

Krum Independent School District New Student Enrollment

Student Information

Student Name _____ Grade _____ Social Security Number _____

Gender _____ Date of Birth _____ Birth Place _____ Age (Sept. 1, Current Enrollment Year) _____

Physical Address: _____ Home Phone: _____

Mailing Address: _____

Parent/Guardian Information

Parent/Guardian #1: Name: _____ Relation: _____ Address: _____ City, State, Zip: _____ Email: _____ Employer: _____ Driver's License #: _____ State: _____ Receive Mailouts: Y N Lang. for Mailouts: English Spanish Cell: _____ Home: _____ Work: _____ Notification Preferences: General and Emergency Announcements Emergency Announcements No Mass Notifications

Parent/Guardian #2: Name: _____ Relation: _____ Address: _____ City, State, Zip: _____ Email: _____ Employer: _____ Driver's License #: _____ State: _____ Receive Mailouts: Y N Lang. for Mailouts: English Spanish Cell: _____ Home: _____ Work: _____ Notification Preferences: General and Emergency Announcements Emergency Announcements No Mass Notifications

Emergency Contact Information

(Someone other than Parent/Guardian listed above)

Emergency Contact #1: Name: _____ Relation: _____ Cell: _____ Home: _____ Work: _____ Email: _____ Phone Preference: Cell Home Work Notification Preference: General and Emergency Announcements Emergency Announcements No Mass Notifications

Emergency Contact #2: Name: _____ Relation: _____ Cell: _____ Home: _____ Work: _____ Email: _____ Phone Preference: Cell Home Work Notification Preference: General and Emergency Announcements Emergency Announcements No Mass Notifications

Sibling Information

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

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

Parent/Guardian Signature: _____ Date of Birth: _____ Date: _____



Krum Independent School District

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Grade _____

Campus _____

Student Name _____

List school and district student is coming from (If student is under 11 years old, list all schools and districts he or she has attended.)

Please select whether or not the student EVER enrolled in the following special programs or received services in his/her previous school(s):

yes _____ no _____ GT

yes _____ no _____ Special Education

yes _____ no _____ Speech

yes _____ no _____ Bilingual/ESL

yes _____ no _____ 504 Program

yes _____ no _____ Dyslexia

yes _____ no _____ DAEP/JJAEP

yes _____ no _____ Alternative Program

yes _____ no _____ Foster Care (If yes, please provide form 2085 or letter of verification for pre-kindergarten)

yes _____ no _____ Was your child born outside of the United States AND have been enrolled in US schools 3 or less years?

Please indicate any other programs:

Parent Signature and date

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 _____

**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:



Krum Independent School District

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To be in compliance with the Every Student Succeeds Act, the Texas Education Agency is federally mandated to identify school-age children in grades K-12 who are dependents of active duty or former members of the armed forces. Therefore, we are requesting you to fill out this form and return it to your child's school.

Your Name: _____

Student/Students of Krum ISD (please list all that attend KISD)

Student's Name

Student's Grade Level

Is your child/children military connected? (Please circle one) YES NO

If you answered 'YES' to the previous question, please select the option that best describes your service:

_____ I am currently an active duty military member of the United States and my child is my dependent.

_____ I am currently a member of the Texas National Guard (Army, Air Guard, or State Guard) and my child is my dependent

_____ I am currently a member of a reserve force in the United States Military and my child is my dependent.

_____ I am a former member of the United States Military, the Texas National Guard, or a reserve force in the United States Military and my child is my dependent

_____ I am the caregiver to a child whose parent was a member of the military or reserve force in the United States Military who was killed in the line of duty.

Signature

Date



Krum ISD

Notices Regarding Directory Information and Parent's Response Regarding Release of Student Information

FEDERAL EDUCATION RIGHTS AND PRIVACY ACT (FERPA) FORM

State law requires the District to give you the following information:

“Certain information about District students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about the student. If you do not want Krum Independent School District to disclose directory information from your child’s education records without your prior written consent, you must notify the District in writing by the tenth business day after enrollment.”

This means that the District must give certain personal information (called “directory information”) about your child to any person who requests it, unless you have told the District in writing not to do so. In addition, you have the right to tell the District that it may, or may not, use certain personal information about your child for specific school-sponsored purposes. The District is providing you with this form so that you can communicate your wishes about these issues.

For the following **school-sponsored purposes*** (all District publications and announcements), Krum Independent School District has designated the following information as directory information:

- Student’s name
- Address
- Telephone listing
- Email address
- Photograph
- Date and place of birth
- Major field of study
- Degrees, honors, and awards received
- Dates of attendance
- Grade level
- Most recent educational institution previously attended
- Enrollment status
- Participation in officially recognized activities and sports
- Weight and height, if a member of an athletic team

For **all other purposes****, Krum Independent School District has designated the following information as directory information:

- Student’s name

- Photograph
- Honors and awards received
- Grade level
- Enrollment status
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams

PLEASE CHECK ONLY ONE OF THE FOLLOWING THREE BOXES:

- I consent to the release of directory information for school-sponsored purposes only. *
- I consent to the release of directory information for all other purposes, including school-sponsored purposes. **
- I object to the release of all directory information. PLEASE NOTE: If you choose this option, your child's name or picture will not appear in the school yearbook, school website, sports programs, concert programs, commencement programs, or any media releases for awards or special recognition.

Student's Name: _____

Campus: _____ Grade: _____

Parent's Name: _____

Parent's Signature: _____ Date: _____

Parent's response regarding release of information to military recruiters and institutions of higher education:

Federal law requires that the District release to military recruiters and institutions of higher education, upon request, the name, address, and phone number of secondary school students enrolled in the District, unless the parent or the eligible student directs the District not to release information to these types of requestors without prior written consent.

Parent: Please complete the following only if you do not want your child's information released to a military recruiter or an institution of higher education without your prior consent.

I, parent of _____ (*student's name*), choose to object to the release of my child's name, address, and telephone number to a military recruiter or institution of higher education without my prior written consent.

Parent's signature: _____

Date: _____

Technology Responsible Use Policy

Our staff and students use technology to learn. Technology is essential to facilitate the creative problem solving, information fluency, and collaboration that we see in today's global economy. While we want our students to be active contributors in our connected world, we also want them to be safe, legal, and responsible. This Responsible Use Policy (RUP) supports our vision of technology use and upholds in our users a strong sense of digital citizenship. This policy applies to all Krum Independent School District (KISD) computer networks (including the resources made available by them), and all devices connected to those networks in accordance with Board policy **CQ(Local)**.

Responsible Use and Digital Citizenship

Respect Yourself: I will select online names that are appropriate, and I will be polite and use appropriate language/content in all online posts.

Protect Yourself: I will not publish personal details, contact details or a schedule of activities for myself or anyone else. I understand that unless otherwise authorized, I am the owner of my accounts, and I am responsible for all activity initiated by and/or performed under these accounts. I understand that it is my responsibility to appropriately secure my account credentials. I understand that I am responsible for maintaining and backing up all of my own data. If I am uncertain whether a specific computer activity is permitted or appropriate, I will ask a teacher/administrator before engaging in that activity.

Respect Others: I will not use technologies to bully or tease other people. I will not make audio or video recordings of students/employees without their prior permission. I understand that posing as someone else is forbidden and I will not pose as a user other than myself when online. I will be careful and aware when printing to avoid wasting resources and printing unnecessary items.

Protect Others: I will help maintain a safe computing environment by notifying appropriate campus officials of inappropriate behavior, vulnerabilities, risks, and breaches involving campus technology.

Respect Intellectual Property: I will suitably cite any and all use of websites, books, media, etc. I will respect all copyrights.

Protect Intellectual Property: I will request to use the software and media that others produce.

General Policies

- The purpose of a KISD user account is to access the KISD network and facilitate creativity and innovation. We use this network to support communication and collaboration. We use technology to extend research and information fluency, to collect and analyze data and to solve problems.
- Access is a privilege, not a right. Access entails responsibility, and inappropriate use may result in cancellation of those privileges.
- KISD user accounts are owned by the KISD; Consequently they are subject to the Open Records Act. All digital files associated with user accounts may be retrieved by KISD staff at any time without prior notice and without the permission of any user. The KISD reserves the right to monitor all accounts in order to maintain system integrity and to ensure responsible use.
- **Students/Staff should have no expectation of personal privacy in any matters stored in, created, received, or sent through the KISD computer network.** These are subject to review by the KISD at any time, with or without notice, with or without cause and without the permission of any student or parent/guardian.
- A content filtering solution is in place in order to prevent access to certain sites that may contain inappropriate material, including pornography, weapons, illegal drugs, gambling, and any other topics deemed to be of non-educational value by the KISD. The KISD is not responsible for the content accessed by users who connect via their own 4G type service (cellphones, air-cards, etc.).

Government Laws

Technology is to be utilized in conformity with laws of the United States and the State of Texas. Violations include, but are not limited to, the following:

1. Criminal Acts – These include, but are not limited to:

- unauthorized tampering
- cyberstalking
- cyberbullying
- vandalism
- harassing email
- child pornography

2. Libel Laws - You may not publicly defame people through published material.

3. Copyright Violations - Copying, selling or distributing copyrighted material without the express written permission of the author or publisher (users should assume that all materials available on the Internet are protected by copyright), and/or engaging in plagiarism.

Bring Your Own Device

KISD is now allowing staff and students the option to Bring Your Own Device (BYOD). **Staff** may use a personal device in place of (or along with) their district assigned devices if they choose. **Secondary (6th-12th grade) students** may use a personal device in class for instructional use with teacher permission. **I understand that if my device is damaged or stolen while on KISD property I will not hold the KISD liable for the replacement or repair of my device. I understand that any data and/or SMS/MMS (texting) charges will not be reimbursed by the KISD.**

I understand that for my device to be compatible with the KISD BYOD initiative some software may need to be installed on the device. I understand that the KISD may provide accessories that can be installed and used with my personal device. These accessories will remain district property and will be maintained according to the currently established procedures in the KISD. At such time as I choose to leave the KISD, any of the KISD owned accessories will be returned prior to my last day, and I will be responsible for removing any licensed KISD software from my device(s). I understand that I will **only** have access to the guest wireless service that the KISD has provided. I understand that I will not have access to the wired network. I understand that my Internet will still be filtered by the KISD content filter when I am connected to the guest wireless service.

Other Third Party Accounts

In accordance with our District mission, goals and vision for technology our students may require accounts in third party systems. Many of these accounts are for school or for school related projects and have access outside of school with their parents' permission. The use of these accounts will help our students to master effective and proper online communications as required in the PreK-12 Technology Applications Standards. The District reserves the right to create and manage third party accounts (including but not limited to: Destiny, Renaissance, Discovery Education, Study Island, Learning.com, HMH, Pearson, Google's G Suite for Education, Stemsscopes) for students. Parents may deny the District permission to create and manage third party accounts by sending written notice to their child's campus principal.

Consequences

I understand and will abide by this Responsible Use Policy. If I break this agreement, the consequences could include suspension of your accounts and network access. In addition you could face disciplinary/legal action including but not limited to: criminal prosecution and/or penalty under appropriate state and federal laws.

The following actions are not permitted and could result in the consequences outlined above:

- Users may not attempt to disable or bypass the KISD content filter.
- Users may not illegally access or manipulate the information of a private database/system such as gradebooks and other student information systems.

- Users may not install unauthorized network access points, or other connections that may not effectively integrate with existing infrastructure.
- Users may not use their accounts for non-school related activities including but not limited to: "Using the Internet for financial gain, personal advertising, promotion, non-government related fundraising, or public relations " Political activity: lobbying for personal political purposes, or activities such as solicitation for religious purposes
- Users may not send, save, view, forward, or create harassing or offensive content/messages. Offensive material includes, but is not limited to, pornographic, obscene, or sexually explicit material, sexual comments, jokes or images that would violate school policies. The school policies against harassment and discrimination apply to the use of technology.

The Director of Technology and the campus Principal will deem what is considered to be inappropriate use of the KISD computer network. They may suspend an account or network access at any time. In addition, the administration, faculty, and staff of the KISD may request that a user's account be suspended or denied at any time.

Student's Name: _____
Campus: _____
Parent's E-mail Address: _____
Parent's Name: _____
Grade: _____
Contact Number: _____

Note: Please complete this form in its entirety.

This agreement/permission form shall remain in effect as long as a student is enrolled at Krum ISD, until a new policy becomes effective, or until a parent rescinds permission in writing. It will be rolled forward from one year to the next.

Student's Name: _____ Parent's Name: _____
Campus: _____ Grade: _____
Parent's Email Address: _____ Contact Number: _____

Student User Agreement

As a user of the Krum Independent School District, I hereby agree to use the network responsibly, to comply with the statements and expectations outlined in the Student Network/Internet Responsible Use Policy, and to honor all relevant laws, rules, and restrictions.

Student Signature: _____ **Date:** _____

Parental/Guardian Permission

I understand and consent to the responsibilities outlined in the District's Student Network/Internet Responsible Use Policy (2018 Revision). I also understand and agree that my child shall be held accountable for violations of this policy, and may be subject to disciplinary action in accordance with the Student Code of Conduct and other applicable District policies.

These permissions are granted for as long as this student is enrolled at Krum ISD, unless otherwise requested in writing. Permissions granted or denied on this form supersede and replace any permission granted or denied on previous revisions of this form. I understand that my child or my family may be held liable for violations of this policy. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of internet use-setting and conveying standards for my son or daughter to follow when selecting, sharing, or exploring information and media.

Parent Signature: _____ **Date:** _____



KRUM ISD STUDENT RESIDENCY QUESTIONNAIRE

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 and other costs. Texas Education Code Section 25.002(3)(d).

All of the questions below refer to the student that is enrolling.

Today's Date (MM/DD/YYYY):		Campus:		Grade:	
Last Name:		First Name:		MI:	
Date of Birth:		Last District Attended:		Last School Attended:	
Name of Person with whom student resides:					
Address where student sleeps at night (street address, Apt.#, City, Zip):					
How long has the student been at this address?					
Main Phone Number:					
Other Phone Number:					

"X" all boxes below that best describe the student's situation, leave those blank that do not.

	1. Student lives with one or both parents every day of the school year (C192=3)
	2. Student lives with a legal guardian every day of the school year (C192=3) <i>(Note: A <u>legal</u> guardian is appointed by the court)</i>
	3. Student does not live with a parent or guardian (C192=4)

"X" all boxes below that best describe where the student sleeps at night, leave those blank that do not apply:

	In a home that the student's parent or legal guardian owns or rents (C189=0)
	Living with a friend or relative by choice or convenience (C189=0)
	In a place that does not have windows, doors, running water, heat, electricity, or is overcrowded (C189=3)
	Staying with a friend or relative because of loss of housing, economic hardship, or a similar reason (C189=2) <i>(Examples: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)</i>
	In a shelter (C189=5) <i>(Examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)</i>

	In an unsheltered location, such as: • a tent • a car or truck • a van • an abandoned building • on the streets • at a campground • in the park • in a bus or train station • other similar place (C189=3)
	In a hotel or motel because of loss of housing or economic hardship (C189=4) <i>(Examples: eviction, foreclosure, cannot get deposits for permanent home, flood, fire, hurricane)</i>
	In a transitional housing program (C189=5) <i>(Housing that is available as part of a program for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, governmental agency, or another organization)</i>
	The student does not sleep in any of the places described above. Tell below where the student does sleep: <small>(FOR DISTRICT INFORMATION ONLY: this option is uncoded for PEIMS. If a student selects this option, the school must determine which category above is appropriate for describing where the student sleeps at night. There is no code for OTHER—all students must fall into one of the five categories listed on Homeless-Status-Code Table C189)</small>
	The student sleeps here because of a natural disaster: Type of disaster: _____ Date the disaster took place: _____ Place disaster occurred: _____

Provide the following information for school-age siblings (brothers and/or sisters) of the student:

Last Name	First Name	Brother or Sister	Stay at the same place (X)	Grade	School	District

List all other school-aged children that stay in the same place

Last Name	First Name	Grade	School	District

Signature of Person Providing Information
Parent/Legal Guardian/Caregiver/Unaccompanied Student

Date

For School Use Only

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature


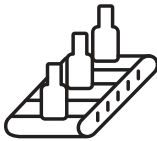
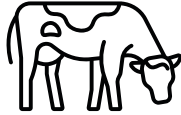




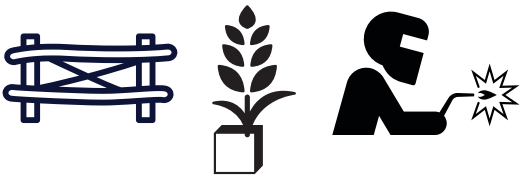
Date

Family Survey

Today's Date: _____ District: _____ Campus: _____ Grade: _____

Student Name: _____ Date of Birth: _____

The Family Survey will identify students who may qualify for additional educational services based on a family member working in a temporary location for agriculture. In the state of Texas, all districts must assist in identification.

<p>1. In the last three years, did you live/stay somewhere temporarily (for the weekend or longer) in order to work or look for work in AGRICULTURE? (Example: picking pecans or hauling hay)</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>				
<p>2. Have you performed any of the jobs listed below (temporarily or seasonally) within the U.S. and received payment for your services?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (Please check all that apply below.)</p>				
 <input type="checkbox"/>	 <input type="checkbox"/>		 <input type="checkbox"/>	 <input type="checkbox"/>
<p>Working with fruit, vegetables, grain, peanuts, cotton, wheat, sugar beets, farms, ranches, fields, vineyards</p>	<p>Working in a cannery, granary, or packing plant</p>		<p>Working on a dairy, temporarily</p>	<p>Baling and hauling hay</p>
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	
<p>Working in a slaughter house</p>	<p>Working on a poultry farm or fishery</p>	<p>Working in a plant nursery or orchard; growing or harvesting trees</p>	<p>Building fence, farm/ranch welding, or other similar work, please explain: _____</p>	

Please complete below:

Parent 1/Guardian Name: _____ Parent 2/Guardian Name: _____

Home Address/Apt Name: _____
Street
City
Zip

Telephone Numbers: _____

Mailing Address: (Check if same as home address) _____
Street
City
Zip

The information provided below will be kept confidential.
For School Use Only: Please email all surveys to migrant@esc11.net.

STUDENT HEALTH INFORMATION

Student: _____ Grade: _____ Date: _____

PHYSICIAN DIAGNOSED HEALTH CARE NEEDS

ADHD: _____ HEART: _____

AUTISM: _____ MOBILITY: _____

ASTHMA: _____ SEIZURES: _____

DEPRESSION/ANXIETY: _____ URINARY: _____

DIABETES: _____ VISION: _____

HEARING: _____ OTHER: _____

MEDICATION ALLERGY: _____

REQUEST FOR FOOD ALLERGY INFORMATION

(The District must request, at the time of enrollment, that the parent or guardian of each student attending the District disclose the student's food allergies. This form will satisfy this requirement. Addition information regarding food allergies, including maintaining records related to a student's food allergies, can be found at FD and FL.) 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:	Nature of allergic reaction to the food:

Parent/Guardian Signature: _____ Date form returned: _____

ACKNOWLEDGMENT

Dear Parents/Guardians:

The Krum Independent School District provides the Student Handbook and Code of Conduct to you and your student in order to provide information about the general rules and guidelines for attending and receiving and education in our schools.

We urge you and your student to read this publication thoroughly and to discuss it with your family. If you have any questions about the information provided, we encourage you to ask for guidance from the student's teacher, school counselor, or campus administrator.

Also, you and your student have the option to receive the Student Handbook and Code of Conduct in electronic format or hard copy. To access the information online, go to www.krumisd.net and click on the "parent resources" tab and select "Documents and Policies." From there, click on "Document Library," located on the left-hand side of the web page.

Please indicate your choice by checking the appropriate box below:

I choose to receive the Student Code of Conduct and Student Handbook in electronic format and accept responsibility for accessing according to the instructions provided.

I choose to receive a hard copy of the Student Code of Conduct and Student Handbook.

You and your student should sign this page on the space provided below, and return the page to the student's school. Thank you for your cooperation.

Student's name (please print): _____

Student's Signature: _____

Parent/Guardian's Name (please print): _____

Parent/Guardian's Signature: _____

Name of Student's School: _____ Grade: _____



Krum Independent School District

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School-Based Health-Related Services Authorization Form

As a result of the 2025 Legislative Session, school districts are now required to obtain signed parent/guardian consent for school-based health-related services.

As permitted by Senate Bill 12 (SB 12), we are requesting your annual consent for your child to receive routine health services from qualified school staff, specifically our school nurses. These services may include routine care such as first aid, monitoring of health needs, and other wellness-related support.

This consent ensures your child has timely and equitable access to care that promotes safety, wellness, and readiness to learn. Consent given through this form is effective during the current school year unless you choose to revoke it in writing.

Health Service Examples (by school nurses):

- First aid and injury evaluation
- Administration of over-the-counter medications in accordance with law
- Administration of prescription medications in accordance with law
- Monitoring of chronic health conditions (e.g., asthma, diabetes)
- Vision, hearing, scoliosis, and acanthosis screenings-as required by state law
- Under the influence assessment
- Lice assessment as needed
- Support during illness or physical symptoms at school
- Coordination of health services
- Heat illness prevention and injury support for student athletes

Topical preparations may be available for use judiciously and appropriately in the nurse's office:

- Triple antibiotic ointment or equivalent
- Blistex or equivalent
- Benadryl cream or equivalent
- Burn spray
- Calamine/Caladryl lotion or equivalent
- First aid spray
- Glycogel/Glucose tablets or equivalent
- Saline solution
- Aloe Vera gel
- Lubricating eye drops
- Vaseline or equivalent
- Bactine or equivalent
- Hydrocortisone cream or equivalent

Any additional health-related services that the campus nurse may deem necessary.

Parent Consent for school-based Health-Related Services:

(Please print.)

Student's name: _____

Current grade level: _____

Campus: _____

I **consent** to my child receiving routine **health-related services** in the current school year. I understand this consent may be revoked at any time in writing.

I do **NOT consent** to my child receiving **routine health-related** services in the current school year. Campus nurses will continue to complete health screenings as required by state law, unless a separate written request is received to decline these screenings.

If I choose "I do NOT consent", I understand I will be contacted for all injuries and illnesses. If my child requires any medical attention, I, or my designated representative, must be available to arrive at the school within 30 minutes of notification to personally provide care or authorize treatment. The school district and its staff, including the nurse, will NOT administer any first aid, monitor symptoms, check vital signs, administer topical preparations, or otherwise treat my child under these conditions unless there is a potentially life-threatening emergency.

Parent's signature: _____ **Date:** _____



School-Based Counseling Services Authorization Form

As a result of the 2025 Legislative Session, school districts are now required to obtain signed parent/guardian consent for school counseling services.

As permitted by Senate Bill 12 (SB 12), we are requesting your annual consent for your child to receive routine counseling services from qualified school counselors. These services may include guidance curriculum, responsive services, individual planning, and system support.

This consent ensures your child has timely and equitable access to care that promotes safety, wellness, and readiness to learn. Consent given through this form is effective during the current school year unless you choose to revoke it in writing.

All District employees:

- Shall report alleged abuse or neglect of a student as required by law;
- May verbally inquire about a student's daily well-being without parental consent; and
- Will not provide assistance with social transitioning.

Under state law, a child may consent to counseling for themselves as it relates to suicide prevention; chemical addiction or dependency; or sexual, physical or emotional abuse.

Routine Counseling Services:

State law requires school counselors to provide the following services as part of a Comprehensive School Counseling Program:

- A guidance curriculum to help students develop their full educational potential, including the student's interests and career objectives.
- A responsive services component to intervene on behalf of any student whose immediate personal concerns or problems put the student's continued educational, career, personal, or social development at risk.
- An individual planning system to guide a student as the student plans, monitors, and manages the student's own educational, career, personal, and social development.
- System support to support the efforts of teachers, staff, parents, and other members of the community in promoting the educational, career, personal, and social development of students.

School counselors routinely provide the following services:

- Advise students and their parents regarding the importance of postsecondary education, coursework designed to prepare students for postsecondary education, and financial aid availability and requirements;
- Early mental health prevention and intervention;
- Building skills related to managing emotions, establishing and maintaining positive relationships, and responsible decision-making;
- Substance abuse prevention and intervention;
- Suicide prevention, intervention, and postvention;
- Grief-informed and trauma-informed practices;

- Positive school climates, meaning the quality and character of school life, including interpersonal relationships, teaching and learning practices, and organizational structures, as experienced by students enrolled in the District, parents of those students, and personnel employed by the District;
- Positive behavior interventions and supports;
- Positive youth development; and
- Safe, supportive, and positive school climate.

Parental Consent:

A parent may opt-out of school-based counseling services annually, and consent may be revoked or reinstated at any time with written notice signed by the parent.

Under state law, before administering a student well-being questionnaire or health screening form to a student, the District will provide a copy of the questionnaire or form to the student's parent and obtain the parent's consent to administer the questionnaire or the form.

Should the District recommend additional mental health care a consent form will be provided to the parent and obtained before services are provided to the student.

A parent may not opt out of the following:

1. School district emergency responses;
2. Law enforcement or Department of Family and Protective Services activities;
3. Behavioral threat assessment required by law; or
4. Other rights or duties required by law, including the Texas Family Code.

(Please print.)

Student's name: _____

Current grade level: _____

Campus: _____

I have read and understand the information above and give permission for my child to access school-based counseling and support services during the school year.

Yes

No

If you select "No", school counselors will still continue to provide educational and career planning to all students.

Parent's signature: _____ **Date:** _____

Bus Safety Rules and Regulations

If Rules Are Broken, Bus Privileges May Be Taken Away

1. Remain seated at all times.
2. Sit in assigned seats at the driver's discretion.
3. Nothing may be extended out the windows at any time.
4. Emergency doors may not be entered or exited except for emergency purposes.
5. No type of weapon, explosive, fireworks, sharp or pointed articles will be permitted.
6. No type of alcoholic beverage, controlled drug or substance will be permitted. No tobacco products will be permitted.
7. Student's MUST follow the driver's and monitor's instruction at all times.
8. Cursing, obscenities, harassment, and scuffling are forbidden.
9. Fighting is absolutely forbidden.
10. Students must not depart at unauthorized stops unless a school administrator grants approval.
11. No objects may be thrown from the bus windows.
12. **Bus arrival time may vary 5 to 7 minutes. Drivers are not required to wait for students at the bus stop, or to sound the horn while students come out of their residence. Students must be at the stop before the bus arrives.**
13. KISD students and staff are the only authorized persons to board the bus.
14. No type of animal, bird or pet is permitted on the bus.
15. Students may not eat, drink, or litter while on the bus.
16. Students may be denied bus privileges and required to pay for any damage to any part of the bus, including the seats.
17. Cell phones may be used only with ear buds; no sharing or looking at other students phones. Cell phones will be taken up if the rule is not being followed.
18. No photos can be taken on the bus at any time.
19. Be respectful to other students.
20. **NO GUEST BUS RIDERS... NOTES WILL NOT BE ACCEPTED**

BUS ROUTE /CROSS TOWN TRANSPORTATION REQUEST FORM

FILL OUT THIS FORM ONLY IF YOU LIVE ON A DESIGNATED BUS ROUTE OR
MORE THAN 2 MILES FROM ATTENDING CAMPUS

Bus Name _____ Driver _____

Student's Name: _____ Age: _____ Grade: _____ School: _____

Student's Name: _____ Age: _____ Grade: _____ School: _____

Student's Name: _____ Age: _____ Grade: _____ School: _____

Student's Name: _____ Age: _____ Grade: _____ School: _____

Home Address: _____

Parent's Name: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Person: _____ Emergency #: _____

*****Employed by KRUM ISD (campus parent works at)** _____

IMPORTANT BUS RULES TO REMEMBER IF BREAKING ANY RULES BUS PRIVILEGES MAY BE PULLED

- **Bus arrival time may vary 5 to 7 minutes. Drivers are not required to wait for students at the bus stop, or to sound the horn while students come out of their residence. Students must be at the stop before the bus arrives.**
- When being picked up by the bus, remain standing in one spot. Wait for the bus to come to a complete stop before entering the bus. **NO PLAYING AROUND AT THE BUS STOP**
- When riding the bus remain sitting forward at all times, no switching seats.
- Follow directions from the bus driver or bus monitor at all times.
- No cell phone use or taking photos on the bus at any time.
- Cursing, obscenities, harassment and scuffling, fighting are forbidden.
- No objects thrown from the bus windows.
- Be respectful to other students.
- No tobacco products permitted.
- No weapon permitted. (knives, explosive, sharp or pointed articles)

** Students cannot depart at any unauthorized stops unless a school administrator grants approval.

NO GUEST BUS RIDERS... NOTES WILL NOT BE ACCEPTED

Parent's Signature: _____ Date: _____

KRUM ISD

Student Drug Testing Program

Grades 7-12

Purpose

The Krum Independent School District Board of Trustees has a concern for the students and the community as a whole. Students using illegal drugs pose a threat to their own health and safety as well as that of other students and the general public. The Board believes that mandatory random drug testing of students in extracurricular activities, as well as students who request a permit to park a vehicle on school property, will assist in deterring drug use, undermining the effects of peer pressure by giving students a reason to refuse the use of illegal drugs, promoting the safety and welfare of students and the community, and encouraging students who use illegal drugs to participate in drug treatment programs.

Findings

The Board of Trustees finds that:

- Drug use by students attending district schools has increased
- Drug use by minors has increased nationwide
- Disciplinary referrals regarding drug use have increased
- Students participating in extracurricular activities are role models for other students and are admired by other students
- Students participating in extracurricular activities are seen as representatives and ambassadors of the school district
- The possibility of injury increases for students participating in extracurricular activities when illegal drugs are used
- Public school students have decreased expectation of privacy

Definitions

“Activity Student” means a member of a Krum Middle School or Krum High School sponsored extra-curricular organization which participates in interscholastic competition. This includes any student that represents KMS or KHS in any extra-curricular activity in interscholastic competition, such as FFA, Band, Choir, Academic Team, Cheerleading, and Athletics.

“Permit” means a tag identifying students who have permission to park a vehicle on school property.

“Drug use test” means a scientifically substantiated method to test for the presence of illegal or performance-enhancing drugs or the metabolites thereof in a person’s urine.

“Random Selection Basis” means a mechanism for selecting activity students for drug testing that:

1. results in an equal probability that any activity student from a group of activity students subject to the selection mechanism will be selected, and
2. does not give the school district discretion to waive the selection of any activity students under the mechanism.

“Illegal drugs” means any substance which an individual may not sell, possess, use, distribute or purchase under either Federal or Texas law. “Illegal drug” includes, but is not limited to, all prescription drugs obtained and/or used without medical authorization, and all prescribed and over-the-counter drugs being used for an abusive purpose. “Illegal drug” shall also include alcohol.

“Performance-enhancing drugs” include anabolic steroids and any other natural or synthetic substance used to increase muscle mass, strength, endurance, speed or other athletic ability. The term “performance-enhancing drugs” does not include dietary or nutritional supplements such as vitamins, minerals, and proteins which can be lawfully purchased in over-the-counter transactions.

“Positive” when referring to drug use test administered under this policy means a toxicological test result which is considered to demonstrate the presence of an illegal or performance-enhancing drug or the metabolites thereof using the standards customarily established by the testing laboratory administering the drug use test.

Procedures

An extracurricular activity is an activity sponsored by the University Interscholastic League (UIL), the board, or an organization sanctioned by resolution of the board. The activity is not necessarily related to instruction of the essential knowledge and skills but may have an indirect relation to some areas of the curriculum. Extracurricular activities include, but are not limited to, public performances, contests, demonstrations, displays, and club activities, with the exception of public performances specified in paragraph 2 below.

1. In addition, an activity shall be subject to the provisions for an extracurricular activity if one of the following criteria apply:
 - a. The activity is competitive,
 - b. The activity is held in conjunction with another activity that is considered to be extracurricular,
 - c. The activity is held off campus, except in a case in which adequate facilities do not exist on campus,
 - d. The general public is invited, or
 - e. The activity is a result of being elected or appointed to a position of honor.
2. Students who must participate in co-curricular activities are not subject to the terms of this program. An activity is considered to be co-curricular if it is the result of being enrolled in a state-approved course that requires demonstration of the mastery of the essential knowledge and skills in a public performance, subject to the following requirements and limitations:
 - a. Only the criterion listed in paragraph 1.d above applies to the performance.
 - b. The requirement for student participation in public is stated in the essential knowledge and skills of the course.

Students in extracurricular activities and/or students who request a permit to park a vehicle on school property, and their parents or guardians, shall be provided with a copy of the "KISD Drug Use Testing Policy and Procedures" and a copy of the KISD Drug Use Testing Consent Form that shall be signed and dated by students and their parents or guardians before the student shall be eligible to practice or participate in any extracurricular program, including off-season training.

Only one form shall be required for a student regardless of the number of school activities in which he/she participates. Only one form shall be required for the period of time that the student is enrolled in grades 7-12 at Krum Middle School or Krum High School.

The parents or guardians of a student who does not participate in any extracurricular activity may request in writing that the student participate in the drug use testing program. Such requests may be withdrawn at any time.

Students may be tested for use of:

1. Drugs that an individual may not buy, possess, or use without a prescription, or sell or distribute under either Federal or Texas law. Such drugs include, but are not limited to, marijuana, cocaine, opiates, amphetamines, methaqualone, benzodiazepines, phencyclidine (PCP), methadone, barbiturates, and propoxyphene.
2. All prescription drugs upon reasonable suspicion that they were obtained without authorization.
3. All prescription drugs and over-the-counter drugs upon reasonable suspicion that they are being used in an abusive manner.
4. Performance-enhancing drugs
5. Alcohol

The purpose of these policies is five fold:

1. To educate students of the serious physical, mental, and emotional harm caused by illegal drug use.
2. To alert students with possible substance abuse problems to the potential harms that drug use poses for their physical, mental, and emotional well-being and offer them the privilege of competition as an incentive to stop using such substances.
3. Ensure that students adhere to a training program that bars the intake of illegal and performance-enhancing drugs.
4. To prevent injury, illness, and harm for students that may arise as a result from illegal and performance-enhancing drug use.
5. To offer students practices, competition and school activities free of the effects of illegal and performance-enhancing drug use.

Illegal and performance-enhancing drug use of any kind is incompatible with the physical, mental, and emotional demands placed upon participants in extra-curricular activities and upon the positive image these students project to other students and to the community on behalf of the Krum Independent School District.

Each participating student shall be assigned a number. Numbers shall be randomly drawn from one large pool of those agreeing to be tested. The selection of participants to be tested shall be done by professional laboratory chosen by the District, and selection shall be made from time to time throughout the school year. Testing may occur on a different day, Monday through Friday.

No student shall be given advance notice or early warning of the testing. In addition, a strict chain of custody shall be enforced to eliminate invalid tests or outside influences.

Drug testing will be performed by urinalysis or fingerprint sweat test. The student shall fill out, sign, and date any form that may be required for testing.

The individual obtaining the urine specimen shall be of the same gender as the student. If at any time during the sampling procedure a supervisor has reason to believe that a student is tampering with the sample, the supervisor shall notify the principal or administrative designee who shall then determine if a new urine sample should be obtained. If it is proven that tampering or cheating has occurred during the collection, or if a student refuses to provide a sample, the student shall receive the consequences of a confirmed positive test.

Each student shall be provided with a copy of the Student Drug Testing Consent Form, which shall be read, signed, and dated by the student and the parent or custodial guardian before such student shall be eligible to practice or participate in any extra-curricular activities. The consent requires the student to provide a sample: (a) as part of the student's initial test for eligibility for participation; and (b) when the activity student is selected by the random selection basis to provide a sample. No student shall be allowed to practice or participate in any extra-curricular activities involving interscholastic competition unless the student has returned the properly signed "Student Drug Testing Consent Form."

Prior to the commencement of drug testing each year, an orientation session will be held with each student to educate them of the sample collection process, privacy arrangements, drug testing procedures and other areas which may help to reassure the activity student and help avoid embarrassment or uncomfortable feelings about the drug testing process.

Each student shall receive a copy of the Student Drug Testing Policy. The head coach, sponsor, or principal shall be responsible for explaining the Policy at all prospective students.

All students will be required to provide an initial sample at or near the beginning of each school year before the student may participate in an extra-curricular activity covered under this policy. A student who moves into the district after the school year begins will have to undergo a drug test before they will be eligible for participation.

Drug use testing for students will also be chosen on a random selection basis monthly from a list of all students who are involved in off-season or in-season activities. The Krum Independent School District will determine a monthly number of student names to be drawn at random to provide a sample for drug use testing for illegal drugs or performance-enhancing drugs.

Any drug use test will be administered by or at the direction of a professional laboratory chosen by the Krum Independent School District. The professional laboratory shall be required to use scientifically validated toxicological testing methods, have detailed written specifications to assure chain of custody of the specimens, and proper laboratory control and scientific testing.

All aspects of the drug use testing program, including the taking of specimens, will be conducted so as to safeguard the personal and privacy rights of the student to the maximum degree possible. The test specimen shall be obtained in a manner designed to minimize intrusiveness of the procedure. In particular, the specimen must be collected in a restroom or other private facility behind a closed stall. The monitor shall not observe the student while the specimen is being produced, but the monitor shall be present outside the stall to listen for the normal sounds of urination in order to guard against tampered specimens and to ensure an accurate chain of custody. The monitor shall verify the normal warmth and appearance of the specimen. If at any time during the testing procedure, the monitor has reason to believe or suspect that a student is tampering with the specimen, the monitor may stop the procedure and inform the principal/athletic director who will then determine if a new sample should be obtained. The monitor shall give each student a form on which the student may list any medications legally prescribed for the student that he or she has taken in the preceding thirty (30) days. The parent or legal guardian shall be able to confirm the medication list submitted by their child during the twenty-four (24) hours following any drug test. The medication list shall be submitted to the lab in a sealed and confidential envelope and shall not be viewed by district employees.

Confidentiality

The laboratory will notify the principal or Superintendent of any positive test. To keep the positive test results confidential, the principal/Superintendent will notify only the student, and the parent or custodial guardian of the student of the results. The principal will schedule a conference with the student and parent or guardian and explain the student's opportunity to submit additional information to the principal or to the lab.

The Krum Independent School District will rely on the opinion of the laboratory that performed the test in determining whether the positive test result was produced by something other than consumption of an illegal or performance-enhancing drug.

Test results will be kept in files separate from the student's other educational records, shall be disclosed only to the principal/Superintendent, and will not be turned over to any law enforcement authorities.

Appeal

A student who has been determined by the principal or designee to be in violation of this policy shall have the right to appeal the decision to the Superintendent or his designee(s). Such request for a review must be submitted to the Superintendent in writing within five (5) calendar days of notice of the positive test. The student will be ineligible for participation pending the appeal. The Superintendent or his designee(s) shall then determine whether the original finding was justified. The student may appeal the Superintendent's decision within five (5) calendar days from receipt of his decision. The Board of Trustees shall consider the appeal at a regular or special called board meeting. The Board of Trustees may only consider whether the administration complied with the Board's policy.

Consequences

Any student who tests positive in a drug test under this policy shall be subject to the following restrictions:

A. For the First Offense

1. The parent/guardian will be contacted immediately and a private conference will be scheduled to present the test results to the parent/guardian. A meeting will then be set up with the student, parent/guardian, and principal or designee concerning the positive drug test.
2. The student will be suspended from all contests, competitions and outside school day practice for seven (7) calendar days.
3. In order to continue participation in the activity the student and parent/guardian must, within seven (7) days of the joint meeting, show proof that the student has received drug counseling at the student's expense from a qualified drug treatment program or counseling entity.
4. The student must submit to the next six (6) random tests at the student's expense. If all six (6) test results are negative, the student will go back into the random pool.

B. For the Second Offense

1. The parent/guardian will be contacted immediately and a private conference will be scheduled to present the test results to the parent/guardian. A meeting will then be set up with the student, parent/guardian, and principal or designee concerning the positive drug test.
2. The student will be suspended from participation in competition, contests, and practices in extra-curricular activities covered under this policy for thirty (30) calendar days (which can carry over into the next school year).

3. The student and parent/ guardian must show proof of the successful completion of four (4) hours of substance abuse education/counseling at the student's expense within ten (10) days of the joint meeting.
4. The student must submit to the next six (6) random tests at the student's expense. If all six (6) test results are negative, the student will go back into the random pool.

C. For the Third Offense

1. Complete suspension from participation in ALL extracurricular activities including meetings, practices, performances, contests, and competition for 365 calendar days from the date of the notice of positive test results.
2. Successfully complete eight (8) hours of substance abuse education/counseling at the student's expense within thirty (30) days from a qualified drug treatment program or counseling entity.
3. The student will remain in the pool that will be randomly tested for the 365 day suspension period. The first six tests will at the expense of the student. If all six (6) test results are negative, the district will pick up the cost of drug testing through the remaining 365 day suspension period.

The student may request, at their expense, a split specimen to an alternative certified laboratory. The alternative laboratory must be a College of American Pathologist/Forensic Urine Drug Testing (CAP) certified laboratory.

An invalid or diluted specimen will result in the student being re-tested as soon as possible. The re-tested specimen will be transported by courier to Smartox.

If a specimen/sample provided by the student is considered by the laboratory to be adulterated or substituted, it will be treated as a positive test.

If a student is unable to produce a specimen on the first try, they will be allowed to drink up to 40 ounces of water and must provide a specimen within three (3) hours of the first attempt. If after three (3) hours a student cannot produce an acceptable size sample, it will be treated as a refusal to submit to a drug test.

If a student that is selected for random testing is absent from school on the day of the testing, the student will be re-tested upon their return to school.

These restrictions and requirements shall begin immediately, and shall be consecutive in nature, unless a review appeal is filed following receipt of a positive test.

Refusal to Submit to Drug Use Test

A participating student who refuses to submit to a drug test authorized under this policy will be treated as a positive test and shall not be eligible to participate in any activities covered under this policy including all meetings, practices, performances, contests, and competitions.

Additionally, such student shall not be considered for any interscholastic activity honors or awards given by the school.

The Krum Independent School District is committed to cooperating with parents/guardians in an effort to help students avoid illegal drug use. The Krum Independent School District believes accountability is a powerful tool to help some students avoid using drugs and that early detection and intervention can save lives.

Krum Independent School District Drug Use Testing Consent Form

Student's Full Name: _____
STUDENT NAME

I understand, after having received and read the Krum ISD guidelines and procedures for the Student Drug Testing Program, that KISD will enforce this program out of concern for my safety and health. I realize that the personal decisions 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 understand, after having received and read the Krum ISD guidelines and procedures for the Student Drug Testing Program. I understand that it is the practice of the district to conduct drug and/or alcohol tests 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 that 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 he/she will be unable to participate in the above-mentioned activities. If my child later decides to participate in extracurricular activities offered by KISD, my child will be unable to participate in the above-mentioned activities until such test is taken. I accept the method of obtaining urine samples, testing of such samples, and all other aspects of the program.

I authorize the employees of KISD to release my child's student identification number, and biological specimens to Smartox Laboratories. I authorize the officers, employees, and agents of Smartox Laboratories and the district to communicate among themselves, for official purposes, my child's drug and/or alcohol test results both orally and in writing, and to communicate such test results at any district administrative proceeding. I also authorize the officers, employees, and agents of Smartox Laboratories and the district to have continued access to my child's biological specimens for the purpose of any further analysis or study that may be necessary, and require the results be communicated to me prior to district administrative proceedings.

Parent/Guardian Signature

Date

Witness

Printed Name of Parent Guardian

Printed Name of Witness

IMPORTANT INFORMATION

After printing, please bring the printed documents along with the following required items to the designated registration time and place for your child's campus.

Items to Bring (New Students):

- Registration forms
- Proof of Residency –
Acceptable forms include:
 - Utility bill, most recent (electric, gas, or water)
 - Lease agreement
 - Closing documents on a home
 - Tax or mortgage statement on a homeNotarized letter stating that the family is living with a Krum ISD resident along with that resident's proof of residency.
Credit card, cel phone bills, bank statements, and driver's license are not accepted.
- Immunization Records
- Parent/Guardian's drivers license or state issued ID
- Student 2 forms of ID

If under age 11, one item **must be the student's original birth certificate**

Additional ID types accepted include:

- Driver's license
- Passport
- Report card from previous school
- Social Security card
- Military ID
- Hospital birth record
- Adoption records
- Shot records
- Foster Care form 2085.

Items to Bring (Returning Students):

- Registration forms
- Proof of Residency
Acceptable forms include:
 - Utility bill, most recent (electric, gas, or water)
 - Lease agreement
 - Closing documents on a home
 - Tax or mortgage statement on a homeNotarized letter stating that the family is living with a Krum ISD resident along with that resident's proof of residency.
Credit card & cell phone bills, & driver's license not accepted

*Note: By default, only the required signature pages within this document will print. If you would like to print all pages for your own records, you must manually change the print settings during printing. In addition, please look at the **OPTIONAL FORMS** located at www.krumisd.net/. These optional forms print separately.*