

**Hubbard ISD**  
**STUDENT EMERGENCY INFORMATION SHEET**

<b>Office Use Only:</b>
Grade Level: _____
Student ID# _____
Unique ID# _____

\_\_\_\_\_  
Student Full Name (First, Middle, Last)

\_\_\_\_\_  
Student's Social Security Number

\_\_\_\_\_  
Student's Birthday

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Father's Name (or Guardian)

\_\_\_\_\_  
Father's Cell Phone Number

\_\_\_\_\_  
Mother's Name (or Guardian)

\_\_\_\_\_  
Mother's Cell Phone Number

\_\_\_\_\_  
Father's Employer

\_\_\_\_\_  
Father's Work Number & Extension

\_\_\_\_\_  
Mother's Employer

\_\_\_\_\_  
Mother's Work Number & Extension

**Student's Mailing Address:** \_\_\_\_\_

**Directions to your home from the school:** \_\_\_\_\_

**EMERGENCY CONTACTS** (other than the parents or guardians listed above):

\_\_\_\_\_  
Name & Relationship to Student

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name & Relationship to Student

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name & Relationship to Student

\_\_\_\_\_  
Phone Number

**Student's Physician/Clinic:** \_\_\_\_\_

**Hospital Preferred:** \_\_\_\_\_

**List any allergies to food, medication, bites or stings:** \_\_\_\_\_

**List any medical conditions that we need to know about:** \_\_\_\_\_

**PICK UP PERMISSION** (list those with permission to pick up your child from school for illness/dismissal):

_____	_____
_____	_____
_____	_____

# Hubbard Independent School District

3347 Hwy 259 South • DeKalb, Texas 75559

PHONE: 903-667-2645

FAX: 903-667-5835

Board of Trustees

Brian Triplett, President  
Travis Proctor, Vice-President  
Randy Pirkey, Secretary

Matt Skipper  
Jerry Peek  
Doug White  
Tim Green

Student's Name: \_\_\_\_\_

Please write the physical address of the home where you currently reside:

\_\_\_\_\_

Is this home in the district of Hubbard ISD? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, what district is your residence in? \_\_\_\_\_  
(This would be the district to which you pay school taxes to)

~~Student's Name~~  
If you do not own your property or know the district your residence is in, please list your nearest neighbors:

\_\_\_\_\_  
\_\_\_\_\_

Transfers are accepted upon approval by the Hubbard ISD Board of Trustees and the Superintendent. Hubbard ISD has the right to reject or revoke student transfers.

I understand that Hubbard ISD is accepting my request for transfer upon the basis of all policies in the Hubbard ISD Student Handbook, Student Code of Conduct and Board Policy Manual. These guidelines include attendance, discipline and classroom rules and guidelines. I understand that if my child does not comply with these guidelines, rules and mandates, the transfer may be revoked and my child may be removed from Hubbard ISD's enrollment.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date

*Traci Drake, Superintendent*

# Hubbard Independent School District

3347 Hwy 259 South • DeKalb, Texas 75559

PHONE: 903-667-2645

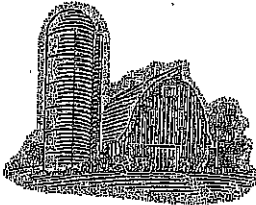
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## FAMILY SURVEY



Dear Parents:

In order to better serve your children, the Hubbard school district would like to identify students who may 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.

Or, if you prefer, for more information, call: \_\_\_\_\_

1. Have you moved within the last 3 years?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. If yes, have you done agricultural or fishing related work since your move? (e.g., field work, canneries, lumbering, dairy work, meat processing, chicken processing plant)

Yes \_\_\_\_\_ No \_\_\_\_\_



3. Do you have family members between the ages of 16 and 21 who have left high school but not yet earned a GED?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If you answered "yes" to any of the questions above, an education representative may contact you to find out whether your child is eligible for additional educational services. Please provide the following information:*

Name of child \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

If your child is 18 years of age or older, please provide his/her telephone number: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Best Time to Contact You: \_\_\_\_\_

ENCUESTA DE FAMILIA

Traci Drake, Superintendent

## HUBBARD INDEPENDENT SCHOOL DISTRICT

**HOME LANGUAGE SURVEY-19 TAC Chapter 89, Subchapter BB, §89.1215**  
 (Home Language Survey applicable ONLY if administered for students enrolling in pre-kindergarten through grade 12)

**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.

Dear Parent or Guardian:

To determine if your child would benefit from Bilingual or English as a Second Language program services, please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if Bilingual or English as a Second Language program services are appropriate and to inform instructional and program placement recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

For more information on the process that must be followed, please visit the following website:

<https://projectis.esc20.net/upload/page/3081/docs/LunaUpdates/EnglishLearnerIdentification-ReclassificationFlowchart.pdf>

Initials \_\_\_\_\_

**This survey shall be kept in each student's permanent record folder.**

**NAME OF STUDENT:** \_\_\_\_\_ **STUDENT ID#:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **TELEPHONE #:** \_\_\_\_\_  
**CAMPUS:** \_\_\_\_\_

**NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.**

1. What language is spoken in the child's home most of the time? \_\_\_\_\_
2. What language does the child speak most of the time? \_\_\_\_\_
3. Place of birth (country) \_\_\_\_\_
4. Has your family moved during the last three years from one school district to another in the state of Texas or across the US? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Previous education in the United States:

Grade	Begin Date	End Date	School	District	State

\_\_\_\_\_  
 Signature of Parent/Guardian or Student if Grades 9-12

\_\_\_\_\_  
 Date

**NOTE:** If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if: 1) your child has not yet been assessed for English proficiency; and 2) your written correction request is made within two calendar weeks of your child's enrollment date.

**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.
- NotHispanic/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: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> NotHispanic/Latino	Race – choose one or more: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Observer signature:	Campus and Date: