

Willow Vista Intermediate School Registration Form -- School Year 2013-2014

STUDENT INFORMATION

ID#: _____ Last Name: _____ First Name: _____ Middle Name: _____ Grade: _____ Gender: _____
 Street Address: _____ City: _____ State: _____ Zip: _____ Primary Phone: _____
 Birth Date: _____ Place of Birth: _____ Social Security #: _____

PARENT/GUARDIAN INFORMATION

1st Parent/Guardian Relation: _____ Last Name: _____ First Name: _____ MI: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Primary Phone: _____ Second Phone: _____ Email address: _____ Birth Date: _____
 Employer: _____ Occupation: _____ Work Phone #: _____

2nd Parent/Guardian Relation: _____ Last Name: _____ First Name: _____ MI: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Primary Phone: _____ Second Phone: _____ Email address: _____ Birth Date: _____
 Employer: _____ Occupation: _____ Work Phone #: _____

EMERGENCY INFORMATION

Doctor: _____ Phone#: _____ Hospital Preference: _____

If Parents cannot be contacted please call:

Emergency Contact 1: _____ Phone: _____ Cell Phone: _____ Relationship: _____
 Emergency Contact 2: _____ Phone: _____ Cell Phone: _____ Relationship: _____
 Emergency Contact 3: _____ Phone: _____ Cell Phone: _____ Relationship: _____

Brothers / Sisters	Grade	School	Brothers / Sisters	Grade	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Legislation: Regardless of whether a child's parent, guardian, or other person with legal control of the child under a court order is enrolling a child, under Section 25.002(f), a district is required to record the name, address, and date of birth of the person enrolling a child.

The above information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records, or information is a violation of state law and may subject you to tuition cost for your child. I certify that the information given above is correct. I authorize the school to contact the person named on this form and the above named physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physician, or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.

Parent or Guardian Signature: _____ Date: _____ Date of Birth: _____

**Willow Vista Intermediate School
Enrollment Information**

Student Name _____ Grade _____

Social Security # _____ Date of Birth _____

If you are new to our district, we will need a copy of your birth certificate and social security card for our records.

Have you ever attended school in the River Road School District? ___ Yes ___ No

If so, which school did you attend? _____

What year did you withdraw? _____

Out of District:

What school did you last attend? _____

Address of School (if known) _____

City and State _____

Zip Code _____ Phone Number (____) _____

Date last enrolled _____

Did you receive any special services while there? (Please check all that apply)

LEP _____

Special Education _____

Migrant _____

504 _____

Gifted and Talented _____

Other _____

Please list other services you may have received: _____

Date _____ Parent/Guardian Signature _____

9500 U S HWY 287 N.
AMARILLO, TEXAS 79108
TELEPHONE: (806) 383-7800 FAX: (806) 381-1357

STUDENT RESIDENCY QUESTIONNAIRE

Name of Student _____ School _____

__ Male __ Female Birth Date _____ Age _____ SSN _____
(or student identification number)

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

1. Is your current address a temporary living arrangement? __ Yes __ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? __ Yes __ No

If you answered YES to the above questions, please complete the remainder of this form. If you answered NO, you may complete this form by signing here:

Signature of Parent/Legal Guardian _____ **Date** _____

Fill out only if you answered YES to the above questions:

Where is the student presently living? *(check one box)*

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent(s)/Legal Guardians(s) _____

Address _____ Zip _____ Phone _____

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

Signature of Parent/Legal Guardian _____ **Date** _____

Please send copy to Kara Harrison - FAX: (806) 381-7815

I certify the above named student (does/does not) qualify for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature

Date

**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

Date

Student/Staff Identification Number

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: <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic/Latino	Race – choose one or more: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Observer signature:	Campus and Date:



**Parent Release Form for Videotaping, Photographing
and/or Interviewing Students**

I, (printed parent/guardian name) _____, (circle one) **(do) (do not)** give permission for my child, (child's printed name) _____, to be interviewed, videotaped, or photographed by a local newspaper, television, or radio reporter, or by a representative of the River Road Independent School District to be used in connection with a news story that has been approved by an administrative staff member of the River Road Independent School District or for school district instructional or marketing purposes.

I (circle one) **(do) (do not)** give permission for the interview, photograph, or videotape to be used on the web site of the River Road Independent School District.

I understand that I may revoke this permission at any time by notifying the school principal in writing.

Parent/Guardian Signature: _____ **Date:** _____

**Willow Vista Intermediate School
7600 Pavillard
Amarillo, TX 79108**

FALSE INFORMATION

Upon accepting a child for enrollment, the District hereby informs the parent or other person enrolling the child that presenting false information or false records for identification is a criminal offense under Penal Code Section 37.10 and that enrolling the child under false documents makes the person liable for tuition or other costs as provided below.
Education Code 25.001 (l)

A person who knowingly falsifies information on a form required for a student's enrollment in the District shall be liable to the District if the student is not eligible for enrollment, but is enrolled on the basis of false information. For the period during which the ineligible student is enrolled, the person is liable for the maximum tuition fee the District may charge under Education Code Section 25.038, or the amount the District has budgeted per student as maintenance and operation expense, whichever is greater. Education Code 25.001 (h)

Student Name: _____ Grade: _____

Parent Signature Date: _____

FAMILY SURVEY

Student Name: _____

Date: _____



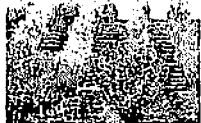
Dear Parents,

In order to better serve your children, the River Road ISD 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.

Or, if you prefer, for more information, call: (806) 383-8820

1. Did you seek or obtain employment in agricultural or fishing related activities within the last three years? (e.g., field work, canneries, lumbering, dairy work, meat processing)

Yes _____ No _____



2. Have you moved within the last 3 years to find this type of work?

Yes _____ No _____

3. Is this type of work an important source of income for your family?

Yes _____ No _____

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

Name of child _____ Age _____ Grade _____

Parent/Guardian Name: _____

Telephone Number: _____

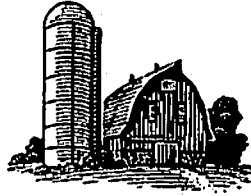
Best Time to Contact You: _____

ENCUESTA DE FAMILIA

Nombre de su Niño/a: _____

Fecha: _____

Estimados Padres,



Para mejorar los servicios educativos de sus hijos, el distrito escolar de River Road ISD quisiera identificar estudiantes que puedan calificar para recibir servicios educativos adicionales. **Toda la información proporcionada será mantenida confidencial.** Favor de responder a las siguientes preguntas y devolver esta forma a la escuela de su niño/a.

O, si prefiere, para más información, llame a: (806) 383-8820

1. ¿Trabaja usted en la agricultura o en la pesca? (por ejemplo, la labor, fábrica de conservas, explotación de bosques, trabajo en la lechería, el proceso de carne)
Sí _____ No _____



2. ¿Ha viajado usted o alguien en su familia para encontrar este tipo de trabajo?
Sí _____ No _____

3. ¿Es este tipo de trabajo necesario para cubrir las necesidades básicas de la familia?
Sí _____ No _____

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

Nombre de su Niño/a: _____ Edad _____ Grado _____

Nombre del Padre/Guardián: _____

Número de teléfono: _____

La mejor hora para localizarlo: _____

WILLOW VISTA INTERMEDIATE SCHOOL
7600 Pavillard
Amarillo, Texas 79108
Telephone (806) 383-8820
Fax (806) 381-7827

Parent Approval
Off-Campus Activity Trips

Student Name: _____

Grade: _____

I, _____, the undersigned

parent or legal guardian of _____ certify that he/she has my full approval to participate in any off-campus field trips that may be scheduled as part of the activities of Willow Vista Intermediate School during the current school year. Further, I do release Willow Vista Intermediate School and River Road Independent School District, and any agents, servants, and employees of either from any and every claim that could be asserted by me or any member of my family by reason of participating in any off-campus field trips.

Further, I do certify my son/daughter/ward is covered by adequate accident insurance or has taken the approved student accident insurance.

Parent Signature

Date

Address

Phone Number

Business Phone Number

Emergency Contact

Emergency Contact Phone Number

This parent approval form must be signed and on file before the student will be permitted to participate in any off-campus field trip or activity.

**Acknowledgment of Receipt of the
Extracurricular Code of Conduct**

A condition to participating in any extracurricular activity or holding any office (elected or appointed) is to sign an acknowledgement that the student has read and understands the *Extracurricular Code of Conduct* located in the RRISD Online Student Handbook. The student's parent or guardian must also sign an acknowledgement. The acknowledgement states that the signing party understands the consequences for engaging in prohibited conduct. The Online Student Handbook can be found at www.rrisd.net.

Please Sign and Return

Date: _____

I have read the River Road ISD *Extracurricular Code of Conduct* located in the Online Student Handbook and agree to adhere to these rules as a condition for my voluntary participation in River Road ISD extracurricular activities. I understand that failure to do so will result in disciplinary measures related to my extracurricular participation.

Student Name Printed: _____

Student Signature: _____

I have read the River Road ISD *Extracurricular Code of Conduct* located in the Online Student Handbook and understand requirements for my child's voluntary participation in River Road ISD extracurricular activities. I understand the consequences that my child will face if he or she fails to adhere to these rules and agree to such terms.

Parent Name Printed: _____

Parent Signature: _____