



Agua Dulce Elementary
P.O. Box 250, Agua Dulce
TX, 78330

Elementary Enrollment Form A: Data Profile & Emergency Contacts
2025-2026

Student Name (First, Middle, Last) Social Sec# Date of Birth Grade

Student Home Address (Physical) City, State, Zip

Mailing Address (Leave Blank if Same as Above) City, State, Zip

Home Phone () - Student Cell Phone () - Student email: @

GUARDIAN 1: Primary Guardian's Name (First, Middle, Last) (1) Relationship to Student:

Does this student live with you at this time? Yes No

Physical Address City, State, Zip

Mailing Address City, State, Zip

Home Phone () - Cell Phone () -

Employer (Please do not leave blank, if none, please indicate N/A) Work Phone: () -

Do you have access to the internet? Yes No Email @

SECONDARY Guardian's or Emergency Contact Name (First, Middle, Last) (2) Relationship to Student:

Does this student live with you at this time? Yes No

Physical Address City, State, Zip

Mailing Address City, State, Zip

Home Phone () - Cell Phone () -

Employer (Please do not leave blank, if none, please indicate N/A) Work Phone: () -

Do you have access to the internet? Yes No email @

Guardian's or Emergency Contact Name (First, Middle, Last) (3)

Relationship to Student:

Does this student live with you at this time? Yes No

Physical Address

City, State, Zip

Mailing Address

City, State, Zip

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Employer (Please do not leave blank, if none, please indicate N/A)

Work Phone: (____) _____ - _____

Do you have access to the internet? Yes No email _____@_____

Does this student have any siblings in this district, if so, please indicate below.

Sibling's Name: _____	Sibling's Campus: _____	Age (Sept 1)
Sibling's Name: _____	Sibling's Campus: _____	Age (Sept 1)
Sibling's Name: _____	Sibling's Campus: _____	Age (Sept 1)
Sibling's Name: _____	Sibling's Campus: _____	Age (Sept 1)
Sibling's Name: _____	Sibling's Campus: _____	Age (Sept 1)

Emergency Contact and Release Statement

(Please fill out the health history form with this statement as well)

I, the parent/guardian, authorize officials of the Agua Dulce ISD to contact the person(s) named on this form and authorize the physician named below to render treatment of this child as may be necessary in an emergency. In the event that I, the parent, or any other person(s) whom I have listed on this form, cannot be contacted, I authorize Agua Dulce ISD officials to take whatever action, including calling EMS, that they deem necessary (Family Code 32.001). I will not hold Agua Dulce ISD financially responsible for emergency care and/or transportation to home, to a doctor, to a dentist, or to the home of a relative or friend. I grant school personnel my permission to transport this child.

Guardian's signature

Date

Presenting false information or false records for identification is a criminal offense and enrolling a child under false documentation makes the person liable for tuition and other costs. (TEC 25.001hi and TX Penal Code 37.10)

OFFICE USE ONLY: Forms provided upon enrollment: ___ TXDL (Parent) ___ Birth Certificate ___ Social S. ___ Residency
___ Withdrawal Forms ___ Report Cards/ Transcripts



Agua Dulce Elementary
P.O. Box 250, Agua Dulce TX, 78330
Form B - New Student Survey
2025-2026

Student's Last Name (Legal) _____ Student's First Name (Legal) _____ Student's Middle Name (Legal) _____

Previous District Name LOCATION _____ Previous School Name _____ Current Grade _____

Last Date of Attendance at Previous School _____ Start Date at Agua Dulce Schools _____ Grade Entering _____

Date of Birth _____ Gender: Male Female

Has student previously been enrolled in an Agua Dulce ISD?

Yes No

Does your child receive Special Services or have an Individual Education Plan (IEP)? Yes No

Is this student a Military Connected

Youth? Yes No

Is parent(s) or legal guardian(s) Active Duty, Guard or Reserve? Yes No

Are they actively deployed? Yes No

Proof of legal guardianship is needed if the student is living with someone other than the parent.

Is this student in foster care? Yes No

Does Your Child currently receive any of the following services?

Section 504 of IDEA for: __ Dyslexia __ ADHD __ Other

Is your child in Special Education? __ Yes __ No

English as a Second Language / Bilingual Program

Gifted and Talented Migrant Program

RESIDENCY (Optional) Do any of the following apply?

Does this student lack fixed, regular, and adequate nighttime residence? Yes No

Does this student have a primary nighttime residence that is supervised, publicly or privately operated as a temporary living accommodation such as an emergency shelter, transitional housing unit or other type of shelter? Yes No

Does this student have any nighttime residence in any place not meant for human habitation such as under bridges or in cars? Yes No

Ethnicity A. For federal reporting purposes, please check the ONE answer – Child's Ethnicity

Is this student Mexican, Puerto Rican, South or Central American and other Spanish culture or origin, regardless of race and otherwise identifies as Hispanic or Latino? Yes No

Please check all that apply: American Indian or Alaska Asian or Pacific Black
 Native Hawaiian or other Pacific White

HOME LANGUAGE INFORMATION

1. Which language did your child learn first? _____
2. Which language is most often spoken in your home? _____
3. What language do the student's parents speak? _____

I certify that the information in this packet is correct.

Signature of Legal Parent/Guardian _____ Date _____



STUDENT HEALTH FORM and EMERGENCY CONTACT

Agua Dulce ISD

Student: _____ DOB: _____ GR: _____ Sex M F

Address: _____ Phone: _____ Cell: _____

Mother: _____ Work: _____ Phone: _____

Father: _____ Work: _____ Phone: _____

Emergency contacts who can assume responsibility for your child. **MUST COMPLETE THIS INFORMATION WITH TWO CONTACTS:** (Please make sure these are **additional** phone numbers to the ones listed above)

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone _____ Work _____

Address: _____ City _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone _____ Work _____

Address: _____

City _____

How is health care provided for this student?..... Private Insurance Medicaid SSI CHIPS Other _____

Please give name of your child's health provider(s)/Doctor(s) _____

Phone number(s) for Doctor(s): _____

CIRCLE BELOW AND COMMENT ON PAST OR CURRENT HEALTH PROBLEM(S)

NO HEALTH PROBLEMS: _____ (PLEASE INITIAL)

Allergies (please include all medications and food allergies) _____

ADD/ADHD: _____ Kidney/Bladder: _____ Asthma: _____

Orthopedic: _____ Blood Pressure: _____

Respiratory: _____ Dental: _____

Serious illness/injury: _____ Diabetes: _____

Special Diet: _____ Head Injury: _____

Surgeries: _____ Hearing/Hearing Aid: _____

Vision: _____ Glasses: _____ Contacts _____ reading only _____

Heart/Murmurs: _____ Other: _____

Seizures/date of last seizure: _____

***PLEASE LIST ALL MEDICATIONS:** daily meds:

*Meds to be taken at school: _____

Has your child been hospitalized for a major illness? NO YES If yes, please explain: _____

Is your child currently under medical care? Yes No If yes, please explain: _____

Is there anything we need to know about your child's health? Yes No If yes, please explain _____

I authorize officials of Agua Dulce ISD to contact persons named on this form or on the enrollment card and authorize the physician or emergency room personnel to render treatment of this child as may be necessary in an emergency. If I or the designated persons I have listed are not available, I authorize the officials of Agua Dulce ISD to take whatever action is deemed necessary in their judgment for the health of my child.

I understand that we as parents or guardians are responsible for providing transportation in case of our child's illness or accident, including costs of an EMS ambulance if necessary. I am aware that school officials may have to arrange transportation for our child in a serious situation.

I authorize for the physician/health care-provider(s) named on this card to be contacted for the pertinent health information to be received and given on my child.

Parent/Guardian Signature: _____ **Date:** _____

Please fill out ALL the HIGHLIGHTS

Socioeconomic Information Form 2025-2026.

Student Name _____ Student Grade _____ Student ID _____

Student Date of Birth _____

Agua Dulce ISD is required to collect and report the socioeconomic status of each student to the Texas Education Agency for purposes of the annual state accountability ratings and for federal reporting. Please note that this form is not sent to the Texas Education Agency and that the income levels indicated for your family are not reported to the Texas Education Agency. Only the Economic Disadvantaged status of each student as determined by the information provided is reported to the Texas Education Agency.

SECTION A

Do you receive Supplemental Nutrition Assistance (SNAP)? Yes No

Do you receive Temporary Assistance to Needy Families (TANF)? Yes No

If you answered YES on either of the above, skip SECTION B and continue to the SIGNATURE section.

SECTION B (Complete only if all answers in SECTION A are NO)

How many members are in the household (include all adults and children)? _____

TOTAL YEARLY INCOME BEFORE DEDUCTIONS OF ALL HOUSEHOLD MEMBERS

\$ _____

Weekly Every Two Weeks Monthly Annually

Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's compensation, unemployment and all other sources of income (*before any type of deductions*)

SECTION C (Check one of the following two boxes as appropriate and sign below).

In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA) no student shall be required, as part of any program funded in whole or in part by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent or legal guardian.

- I certify that all the information on this form is true and that all income is reported. I understand the school will receive Federal funds and will be rated for accountability based on the information I provide.
- I choose not to provide this information. I understand that the school's disbursement of federal funds and accountability rating may be affected by my choice.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____

Date _____



Family Survey
Education Service Center, Region 2
 209 N. Water St. Corpus Christi TX 78401
 2025-20256
 (361) 561-8615 migrantprogram@esc2.net

Student Name:	Age:	Date of Birth:	Survey Completion Date:
District:	Campus:		Grade:

Dear Parents,
 In order to better serve your children's academic needs, the school district wants to identify students who may qualify to receive supplemental educational services. **The information provided below will be kept confidential.** Please answer the following questions and return this form to your child's school.

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

YES NO



1. In the last 3 years, have you or someone in your family moved to obtain or engage in agricultural work, livestock or fishery?

NO here and return survey to your child's school.

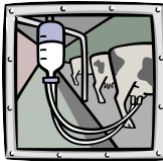
 YES (Please check all that apply below and continue to question 2)



Working agricultural field work with fruits, vegetables, sunflowers, cotton, wheat, grain, sorghum



Packing or processing fruits, vegetables, chicken, beef, pork or fish



Working in a dairy farm



Working in a fishery or shrimping



Working in a slaughter house



Working on a poultry farm



Working in a ranch, livestock related activities



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



Other similar work, Please explain:

2. Was the move due to economic necessity?

NO here and return survey to your child's school.

 YES (Please complete below)

Please complete the following information:

Best time to contact you:

Parent/Guardian Name:

Address:

Telephone:

Alternate Telephone No:

Email Address:

Schools: Please return this survey to the Education Service Center, Region 2, ATTN: Migrant Education Program (MEP)



**ENCUESTA DE FAMILIA Education
Service Center, Region 2
2025-2026
(361)561-8615 or (361)561-8602
migrantprogram@esc2.net**



Estimados Padres,
Con el propósito de servir las necesidades académicas de los estudiantes, el distrito de intenta identificar a los estudiantes que llenen los requisitos para recibir servicios educativos suplementales. Toda la información será confidencial. Por favor responda a las siguientes preguntas y devuelva a la escuela de su(s) niño(s).

Nombre del estudiante:	Fecha de nacimiento:	Edad:	Grado:
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Distrito escolar:

Instalaciones/escuela:

Fecha de la encuesta:

- ¿Ha cambiado de residencia usted o alguien en su familia dentro de los últimos tres años?
Si No
- ¿Fue el movimiento por razones económicas? Si No
- Si usted contestó "sí" en la pregunta anterior, ¿ha trabajado usted en la agricultura o en la pesca?(por ejemplo, la labor, fabrica de conservas, trabajo en la lecheria, el proceso de carne)
Si No



- ¿Tiene ud. algún hijo en edad de asistir a la preparatoria (menor de 22 años) que no haya recibido un diploma de la preparatoria en EEUU o un GED, y a la vez no está inscrito en la escuela?Si No

Si usted contestó "Sí," en las dos preguntas anteriores, un representante del distrito escolar quizás se vaya a comunicar con usted para confirmar si su niño/a califica para servicios educativos adicionales. Favor de completar la siguiente informacion:

Nombre del padre o tutor:

Número de Teléfono:

¿Cuál es la mejor hora para llamarle?

Domicilio: