current school year. This is due to loss of housing, economic hardship, or a similar reason (C189 = 2)
- ☐ On the street, lives in cars, parks, campgrounds, temporary trailers [including FEMA trailers], or abandoned buildings at any time during current school year (C189 = 3)
- ☐ In a motel or hotel at any time during current school year because I lost my housing, lack an alternative accommodation, and do not have a "fixed, regular, and adequate nighttime residence." (C189 = 4)

List any school-age brothers and/or sisters:

Name: _____ Grade: ____ Name: _____ Grade: ____

Name: _____ Grade: ____ Name: _____ Grade: ____

Name of Parent(s)/Legal Guardian(s): _____

Address: _____ Zip: _____ Phone: _____

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3) (d).

Signature of Parent/Legal Guardian ✓ _____ **Date:** _____

Please send a copy to Rockdale ISD McKinney-Vento Liaison

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act. (Check one of the following)

- ☐ The homeless student is in the physical custody of a parent or legal guardian for the entire school year. (C192=3)
- ☐ The homeless student is **not** in the physical custody of a parent or legal guardian at any time during the school year. (C192=4)

Signature of McKinney-Vento Liaison: _____ **Date:** _____



Rockdale ISD School Records Request

STUDENT LEGAL NAME _____
LAST FIRST MIDDLE
DATE OF BIRTH _____ CURRENT GRADE _____
MM/DD/YYYY
PREVIOUS SCHOOL _____
SCHOOL NAME CITY STATE
SCHOOL PHONE _____ SCHOOL FAX _____

I hereby authorize you to release my child's school records to Rockdale Independent School District. I understand that any information you release will be confidential between the sending school and Rockdale Independent School District.

PARENT SIGNATURE _____ DATE _____

TO THE PRINCIPAL OR DIRECTOR,

The child listed above has applied for enrollment to:

☐ Rockdale Elementary School
Maria Silva
maria.silva@rockdaleisd.net
512-430-6030 ph
512-446-5229 fax

☐ Rockdale Intermediate School
Jessica Janak
jjanak@rockdaleisd.net
512-430-6200 ph
512-446-3682 fax

☐ Rockdale Junior High
Jaycee Stewart-Maciell
jstewart@rockdaleisd.net
512-430-6100 ph
512-446-2597 fax

☐ Rockdale High School
Kelcie Rutherford
krutherford@rockdaleisd.net
512-430-6140 ph
512-446-3512 fax

Please send the student's shot record, official transcript, including current school reports, last report card, standardized tests and any other relevant information including special services, attendance and discipline.

If you have any questions regarding this request, please contact the above referenced school by email or phone.

Thank you.

Rockdale Independent School District
PO Box 632
Rockdale, Texas 76567
512-430-6000



BUS REQUEST FORM

*Complete this form only if your child will ride a Rockdale ISD bus. **If you have already completed the Bus Request Form online, there is no need to complete this form.***

CAMPUS: ☐ High School ☐ Junior High ☐ Intermediate ☐ Elementary

STUDENT NAME _____ GENDER ☐ M ☐ F GRADE _____

ADDRESS _____ PHONE _____

PARENT _____ EMAIL _____

PRIMARY PICK UP AND DROP OFF LOCATIONS

MORNING (AM) PICK UP LOCATION

Please include special instructions here if different from home address listed above.

AFTERNOON (PM) DROP OFF LOCATION

Please include special instructions here if different from home address listed above.

SIBLINGS, GRADE LEVELS

Disciplinary policies and rules for buses will be provided to your child upon their first day on the bus. The student and parent **MUST** sign those rules.

Failure to follow these rules and procedures can result in loss of bus riding privileges, as it is a privilege to ride Rockdale ISD buses.

PARENT/GUARDIAN SIGNATURE ✓ _____ DATE _____

Campus: ☐ Elementary ☐ Intermediate ☐ Junior High ☐ High School Grade: _____

Student Name: _____ Sex: ☐ Male ☐ Female
Last First Middle

Military Connected Student Data Collection

Education Code 25.006 requires the District to collect data related to students with connections to the military to submit to the Texas Education Agency. Please complete the following form, sign at the bottom, and return to your child's school.

☐ Student is **NOT** a military-connected student as defined below.

If student is military connected, please check a box below.

For students in kindergarten–grade 12:

- ☐ Student in grade KG – 12 is a dependent of an active duty member of the U.S. military. (C197=1)
- ☐ Student in grade KG – 12 is a dependent of a current member of the Texas National Guard. (C197=2)
- ☐ Student in grade KG – 12 is a dependent of a current member of a reserve force in the U.S. military. (C197=3)
- ☐ Student in grade KG – 12 is a dependent of a former member of one of the following: (C197=5)
 - ☐ U.S. military;
 - ☐ Texas National Guard (Army, Air Guard, or State Guard); or
 - ☐ A reserve force in the U.S. military.
- ☐ Student in grade KG – 12 was a dependent of a member of the military or reserve force in the U.S. military who was killed in the line of duty. (C197=6)

For pre-kindergarten students:

- ☐ A dependent of an active duty member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who is ordered to active duty by proper authority. (C197=4)
- ☐ The child of a member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who is injured or killed while serving on active duty. (C197=4)

Note: A pre-kindergarten student remains eligible for enrollment if the child's parent leaves the armed forces or is no longer on active duty after the child begins a pre-kindergarten class.

Signature of Parent/Legal Guardian ✓ _____ Date: _____