

Enrollments Requirements For
BULLARD MIDDLE SCHOOL

Checklist
(For office use only)

Student Name _____

Grade _____

Please check off the requirements.

1. _____ Parent/Legal Guardian Picture ID
2. _____ Proof of Residence
3. _____ Withdrawal from other school/or year end report card
4. _____ Immunization Records
5. _____ Birth Certificate
6. _____ Social Security Card

*Make copies of all the above information (including picture ID)

Signature (Principal/Counselor/Secretary)

Date

Enrollment Requirements for Bullard Middle School

1. **Student must be accompanied by a parent or legal guardian.** Legal guardian must be determined before enrollment procedures will begin.
2. **Proof of residence** By law any student enrolling in Bullard Middle School must have proof that they reside in the Bullard District. Proof of residence must include lease or mortgage documentation, and two CURRENT utility bills (water bill, electric bills gas bill, etc.)
3. **Withdrawal form from former school** Without the withdrawal form, administrators at Bullard cannot determine the correct grade placement or courses for students. The withdrawal form will also indicate the students status at their 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. The student will be dismissed from school until such records are obtained.
5. **Birth Certificate** A birth certificate will be required if the student enrolling has not been formerly a Bullard student. If the student formerly attended Bullard, we will already have the birth certificate on file.
6. **Social Security Card** By law each year the state of Texas gathers data on all students. This data is recorded under social security numbers. It is therefore required that all students furnish a copy of their social security card.

BULLARD MIDDLE SCHOOL
P.O. Box 250
Bullard, Texas 75757
903-894-6533 Fax 903-894-7592
STUDENT'S RECORDS RELEASE FORM

STUDENT NAME _____

SS# _____

BIRTHDATE _____ PEIMS# _____

Attended grade (s) _____ at _____

NAME OF SCHOOL _____

MAILING ADDRESS _____

PHONE # _____

I, _____ authorize the above to release to Bullard ISD the following records:

1. _____ Immunization Records
2. _____ Most recent EOC results
3. _____ All academic courses, grades, and units awarded for prior years
4. _____ Current year's course description, six weeks grades, semester grades and withdrawal grades
5. _____ Attendance prior and current year
6. _____ PEIMS #

(Please check all items sent to BMS at this time and return a copy of this form with student records.)

Signature of Parent/Guardian

Date

**BULLARD MIDDLE SCHOOL
STUDENT QUESTIONNAIRE**

Student's Name: _____ Current Grade: _____

- | | | |
|------------------------------------------------------------------------------------------------|-----|----|
| 1. My child has attended Bullard schools before. | Yes | No |
| 2. My child has repeated a grade:
If yes circle the Grade: 1 2 3 4 5 6 7 8 9 10 11 12 | Yes | No |
| 3. My child wants to participate in athletics.
(If yes, fill out PAPF form) | 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 has had a behavior problem at school. | Yes | No |
| 7. My child was enrolled in a special education
Resource class for certain subjects. | Yes | No |
| 8. My Child was enrolled in a special education
program for speech with a speech therapist. | Yes | No |
| 9. My child was enrolled in a 504 program. | Yes | No |
| 10. My child was in a Gifted/Talented program. | Yes | No |
| 11. My child was enrolled in an English as a second
Language program. | Yes | No |
| 12. My child has special needs: If yes, please list: | Yes | No |

BULLARD MIDDLE SCHOOL
Registration Information 2020 - 2021

Student _____
Last First Middle

Date of Birth _____ Birthplace _____
City State County

Grade _____ Gender Male or Female

Race 1. Indian/Alaskan 3. Black/Hispanic 5. White/Non Hispanic
2. Asian/Pacific Is. 4. Hispanic

Social SS# _____ Enrollment Date _____

Name of person/s with whom student lives

Relationship to student

Home Address

Mailing address if different

Street

Street or P.O.Box

City State Zip Code

City State Zip Code

Home Phone # _____

Mother Cell # _____

Father Cell # _____

Work # _____

Work # _____

Is student in Special Education? Yes No

Resource Class Speech Therapy

Is student handicapped? Yes No If yes, please circle how: Physical Educational Mental

Email address _____

List below school attended this school year/or school last attended:

School District Campus Name City, State Date Entered Date Withdrew

Transportation Bus # _____ Car _____ Daycare _____

School Year 2020 - 2021

Grade _____

Bullard Independent School District

Student Emergency Care and Health Form

Last Name First Middle

Age Birthdate MM/DD/YY Mailing Address City/Zip Code

Mother/Guardian Home #

Cell Phone # Work Phone #

Father/Guardian Home #

Cell Phone # Work Phone #

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

Name Phone Relationship

Health Information

Check and complete all that apply to your child.

- _____ Allergies - If you checked this see school nurse.
- Food (list foods) _____
- Insect sting (list insects) _____
- Medication (list medications) _____
- Other (list) _____

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

Does your child need treatment for these allergies while at school? No _____ Yes _____ (see school nurse)

*Oral antihistamine (Benadryl, etc.) *Epi-pen *Other _____

PARENT/GUARDIAN MUST SUPPLY ALL MEDICATIONS

_____ ASTHMA - If you checked this see school nurse.

mild seasonal allergies exercise induced asthma occasional attacks severe attacks

Currently prescribed medications needed at school for asthma.

Does student carry inhaler on self at school? No _____ Yes _____ (see school nurse)

_____ DIABETES If you checked this see school nurse.

_____ SEIZURE DISORDER If you checked this see school nurse.

_____ OTHER HEALTH CONDITIONS If you checked this see school nurse.

Kidney Disorder Heart/Blood Disorder Cancer Cerebral Palsy Cystic Fibrosis Hemophilia
Arthritis Meningitis Fainting Nosebleeds Bladder Problems Headaches Hepatitis Stomach
Digestive Disorders Sickle Cell Disease Skin Disorders Speech Problems Physical Disability

Other _____

Is your child on any routine medications? No _____ Yes _____ (see school nurse)

Will your child be taking any routine medications at school? No _____ Yes _____ (see school nurse)

List _____

Does your child require special procedures while at school? No _____ Yes _____ (check all that apply and see school nurse)

catheterization	oxygen	gastrostomy care	tracheostomy care
suctioning	special diet	other(Explain all boxes checked below.)	

_____ VISION CONDITIONS Contacts Glasses

_____ HEARING CONDITIONS If checked, does student wear hearing aids? No _____ Yes _____

Bullard ISD does not provide over the counter medications such as Ibuprofen, Tylenol, Cream, Cough Drops, etc. If you want your child to have medications at school, the parent must bring them to the nurse's clinic in the original, labeled container and complete permission forms.

All/any of the above information may be provided to Bullard ISD staff in order to keep each student's health and safety a top priority. This information will only be given to those teachers, coaches, and staff directly involved with The student and staff members are informed that all student information is confidential.

By signing below the parent agrees to the above information and also authorizes Bullard ISD to use its judgement in securing the immediate care needed, including transportation in case of an emergency situation.
Parent/Guardian accepts full responsibility for all charges incurred for these services.

Parent/Guardian _____ 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 e 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 _____

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 2016

Exhibit 1B Student/Staff Ethnicity and Race Data Questionnaire in Spanish

**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) y a 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)

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

Parte 2. Raza. ¿Cuál 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 pacífico** – 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.

Nombre del Estudiante/Miembro de Personal
(por favor use letra de imprenta)

Firma (Padre/Representante legal)
/(Miembro de personal)

Número de Identificación del
Estudiante/Miembro del personal

Fecha

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:

Agencia de Educación de Texas – Septiembre 2016

**STUDENT RESIDENCY QUESTIONNAIRE INFORMATION FORM
BULLARD ISD**

Student _____ Grade _____ School _____

Parent/Guardian _____ Phone _____

Last School Attended _____

Current Address _____

Previous Address _____

List Children Enrolled in Bullard ISD and Grade Level _____

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

Military Connected and Foster Care Student Form

Student name _____ Grade _____

Please check the applicable response 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 ununiformed 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.

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 FL.)

This form allows you to disclose whether your child has 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 foodborne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any food that 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: _____

Cell Phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form was received by the school: _____

2020 - 2021
Bullard Middle School

PERMISSION FOR STUDENT PICK UP FROM SCHOOL

Student Name _____ Grade _____

I have legal custody of this child. Yes _____ No _____

1st Parent or Guardian: _____ Phone: _____

2nd Parent or Guardian: _____ Phone: _____

The following **MAY** pick up my child from school with my permission:

1. _____ Phone: _____ Relationship _____

2. _____ Phone: _____ Relationship _____

3. _____ Phone: _____ Relationship _____

4. _____ Phone: _____ Relationship _____

Notes: _____

The Following **MAY NOT** pick up my child from school.

1. _____ Relationship _____

2. _____ Relationship _____

3. _____ Relationship _____

4. _____ Relationship _____

Notes: _____

I understand that if any of the above information changes, I will need to come to the school office and make these changes.

Parent or Guardian Signature: _____

Date: _____

Acknowledgement of Electronic Distribution of
Student Handbook and Student Code of Conduct

My child and I have been offered the option to receive paper copy of or to electronically access at www.bullardisd.net the Bullard ISD Student Handbook and the Student Code of Conduct for 2019-2020.

I have chosen to:

_____ receive a copy of the Student Handbook and the Student Code of Conduct.

_____ 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, 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, I should direct those questions to the appropriate campus principal.

Printed Name of Student _____

Signature of Student _____

Signature of Parent/Guardian _____

Date _____



Technology + Teachers = Educational Excellence
Bullard Independent School District
2020-2021 Technology Immersion Parent/Student Agreement

Fill out this form online with Skyward Family Access at <https://gradebook.bullardisd.net>

Student last name: _____ Student first name: _____

Parent/Guardian last name: _____ Parent/Guardian first name: _____

Student responsibilities

- I will bring my computer to school every day I am in attendance.
- I will know where my computer is at all times and will take good care of it.
- I will charge my computer's battery every day before I bring it to school.
- I am responsible for my computer and will not loan it, the case, or power cord to anyone.
- I will keep my computer in its protective case at all times.
- I will ensure that only my computer and power adapter will be stored in the case.
- I will never have food and beverages near my computer.
- I will not disassemble any part of my computer or attempt any repairs.
- I will not deface the computer or case in any way. This includes, but is not limited to, marking, painting, drawing, attaching sticker, or marring any surface.
- I will not remove any tag, sticker, or other identifying element on my computer.
- I will not store any objectionable pictures or language on the computer.
- I will mute the sound at all times and will not use earbuds without teacher permission.
- I understand that my computer is subject to inspection at any time without notice and remains the property of BISSD
- I will follow the expectations outlined in this agreement and the Acceptable Use Policy in the Student Code of Conduct both at school and outside of school.
- I will return my computer and all components in good working condition at the end of the school year.
- I have read and understand the district's Acceptable Use Policy.

Parent/Guardian agreement:

I agree to and accept the following terms:

- My student may bring their Chromebook home (select Yes or No): **Yes** **No**
- I understand that if I select "No", my student will not be able to bring their Chromebook home. I understand there may be class assignments that must be completed outside the normal school day and that my student will have to make arrangements to complete those assignments.
- My student will abide by the above responsibilities.
- I am responsible for the full cost to repair any damage or replace lost or stolen equipment caused by negligence, regardless of where it occurs, according to the fee schedule listed below. I will report any pre-existing damage of my assigned device to the campus tech desk within one week of receipt. I am responsible for unreported pre-existing damage past this time.

Fee Schedule:

Accidental Chromebook Damage: \$40.00 (After three incidents, student will not be assigned another device.)
Intentional Chromebook Damage: Full cost to repair, up to \$275.00
Missing/Stolen Chromebook: \$275.00
Damaged/Missing Power brick: \$25.00
Damaged/Missing Computer Bag: \$40.00

Student signature: _____ Parent/Guardian signature: _____

Date: _____ Date: _____

