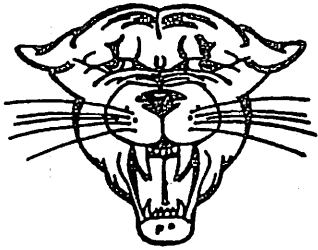


NUECES CANYON JH/HS Registration Form for School Year 2026 - 2027

Campus Name: NUECES CANYON JH/HS			Campus Phone: (830) 234-3524			Campus Fax: (830) 234-4129		
STUDENT INFORMATION								
Local ID	Student Name	Grade Level	Orig Entry Dt	Track	SSN	☐ Hispanic	☐ Pacific Islander	
						☐ White	☐ Black	
						☐ Asian	☐ American Indian	
Gender	Date of Birth	Birth Place	Age (Sept 1st)	Texas Unique ID				
Address:					Student Home Phone: _____			
Mailing Address:					Student Cell Phone: _____			
Student Email: _____					Will your child be using bus transportation to get to school? ☐ Yes ☐ No			
PARENT INFORMATION								
1. Guardian: _____			Relation: _____			2. Guardian: _____		
Address: _____			Address: _____					
City, St, Zip: _____			City, St, Zip: _____					
Employer: _____			Employer: _____					
Cell Ph: _____ Home Ph: _____ Bus Ph: _____			Cell Ph: _____ Home Ph: _____ Bus Ph: _____					
Other Ph: _____ Phone Pref: ☐ Cell ☐ Home ☐ Business ☐ Other			Other Ph: _____ Phone Pref: ☐ Cell ☐ Home ☐ Business ☐ Other					
Receive Mailouts: ☐ Yes ☐ No Language Pref: ☐ English ☐ Spanish			Receive Mailouts: ☐ Yes ☐ No Language Pref: ☐ English ☐ Spanish					
Emergency Contact: ☐ Yes ☐ No Email: _____			Emergency Contact: ☐ Yes ☐ No Email: _____					
Svc Branch: _____ Rank: _____ Enrolling Person: _____			Svc Branch: _____ Rank: _____ Enrolling Person: _____					
Right to Transport: ☐ Yes ☐ No Driver License #: _____ State: _____			Right to Transport: ☐ Yes ☐ No Driver License #: _____ State: _____					
Vehicle Make: _____ Model: _____ Color: _____			Vehicle Make: _____ Model: _____ Color: _____					
Vehicle Plate #: _____ State: _____			Vehicle Plate #: _____ State: _____					
EMERGENCY CONTACT INFORMATION								
1. Name: _____			Relation: _____			Cell Ph: _____ Home Ph: _____ Bus Ph: _____		
Other Ph: _____ Phone Pref: ☐ Cell ☐ Home ☐ Business ☐ Other			Other Right to Transport: ☐ Yes ☐ No Driver License #: _____ State: _____					
Vehicle Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____								
2. Name: _____			Relation: _____			Cell Ph: _____ Home Ph: _____ Bus Ph: _____		
Other Ph: _____ Phone Pref: ☐ Cell ☐ Home ☐ Business ☐ Other			Other Right to Transport: ☐ Yes ☐ No Driver License #: _____ State: _____					
Vehicle Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____								
Doctor: _____ Bus Ph: _____			Dentist: _____ Bus Ph: _____					
Hospital: _____ Bus Ph: _____			Other Medical: _____ Bus Ph: _____					
List any Allergies or Health Concerns: _____								
SIBLING INFORMATION								
Brothers/Sisters	Grade	School	Brothers/Sisters	Grade	School			
_____	_____	_____	_____	_____	_____			
_____	_____	_____	_____	_____	_____			
BUS INFORMATION								
Eligible: _____	Seat: _____	Special Requirements						
Route: _____	Run: _____	Transportation: _____						
Pickup Stop: _____	Dropoff Stop: _____	Special Seating: _____						
Pickup Assigned: _____	Dropoff Assigned: _____	Wheelchair: _____						
Pickup Route: _____	Dropoff Route: _____							
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 judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.								
Parent or Guardian Signature			Date of Birth			Date		
(For Office Use Only)								
Teacher Name: _____			Control Nbr: _____			Eligibility Code: _____		
Birth Certificate on File: _____			Mil Conn: _____ Foster Care: _____			Immunization on File: _____ Title I: _____		
Soc Sec Copy on File: _____			At Risk: _____ Migrant: _____			Hm Lng: _____		
Gift: _____ LEP: _____ BIL: _____ ESL: _____			Par Per: _____ Econ: _____			Special Education: Prim: _____ Sec: _____ Tert: _____ Multi: _____		



NUECES CANYON
Consolidated Independent School District
"The Pride of Nueces Canyon"

P.O. Box 118
200 Taylor Street
#1 Panther Circle
Barksdale, Texas 78828
(830) 234-3514 Phone
(830) 234-3435 Fax

Parental Permission for Extra-Curricular and Co-Curricular Activities

I _____ give my permission for my
son/daughter _____ to miss class so that
he/she may participate in any co-curricular or extra-
curricular activity during the school year.

Student Grade Level _____

Date _____

Nueces Canyon CISD
Publishing Permission of Photos and Information

Dear Parent:

You child will be involved in projects during the school year that may include photographs, digital video and basic student information. These items may be presented in a public performance such as a presentation of a project or posting to the school's website or social media. In the event that you child is among those chosen, we are requesting your permission to use his/her photograph or information. Please sign the permission form below.

- ☐ **I give NCCISD permission** for use or display of name, photos, video, artwork or other creative property of my child to be display via Public Presentations, News Paper Articles, NCCISD Website, NCCISD Social Media.

Child Name: _____

Parent/Guardian Signature: _____

- ☐ **I do not give NCCISD permission** for use or display of name, photos, video, artwork or other creative property of my child to be display via Public Presentations, News Paper Articles, NCCISD Website, NCCISD Social Media.

Child Name: _____

Parent/Guardian Signature: _____

We receive request for names, addresses and telephone numbers of students during the school year. We need parent permission to release this information.

Photographers

School Booster Organizations

Parent/Guardian Signature: _____



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Dear Parent/Guardian:

I, the undersigned, do hereby authorize officials of Nueces Canyon JH/HS to administer Tylenol or Benadryl as may be deemed necessary.

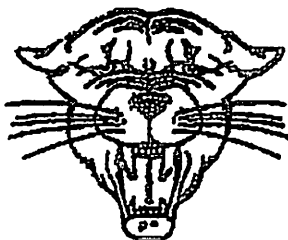
Signature of Parent/Guardian

Student's Last Name, First and Initial

I, the undersigned, do hereby authorize officials of Nueces Canyon JH/HS to administer prescription medication that is in the original container and is properly labeled.

Signature of Parent/Guardian

Student's Last Name, First and Initial



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The Nueces Canyon Junior High/ High School will be observing a Moment of Silence and the Pledge of Allegiance in the upcoming school year. If you do not want your child to participate please check the box accordingly.

☐ Yes they will participate

☐ No they will not participate

Name of Student _____

Parent/Guardian signature _____

2025-2026 PEIMS Data Standards**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) [Grab your reader's attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

PART 1. ETHNICITY: Is the person Hispanic/Latino? (Choose only one)

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

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

- ☐ **American Indian/Alaskan Native 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/African American Black or African American** - A person having origins in any of the black racial groups of Africa.
- ☐ **Hawaiian/Pacific Islander 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.

(PRINT) Name of Student/Staff

Student/Staff ID Number:

Parent/Guardian/Staff Signature: _____ Date: _____

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

Ethnicity- choose one:	Race: choose one or more
☐ Hispanic / Latino ☐ Not Hispanic / Latino	☐ American Indian/Alaskan Native American Indian or Alaska Native ☐ Asian ☐ Black/African American Black or African American ☐ Hawaiian/Pacific Islander Native Hawaiian or Other Pacific Islander ☐ White
_____ Observer's Signature	_____ Campus _____ Date

2024-2025 PEIMS Data Standards

Agencia de Educación de Texas

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

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

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

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

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

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

PARTE 2: Cual es la raza de la persona? (Escoja uno o más de uno)

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

(PRINT) Name of Student/Staff: _____ Student/Staff ID Number: _____

Parent/Guardian/Staff Signature: _____ Date: _____

Este espacio está reservado para el observador de la escuela local: una vez completado e ingresado los datos en el sistema de software del estudiante, archive este formulario en la carpeta permanente del estudiante.

Etnicidad-elige una:	Raza: elige una o más:
☐ Hispanic / Latino	☐ American Indian/Alaskan Native American Indian or Alaska
	☐ Asian
	☐ Black/African American Black or African American
☐ Not Hispanic / Latino	☐ Hawaiian/Pacific Islander Native Hawaiian or Other Pacific Islander
	☐ White
_____ Observer's Signature	_____ Campus
	_____ Date

Nueces Canyon CISD Parent & Student Handbook

Please check the lines below accordingly and sign and return to your child's school.

_____ I do agree with corporal punishment for my child.

_____ I do not agree with corporal punishment for my child.

_____ I want to be contacted If corporal punishment is necessary.

Student's Name

Parent/Guardian Signature

ACKNOWLEDGMENT

Student Code of Conduct Electronic Distribution

Dear Student and Parent:

As required by state law, the board of trustees has officially adopted the Student Code of Conduct in order to promote a safe and orderly learning environment for every student.

We urge you to read this publication thoroughly and to discuss it with your family. If you have any questions about the required conduct and consequences for misconduct, we encourage you to ask for an explanation from the student's teacher or appropriate campus administrator.

The student and parent should each sign this page in the space provided below, and then return the page to the student's school.

Thank you.

Kristi Powers, Superintendent

I understand that the Code of Conduct is available electronically through the school website at www.nccisd.net.

PAPER COPIES OF THIS DOCUMENT AVAILABLE UPON REQUEST

Print name of student: _____

Signature of student: _____

Print name of parent: _____

Signature of parent: _____

Date: _____

School: _____

Grade level: _____

Please sign this page, remove it, and return it to the student's school. Thank you.

APPENDIX II:
Acknowledgment of Electronic Distribution of
Student Handbook

My child and I have been offered the option to receive a paper copy of or to electronically access at www.nccisd.net the Nueces Canyon CISD Handbook and the Student Code of Conduct for the year. 2008-2009.

I accept responsibility for accessing the Student Handbook and the Student Code of Conduct by visiting the web address listed above.

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

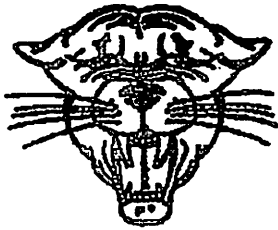
Printed name of student: _____

Signature of student: _____

Signature of parent: _____

Date: _____

PAPER COPIES OF THE HANDBOOK AND CODE OF CONDUCT ARE
AVAILABLE UPON REQUEST.



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Drug Testing Consent Form

I am the parent or legal guardian of _____, a minor student enrolled in the Nueces Canyon CISD (NCCISD).

We understand that it is the policy of the district to conduct substance abuse testing for the drugs and alcohol. By our signature below, we agree to participate in the NCCISD drug-testing program as a condition of eligibility to participate in school-sponsored extracurricular activities and to park on or within 300 feet of school property.

We understand that either the parent/guardian's or the student's decision not to sign this form will result in the removal of the privileges of participating in the school-sponsored extracurricular activities and of parking on or within 300 feet of school property. If we are unclear about any aspect of the drug testing policy and program, it is our individual responsibility to contact the principal or the superintendent for clarification.

We understand that the district cannot compel the student to give a biological specimen. We understand that if a specimen is given, it will be tested for drugs and alcohol in accordance with district policy. We have been provided an opportunity to participate in a meeting at which the drug testing policy was fully explained and have received a copy of the policy. We understand that participation in school-sponsored extracurricular activities and being permitted to park on or within 300 feet of school property is conditioned on participation in the drug-testing program.

We understand that if my child's use of illegal or unauthorized drugs is confirmed, the district will impose sanctions, including:

1. restricting my child's ability to participate in school-sponsored extracurricular activities;
2. restricting my child's ability to park on or within 300 feet of school property;
3. requiring enrollment in drug education, counseling, or rehabilitation programs;
4. requiring additional substance abuse testing; and
5. disqualifying my child from participation in school-sponsored extracurricular activities for the remainder of his or her secondary school career in NCCISD.

I authorize NCCISD and NSA San Antonio (formerly known as Anti-Drug Consultants) and their agents to communicate information for official purposes to implement the school's policy.

Student Name(Printed) Date

Parent/Guardian Name(Printed) Date

Student Signature

Parent/Guardian Signature

Student Social Security Number

FAMILY SURVEY

Dear Parents,

In order to better serve your children the Nueces Canyon school district would like to identify students who may qualify to receive additional educational services. The information provided below will be kept confidential. Please answer the following questions and return this survey form to your child's school.

Para mejorar los servicios educativos de sus hijos, el distrito escolar de Nueces Canyon quisiera identificar estudiantes que puedan calificar para recibir servicios educativos adicionales. Toda la informacion proporcionada sera mantenida confidencial. Favor de responder a las siguientes preguntas y devolver esta forma a la escuela de su nino/a.

1. Have you moved within the last 3 years? _____ YES _____ NO
Ha cambiado de residencia usted o alguien en su familia dentro de los últimos tres años? ____ Si
____ NO
2. If yes, have you done agricultural or fishing related work since you move?(e.g. field work, canneries, lumbering, dairy work, meat processing) _____ YES _____ NO
Si usted contestó "si" en la pregunta anterior, Ha trabajado usted en la agricultura o en la pesca? (por ejemplo, la labor, fabrica de conservas, explotacion de bosques, trabajo en la lecheria, el proceso de carne) ____ Si ____ NO

If you answered "yes" to both of the questions above an education representative may contact you to find out whether your child is eligible for additional educational services. Please provide the following information.

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

Name of child/s

Nombres de su Niño/a _____ age/edad _____ grade/gr _____

_____ age/edad _____ grade/grado _____

_____ age/edad _____ grade/grado _____

_____ age/edad _____ grade/grado _____

Name of Parent/Guardian:

Nombre de Padre/Guardian: _____

Phone Number

Numero de telefono _____

2025-26 Application for Free and Reduced-price School Meals or Free Milk and Summer EBT

Complete one application per household. Please use a pen (not a pencil).

STEP 1

List ALL children who are infants and students up to and including grade 12. If more spaces are required for additional names, attach another page.

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-price School Meals for more information.

Child's First Name	MI	Child's Last Name	School	Grade	Student? Yes No	Foster	Head Start	Homeless or Runaway

Check all that apply

STEP 2

Do any household members (including you) currently participate in one or more of the following Assistance Programs – SNAP or TFA? (This does NOT include medical (HUSKY) benefits).

If NO, > Go to STEP 3

If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA client ID number here and then go to STEP 4 (do not complete STEP 3). To quicken the approval process, it is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.

DSS Client Number:

Write only one DSS Client ID number in this space.

STEP 3

Report Income for ALL Household Members (Skip this step if you answered "Yes" to Step 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

Note: Biweekly is Every 2 Weeks

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL gross income (before taxes and deductions) earned by all Child Household Members listed in STEP 1 here.

Child income	How often?
	Weekly Bi-Weekly 2x Month Monthly Annual
\$	

B. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First & Last Name)	Earnings from Work	Public Assistance/ Child Support/Alimony	Pensions/Retirement, SS, SSI, VA benefits, All other
	Weekly Bi-Weekly 2x Month Monthly Annual	Weekly Bi-Weekly 2x Month Monthly Annual	Weekly Bi-Weekly 2x Month Monthly Annual

Total Household Members
(Children and Adults –
Step 1 & Step 3)

Last Four Digits of Social Security Number of Primary
Wage Earner or Other Adult Household Member

X	X	X	X	X
---	---	---	---	---

Check if no social security number

STEP 4

Contact Information and Adult Signature. Return completed form to: Regional School District 13, Attn: Robin Golembieski, 135A Pickett Lane, Durham, CT 06422.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Printed Name of Adult Signing the Form	Signature of Adult	Today's Date
Mailing Address (if available)	Town or City	Daytime Phone and Email (optional)
Apt #	State	
	Zip	

2025-26 Application for Free and Reduced-price School Meals or Free Milk and Summer EBT

Sources of Income			Examples of Income for Children
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All other sources of income	
- Salary, wages, cash bonuses, tips, commissions - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) - Allowances for off-base housing, food, and clothing	- Unemployment benefits - Workers' compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veterans' benefits - Strike benefits	- Social Security/Disability (including railroad retirement and black lung benefits) - Private Pensions or disability benefits - Income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household	- A child has a regular full or part-time job where they earn a salary or wages - A child is blind or disabled and receives Social Security benefits - A parent is disabled, retired, or deceased, and their child receives Social Security benefits - A friend or extended family member regularly gives a child spending money - A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL

Children's Racial and Ethnic Identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

School Use Only – Do Not Write Below This Line

The Determining Official (DO) for the school/district MUST complete this section. (Only convert to annual income if there are different frequencies of income listed in Step 3.)

Annual Income Conversion: Weekly X 52 • Every 2 weeks X 26 • Twice a Month X 24 • Monthly X 12

Directly Certified (DC) based on State DC List as eligible for: ☐ SNAP ☐ TFA ☐ OT ☐ FM (Free Medicaid) ☐ RM (Reduced Medicaid) Date Certified on DC List: _____

☐ SNAP/TFA Household providing proof (must be confirmed by DO) of a handwritten case number ☐ Foster Child ☐ Confirmed Head Start ☐ Confirmed Homeless or Runaway

☐ Income Household: Total household income: _____ per _____ Household Size: _____ Error Prone? ☐ Yes ☐ No

Application approved for: ☐ Free Meals ☐ Reduced-price Meals ☐ Application Denied

Date Notice Sent: _____ Signature of DO: _____ Date: _____

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

* mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax: (833) 256-1665 or (202) 690-7442; or
email: Program.Intake@usda.gov

This institution is an equal opportunity provider.

* Do not mail applications to this address, only complaints of discrimination.

Return completed form to your child's school or send to the mailing address listed on Page 4.

Student Name: _____ District/Charter 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.

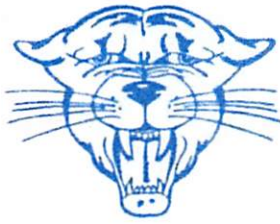
Note: Please contact your school about the benefits of bilingual education services. The following resources may also provide information on program services that foster bilingualism.

- [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 _____



NUECES CANYON
Consolidated Independent School District
"The Pride of Nueces Canyon"

P O Box 118
200 Taylor Street
#1 Panther Circle
Barksdale, Texas 78828
(830) 234-3514 Phone
(830) 234-3435 Fax

Student Safety Recognition and Reporting

Nueces Canyon CISD is committed to maintaining a safe, supportive, and positive learning environment for all students and staff. Students play an important role in helping keep our schools safe.

Recognize Concerning Behavior

Students should report behaviors or statements that may indicate someone could harm themselves or others. Concerning behavior may include:

- Threats to hurt or kill another person
- Threats of self-harm or suicide
- Talking, writing, drawing, or posting about violence in a concerning way
- Bringing or threatening to bring a weapon to school
- Bullying or cyberbullying
- Fighting or physical aggression
- Harassment or threatening messages
- Dating violence or stalking
- Sexual harassment or sexual assault
- Statements about getting revenge or hurting others
- Sudden or serious changes in behavior that cause concern
- Social media posts that contain threats or plans for violence
- Knowledge of a possible plan to harm students, staff, or the school

What Should You Do?

If you see, hear, or learn about something that concerns you:

Tell a trusted adult immediately.

You may report concerns to:

- A teacher
- A principal or other administrator
- A counselor
- A coach or sponsor
- Another trusted school employee
- The district's anonymous reporting system

If there is an immediate emergency or someone is in immediate danger, contact **911**.

Reporting Is Not "Snitching"

Reporting a safety concern is not about getting someone in trouble. It is about protecting people and getting help for someone who may need it.

Students should never assume that someone else will report a concern.

If you see something, hear something, or know something that could affect safety — report it.

Remember

Recognize it. Report it. Help keep Nueces Canyon CISD safe.

(Included in NCCISD Registration Packet given out at the beginning of each year)



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Student and Parent Notice – Sharing Sexual Images or Content

Nueces Canyon CISD students are prohibited from creating, possessing, sending, forwarding, posting, requesting, or sharing sexually explicit or intimate images or visual material involving a minor.

This includes sharing material by:

- Text message
- Social media
- Email
- Messaging applications
- AirDrop or similar file-sharing methods
- Websites
- Other electronic or digital communication
- Artificial intelligence or other computer-generated or altered images

Students should understand that once an image is sent or posted electronically, it may be copied, saved, forwarded, or shared with others and may be extremely difficult or impossible to completely remove.

Possible Consequences

Sharing or possessing sexual visual material involving a minor may result in:

- Disciplinary action under the Nueces Canyon CISD Student Code of Conduct
- Loss of privileges or participation in extracurricular activities, when applicable
- Placement in a disciplinary setting when authorized by law and district policy
- Referral to law enforcement when required or appropriate
- Criminal or other legal consequences
- Harm to another student's privacy, safety, reputation, and relationships
- Long-term effects on educational or employment opportunities

Students should **never forward or repost** a sexual image that they receive.

If a student receives, sees, or becomes aware of sexual images involving another student or minor, the student should immediately report the concern to a teacher, counselor, principal, superintendent, or another trusted school employee.

Students should not attempt to investigate the situation or distribute the material to anyone else.

Important Reminder

Do not create it. Do not send it. Do not forward it. Report it.

Legal References:

Texas Education Code §37.218

Texas Education Code §37.0052

Texas Penal Code §43.261

NCCISD Registration Packet – distributed the beginning of each year.

Student & Emergency Contact Information Form

Student Name:

Student Cell #:

Parent/Guardian Information

Parent/Guardian Name:

Cell #:

Work #:

Email Address:

Physical Address:

Mailing Address (if different)

Emergency Contacts (if parent/guardian cannot be reached):

1. Name:

Relationship:

Phone #:

2. Name:

Relationship:

Phone #:

3. Name:

Relationship:

Phone #: