

ENROLLMENT REQUIREMENTS BULLARD ELEMENTARY SCHOOL

1. Students must be accompanied by a parent or legal guardian. Legal guardianship must be determined **BEFORE** enrollment procedures will begin.

2. Proof of residence: By law, any student enrolling at Bullard ISD must have proof that they reside in the Bullard School District. Proof of residence may include rent/lease agreements with a utility bill showing name & address. **Phone bills are NOT acceptable unless internet is linked with a land phone. School tax statements ARE accepted. P.O. Boxes are also not accepted as proof of residency. A physical address must be provided for proof and PO Box as mailing.**

3. Withdrawal form from previous school or year end report card indicating grade level and grades. Without the withdrawal form, administrators at Bullard cannot determine the correct grade placement or courses for students. The withdrawal form will also indicate the date of withdrawal from former school and if there are any problems that need to be corrected before enrollment can proceed at Bullard.

4. Immunization Records. The state of Texas requires that all students enrolled in public schools be immunized. There is a 30 day limit on the amount of days that a student can spend in school without immunization records being on file. Students and parents must understand that after a 30 day period without immunization records, **the student will be dismissed** from school until such records are obtained. **Students from out of state must have immunization records at the time of enrollment.**

5. Birth Certificate: A birth certificate is required as part of the state required form for proof of identity. **This needs to be a copy of the certified certificate, NOT the hospital certificate.**

6. Social Security Card. By law, each year the state of Texas gathers data on all students. This data is recorded under the social security number. It is therefore required that all parents/guardians furnish a copy of their student's social security card. The school keeps this information confidential. The state requires both the social security card and birth certificate as proof of identity.

7. Copy of Parent/Guardian Picture ID

SCHOOLS ARE REQUIRED BY LAW TO NOTIFY CHILD PROTECTIVE SERVICES IF ANYONE REFUSES TO GIVE THE SCHOOL PROPER IDENTIFICATION FOR THE STUDENT OR THEMSELVES.

**Bullard Elementary School
Registration Information
2020-2021 School Year**

Student: _____ Gender: Male or Female
Last First Middle

Date of Birth: _____ Birthplace: _____ Grade: _____
City State County

Student SS #: _____ Primary Phone Number : _____

Parent/Guardian #1

Legal Name: _____ Student's Primary Residence? Yes No

Street Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State Zip: _____

Phone # 1: _____ Phone #2: _____

Email: _____

Parent/Guardian #2

Legal Name: _____ Student's Primary Residence? Yes No

Street Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State Zip: _____

Phone # 1: _____ Phone #2: _____

Email: _____

List Below School(s) last attended:

School District	Campus Name	City, State	Dates Attended
_____	_____	_____	_____

I provide consent for Bullard ISD to contact me through email, automated phone or text with information relating to the operation of Bullard ISD. I am aware I may opt- out of notifications at any time.

Parent/GuardianSignature: _____ Date: _____

A PERSON WHO KNOWINGLY FALSIFIES INFORMATION RELATING TO STUDENT ELIGIBILITY ON A SCHOOL DISTRICT'S ENROLLMENT FORM MAY BE HELD LIABLE FOR TUITION CHARGES AS PROVIDED BY LAW, OR, IF CONVICTED, MAY BE PUNISHED WITH A FINE NOT TO EXCEED \$1,000 AND/OR CONFINEMENT IN COUNTY JAIL FOR NOT MORE THAN ONE YEAR.

Student Emergency Care and Health Form Bullard Independent School District

Student: _____ / _____ / _____ / _____ / _____
Last Name First Middle Age DOB

Address _____ City/Zip Code _____

Call 1st	Call 2nd
Parent/Guardian:	Parent/Guardian:
Cell#:	Cell#:
Home#:	Home#:
Work#:	Work#:
Student lives with:	Relationship::

Other people who are authorized to pick up or transport my child if I am unable to be located:

Name	Phone	Relationship

Name	Phone	Relationship

Health Information

Check and Complete all that apply to your child.

Life Threatening ALLERGIES-

- _____ Food (list foods) - _____
- _____ Insect sting (list insects) - _____
- _____ Medication (list medications) - _____
- _____ Other (list) - _____

Circle Reaction: cough hives rash local swelling wheezing difficulty breathing nausea
generalized swelling other _____

Does your child have emergency medications prescribed for treating the allergy? ___No___Yes (If checked please Contact School Nurse/Clinic Staff)

PARENT/GUARDIAN MUST SUPPLY ALL MEDICATIONS

Special Dietary Needs- **Parent/Guardian must provide BISD Student Nutrition office with a note from the doctor for any special dietary considerations regarding school lunches.**

_____ **ASTHMA – (If You Checked Contact School Nurse)**
_____ exercise induced asthma _____ occasional attacks _____ severe attacks
Does student need an inhaler at school ___No___Yes (if checked please Contact School Nurse/
Clinic Staff)

BULLARD ELEMENTARY SCHOOL
2020-2021 School Year
PERMISSION FOR STUDENT PICK UP FROM SCHOOL

Student's Name: _____ Grade Level: _____

Legal Guardian #1: _____ Phone # _____

Legal Guardian #2: _____ Phone # _____

The following person(s) **MAY** PICK UP MY CHILD FROM SCHOOL W/OUT NOTICE WITH MY PERMISSION.

1. _____ Relationship _____ Phone # _____
2. _____ Relationship _____ Phone # _____
3. _____ Relationship _____ Phone # _____
4. _____ Relationship _____ Phone # _____
5. _____ Relationship _____ Phone # _____
6. _____ Relationship _____ Phone # _____
7. _____ Relationship _____ Phone # _____
8. _____ Relationship _____ Phone # _____
9. _____ Relationship _____ Phone # _____
10. _____ Relationship _____ Phone # _____

I understand a dated note is required any time there is a change in transportation. However, in the event this does not happen, I authorize the school to release my child to any of the approved individuals listed above. I also understand that if any of the above information changes, I will need to come to the school office in person to make the changes.

PLEASE NOTE Any legal documents restricting access to a child **MUST** be on file with the school office. Otherwise, the child will be released to a parent given he/she is listed on the child's birth certificate.

Signed: _____ Relationship _____ Date: _____

**BULLARD ELEMENTARY SCHOOL
NEW STUDENT QUESTIONNAIRE
2020-2021 SCHOOL YEAR**

STUDENT NAME: _____ GRADE: _____

1. My child was enrolled in a remedial program (Title 1) or a local program YES NO
2. My child was enrolled in a Special Education Resource class for specific subjects. YES NO
3. My child was enrolled in a Special Education Program for Speech with a speech therapist. YES NO
4. My child has a hearing problem. YES NO
5. My child needs to wear glasses at school. YES NO
6. My child was in a Gifted/Talented Program. YES NO
7. My child is a Registered Migrant Student. YES NO
8. My child was enrolled in a Bilingual/English as a Second Language Program. YES NO
9. My child has repeated a grade. Circle grade(s) repeated: YES NO

K 1 2 3
10. My child has attended Bullard Schools before. YES NO
11. My child has behavior problems at school. Please explain: YES NO

12. My child has special needs. Please indicate needs: YES NO

13. The name and address of the last school my child attended:

Parent/Guardian Signature: _____ Date: _____

BULLARD INDEPENDENT SCHOOL DISTRICT SCHOOL

HOME LANGUAGE SURVEY-19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey applicable ONLY if administered for students enrolling in pre-kindergarten through grade 12)

TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN PREKINDERGARTEN THROUGH GRADE 8 (OR BY STUDENT IN GRADES 9-12): 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:

To determine if your child would benefit from Bilingual and/or English as a Second Language program services, please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if Bilingual and/or English as a Second Language program services are appropriate and to inform instructional and program placement 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.

For more information on the process that must be followed, please visit the following website:

<https://projects.esc20.net/upload/page/0081/docs/JuneUpdates/EnglishLearnerIdentification-ReclassificationFlowchart.pdf>

This survey shall be kept in each student's permanent record folder.

NAME OF STUDENT: _____

STUDENT ID#: _____

ADDRESS: _____

TELEPHONE #: _____

CAMPUS: _____

NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.

1. What language is spoken in the child's home most of the time? _____

2. What language does the child speak most of the time? _____

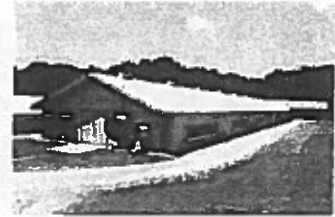
Signature of Parent/Guardian

Date

Signature of Student if Grades 9-12

Date

NOTE: If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if: 1) your child has not yet been assessed for English proficiency; and 2) your written correction request is made within two calendar weeks of your child's enrollment date.



FAMILY SURVEY

2020-2021

Dear Parents,

In order to better serve your children, the BULLARD 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.

For more information, call: (903) 894-6639

1. Have you moved/traveled within the last 3 years?

➤ Yes _____ No _____

2. Have you moved in order to do temporary or seasonal work?

➤ Yes _____ No _____

3. Check the temporary or seasonal work that applies:

chickens

picking fruits and vegetables

lumber

eggs

moves to work in the summer

dairy work

plant nurseries

field work

meat processing

ranching

canneries

fencing

Please provide the following information:

Name of Child _____

Date of Birth _____ Grade _____

Parent/Guardian Name _____

Telephone number _____ Best time to contact you _____

If you answered "yes" to questions 1 and 2 above, Marisol Mancha from the Region 7 Education Service Center may contact you to find out whether your child is eligible for additional educational services.

STUDENT RESIDENCY QUESTIONNAIRE

PLEASE COMPLETE (1) ONE FORM FOR EACH STUDENT BEING ENROLLED

Student Name:		Birth Date: / /	
Current Address: (Include City, State, and Zip)			Campus:
Previous Address: (Include City, State, and Zip)		Telephone #:	Cell Phone #:
Last School Attended:		Last Date Attended:	Current Grade Level:
Name of person with whom student resides:		<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian (granted only by a court) <input type="checkbox"/> Unaccompanied Youth <input type="checkbox"/> Caregiver (Examples: friends, relatives, etc.)	
Signature:			Date:

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

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

1. Does the student live in a place that is owned or rented by a parent or legal guardian? Yes No

If you answered YES to #1, skip the remainder of the form. If you answered NO to # 1, please complete questions 2-4.

2. Is the student's current address a temporary living arrangement due to loss of housing or economic hardship or natural disaster? Yes No

Please explain the reason for loss of housing: _____

3. Where is the student presently living? (Please check all that apply)

- In a hotel/motel
- In a shelter
- In the home of a friend/relative due to loss of housing (examples: fire, flood, lost job, divorce, eviction, etc.)
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite
- Moving from place to place due to loss of housing (examples: fire, flood, lost job, divorce, eviction, etc.)

4. Please provide the following information for siblings of the student:

Name	Grade Level	School	District

DISTRICT USE ONLY

Student qualifies as homeless. Student does NOT qualify as homeless.

Homeless Liaison Signature:	Date:
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Comments:

Exhibit 1A Student/Staff Ethnicity and Race Data Questionnaire in English

**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:

Texas Education Agency – September 2017

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. Additional 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:

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy. [See FL]

Student name: _____ Date of birth: _____

Grade: _____

Parent/Guardian name: _____

Work phone: _____ Home phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form was received by the school: _____

Military Connected & Foster Care Student Form

Student Name: _____ Grade: _____

Please check the applicable box for each category:

Military-Connected-Student-Code

- Not a military connected student.
- Student is a dependent of a member of the Army, Navy, Air Force, Marine Corps, or Coast Guard on active duty.
- Student is a dependent of a member of the Texas National Guard (Army, Air Guard or State Guard).
- Student is a dependent of a member of a reserve force in the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard).
- Pre-kindergarten student** is a dependent of: An active duty uniformed member of the Army, Navy, Air Force, Marine Corps, or Coast Guard; OR activated/mobilized uniformed member of the Texas National Guard (Army, Air Guard, or State Guard); OR activated/mobilized members of the Reserve Components of the Army, Navy, Marine Corps, Air Force, or Coast Guard, who are currently on active duty or who were injured or killed while serving on active duty. What SVC

Foster-Care-Indicator-Code

- Student is not currently in conservatorship of the Department of Family and Protective Services.
- Student is currently in conservatorship of the Department of Family and Protective Services.
- Pre-kindergarten student** was previously in the conservatorship of the Department of Family and Protective Services following an adversary hearing held as provided by Section 262.201, Family Code.

Parent/Guardian Signature: _____ Date: _____



Bullard Independent School District

Excellence Through Education

Student Agreement for Acceptable Use of the Electronic Communications System

You are being given access to the District's electronic communications system. Through this system, you will be able to communicate with other schools, colleges, organizations, and people around the world through the Internet and other electronic information systems/networks. You will have access to hundreds of databases, libraries, and computer services all over the world.

With this opportunity comes responsibility. It is important that you read the District policy, administrative regulations, and agreement form and ask questions if you need help in understanding them. Inappropriate system use will result in the loss of the privilege of using this educational and administrative tool.

Please note that the Internet is a network of many types of communication and information networks. It is possible that you may run across some material you might find objectionable. While the District will take reasonable steps to restrict access to such material, it is not possible to absolutely prevent such access. It will be your responsibility to follow the rules for appropriate use.

- Your account is to be used mainly for educational purposes, but some limited personal use is permitted.
- You will be held responsible at all times for the proper use of your account, and the District may suspend or revoke your access if you violate the rules.
- Remember that people who receive e-mail from you with a school address might think your message represents the school's point of view.

Inappropriate uses:

- Using the system for any illegal purpose
- Downloading or using copyrighted information without permission from the copyright holder
- Wasting school resources through improper use of the computer system
- Borrowing someone's account without permission
- Posting messages or accessing materials that are abusive, obscene, sexually oriented, threatening, harassing, damaging to another's reputation, or illegal
- Gaining unauthorized access to restricted information or resources.

Consequences for Inappropriate Use:

- Suspension of access to the system;
- Revocation of the computer system account; or
- Other disciplinary or legal action, in accordance with the District policies and applicable laws.

I understand that my computer use is not private and that the District can monitor my activity on the computer system.

I have read and understand BISD's Acceptable Use Policy.

Student: _____ Date: _____

Parent: _____ Date: _____