

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.

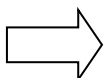
WAIVER OF LIABILITY AND EMERGENCY APPROVAL FORM

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

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

My child and I have been offered the option to receive a paper copy or to electronically access at 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: _____

- 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

- 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

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



BUNA INDEPENDENT SCHOOL DISTRICT

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(409) 994-4808 fax

Buna, TX 77612
Web site - www.bunaisd.net

Board of Trustees

Keith Mullins, President
Joel Clark, Vice-President
Craig Maines, Secretary
Jimmy Carrell, Trustee
Scott Folmar, Trustee
Anthony Michalsky,
Trustee
Brent Stark, Trustee

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shyden@bunaisd.net

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Kay Whitehead, Secretary
(409)994-4840
(409)994-5728 FAX

Buna Junior High

Kelley Peck, Principal
Lisa Richardson,
Secretary
(409)994-4860
(409)994-4810 FAX

Buna High School

Nathan Ross,
Principal
Melissa Best, Secretary
(409)994-4811
(409)994-4818 FAX

Parent's Response Regarding Release of Student Information to Military Recruiters and Institutions of Higher Education

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 without prior written consent.

Parent: Please complete the following only if you do not want your child's information released to a military recruiter or an institution of higher education without your prior consent.

I, parent of _____ (student's name), request that Buna ISD not release my child's name, address, and telephone number to a military recruiter or institutions of higher education upon their request without my prior written consent.

Parent Signature _____ Date _____

BUNA ISD - "Where Students Come First"

