

ENROLLMENT REQUIREMENTS BULLARD PRIMARY 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 PRIMARY 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 Primary School
Residency Verification Application
2020-2021**

Student(s) Name

Grade

RENT HOME OWNER GUARDIANSHIP OWN PROPERTY

RESIDE with: _____

PARENT/GUARDIAN: _____

PHONE NUMBER: _____

HOME

MOBILE

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

LEASE AGREEMENT MONTHLY 6 MONTHS YEARLY

LANDLORD NAME: _____ CONTACT# _____

CONTRACT DATES _____ TO _____

SIGNATURE OF PARENT/GUARDIAN: _____

SIGNATURE OF PERSON RESIDE WITH: _____

APPROVAL BY REGISTRAR: _____ DATE _____

*****CHECK OFF LIST IS ATTACHED - MAKE SURE YOU HAVE ALL THE PROPER DOCUMENTS TO SUBMIT**

Residency/Transfer Checklist

(Copies of all documentation must be attached)

Rental Property

_____ Rental Agreement (Must extend thru the length of the school year. This may require providing monthly lease agreements)

_____ Current Electric/Water Bill (Showing name and address-no PO Box)

_____ Drivers License

Home Owner

_____ Final Closing Papers

_____ Copy of Tax Statement from Appraisal District

_____ Current Electric/Water Bill (or receipt showing services have been installed showing name and address-no PO Box)

_____ Drivers License

Residing with Another Individual

_____ The person you are residing with MUST be present.

_____ Their Current Electric/Water Bill (Showing their name and address-no PO Box)

_____ Both parties Drivers License

Owns Property within BISD

_____ Final Closing Papers with survey (property must be equivalent in size to a standard lot)

_____ Copy of Tax Statement from Appraisal District

_____ Drivers License

_____ Current Electric/Water Bill (or receipt showing services have been installed if applicable)

_____ Builder Contract with anticipated completion date if applicable

Owns a Business within BISD

_____ Copy of Tax Statement from Appraisal District (If they own the property) **OR**

_____ Lease Agreement (Lease must extend the length of the school year. This may require showing monthly lease agreements)

_____ Current Electric/Water Bill (Showing their name and address-no PO Box)

_____ Drivers License

Transfer Complete _____

**Bullard Primary 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# _____

PERSON WHO KNOWINGLY FALSIFIES INFORMATION RELATING TO STUDENT ELIGIBILITY ON A SCHOOL DISTRICT 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 \$1000 AND/OR CONFINEMENT IN COUNTY JAIL FOR NOT MORE THAN ONE YEAR

Name of Person with whom student lives Relationship to Student

HOME ADDRESS	MAILING ADDRESS (IF DIFFERENT)
STREET OR ROUTE	STREET OR P.O. BOX
CITY	CITY
STATE	STATE
ZIP	ZIP

PHONE# _____
HOME WORK CELL

E-MAIL _____

List Below schools attended this school year or school last attended

School District Campus Name City, State Date Entered Date W/D

Transportation Bus # _____ Car _____ Daycare _____

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

Signature of Parent/Guardian: _____ Date: _____

BULLARD INDEPENDENT SCHOOL DISTRICT/CHARTER 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? _____

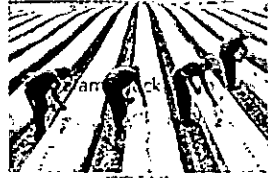
2. ¿Qué idioma habla su hijo(a) la mayoría del tiempo? _____

Firma del padre o tutor

Fecha

Firma del estudiante si esta en los grados 9-12

Fecha



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:

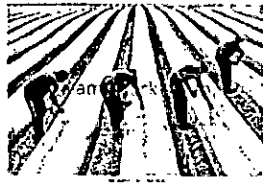
Name of Child _____

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 _____

Si usted contestó "si" a las preguntas 1 y 2 de arriba, Marisol Mancha del Centro de Servicio de Educación de Región 7 se pondrá en contacto con usted para decidir si su hijo/a es elegible para servicios de educación adicionales.

**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:

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 legal (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:

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: _____

Teacher/Grade _____ / _____

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#:
Place of Employment:	Place of Employment:

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

Name	Phone	Relationship

Health Information

Check and Complete all that apply to your child.

ALLERGIES- Life-Threatening Allergy

_____ 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 (Contact School Nurse)

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

PARENT/GUARDIAN MUST SUPPLY ALL MEDICATIONS

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

**(COMPLETE BACK SIDE OF FORM→)

____ **ASTHMA – (If You Checked Contact School Nurse)**

____ exercise induced asthma ____ occasional attacks ____ severe attacks

Does student need an inhaler at school ____ No ____ Yes (**Contact School Nurse**)

____ **DIABETES – (Contact School Nurse)**

____ **SEIZURE DISORDER – (Contact School Nurse)**

____ **OTHER HEALTH CONDITIONS – circle** all that apply

Arthritis Bladder Blood Disorder Cancer Cerebral Palsy Cystic Fibrosis Digestive Disorder
Eating Disorder Fainting Heart Condition Kidney Disorder Migraine/Headaches Nosebleeds
Sickle Cell Disease Skin Disorder Stomach Other: _____

Please explain medical conditions not listed or

____ **VISION** Contacts Glasses Blind

____ **HEARING** If checked, does student wear Hearing Aids ____ Yes ____ No

Medication your child is currently taking:

Name	Dose	Reason
_____	_____	_____
Name	Dose	Reason
_____	_____	_____
Name	Dose	Reason
_____	_____	_____

Will your child be taking any routine medication at school ____ No ____ Yes (**See School Nurse**)

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, properly 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.

Hospital: _____ **Physician:** _____

I, the undersigned, do hereby authorize officials of **Bullard Independent School District** to contact directly the persons named above, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of the said child.

In the event physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation of said child.

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: _____

BULLARD INDEPENDENT SCHOOL DISTRICT
STUDENT TRANSPORTATION

NEW STUDENT BUS ROUTE INFORMATION FOR BUS DRIVER
2020-2021 SCHOOL YEAR

Student Name: _____ Grade: _____

Campus: Elementary

Parent/Guardian Name: _____

Address: _____

Additional Address (if needed): _____

*Be sure to include the name of the subdivision or county/state road)

Telephone: Home _____ Work _____

Please write a detailed description of where you live. The driver will determine if your child will be picked up at your home or at a designated bus stop. If your child will be riding multiple buses, please make us aware.

Assigned Bus # _____ am

Assigned Bus # _____ pm

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

Signed: _____ Relationship: _____ Date: _____

If the student enrolls before the school year begins, this form will have already been given to the driver ahead of time. After the first day of school, the student will need to give this form to the front office and they will provide a copy to the driver to ensure proper pick up and delivery of your student.

BULLARD PRIMARY 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: _____

MEET THE TEACHER

Friday, August 14

2:00-6:00pm

**Bullard Primary School
2nd Grade School Supply List**

- 1 standard plastic supply box
- 2 - 12 count packages of #2 pencils
- 4 - 24 count boxes of Crayola crayons
- 2 packages of Crayola washable markers
- 2 highlighters
- 1 - 4 count package of black EXPO dry erase markers
- 12 Elmer's glue sticks
- 1 bottle of Elmer's glue
- 1 pair of scissors
- 2 large pink erasers
- 2 boxes of Kleenex
- 1 red plastic standard size folder, no brads
- 1 yellow plastic standard size folder, with brads
- 1 green plastic standard size folder, with brads
- 1 purple plastic standard size folder, with brads
- 2 composition notebooks
- 1 zipper pouch with holes (for notebook)
- 1 - 1 inch binder
- 1 container of Lysol/Clorox wipes
- 1 pair of earbuds/headphones
- Boys:**
 - 1 box quart size Ziploc baggies
 - 1 package of multi-color card stock paper
- Girls:**
 - 1 box gallon size Ziploc baggies
 - 1 package 12 x 18 manila paper

Bullard Primary School
First Grade Supply List 2020 - 2021

Please purchase the following and label with child's name:

1 - 1 1/2 inch clear view binder

1 zipper pouch to go in binder

1 red, 1 green, 1 blue, 1 yellow

Poly plastic pocket folders (no brads)

folders do not need brads and no slits in the hole punch

1 pkg. #2 plain yellow pencils (10-12 per pkg.) sharpened

1 large eraser

1 pair pointed Fiskar scissors

2 boxes Crayola Brand crayons (24 count)

8 Elmer glue sticks

1 thin highlighter

1 4 oz bottle Elmer glue

1 school box

2 boxes Facial Tissue

1 backpack (NO ROLLING BACKPACKS)

1 spiral notebook (wide rule-70 sheets)

1 package Crayola Brand markers (10 count)

4 Black **Thin** Dry Erase Markers (**Brand-Expo**)

1 box baby wipes (**no round containers**)

1 package of 18 X 12 Manilla paper

1 box Ziplock Freezer Bags Boys bring gallon size
Girls bring quart size

Please label all supplies.

Individual pencils do not need child's name.

Please begin watching the sales this summer to save on the purchase of supplies.

Parents/Guardian will be responsible for replacing as needed.