



DICKINSON I.S.D. REGISTRATION INFORMATION

SCHOOL USE ONLY	
ID Number	_____
Campus	_____ Alt. State ID _____
Grade	_____ Effective Date Enrolled _____
Home Language	_____ Advisor _____
Pickup Bus	_____ Delivery Bus _____

STUDENT INFORMATION

FULL LEGAL NAME As it appears on birth certificate					
Last		First		Middle	Generation (Jr., II, etc.)
BIRTHDATE _____/_____/_____		GENDER (check one)			
Month Day Year		<input type="checkbox"/> Male <input type="checkbox"/> Female			
BIRTH PLACE _____					
City		State		Country	
STUDENT'S SOCIAL SECURITY # _____			GRADE _____		
ETHNIC ORIGIN (check only one)		<input type="checkbox"/> Asian, Pacific Islander <input type="checkbox"/> Hispanic		<input type="checkbox"/> Black, non-Hispanic <input type="checkbox"/> White, non-Hispanic <input type="checkbox"/> American Indian/Alaskan	

Office code: Local Race

PRIMARY RESIDENCE – Where student resides all or most of the time

Home Address _____				
Do Not Use P.O. Box	House Number and Street	Apt. #	City	Zip Code
Mailing Address _____				
If different from above	P. O. Box, RR., House Number, Street, etc.	Apt. #	City	Zip Code
Home Phone Number _____				

Parent or Guardian at Primary Residence

Check one:	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other Relationship _____
Legal Name First Middle Last				
Date of Birth _____		Custodial Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No Pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Cell phone Number _____				
Work Phone Number _____		Extension _____		
Employer _____		Occupation _____		
Email _____				

Parent, Guardian or Step-Parent at Primary Residence

Check one:	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other Relationship _____
Legal Name First Middle Last				
Date of Birth _____		Custodial Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No Pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Cell phone Number _____				
Work Phone Number _____		Extension _____		
Employer _____		Occupation _____		
Email _____				

SIBLINGS ENROLLED IN DICKINSON I.S.D.

Last Name, First Name, Middle Name	Date of Birth	Gender	Grade	School Where Enrolled

RESTRICTIONS

Restraining Order	<input type="checkbox"/> Copy of official documents will be provided	<input type="checkbox"/> Will contact school regarding this issue
Custody	<input type="checkbox"/> Copy of official documents will be provided	<input type="checkbox"/> Will contact school regarding this issue
Divorce Decree	<input type="checkbox"/> Copy of official documents will be provided	<input type="checkbox"/> Will contact school regarding this issue
Court Order documents	<input type="checkbox"/> Copy of official documents will be provided	<input type="checkbox"/> Will contact school regarding this issue

If the parents of the student live separately and would like an additional family profile created for the other household, please contact the school office and fill out the Additional Family Information Form.

☐ None of the above apply

EMERGENCY INFORMATION

Family Physician:

NAME _____ ADDRESS _____ PHONE () _____

PLEASE LIST ALL ALLERGIES, HEALTH, AND/OR MEDICAL PROBLEMS YOUR CHILD HAS:

DOES THE STUDENT HAVE ANY ALLERGIC REACTIONS TO FOOD, DRUGS, OR INSECT BITES?

☐ YES ☐ NO

If you answered yes to allergic reactions, please contact the school office and fill out the [Request for Food Allergy Information](#).

LIST OTHER EMERGENCY CONTACTS: IN CASE OF EMERGENCY, ILLNESS, OR INJURY AND PARENT/GUARDIAN(S) LISTED ABOVE CANNOT BE REACHED, THE SCHOOL IS AUTHORIZED TO CONTACT ONE OF THE FOLLOWING PERSONS:

1. NAME: _____	Home Phone: () _____
Relationship: _____ Pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell/Pager: () _____
Address: _____	Work Phone: () _____
2. NAME: _____	Home Phone: () _____
Relationship: _____ Pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell/Pager: () _____
Address: _____	Work Phone: () _____
3. NAME: _____	Home Phone: () _____
Relationship: _____ Pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell/Pager: () _____
Address: _____	Work Phone: () _____
4. NAME: _____	Home Phone: () _____
Relationship: _____ Pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell/Pager: () _____
Address: _____	Work Phone: () _____

SCHOOL CLINIC

Each day a number of children come to the school clinic with various health complaints. If you approve, our health staff would like to manage these problems with some over-the-counter remedies rather than sending your child home. The following preparations would be used appropriately with the advice of our school pediatric consultant from the University of Texas Medical Branch in Galveston. The School Health Coordinator from UTMB has approved the list of preparations.

Hydrogen Peroxide
Fragrance Free Lotion
Generic Green Mouthwash
Hydrocortisone Cream

Rubbing Alcohol
Vaseline Petroleum Jelly
Antifungal Cream
Calamine Lotion

Sterile Saline Eye Solution
Antibacterial Ointment

The routine use of any other medication (Aspirin, Tylenol, Pepto-Bismol, etc.) **is not approved**.

If you do **NOT** want your child treated with any of the over-the-counter remedies listed above, you must submit a written note to the school nurse.

Parents who need their student(s) to take prescribed or over-the-counter medication must bring it to the school nurse in the original container, and must have an approved DISD medication administration request on file signed by the parent.

BUS INFORMATION

Will student ride bus to school? ☐ Yes ☐ No If no, check one: ☐ Bike ☐ Car ☐ Care Provider ☐ Walk
(If student is picked up at address different from home)

Before school care provider (MUST be an Emergency Contact)	Address	City	TX, Zip
------------------------------------------------------------	---------	------	---------

Will student ride bus home from school? ☐ Yes ☐ No If no, check one: ☐ Bike ☐ Car ☐ Care Provider ☐ Walk
(If student is dropped off at address different from home)

After school care provider (MUST be an Emergency Contact)	Address	City	TX, Zip
-----------------------------------------------------------	---------	------	---------

Bus addresses must be within the same attendance zone for PK–8 grade campuses and within the district for all other campuses.

STUDENT HISTORY

Has student attended a Dickinson I.S.D. school before? ☐ Yes ☐ No

If Yes, name of school _____ Dates Attended _____

Last School and District Attended _____ Grade _____

Address if not a Dickinson I.S.D. school _____ Phone # (if known) _____

Was student expelled or assigned to a Disciplinary Alternative Education Program (DAEP) at the time of withdrawal from prior school/district? ☐ Yes ☐ No

Did student qualify for special education services at their last school? ☐ Yes ☐ No

If yes, how did they qualify and what services were provided (mark all that apply):

____ Learning Disability	____ Orthopedic Impairment	____ Speech Impairment	____ Visual Impairment
____ Emotionally Disturbed	____ Traumatic Brain Injury	____ Autism	____ Intellectual Disability
____ Multiple Disabilities	____ Auditory Impairment	____ Deaf/Blind	____ Other Health Impaired

Check any other programs your student qualified for at their last school:

____ Dyslexia ____ 504 Services ____ Gifted and Talented ____ Bilingual
____ ESL (English as a Second Language)

Grade(s) Repeated (Include Name of School(s) if applicable) _____

9th Grade Entry Date (if applicable) _____ School _____

Was student born somewhere other than the United States, its territories, or military bases? ☐ Yes ☐ No

If yes: Date student arrived in the United States _____ Date student entered USA schools _____

Number of Years in USA Schools _____ Number of Years of Education Outside of the United States _____

Has your student lived outside the U.S. for two or more consecutive years? ☐ Yes ☐ No

If yes, indicate when and where _____

When your student lived outside the U.S. did he/she attend school regularly?

☐ Yes, my student attended school regularly in all previous grades outside the U.S.

Please specify _____

☐ No, my student missed significant portions of one or more school years as specified. Please specify grade and time period of missed school including month and year. Example: grade 2, Jan. 2003 through May 2003. Do not include periods of absence that lasted less than one month. Do not include regularly scheduled school holidays or vacations.

MIGRANT STUDENT SURVEY

Your child may qualify for supplemental services in your school district if he/she meets certain qualifications. Dickinson ISD is cooperating with the Migrant Student Education Project in identifying students of family members employed in the agriculture, fishing, or timber industry.

Have you moved within the last 3 years? ☐ Yes ☐ No

If yes, have you done agricultural or fishing-related work since your move (e.g., field work, canneries, lumbering, dairy work, meat processing)? ☐ Yes ☐ No

Do you have a child who is under the age of 22, who is lacking a U.S. issued high school diploma or General Education Development (GED) certificate? If so, she/he may be eligible to receive a free public education in Texas if she/he meets the criteria of "Out of School Youth." ☐ Yes ☐ No

DICKINSON I.S.D. DIRECTORY INFORMATION RELEASE

Federal law requires that the district release to military recruiters and institutions of higher education, upon request, the name, address and phone number of secondary school students enrolled in the district, unless the parent or eligible student directs the district not to release information to these types of requestors.

Please indicate your choices below:

☐ Yes ☐ No I give permission for my student's name, address, and phone number to be released to military recruiters.

Office code: Military

☐ Yes ☐ No I give permission for my student's name, address, and phone number to be released to institutions of higher learning.

Office code: Higher Ed

Part of the education record known as *directory information* includes personal information about a student that can be made public according to the District's student records policy and federal law.

- For school-sponsored purposes, directory information may include a student's name, address, telephone number, email address, photograph, date and place of birth, honors and awards received, dates of attendance, grade level, most recent school previously attended, participation in officially recognized activities and sports, weight and height of members of athletic teams and enrollment status.
- For all other purposes, directory information shall include student name, honors and awards received, dates of attendance, grade level, participation in officially recognized activities and sports and enrollment status.

☐ Yes ☐ No I give permission for directory information as described above in school-sponsored purposes and all other purposes to be released regarding my child to persons requesting directory information.

Office code: Public

NETWORK/INTERNET ACCESS

As a parent or guardian of this student, I understand the District's Acceptable Use Guidelines ("AUG") is written in order to safeguard my child's educational activities, and to comply with the Children's Internet Protection Act ("CIPA"). I understand the entire Dickinson ISD Acceptable Use Guidelines for Electronic Communications is available on the Dickinson ISD website or available in print upon request at any campus or the Education Support Center. I understand that computer technology is incorporated into some state assessments and the classroom lessons on a regular basis and that my student will have access to these closely monitored programs as part of their schoolwork.

The District will use technology protection measures to block or filter the Internet, but I recognize that it is impossible for Dickinson ISD to restrict access to all controversial materials, and I will not hold Dickinson ISD responsible for materials acquired on the Internet. I also understand that Dickinson ISD is not responsible for supervising my child's use of the Internet when he/she is not at school.

Office code: Internet

DICKINSON I.S.D. MEDIA PERMISSION

In a typical school year, there are numerous positive activities in the schools which merit news coverage. School yearbooks, school newspapers, as well as outside news media outlets such as local newspapers, radio and television news media include student information and student pictures in their coverage. Additionally, Dickinson ISD has a website where district information is posted. The site is www.dickinsonisd.org. In addition, many times, teachers like to publish student artwork or other student work on the website. Dickinson ISD also utilizes social media (Facebook and Twitter) to publicize positive achievements of students and the district.

If you do not want information or photos about your student featured in district public relations efforts, you must send an email or letter to the Public Information office in the district's Education Support Center. This can be emailed to tdowdy@dickinsonisd.org or mailed to Dickinson ISD, Attn: Public Information Office, P.O. Drawer Z, Dickinson, TX 77539.

If this is not received by the Public Information Office, you are granting permission for the district to include your student in positive public relations efforts.

Office code: Media

NEW TO TEXAS

Was the student enrolled in a school outside of Texas during the 2017-2018 school year? ☐ Yes ☐ No

Office code: New to TX

REGISTRATION FORM APPROVAL

Anyone falsifying information on this form for the purpose of enrollment is subject to penalties provided by Sec. 37-10 of the Penal Code, which is a third degree felony or Class A misdemeanor. If a student is enrolled on the basis of false information, the person giving false information is financially liable to the district for the number of days enrolled multiplied by the average per pupil expenditure cost on a daily basis.

➔ PARENT/GUARDIAN SIGNATURE _____ DATE _____

MUST BE COMPLETED BY SCHOOL PERSONNEL

Proof of Residency ☐ Social Security Card ☐ Birth Certificate ☐ Withdrawal Papers ☐ Immunization Records ☐
Original Home Lang. Survey ☐ Records Rec. from Prior School ☐ At Risk Status Verified ☐ Immigrant Status Verified ☐
Departments Notified (if applicable): Special Education (504) ☐ LEP (Bilingual or ESL) ☐ Migrant ☐ Gifted and Talented ☐

NOTES: _____



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

Cuestionario sobre el idioma que se habla en el hogar - 19 TAC Chapter 89, Subchapter BB §89.1215

KHẢO SÁT VỀ NGÔN NGỮ Ở NHÀ-19 TAC Chương 89, Chương phụ BB, §89.1215

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.

DEBE DE COMPLETARSE POR EL PADRE O TUTOR 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 se complete 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 siguientes preguntas.

CẦN ĐƯỢC HOÀN THÀNH BỞI PHỤ HUYNH HOẶC NGƯỜI GIÁM HỘ CỦA HỌC SINH ĐĂNG KÝ VÀO MẦM NON ĐẾN LỚP 8 (HOẶC BỞI HỌC SINH LỚP 9-12): Bang Texas yêu cầu cung cấp thông tin sau đây với mỗi học sinh lần đầu tiên đăng ký vào một trường công Texas. Phụ huynh hoặc người giám hộ, chứ không phải nhà trường, có trách nhiệm cung cấp thông tin về ngôn ngữ được yêu cầu trong các câu hỏi dưới đây.

NAME OF STUDENT (NOMBRE DEL ESTUDIANTE) (TEN HOC SINH)	STUDENT ID# (#ID) (SO THE CUA HOC SINH)
ADDRESS (DIRECCION) (D!A Chi)	TELEPHONE # (TELEFONO) (SO DIEN THOI)
CAMPUS (ESCUELA) (TRUONG)	

NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.

Nota: Indique sólo un idioma por respuesta.

LƯU Ý: VUI LÒNG CHỈ NÊU MỘT NGÔN NGỮ TRONG MỖI CÂU TRẢ LỜI.

1. What language is spoken in the child's home most of the time? (¿Qué idioma se habla en casa la mayor parte del tiempo?) (Trong phần lớn thời gian ở nhà, trẻ nói ngôn ngữ gì?)
2. What language does the child speak most of the time? (¿Qué idioma habla su hijo(a) la mayoría del tiempo?) (Trong phần lớn thời gian, trẻ nói ngôn ngữ gì?)

Signature of Parent/Guardian
(Firma del Padre/ o Tutor)
(Chu Ky của Phụ Huynh/Giam Ho)

Date
(Fecha)
(Ngày)

Signature of Student if Grades (9-12)
(Firma del estudiante si esta en los grados 9-12)
(Chu Ky của Học Sinh từ Lớp 9 đến Lớp 12)

Date
(Fecha)
(Ngày)

**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:

_____ 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:

DICKINSON INDEPENDENT SCHOOL DISTRICT

Student Residency Questionnaire

Student Legal Name:	Phone Number:	Campus:
Current Address:	Length of stay at current address:	Grade Level:
City/Zip Code:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Last School Attended:	Last Date Attended:	
Name of person with whom student resides: _____ <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian (granted only by a court) <input type="checkbox"/> CPS Emergency Placement <input type="checkbox"/> Unaccompanied Youth <input type="checkbox"/> Caregiver (Example: friends, relatives, etc.) <input type="checkbox"/> Foster Care (Not in the physical custody of parent or legal guardian)		
Signature:	Date:	

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

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

- Does this student live in a home or apartment that is owned, leased, or rented by their parent or legal guardian?
☐ Yes ☐ No
*If you answered YES to question 1, skip the remainder of the form.
If you answered NO to question 1, please complete questions 2-4.*
- Is the student's current address a temporary living arrangement due to loss of housing or economic hardship or natural disaster?
☐ Yes ☐ No
- Where is the student presently living? (Please check all that apply)
☐ In a hotel/motel
☐ In a shelter
☐ In the home of a friend/relative due to loss of housing (Ex. Fire, flood, lost job, divorce, eviction, etc.)
☐ In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite
☐ Moving from place to place due to loss of housing (Ex. Fire, flood, lost job, divorce, eviction, etc.)
☐ Other/Briefly Explain: _____

4. Please provide the following information for school age siblings that reside at the same address:

School Use Only-ID#	Legal Name	Grade Level	School	Date of Birth

CAMPUS PERSONNEL

If the student or family checked **NO** to Question #1, please email form to jallen@dickinsonisd.org.

OFFICE USE ONLY

I certify the above named student(s) qualify for the Child Nutrition Program under the provisions of the McKinney Vento Act.

Date

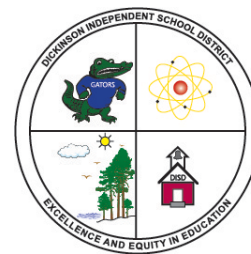
McKinney-Vento Liaison Signature

2=Doubled Up 3=Unsheltered 4=Hotel/Motel 5=Sheltered

Unaccompanied Youth 3-No 4-Yes

Dickinson Independent School District

Foster Care or Military Connected Students



Dear Parents:

The Texas Legislature requires that all Texas school districts collect data regarding enrolled students who are in foster care. In addition, school districts are required to collect data regarding students who are Military Connected.

Please complete and return this form to your student's school.

Foster Care Student

- ☐ Student is **currently** in the conservatorship of the Department of Family & Protective Services. Please attach a copy of the Texas DFPS Placement Authorization Form or a court order that designates the student is in foster care. **TEA Code 1**
- ☐ 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 26.201, Family Code. Please attach a copy of the Texas DFPS and CPS verification letter. **TEA Code 2**
- ☐ Student is none of the above. **TEA Code 0**

Military Connected

The term "dependent", with respect to a member of a uniformed service, means the spouse of the member, an unmarried child of the member, an unmarried person who is placed in the legal custody of the member and is dependent on the member for over one-half of the person's support, resides with the member unless separated by the necessity of military service or to receive institutional care as a result of disability or incapacitation, or under such other circumstances as the Secretary concerned may by regulation prescribe and is not a dependent of a member under any other paragraph. (37 USC Sec. 401)

Grades K – 12

- ☐ Student is a dependent of an **Active Duty** member of the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard). **TEA Code 1**
- ☐ Student is a dependent of a member of the Texas National Guard (Army, Air Guard, or State Guard). **TEA Code 2**
- ☐ 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). **TEA Code 3**

Pre- K

- ☐ Pre-kindergarten student is a dependent of:
 - an active duty uniformed member of the Army, Navy, Air Force, Marine Corps, or Coast Guard,
 - an activated/mobilized uniformed member of the Texas National Guard (Army, Air Guard, or State Guard),
 - an activated/mobilized member 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. **TEA Code 4**
- ☐ Student is none of the above. **TEA Code 0**

Please print below:

Student Name _____ Student Grade _____ Student ID _____

Student Date of Birth _____ School Name _____

Parent / Guardian Name (Print)

Parent / Guardian Signature

Date