



MALAKOFF ISD
ENROLLMENT REQUIREMENTS

- BIRTH CERTIFICATE
- SOCIAL SECURITY CARD
- IMMUNIZATION RECORDS
- WITHDRAWAL FORM/GRADES/TEST SCORES (FROM PREVIOUS SCHOOL)
- TRANSCRIPT
- COPY OF PARENT / GUARDIAN DRIVERS LICENSE
- PROOF OF RESIDENCY (CURRENT WATER OR ELECTRIC BILL OR COPY OF LEASE/RENTAL AGREEMENT)

A Parent or Legal Guardian must be present to enroll the student.

All of the documents listed above are required for enrollment.

Siblings Attending Malakoff ISD

Grade	Name	Campus

Has Student ever been Retained?: YES / NO
 If YES, what Grade: _____ School Year: _____

Has Student attended Malakoff ISD before?: YES / NO
 If YES, Name of School: _____ Year: _____

Please list all schools previously attended starting with most current

SCHOOL	CITY/STATE	GRADE	DATES ENROLLED	YEAR

Has Student ever been in any Special Programs?: YES / NO
If YES, check Special Program of enrollment below:

Check Yes or No	Program	School Years
___ Yes ___ No	Special Education	
___ Yes ___ No	Content Mastery	
___ Yes ___ No	504 Program	
___ Yes ___ No	Speech	
___ Yes ___ No	Dyslexia	
___ Yes ___ No	LEP/ESL/Bilingual	
___ Yes ___ No	Reading Intervention	
___ Yes ___ No	Math Intervention	
___ Yes ___ No	RTI	
___ Yes ___ No	Gifted & Talented	
___ Yes ___ No	Counseling	

Enrolling Parent/Guardian Signature: _____ Date: _____

Exhibit 1A Student/Staff Ethnicity and Race Data Questionnaire in English

**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:

**Student Pick Up/Sign Out Information
2018-2019**

Student Name: _____ Grade: _____

Please select your child's primary means of transportation

Parent Pick Up: _____ Bus: _____ Day Care: _____ Student Drives: _____

ATTENTION PARENT/GUARDIAN:

**NO ONE OTHER THAN THE PERSON'S LISTED HERE WILL BE
ALLOWED TO PICK UP /SIGN OUT YOUR CHILD**

Please list the name and phone number of anyone, including yourself that will be allowed to pick up/sign out your child.

Parent/Guardian Name

Phone Number

Name

Phone Number

Relationship

Name	Phone Number	Relationship

RESTRICTIONS - Please list any restrictions:

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MALAKOFF ISD

Student Directory Information Release

STUDENT NAME: _____ ID: _____

STUDENT DIRECTORY INFORMATION-LEGISLATIVE UPDATE [Sec. 26.013]

NOTICE: According to the Texas Public Information Act, certain information about district students is considered directory information and will be released to any individual or organization that follows the procedures for requesting information unless the parent or guardian objects in writing.

Please review the information below to indicate your current wishes regarding the privacy of your child's directory information. Select YES or NO for each statement. Forms that are not signed will result in the release of your child's directory information when requested. Selecting NO below will result in blocking the release of directory information in the designated categories.

- **District Publication:** Malakoff ISD has my permission to release directory information for limited school sponsored purposes including, but not limited to: selected photography companies supporting campus pictures, and publicity (name and picture in yearbook, newsletters, awards, honors, PTA, booster clubs, etc.). Example: If you select NO, your child's name will NOT appear in district publicity, the school's yearbook, etc.
 YES NO
- **Public Use (Third Parties):** Malakoff ISD has my permission to release directory information (name, address, phone number, etc.) to any requestor in accordance with the Texas Publication Information Act (TPIA). The TPIA requires Malakoff ISD to release this type of information to any company, individual, or group that requests it unless the parent/guardian requests the information not to be released. Example: If you select NO, your child's directory information will NOT be released to vendors or others who may be soliciting products and services.
 YES NO
- **Higher Education:** Federal law requires districts receiving assistance under the Elementary and Secondary Education Act of 1965(20 U.S.C. Sec. 6301 et seq.) to provide an institution of higher education, on request, with the name, address, and telephone number of a secondary student unless the parent has advised the district that the parent does not want the student's information disclosed without the parent's prior written consent. Selecting "Yes" will allow the release of this information to an institution of higher education. Selecting "No" will exclude your student from these requests.
 YES NO
- **Military:** Federal law requires districts receiving assistance under the Elementary and Secondary Education Act of 1965(20 U.S.C. Sec. 6301 et seq.) to provide a military recruiter on request, with the name, address, and telephone number of a secondary student unless the parent has advised the district that the parent does not want the student's information disclosed without the parent's prior written consent. Selecting "Yes" will allow the release of this information to a military recruiter. Selecting "No" will exclude your student from these requests.
 YES NO

Parent/Guardian Signature: _____ Date: _____



MALAKOFF INDEPENDENT SCHOOL DISTRICT



FAMILY SURVEY

2018-2019

Dear Parents,

In order to better serve your children, the Malakoff Independent School district would like to identify students who many 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 903-489-1152

1. Have you moved within the last 3 years?

➤ Yes No

2. If yes, have you moved in order to do temporary or seasonal work

➤ Yes No

chickens

eggs

plant

nurseries

ranching

picking fruits

or vegetables

moves to

work in the

summer

field work

canneries

lumber

dairy work

meat processing

fencing

If you answered "yes" to both questions above, Marisol Mancha from Region 7 Education Service Center may contact you to find out whether your child is eligible for additional educational services. Please provide the following information:

Name of Child _____ Date of Birth _____ Grade _____

Parent/Guardian Name _____

Telephone number _____ Best me to contact you _____

STUDENT ID: _____ STUDENT NAME: _____ GRADE: _____

TEA Required data for 2018-2019

Dear Parent or Guardian: To better serve the students, Texas Educational Agency has expanded the following student data collection.

Universal Foster Care Indicator Code Data Collection

Beginning in the 2013-2014 school year, the Texas legislature has passed a bill requiring that school districts report **all** students who are currently in the conservatorship of the Department of Family and Protective Services (Foster Care). The Foster parent must provide a copy of the Texas DFPS Placement Authorization Form (Form 2085) or a court order that designates the student is in the conservatorship of the Department of Family and Protective Services.

For Pre-kindergarten students enrolling under these eligibility criteria, the parent or caregiver must provide a copy of the Texas Department of Family and Protective Services stating that this child was previously in their conservatorship.

PLEASE CHECK THE BOX THAT APPLIES TO YOU

- 1) Student ***is not*** currently in the conservatorship of the Department of Family and Protective Services
 - 2) Student ***is*** currently in the conservatorship of the Department of Family and Protective Services
 - 3) 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.
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Military Connected Student Data Collection

Beginning in the 2013-2014 school year, the Texas legislature has also passed a bill requiring that school districts report **all** military-connected students—not just Pre-Kindergarten as in previous years for an eligibility criteria for PK.

PLEASE CHECK THE BOX THAT APPLIES TO YOU

- 1) Not a military connected student
- 2) Student is a dependent of a member of the Army, Navy, Air Force, Marine Corps, or Coast Guard on Active Duty
- 3) Student is a dependent of a member of the Texas National Guard (Army, Air Guard, or State Guard)
- 4) 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)
- 5) Pre-kindergarten student is a dependent of a person who are currently on active duty or who were injured or killed while serving on active duty

Parent/Guardian Signature

Date

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

TO BE COMPLETED BY PARENT OR GUARDIAN (OR STUDENT IF GRADES 9-12): The state of Texas requires that the following information be completed for each student that enrolls for the first time in Texas public schools. This survey shall be kept in each student's permanent record folder.

NAME OF STUDENT _____ **STUDENT ID#** _____

ADDRESS _____ **TELEPHONE #** _____

CAMPUS _____

1. What language is spoken in your home most of the time? _____
2. What language does your child (do you) speak most of the time? _____
3. Date of student's entry into this country if born outside the USA: _____ / _____
Month/Year
4. Has this student ever attended public school in the United States? Date: From _____ to _____

Signature of Parent/Guardian

Date

Signature of Student if Grades 9-12

Date

Questionario del idioma que se habla en el hogar

DEBE DE COMPLETARSE POR EL PADRE/MADRE/ O REPRESENTANTE LEGAL: (O POR EL ESTUDIANTE SI ESTA EN LOS GRADOS 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. Este cuestionario se archivará en el expediente del estudiante.

NOMBRE DEL ESTUDIANTE _____ **#ID** _____

DIRECCION _____

TELEFONO _____

ESCUELA ¿Qué idioma se habla en su hogar la mayoría del tiempo?

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

3. Fecha de entrada a los EUA (si es nacido fuera a de este pais): _____ / _____

4. ¿Ha asistido este estudiante a una escuela publica en los EUA antes? Fecha: de _____

Firma del Padre/Madre/ o Representante Legal

Fecha

Firma del estudiante si está en los grados 9-12

Fecha

MALAKOFF ISD STUDENT RESIDENCY QUESTIONNAIRE

Student Name:	Social Security #:	Birth Date: / /
Current Address: (Include City, State, and Zip)		Campus:
Previous Address: (Include City, State, and Zip)	Telephone #:	Cell Phone #:
Last School Attended:	Last Date Attended:	Current Grade Level:
Name of person with whom student resides:	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian (granted only by a court) <input type="checkbox"/> Unaccompanied Youth <input type="checkbox"/> Caregiver (Examples: friends, relatives, etc.)	
Signature:		Date:

Presenting a false record of 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.

1. Does the student live in a place that is owned or rented by a 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.

2. Is the student's current address a temporary living arrangement due to loss of housing or economic hardship or natural disaster? Yes No

3. 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 (*examples: 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 (*examples: fire, flood, lost job, divorce, eviction, etc.*)

4. Please provide the following information for siblings of the student:

Name	Grade Level	School	District

DISTRICT USE ONLY

_____ Student qualifies as homeless.	_____ Student does NOT qualify as homeless.
Campus Homeless Liaison Signature:	Date:
Comments:	
District Homeless Liaison Signature:	Date:

**MALAKOFF ISD
DISCIPLINE CONTRACT
REQUEST FOR CORPORAL PUNISHMENT
2018-2019**

Student Name: _____ **Campus:** _____

Please initial/check the option you would prefer:

_____ I **DO** request corporal punishment be administered as an alternative form of punishment.

_____ I **DO NOT** give permission for corporal punishment to be administered.

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



**MALAKOFF ISD
EMERGENCY AND ILLNESS INFORMATION**

TO PARENT/GUARDIAN: To serve your child in case of ACCIDENT OR SUDDEN ILLNESS, it is necessary that you furnish the following information for emergency calls. Please fill in all information.

STUDENT'S NAME _____ **GRADE** _____ **DATE OF BIRTH** _____

CALL 1ST/RELATION _____ **CALL 2ND/RELATION** _____

ADDRESS _____ **ADDRESS** _____

HOME PHONE _____ **HOME PHONE** _____

CELL _____ **CELL** _____

EMPLOYER _____ **EMPLOYER** _____

WORK PHONE _____ **WORK PHONE** _____

ADDITIONAL EMERGENCY CONTACTS in case parents are unreachable:

NAME _____ **PHONE** _____ **RELATION** _____

NAME _____ **PHONE** _____ **RELATION** _____

NAME _____ **PHONE** _____ **RELATION** _____

CHECK ALL THAT APPLY TO YOUR CHILD:

- | | | |
|------------------------|-------------------------------|-----------------------------|
| _____ asthma | _____ nosebleeds | _____ stomach problems |
| _____ fainting | _____ headaches | _____ hearing problems |
| _____ heart problems | _____ seizures | _____ physical handicap |
| _____ bowel problems | _____ allergies | _____ other eye problems |
| _____ diabetes – type | _____ bee/insect bite allergy | _____ other (please list on |
| _____ glasses/contacts | _____ kidney/bladder problems | reverse side) |

SPECIAL TREATMENTS/PROCEDURES (requires doctor's orders) _____

Past surgeries/hospitalizations _____

Other problems/disabilities _____

Please list any/all medications used daily by your child:

Medication _____ Dosage _____ Time _____

Medication _____ Dosage _____ Time _____

Medication _____ Dosage _____ Time _____

Child's Physician _____ **Address** _____ **Phone** _____

Child's Dentist _____ **Address** _____ **Phone** _____

*If emergency treatment is required, and the parents cannot be reached, your signature in the space below empowers the school authorities to exercise their own judgement in calling an ambulance or transportation to the nearest Emergency Room. Likewise, your signature authorizes the release of all medical records pertaining to the particular incident, as the school may need for its files.

Guardian Signature _____ Date _____

MALAKOFF ISD
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 <https://pol.tasb.org/Policy/Code/628?filter=FD> and <https://pol.tasb.org/Policy/Code/628?filter=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. <https://pol.tasb.org/Policy/Code/628?filter=FL>

Student name: _____ Date of birth: _____

Grade: _____

Parent/Guardian name: _____

Work phone: _____ Home phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form was received by school: _____ Received by: _____