



## **Welcome to Buna Independent School District**

### **Attention: Parents/Guardians**

To enroll your child in a Buna Independent School campus, please fill out the following forms, print them out, sign where indicated, and take them to the campus where you wish to enroll your child along with the documents listed below.

You will also need to bring:

- Proof of Residency (current utility bill, electric bill preferred)
- Student's Birth Certificate
- Student's Social Security Card
- Withdrawal form from previous school
- Parent's / Guardian's State Identification (Driver's License preferred)
- Student's Official Transcript
- State Testing Scores
- Most Recent Report Card
- Discipline Report
- Immunization Records
- 504/Dyslexia/GT/ESL/Bilingual-LPAC
- Attendance Report

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The registrar/attendance clerk will assist you at the campus. If you have any questions prior to your arrival, please contact the campus at:

#### **Buna High School**

Grades 9-12  
(409) 994-4811

#### **Buna Junior High**

Grades 6-8  
(409) 994-4860

#### **Buna Elementary**

Grades PK – 5  
(409) 994-4840

# BUNA INDEPENDENT SCHOOL DISTRICT

For Office Use Only:

Date: \_\_\_\_\_

Local ID#: \_\_\_\_\_

## STUDENT INFORMATION

Student Name-First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Nickname \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Social Security No. \_\_\_\_\_

Ethnicity \_\_\_\_\_ Grade Level \_\_\_\_\_ Homeroom \_\_\_\_\_ Bus# \_\_\_\_\_

Parent In Military:  Yes  No Child In Foster Care:  Yes  No

## PARENT INFORMATION

Check One:  Father Only  Mother Only  Both Parents  Guardian  Other

#1 Last Name: \_\_\_\_\_ First \_\_\_\_\_ Relationship to child: \_\_\_\_\_

#2 Last Name: \_\_\_\_\_ First \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Natural Father's or Mother's Name (if different from above) \_\_\_\_\_

Address/City/State \_\_\_\_\_ HmPhone \_\_\_\_\_ Wk/CellPhone \_\_\_\_\_

## FAMILY INFORMATION

Please list other children in household. (For Confidential School District Records Only) Use Back If Necessary

Name: Last	First	M.I.	Age	School	Grade

## EMERGENCY CONTACT INFORMATION

Name:	Relationship	Home Phone Number:	Cell Phone Number:	Work Phone Number:

**Circle if your child has any of the following conditions:** Asthma Diabetes Hearing Orthopedic Contacts/Glasses

Bladder/Bowel Disorder

Heart Condition

Seizures

Other Conditions

Allergies \_\_\_\_\_ Daily Medication (list) \_\_\_\_\_

*If your child requires medications at school, please see handbook for details and procedure.*

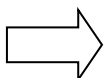
### WAIVER OF LIABILITY AND EMERGENCY APPROVAL FORM

We, the parents of \_\_\_\_\_ do, by affixing our names below, hereby release the Buna ISD District and teaching staff from any and all liabilities for bodily injury or damage, either physical or mental, resulting directly or indirectly from any means or cause and affecting the above named person while on a **school sponsored trip** away from the school campus.

I, the undersigned, do hereby authorize officials of Buna ISD District to contact directly the persons named on this card and do authorize the nearest emergency medical facility physician(s) to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event 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 foresaid child. Simple first-aid may be administered by qualified school personnel. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



# Texas Public School Student Ethnicity and Race Data Questionnaire

*Parents please check boxes that apply to your child.*

**Part 1. Ethnicity**      Hispanic/Latino      Not Hispanic

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**Part 2. Race**      Am Indian/Alaska Native      Asian      Black/African Am  
 Native Hawaiian or Other Pacific Islander       White

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My child and I have been offered the option to receive a paper copy or to electronically access at [www.bunaisd.net](http://www.bunaisd.net) the Student Handbook and the Student Code of Conduct for 2014-2015.

I have chosen:

- Receive a paper 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.

Printed name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of parent: \_\_\_\_\_

Date: \_\_\_\_\_

EXHIBIT H

REQUEST FOR FOOD ALLERGY INFORMATION

***(The District must request, at the time of enrollment, that the parent or guardian of each student attending a school in the District disclose the student's food allergies. 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 a 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 (FERPA) 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: \_\_\_\_\_

# Buna Independent School District

## Acceptable Use Regulation For Technology - Opt Out Form

PLEASE DO NOT COMPLETE THIS FORM IF YOU WISH YOUR CHILD TO PARTICIPATE IN THESE PROGRAMS. THIS IS ONLY TO BE COMPLETED FOR STUDENTS WHO WILL **NOT** BE PARTICIPATING

Student's Name (printed): \_\_\_\_\_

Graduation Year: \_\_\_\_\_ Student ID#: \_\_\_\_\_

### I. Bring Your Own Device (BYOD)

\_\_\_\_\_ I **DO NOT** give my permission for my student to participate in the Bring Your Own Device Program. I understand that if BYOD is denied, the student does not have permission to bring his/her electronic communication device or personal computer to school. District employees have the authority to secure any electronic communication device or personal computer belonging to a student if he/she is not involved in the current Program. If a device is secured by a teacher, it will be handed over to the campus administration. Parents shall be notified. The device may be returned to either the parent or the student. **Grades 6th - 12th only!**

### II. Internet Access

\_\_\_\_\_ I **DO NOT** give my permission for my student to access the Internet. I understand that if Internet access is denied, the student will remain subject to all remaining terms of the Technology Acceptable Use Regulation and will be required to complete alternative assignments. While the District will take reasonable measures to prevent Internet access where permission is denied, it is not technologically feasible to guarantee that such access is preventable under all circumstances.

### III. Posting of Student Work or Images

\_\_\_\_\_ I **DO NOT** give permission for the above-named student's work, photograph, video image, and/or recorded statement(s) to be posted on District web sites and/or other electronic media in order to highlight student achievement, portray examples of educational experiences, etc.

Parent/Guardian Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Home Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**\*\* RETURN FORM TO CAMPUS SECRETARY ONLY IF OPTING OUT \*\***



# Family Survey - Buna ISD

School Year: 2014-2015

Date \_\_\_\_\_ Campus \_\_\_\_\_ Grade \_\_\_\_\_

Please Print

Last Name of Child \_\_\_\_\_ First Name of Child \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State ZIP

Home Phone (\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

**IMPORTANT:** *Please complete the survey below and return it to your school office.*

1. Is anyone in your family involved in the production of crops, poultry, livestock, shrimping, crabbing or fishing for commercial purposes? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Within the past three (3) years has your child(ren) traveled or moved alone, with a parent, relative, guardian, or a spouse so that a family member could look for or do temporary or seasonal agricultural work? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Did you or your family move to this School District or any nearby districts with the intention of obtaining any of the related types of jobs although you are not doing this kind of job now?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
4. If YES to any one of the above questions, please read below and circle the type of work:
  - a. Production of crops      b. Ranching      c. Dairy farming      d. Fishing
  - e. Chicken farming      f. Fish farms      g. Clearing land      h. Plant nursery
  - i. Milk production      j. Plant cultivation      k. Crabbing      l. Shrimping
  - m. Shearing of sheep      n. Picking pecans      o. Honey bees      p. Goat farms
  - q. Cotton farming/ginning      r. Hay bailing or harvesting      s. Hog farms or feedlots

For question, please contact  
Migrant Education Specialist  
Region 5 Education Service Center  
409 386-1111

\_\_\_\_\_  
Signature of Parent, Guardian or Student

# Encuesta "Survey" de Familia - Buna ISD

Año escolar: 2014-2015

Fecha \_\_\_\_\_ Escuela \_\_\_\_\_ Grado/Nivel \_\_\_\_\_

## **Favor de Imprimir**

Nombre del estudiante \_\_\_\_\_

Dirección (Residencia) \_\_\_\_\_  
Calle Cuidad Estado Correo Postal

Teléfono del hogar (\_\_\_\_\_) Otro teléfono (\_\_\_\_\_) \_\_\_\_\_

Padre/Guardián \_\_\_\_\_ Pariente \_\_\_\_\_

**IMPORTANTE:** Por favor complete la encuesta y regrésela a la escuela.

1. ¿Hay alguien en su familia que trabaja en las cosechas en la crianza de ganado, de pollos, en la lechería, es pescador, ostionero o camarero con propósito comercial? \_\_\_\_\_ Sí \_\_\_\_\_ No
2. ¿Durante los últimos tres (3) años, viajó o se fue su hijo/a a vivir solo/a con sus padres, algún guardián legal, o esposo/a para que alguien de la familia buscará o encontrará trabajo temporal en agricultura? \_\_\_\_\_ Sí \_\_\_\_\_ No
3. ¿Se ha cambiado Ud. o alguien de su familia a esta área con el propósito de buscar empleo en una de las actividades ya mencionadas o que estén relacionadas con el ganado, la agricultura, la pollería, la lechería, la pesca o industria forestal? \_\_\_\_\_ Sí \_\_\_\_\_ No
4. Si la respuesta de alguna de las preguntas es que sí, indique por circular el tipo de actividad.
  - a. Producción de cosechas
  - b. En ranchos-ranchería
  - c. Lecherías
  - d. Pesca
  - e. Granjas de gallinas o pollos
  - f. Lugares de pesquerías
  - g. Limpiando terrenos
  - h. Guardería de plantas
  - i. Producción de leche
  - j. Cultivación de semillas
  - k. Pesca de la jaiba
  - l. Pesca del camarón, ostión
  - m. Esquileo de ovejas
  - n. Recogiendo nuez
  - o. Apicultor (cría de abejas)
  - p. Granjas de cabra
  - q. En el algodón
  - r. Cosecha del heno o el embalaje del heno
  - s. Granjas de cerdos o alimentación de cerdos

Para preguntas llámame a  
Migrant Education Specialist  
Region 5 Education Service Center  
409-386-1111

\_\_\_\_\_  
Firma del Padre, Guardián o Estudiante



**Texas Education Agency  
Division of Bilingual Education**

**Home Language Survey  
Grades PreK-5**

Name of Child \_\_\_\_\_

Campus: Elementary

Grade:  Pre-K  K  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>

**TO BE FILLED OUT BY PARENT OR GUARDIAN**

1. What language is spoken in your home most of the time?  English  Other
2. What language does you child (do you) speak most of the time?  English  Other

*Please complete and return to the school.* \_\_\_\_\_

Signature of Parent or Guardian

Date

**Agencia de la Educación de Tejas  
División de la Educación Bilingüe**

**Encuesta del idioma que se habla en el  
hogar Grados PreK- 5**

Nombre del hijo(a) \_\_\_\_\_

Escuela: Elemental

Grado:  Pre-K  K  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>

**SER LLENADO POR PADRES O GUARDIÁN**

1. ¿Qué lenguaje se habla en su hogar la mayoría del tiempo?  Inglés  Otro
2. ¿Qué lenguaje su hijo(a) habla la mayoría del tiempo?  Inglés  Otro

Complete y devuelva a la escuela por favor. \_\_\_\_\_

Firma del padre/madre o del guardián

Fecha

# Buna ISD

## Student School Message Notification

### Contact Information Request Form

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Student Name: \_\_\_\_\_

Campus: *Please check (X) appropriate box.*

Elementary

Jr. High

High School

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### PREFERRED MESSAGING CONTACT

Primary Parent/Guardian Name: \_\_\_\_\_

*(This is the contact information that will be notified first for all school and non-school related notifications)*

Primary Contact Number: \_\_\_\_\_

Primary Email: (    ) -    - \_\_\_\_\_

Secondary Parent/Guardian Name: \_\_\_\_\_

*(This is the contact information that will also be notified for all school emergency notifications)*

Secondary Contact Number: \_\_\_\_\_

Secondary Email: (    ) -    - \_\_\_\_\_

Please list any other contact information. *These will also be notified for all school emergency notifications.*

Contact Name: \_\_\_\_\_ Phone (1): (    ) -    - \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone (2): (    ) -    - \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone (3): (    ) -    - \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone (4): (    ) -    - \_\_\_\_\_

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**PRIMARY CONTACTS WILL BE NOTIFIED FOR ALL SCHOOL AND NON-SCHOOL RELATED NOTIFICATIONS.**

**IN CASE OF EMERGENCIES ALL CONTACTS LISTED WILL BE NOTIFIED.**

# Student Residency Questionnaire

The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as Title X, Part C, of the No Child Left Behind Act. The answers you give will help the school determine the services the student may be eligible to receive.

*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).*

Name of Student: \_\_\_\_\_ Gender:  Male  Female  
*Last First Middle*

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
*Month / Day / Year (or student identification number)*

Check the box that best describes with whom the student resides. (**Please note:** legal guardianship may be granted only by a court; students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in and attend school. The school cannot require proof of guardianship for enrollment or continued attendance.)

- Parent(s)
- Legal Guardians(s)
- Caregiver(s) who are not legal guardian(s) (*Examples: friends, relatives, parents of friends, etc.*)
- Other \_\_\_\_\_

Name of person with whom student resides: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Other Emergency #: \_\_\_\_\_

Length of Time at Present Address: \_\_\_\_\_

Length of Time at Previous Address: \_\_\_\_\_

Name of the school where student is enrolled or in which student is attempting to enroll: \_\_\_\_\_

Last District Attended: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

## Please check only one box that best describes where the student is presently living:

- In my own home or apartment, in Section 8 housing, or in military housing with parent(s), legal guardian(s), or caregiver(s) (*if you checked this box, check one or both of the boxes below, if applicable:*) (CODE=N)
  - My home has no electricity (CODE=U)
  - My home has no running water (CODE=U)
- In the home of a friend or relative because I lost my housing (*examples: fire, flood, lost job, divorce, domestic violence, kicked out by parents, parent in military and was deployed, parent(s) in jail, etc.*) (CODE=D)
- In a shelter because I do not have permanent housing (*examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing*) (CODE=S)

- In transitional housing (*housing that is available for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, or another organization*) (CODE=S)
- In a hotel or motel (*examples: because of economic hardship, eviction, cannot get deposits for permanent home, flood, fire, hurricane, etc.*) (CODE=HM)
- In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or other unsheltered location (CODE=U)
- None of the above describe my present living situation *Briefly describe your situation:* \_\_\_\_\_

**Factors contributing to the student's current living situation (check all that apply):**

- Natural disaster
  - Tornado, storm, flood, etc.
  - Hurricane, name: \_\_\_\_\_
  - Fire: prairie, forest, grass, lightning strike, etc.
- Family issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.
- Home issues such as lack of electricity, water, heat, adequate home repair due to lack of funds, overcrowding, mold, etc.
- Military: Parent/guardian deployed, injured or killed in action
- Incarceration of parent/guardian
- Incapacitation of parent or guardian due to health, mental health, drugs/alcohol, or other factors
- Home fire not due to natural causes (*i.e., faulty equipment/appliances/wiring, furnace, stove, fireplace, etc.*)
- Economic hardship:
  - Loss of job resulting in inability to pay rent or mortgage
  - Income from part-time or low paying job does not cover cost of housing in the area
  - Loss of mortgage, including loss of mortgage of landlord if student/student's family is renting
  - Eviction record and/or inability to produce deposits for rent or utilities
- High medical bills that leave little or no money for housing
- Lack of affordable housing in the area
- Minor student unable to afford housing on my own
- None of the above describe the main reasons for my present living situation *Briefly explain the contributing factors:* \_\_\_\_\_

Please provide the following information for school-age siblings (brothers and/or sisters) of the student:

Name	Grade Level	School	District

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Caregiver/Unaccompanied Student

\_\_\_\_\_  
Date

*For School Use Only*

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

\_\_\_\_\_  
McKinney-Vento Liaison Signature

\_\_\_\_\_  
Date

# Cuestionario Sobre la Residencia del Estudiante

La información en este formulario se requiere para cumplir con los requisitos establecidos en la ley conocida como McKinney-Vento Act 42 U.S.C. 11434a(2), la cual también se conoce como Título X, Parte C, del Acta *No Child Left Behind*. Las respuestas que usted proporciona ayudarán a que el personal de la escuela identifique los servicios que su hijo(a) puede recibir.

*Es un delito reportar información falsa o falsificar documentos. Estos delitos son penalizados bajo la Sección 37.10 del Código Penal. Al inscribir a un niño con documentos falsos la persona responsable esta obligada a cubrir el pago de colegiatura o cualquier otro costo relacionado. TEC Sec. 25.002(3)(d).*

Nombre del estudiante: \_\_\_\_\_ Sexo:  Masc.  Fem.  
*Apellido Nombre Inicial intermedio*

Fecha de nacimiento: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grado: \_\_\_\_\_ Seguro Social #: \_\_\_\_\_  
*Mes Día Año (o número de identificación del estudiante)*

Marque la respuesta que describa mejor con quién vive el estudiante. (**Favor de notar** que un guardián legal solamente puede ser nombrado por la corte. Los estudiantes que viven solos o con amigos o parientes que han sido nombrados guardianes legales pueden inscribirse y asistir a la escuela. La escuela no puede pedir prueba de guardianía legal para inscribirse o para asistencia regular a la escuela.)

- Padre(s) de familia
- Guardián(es) legal(es)
- Proveedor de cuidado que no sea el guardián legal (*Por ejemplo: amigos, parientes, padres de amigos, etc.*)
- Otro: \_\_\_\_\_

Nombre de la persona con quien vive el estudiante: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Teléfonos: Casa #: \_\_\_\_\_ Celular #: \_\_\_\_\_ Urgencias #: \_\_\_\_\_

Tiempo de vivir en esta dirección: \_\_\_\_\_

Tiempo de vivir en la dirección anterior a la presente: \_\_\_\_\_

Escuela donde está inscrito el estudiante o donde está intentando inscribirse: \_\_\_\_\_

Última asistencia del estudiante: Distrito escolar: \_\_\_\_\_ Escuela: \_\_\_\_\_

## Favor de marcar únicamente el cuadro que mejor describe donde vive el estudiante actualmente:

- En mi casa o apartamento, habitación bajo asistencia de Sección 8, en un complejo militar con mis padres, guardián(es) legal(es), o con un proveedor de cuidado (*marque uno de las siguientes, si tal es el caso*) (CODE – N)
  - Mi casa no tiene electricidad (CODE – U)
  - Mi casa no tiene agua corriente (CODE – U)
- En la casa de un amigo o pariente, porque perdí mi vivienda (*por ejemplo: incendio, inundación, pérdida de trabajo, divorcio, violencia doméstica, echado de la casa por los padres, padre es militar y ha sido enviado fuera del país, padre(s) en la cárcel, etc.*) (CODE – D)
- En un albergue, porque no tengo ninguna vivienda permanente (*por ejemplo: viviendo en un albergue familiar, albergues para víctimas de violencia doméstica, albergue infantil/juvenil, viviendas FEMA*) (CODE – S)

- En una habitación de transición (*vivienda proveída solamente por un periodo de tiempo específico, pagada parcialmente o de manera completa por una iglesia u otra organización de asistencia al público*) (CODE=S)
- En un hotel o motel (*por ejemplo: a causa de problemas económicos, desalojo, no puede obtener depósitos requeridos para instalarse en un apartamento o casa, inundación, incendio, huracán, etc.*) (CODE – HM)
- En una tienda de campaña, auto o camioneta, edificio abandonado, en la calle, en un parque de campamento, en un parque público, o en cualquier lugar que normalmente no se considera una habitación (CODE – U)
- Ninguno de los anteriores describe el tipo de vivienda donde resido **Describe su situación:** \_\_\_\_\_

**Factores que han contribuido al estado actual de vivienda del estudiante:**

- Desastre natural
  - Tornado
  - Huracán y el nombre del mismo: \_\_\_\_\_
  - Incendio: llanura, bosque, relámpago, etc.
- Asuntos familiares debido al divorcio, violencia doméstica, el estudiante fue echado de la casa por sus padres o salió voluntariamente de la casa por conflictos familiares, etc.
- Cuestiones del hogar, como falta de electricidad, agua, calefacción, falta de reparación de la casa por falta de dinero, atestado por muchas personas en la casa, moho, etc.
- Asuntos militares: Padre(s) o guardián(es) mandados al servicio activo fuera de su región o del país, heridos o matados en acción militar
- Encarcelación de padre(s) o guardián(es)
- Incapacidad de padres o guardianes por asuntos de salud física o mental, adicción al alcohol/drogas u otros factores
- Incendio de casa por razones no naturales: equipo que falla, aparatos eléctricos, sistemas de calefacción, estufa que falla, etc.
- Dificultades económicas:
  - Pérdida de trabajo que resulta en no poder pagar la renta, etc.
  - Ingresos por trabajo temporal o mal remunerado que no cubre las necesidades básicas
  - Pérdida de la hipoteca de la familia o del dueño de la casa, si alquila la familia
  - Récord de desalojo por falta de dinero necesario para pagar depósitos y otros servicios
- Gastos médicos tan altos que no deja dinero para rentas, etc.
- Falta de viviendas con precios razonables en el área
- Estudiante menor de edad que no puede pagar su propia renta
- Ninguno de estos describen las razones de mi vivienda actual **Describe brevemente la situación:** \_\_\_\_\_

Por favor proporcione la siguiente información para los hermanos y hermanas de edad escolar del estudiante:

Nombre	Grado Escolar	Escuela	Distrito Escolar

Firma del Padre/Guardián/Proveedor de Cuidado/ o Estudiante –*si no acompañado*

Fecha

*Para Uso Exclusivo de la Escuela*

Por la presente certifico que el estudiante mencionado en este formulario califica para el Programa de Nutrición en la escuela bajo los requisitos del Acta McKinney-Vento.

Firma del oficial autorizado

Fecha