



# ADRIAN INDEPENDENT SCHOOL DISTRICT

Phone: (806) 538-6203  
Fax: (806) 538-6291

PO Box 189 Adrian, TX 79001  
301 Matador Drive Adrian, TX 79001

Steve Reynolds, Superintendent

Dawn Brooks, Principal

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The following document is the registration packet for Adrian ISD 's 2020-2021 school year. Before your child can begin attending classes at AISD we require that this packet be completed, signed, and returned to the office.

In the following packet there are a number of forms that we need completed. Every field that must be completed will be identified in a blue or red color. There will be additional form fields that you can fill out with additional information such as a second parent or guardians contact information. The more information we have the better we can serve you and your student.

In addition, at the end of the form are pages related to medical care. Please take the time to review these pages and, if they apply to your student, please complete them even though they are not marked as required. If you come across a field that is marked as required but does not apply to your student, please type Not Applicable into the field.

Any questions about the packet can be directed to the school office. When you have completed the information and clicked done, the information will be automatically transmitted to school officials. There is no need to print the packet and return it to the office. As a reminder, we do need one packet completed for each child that will be attending Adrian ISD during the 2020-2021 school year. Thank you for your help!



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## Adrian ISD School-Parent Compact

### As a school, we will:

- Provide a high-quality, effective learning environment that is safe and that enables the student to meet the State's student academic achievement standards.
- Provide ongoing two-way communication between teachers and parents through conferences and frequent communication to parents.
- Provide reasonable access to staff through an "open door" policy.
- Provide opportunities for parents to volunteer and participate in their child's class and activities.
- Provide a mutually respectful relationship between all parties (students, parents, teachers, and volunteers).

### As a parent, I will:

- Support my child's learning by ensuring that they have proper rest and nutrition and attend school on time and on a regular basis.
- Support my child's learning.
- Help set a positive tone for learning with my child.
- Participate in decisions relating to the education of my child through a mutually respectful relationship with school staff.
- Provide a mutually respectful relationship between all parties (students, parents, teachers, and volunteers).
- Provide a time for homework completion.
- Support my child's class/school (i.e. helping in class/school, volunteering in my child's classroom/school, communicating with my child's teachers, attending school events when possible, etc...)

### As a student, I will:

- Proudly follow the behavioral expectations taught at our school.
- Ask questions when I am not sure about a lesson or assignment.
- Make good choices like paying attention in class, staying on task, doing my best, and working hard at my school work.
- Be the very best I can be each and every day.

Parent's Signature

Date

Student's signature

Date



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## Emergency Contact Information

To the Parent:

The information requested on the Enrollment/Emergency Information Card is needed as a permanent school record of your child and will be used by school personnel. Signing this letter certifies that the information is correct.

I, the undersigned, do hereby authorize officials of the school to contact directly the person named on this form, and do authorize the named physician to render such treatment as may be deemed necessary in an emergency, for the health of the said child. In the event a physician, other than the person named on the form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is necessary, in their judgement, for the health of the aforementioned child. I will not hold the school district financially responsible for the emergency care and/or transportation for the said child.

Student's Name

Parent/Guardian's Signature

Date



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Last Name	First Name	Middle Initial
School Year Enrollment	Grade	School Last Attended
Sex	Date of Birth	Age on September 1st
Name of Parent/Guardian	Physical Address	Mailing Address
Name of Parent/Guardian	Physical Address	Mailing Address
Primary Phone Number	Mother's Work	Father's Work
Student's Cell	Mother's Cell	Father's Cell
Parent's Email	Parent's Email	
Emergency Contact	Phone Number	Relationship



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## Compulsory Attendance Notification Letter

Dear Parents/Guardians:

Adrian ISD recognizes the value and importance of school attendance and looks forward to educating your child(ren) during the 2020-2021 school year. Our campus and school district have been working to revise attendance procedures so that communication is increased and assistance is given to any family with chronic unexcused absences. As part of our ongoing communication, this letter serves to keep you informed of important changes in attendance beginning this school year.

The 84th Texas Legislature recently passed House Bill 2398, which substantially altered existing truancy laws in Texas. With the passage of the new law, former provisions that criminalized a student's truant behavior have been repealed and a new civil process governing truancy proceedings takes effect this school year. The change means truancy proceedings against students will now be handled in a civil court. The District is required to provide a written warning to parents at the beginning of the school year informing them that if the student is absent from school on 10 or more days or parts of days within a six-month period in the same school year, that the parent/ guardian may be subject to criminal prosecution and, as mentioned, the student is subject to referral to a truancy court for truant conduct.

Specifically, Adrian ISD will enforce the Texas compulsory attendance laws as follows:

- A phone calls will be placed to parents or guardians notifying them when a student has been marked absent at the beginning of the school day. It is the parent's or guardian's responsibility to ensure that he/she provides current and up to date contact information to the school. Parent Portal can also be set up to send parents notifications of their child's attendance.
- A student will be issued a warning notice when attendance records reflect that the student has absences without an excuse on three days or parts of days in a four-week period. Further, the parent/guardian will receive a request to attend a conference with the student for the purpose of addressing truancy prevention measures for students who exhibit attendance issues in order to improve the student's overall attendance. (Texas Education Code 25.087 & 25.0915)
- If a student fails to attend school without an excuse on 10 or more days or parts of days within a six-month period in the same school year and those absences have been verified by the campus as unexcused, students 12 and older may be referred to the prosecutor of the truancy court. At this point, the court could also file a criminal complaint against parents who contribute to the nonattendance of their child, regardless of their child's age. (Texas Education Code 25.093)

Please refer to the District's Student Handbook and Code of Conduct for additional information. Should you or your student need special assistance, experience extenuating circumstances, or have questions beyond the campus level, you may contact the school at 806-538-6203.

Your child's presence in school is a strong indicator of his/her future success. We encourage regular attendance and look forward to a successful school year with your child. However, if you know your child will be absent from school, please call the office by 8:00 a.m. Thank you for supporting us in our endeavors to provide your child with a valuable education.

Sincerely,

Adrian ISD



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## Student Residency Questionnaire

The information on this form is required to meet The Education for Homeless Children and Youth (EHCY) program, authorized under Title VIIB of the McKinney-Vento Homeless Assistance Act {42 U.S.C. 11431 et seq.}, also known as the McKinney-Vento Act. Presenting a false record of 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 cost. Texas Education Code Sec. 25.002(3)(d).

All of the questions below refer to the student that is enrolling.

Student's Name

Grade:

Parent's Name

Phone:

**Check or place an X in all boxes below that best describe where the student sleeps at night. Leave blank those that do not apply:**

In a home that the student's legal parent or legal guardian owns or rents (C189=0)

In a place that does not have windows, doors, running water, heat, electricity, or is overcrowded (C189=3)

Staying with a friend or relative because of loss of housing, economic hardship, or a similar reason (C189=2)

Examples: eviction, foreclosure, fire, flood, loss of job, divorce, domestic violence, kicked out by parents, ran away from home

In a shelter

Examples: living in a family shelter, domestic violence shelter, children/youth shelter, EMA housing



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In an unsheltered location, such as: (check which applies) (C189=3)

- a van
- an abandoned building
- on the street
- at a campground
- in the park
- a tent
- in a bus or train station
- other similar places

In a hotel or motel because of loss of housing or economic hardship (C189=4) (*Examples: eviction, foreclosure, cannot get deposits for permanent home, flood, fire, hurricane*)

In transitional housing program (C189=5) housing that is available as part of a program for a specific length of time only and is partly or completely paid for by church, or nonprofit organization, governmental agency, or another organization

The student lives here because of a natural disaster.

- Type of natural disaster
- Date of the natural disaster
- Location of natural disaster
- Other - please describe

The student does not sleep in any of the places described above.

List where the student sleeps:



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Provide the following information for school-age siblings (brother and/or sister) of the student:

Last Name	First Name	Grade	School	District

List all other school-aged children that stay in the same place.

Last Name	First Name	Grade	School	District

Signature

Date



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## Migratory Workers Questionnaire

Dear Parents,

In order to better serve your children, the Adrian ISD is helping the state of Texas identify students who may qualify to receive additional education services.

The information provided below will be kept confidential. Please answer the following questions and return this form to the school. If you receive more than one of these surveys, only complete one and list below the names of each child.

Have you are any family members moved from one town or school district to another within the state or out-of-state within the past three years?

Yes                  No

**If Yes, please continue.**

Was the move for the purpose of obtaining work in the field of agriculture?

Yes                  No

If yes, what type of agricultural work?

Number of Children in the family

Names of Children	Age	Grade

Name of Parent/Guardian

Address

Telephone



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## Home Language Survey

*19 TAC Chapter 89, Subchapter BB 89.1215*

This form is to be completed by the parent or guardian (or student if in grades 9-12): The state of Texas requires that the following information shall 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.

Student's Name

Grade

### PLEASE MARK ONLY ONE LANGUAGE FOR EACH QUESTION.

What language is spoken in your home most of the time?

What language do you/your student speak most of the time?

Signature

Date



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## Texas Public Schools Student & Staff Ethnicity & Race 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 or 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 triple 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's Name

Signature

Date



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## AISD Student Permissions Form

Student's Name

Grade

### STUDENT HANDBOOK:

My child and I have the opportunity to receive a hard copy of the Student Handbook. The Handbook contains information that students and parents may need during the school year. Your signature on this page acknowledges that you fully understand and agree with the campus Student Handbook found online at [www.adrianisd.net](http://www.adrianisd.net).

I agree to abide by the student handbook

I would like a printed copy of the student handbook which will be available from the front office

### STUDENT CODE OF CONDUCT:

My child and I have the opportunity to receive a hard copy of the Student Handbook. The Handbook contains information that students and parents may need during the school year. Your signature on this page acknowledges that you fully understand and agree with the campus Student Handbook found online at [www.adrianisd.net](http://www.adrianisd.net).

I agree to abide by the student code of conduct

I would like a printed copy of the student code of conduct which will be available from the front office

### CORPORAL PUNISHMENT:

I give permission for my child to receive corporal punishment. The principal or the designee will inform the parent/guardian prior to any administration of corporal punishment.

Yes

No

### OFF CAMPUS LUNCH

On the request of parents, students in grades 9-12 are permitted to leave campus during the noon break. Please answer the following questions.

My Child has permission to leave school during the noon break.

Yes

No



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## FIELD TRIPS:

I give my permission for my child to participate in all school related field trips scheduled during the school day for the current school year. I understand that the school is not liable for any accidents or other unusual incidents that could occur on these trips. Field trips should be completed and students returned to campus in time for regular bus routes. However, extended trips will require parents to be responsible for picking their children up at school.

Yes

No

## HIGHER EDUCATION:

I give permission for AISD to release my child's directory information to an institution of higher education. The No Child Left Behind Act of 2001 requires schools to provide institutions of higher education with student directory information unless the parent/guardian objects.

Yes

No

## MILITARY RECRUITERS:

I give permission for AISD to release my child's directory information to military recruiters. The No Child Left Behind Act of 2001 requires schools to provide military recruiters with student directory information unless the parent/guardian objects.

Yes

No

## MILITARY CONNECTION:

Student is dependent of (Check One)

Active Duty

TX Nat'l Guard

Mil Reserves

PreK dependent

Not Military Dependent



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## CPS/FOSTER CARE:

Is the student currently in CPS or Foster Care?

Yes

No

If yes, is your student currently in DFPS?

Yes

No

If yes, was your student previously in D PS

Yes

No

## FERPA:

AISD maintains general education records which are available to the parent, guardian, or person standing in lawful control of the student under court order. Both parents/guardians have access to the records unless the school is in possession of a court order limiting access. Federal law provides that student "education records" are confidential. School records are defined as being directly related to a student and maintained by the school including, but not limited to: attendance, grades, discipline, test scores, health and immunization, and psychological or counseling records. Directory information is not confidential under FERPA

Yes, I agree

No, I disagree

Student's Signature

Date

Parent's Signature

Date

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



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## Distribution of Student Information

Directory Information, as defined by the Texas Education Code and the AISD School Board, will be given out to the requesting party with legitimate interest in needing the information at the office, in person, only if the enrolling legal parent or guardian has given written permission for the release. Written consent will be kept and maintained at the registration office with the student's enrollment information. Please select yes or no to each item below.

**Yes No AISD Directory Information:**

Name

Address

Telephone Listing

Photograph

Grade Level

Enrollment Status

Homeroom Teacher

Participation in official recognized activities and sports

Media Release - interviewed, photographed, and or filmed per public news media, professional education information, or any other non-profit publication for public use. Use of student's name, work, and likeness to appear on the Internet.

Student's Name

Grade

Campus

Name of parent/guardian

Signature of parent/guardian

Phone Number

Date



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## ADRIAN ISD CHROMEBOOK LOAN AGREEMENT

One Chromebook and charger are being lent to the above student and are in good working order. It is the student's responsibility to care for the equipment and ensure that it is retained in a safe environment. The student will not be issued a Chromebook without this signed agreement on file.

This equipment is, and at all times remains, the property of Adrian ISD and is herewith lent to the student for educational purposes only for the academic year. The students may not deface or destroy this property in any way. The laptop may be randomly checked for updates and/or application issues. Inappropriate use of the machine may result in the student losing their privilege to use this computer. The equipment will be returned to the school when requested or if the student withdraws from AISD prior to the end of the school year.

Texas law allows the district to obtain reimbursement from, or on behalf of, students for any damage to, loss of, or failure to return school property. Student acknowledges and agrees that use of the district property is a privilege and that by agreeing to the terms listed is responsible to protect, safeguard, and return the district property in good condition and repair upon request by Adrian ISD.

If repairable damage is made to a laptop, the student/parent is responsible for the entire repair cost. The approximate replacement fee of this Chromebook is \$200. If the Chromebook is stolen, destroyed or missing by any other means the student/parent will be responsible for paying the replacement cost.

I agree to follow AISD's responsibilities and rules at all times while using the school issued laptop.

Student's Name

Grade

Student's Signature

Date

Parent's Signature

Date



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## Technology Handbook/AUP, Permissions, & ADPC

The Adrian ISD technology handbook is now available online at [www.adrianisd.net](http://www.adrianisd.net). Hard copies are also available for viewing in the office.

By checking yes to permission 4 and signing the form, you are giving consent to Adrian Independent School District and its designees to photograph, audio record, and/or video record your student. You understand that any such photographs, audio recordings, and/or video recordings become the property of Adrian Independent School District. You understand that the school district may use and/or reproduce the photographs, likeness or the voice of your student for any internal or external educational, instructional, or promotional activities determined by the district in broadcast and electronic media formats now existing or in the future created. You further understand that external educational, instructional, or promotional activities may include the release of the photographs, audio recordings, and/or video recordings to be posted on the internet. You agree to allow your student's work and/or photograph to be published on the Adrian Independent School District internet, intranet, and/or Adrian ISD publications. By signing this release, I waive any and all present or future compensation rights to the use of the above stated material(s). By checking yes, you release the Adrian Independent School District, its Board of Trustees, agents, employees or other representatives from any liabilities, known or unknown, arising out of the use of this material. You have read the photography, audio, and video release and fully understand the terms and conditions outlined. You certify that you have legal capacity to sign the release on behalf of yourself and your student.

**Yes No**

### Permissions

My student has permission to receive an Adrian ISD network account

My student has permission to participate in distance learning opportunities

Adrian ISD has permission to use audio, photos, and videos of my student and list their name for publication in such places as the district website, news articles, interviews, honor roll, district sponsored social media accounts, etc...

### I have chosen to:

Accept responsibility for accessing the Student Technology Handbook and Acceptable Use Policy by visiting [www.adrianisd.net](http://www.adrianisd.net)

I wish to receive a paper copy of the Student Technology Handbook and Acceptable Use Policy which can be procured from the front office.

Student Name (printed)

Student's Signature

Parent Name (printed)

Parent's Signature



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## Medical Information, Emergency Contacts, & Prescriptions

Dear Parent or Guardian,

To comply with the school districts medication administration policy and Texas State Law, please review the following information for medication administration.

1. All medication must be brought to school and kept in the nurse's office in a locked storage unit.
2. **Both prescription and non-prescription medications must be brought to the school in their original, properly labeled container. Prescription medication must contain a current pharmacy label.**
3. A medication authorization form must be signed for all medications that are to be administered to the student.
4. School personnel will not give any medicine, including over the counter medications and products, to students except as authorized by district policy and with a signed medication authorization form.

This policy is necessary to protect the health and safety of your child. We appreciate your cooperating in this matter for those reasons.

Sincerely,

Deb Jones, Nurse AISD



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## **Emergency Contact & Medical Information**

Child's Name	Date of Birth	Sex
Parent's/Guardian's Name	Parent's/Guardian's Name	
Phone	Phone	
Address	Address	
City, State, Zip Code	City, State, Zip Code	

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## **Alternative Emergency Contacts**

Alternative Emergency Contact	Secondary Emergency Contact
Phone	Phone
Address	Address
City, State, Zip Code	City, State, Zip Code

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## **Medical Information**

Hospital/Clinic Preference	
Parent's/Guardians Name	Phone Number
Insurance Company	Policy Number





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**IMPORTANT:** Your child may have an illness that requires medication for relief or cure that does not prevent his/her attending school. When possible, such medication should be taken at home. However, according to the Texas State Legislature, and the AISD Board of Trustee Policy, school personnel may dispense a medication to a student. For each medication to be administered at school, the nurse must have on file a Request for Administration of Medication at School form.

Health Service Staff will perform periodic assessments for vision, hearing, height, weight, dental, spine, and any other screening deemed necessary by the State Law. Staff will also check for head lice and reserves the option of dismissing students from school with repeated infestation of nits and/or active head lice.

I, the undersigned, do hereby authorize officials of Adrian ISD to contact directly the person(s) named on this form. I authorize the named physician(s) to render such treatment, as maybe deemed necessary, in an emergency for the health of said child. In the event the physician(s), parents, or other persons named on this form cannot be contacted; the school officials are hereby authorized to take any action deemed necessary in their judgment (including transportation), for the health of said child. **I understand that the school, the school district, nor any district employee will be financially responsible for the emergency care and /or transportation of said child.**

Signature of Parent/Guardian

Date



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## Food Allergy Information

Dear Parent:

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.

Any food items listed below must be medically necessary and should be accompanied by a signed doctor's note indicating the allergy, reaction, and severity of the allergy.

Food	Nature of Allergic Reaction	Severity of Reaction

If your child requires the use of an Epi-pen for anaphylactic (severe) reactions, please be sure to contact the campus nurse. Parent will be required to complete the Self Medication Authorization form. In addition, a Request for Administration of Medication at School form will need to be completed and signed by the prescribing physician and submitted to the nurse's office.

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.

By signing below I am affirming that I have read the form and will abide by the requirements. I agree that all items listed are legitimate allergies and will provide documentation as required.

Student Name

Date of Birth

Grade

Parent/Guardian Name

Cell Phone

Work Phone

Parent/Guardian Signature

Date



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## Self Medication Authorization

The following must be provided to the school in order for a student to self-administer asthma or anaphylaxis medicine according to Texas Education Code, Chapter 38, Section 38.015:

- A written statement from the student's licensed healthcare provider that describes the student's medication and confirms their ability to self-administer their prescribed medication
- A written authorization, signed by the parent, for the student to self-administer the prescription while on school property or at a school related event or activity.

### Parent/Guardian Authorization

I request that school health staff allow my child to self-carry with the intention to self administer the medication described on the medication administration form by my child's primary prescriber. I agree to notify the school nurse or school health staff and provide a new self-medication authorization form when there is a change in my child's medication, health status, or authorized healthcare provider. I understand that this self medication authorization only pertains to the use of medically prescribed inhalers and anaphylaxis medications.

Describe how your child will carry/store their medications

Parent/Guardian Signature

Phone Number

Date

When you have successfully completed the form please email the file to ***adrianschooloffice@adrianisd.net***