

**STUDENT RESIDENCY QUESTIONNAIRE INFORMATION FORM
BULLARD ISD 2020/2021**

Student _____ Grade _____ School _____

Parent/Guardian _____ Phone _____

Last School Attended _____

Current Address _____

Previous Address _____

Number of Children Enrolled in Bullard ISD _____

Is your current address a temporary living arrangement?

Yes or No

Is this a temporary living arrangement due to loss of housing, economic hardship, or financial difficulties?

Yes or No

Were you displaced from your home due to a Natural Disaster? (hurricane, fire, flood, tornado, etc.)

Yes or No

Type of Natural Disaster:

Hurricane: _____ (Please name)

Other: _____ (Please describe)

Please choose which of the following situations the student currently resides in (choose all that apply):

House or apartment with parent or guardian

Sharing housing with friends or family members (other than or in addition to parent/guardian)

Motels/Hotels

Shelter or other transitional housing

Unsheltered – in a car, park, substandard housing, etc.

If you are living in shared housing, please check all the following reasons that apply:

Loss of housing

Economic hardship

Loss of employment

Parent/Guardian is currently on active duty in the U.S. Military

Other (Please explain; i.e. substandard housing) _____

Are you a student living apart from your parents or guardians? Yes No

Signature of Parent/Guardian/Unaccompanied Youth/School Representative

Date

For School Use Only

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

McKinney-Vento Liaison Signature

Date



FAMILY SURVEY

2020-2021

Dear Parents,

In order to better serve your children, the _____ 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: _____

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:

- | | | |
|--|--|--|
| <input type="checkbox"/> chickens | <input type="checkbox"/> picking fruits and vegetables | <input type="checkbox"/> lumber |
| <input type="checkbox"/> eggs | <input type="checkbox"/> moves to work in the summer | <input type="checkbox"/> dairy work |
| <input type="checkbox"/> plant nurseries | <input type="checkbox"/> field work | <input type="checkbox"/> meat processing |
| <input type="checkbox"/> ranching | <input type="checkbox"/> canneries | <input type="checkbox"/> fencing |

Please provide the following information:

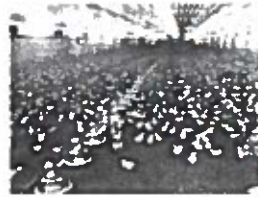
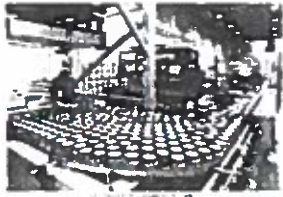
Name of Child _____

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.



ENCUESTA FAMILIAR 2020-2021

Queridos Padres,

Con el fin de servirle mejor a sus hijos, el distrito escolar de _____ le gustaría identificar estudiantes quienes pueden calificar a recibir servicios de educación adicionales. La información que nos proporcione será confidencial. Por favor conteste las siguientes preguntas y regrese esta forma a la escuela de su hijo/a.

Para más información, llame al: _____

1. ¿Usted ha viajado pora en los últimos 3 años?

➤ Sí _____ No _____

2. ¿Usted se ha movido en orden de hacer trabajo temporal o estacional?

➤ Sí _____ No _____

3. Marque el trabajo temporal o estacional que aplique:

- | | | |
|---|---|--|
| <input type="checkbox"/> Pollos | <input type="checkbox"/> Cosecha de frutas/verduras | <input type="checkbox"/> Maderería |
| <input type="checkbox"/> Huevos | <input type="checkbox"/> Movidas para trabajar en el verano | <input type="checkbox"/> Trabajo lácteo |
| <input type="checkbox"/> En viveros | <input type="checkbox"/> Trabajo de campo | <input type="checkbox"/> Plantas procesadoras de carne |
| <input type="checkbox"/> En ranchos/granjas | <input type="checkbox"/> Fábricas de conserva | <input type="checkbox"/> Cercando |
| <input type="checkbox"/> Abejás | <input type="checkbox"/> | <input type="checkbox"/> |

Por favor de proporcionar la información siguiente:

Nombre del niño _____

Fecha de nacimiento _____ Grado _____

Nombre del padre o tutor _____

Número de teléfono _____ Mejor tiempo para contactarla _____

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.

BULLARD INDEPENDENT SCHOOL DISTRICT/CHARTER SCHOOL

Cuestionario sobre el idioma que se habla en el hogar

19 TAC Chapter 89, Subchapter BB, §89.1215

DEBE DE COMPLETARSE POR EL PADRE O TUTOR PARA ESTUDIANTES QUE CURSEN DESDE PREKINDER HASTA EL OCTAVO GRADO: (O POR EL ESTUDIANTE SI CURSA GRADOS DEL 9-12): El estado de Texas requiere que la siguiente información sea completada para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Es la responsabilidad del padre o tutor, no de la escuela, proporcionar la información del idioma requerida por las

Querido padre o tutor:

Para determinar si su hijo(a) se beneficiara de los servicios de los programas bilingües y/o de inglés como segundo idioma, por favor responda las dos preguntas siguientes.

Si cualquiera de sus respuestas indica el uso de un idioma que no sea inglés, entonces el distrito escolar debe realizar una evaluación para determinar que tanto se comunica su hijo(a) en inglés. Esta información resultante de la evaluación se usará para determinar si los servicios de programas bilingües y/o de inglés como segundo idioma son apropiados informará las recomendaciones en cuanto a la instrucción y la asignación del programa. Una vez completada la evaluación de su hijo(a), no se permitirán cambios a las respuestas en el cuestionario. Si tiene preguntas sobre el propósito y el uso del cuestionario sobre el idioma que se habla en el hogar, o si necesita ayuda para completar el cuestionario, por favor comuníquese con el personal del distrito escolar.

Para más información sobre el proceso que debe seguirse, por favor visite el siguiente sitio web:

https://projects.esc20.net/upload/page/0081/docs/JuneUpdates/Spanish_English_Learner_Identification_Reclassification_Flowchart.pdf

siguientes preguntas.

Este cuestionario se deberá archivar en el expediente permanente del estudiante.

DIRECCIÓN: _____

TELÉFONO: _____

ESCUELA: _____

Nota: Indique sólo un idioma por respuesta.

1. ¿Qué idioma se habla en la casa de su hijo(a) la mayoría del tiempo? _____

2. ¿Qué idioma habla su hijo(a) la mayoría del tiempo? _____

Firma del padre o tutor _____

Fecha _____

Firma del estudiante si esta en los grados 9-12 _____

Fecha _____

Bullard Intermediate School
Special Programs

Student's Name _____ Grade _____ Date _____

- | | | |
|--|-----|----|
| 1. My child was enrolled in a remedial program or 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 504 student | YES | NO |
| 8. My child is a registered Migrant student | YES | NO |
| 9. My child was enrolled in a Bilingual/English as a second Language program | YES | NO |
| 10. My child has repeated a grade, circle grade | YES | NO |
| 11. My child has behavior problems at school. Please explain: | | |

12. My child has special needs. Please indicate needs:

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

Parent/Guardian signature: _____

FOR 6th GRADE STUDENTS: Rank elective choices, 1 most desired to a 3 least desired

_____ ART _____ BAND _____ CHOIR

SPECIAL EDUCATION
NEW STUDENT NOTIFICATION

Date: _____

Campus: _____

Student's Name: _____

Grade: _____

Eligibility: (check all that apply)

Speech:

Learning Disability:

Autism:

Other:

Previous School District and Campus: _____

Previous Campus Phone Number: _____ Fax Number _____

Previously enrolled in Bullard ISD: Yes No

Out of State: Yes No

Parent's Name: _____ Contact Numbers: _____

Parent's Email: _____

Notes: _____

Email this form to Lisa Williams at lisa.williams@bullardisd.net immediately upon enrollment.

*Attach any paperwork provided by parent

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: 1) an active duty uniformed member of the Army, Navy, Air Force, Marine Corps, or Coast Guard, 2) activated/mobilized uniformed member of the Texas National Guard (Army, Air Guard, or State Guard), or 3) 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.

Foster-Care-Indicator-Code

- Student is not currently in the conservatorship of the Department of Family and Protective Services
- Student is currently in the 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.



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: _____

2020/2021 PEIMS Data Standards
Appendix F: Ethnicity and Race Reporting Guidance

**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 – March 2018