

Registration Checklist

Student Name _____ Grade _____

For Office Use Only: Please initial when complete

____ Registration Information Form

____ Home Language Survey

____ Allergy Form

____ Ethnicity Form

____ District Residency Letter

____ Proof of Residency Type of Proof _____

____ Birth Certificate

____ Social Security Card ____ Number Only Number _____

____ Driver's License of Person Enrolling

____ Immunization Record ____ Complete ____ Incomplete

If Applicable:

____ Student Profile

____ Pre-K Verification Form

____ Pre-K Proof of Income Type of Proof: _____

____ Verification of Residency (Pink Form)

____ Foster/CPS/Legal Guardian Documentation

____ Request for Records Form (K-3rd)

Notes to Campus:

____ Needs Bi-lingual Testing

____ Needs Special Services Transfer Ard

Notes:



LIVINGSTON INDEPENDENT SCHOOL DISTRICT

Registration Information

Student Name _____

Student Social Security # _____ Gender: (Check One) Male Female

Age as of September 1, 2015 _____ Date of Birth _____

Ethnicity: (Check One) Hispanic Not Hispanic

Race: (Check All That Apply) White Black/African American American Indian or Alaskan Native Asian or Pacific Islander Native Hawaiian

Grade Entering: Pre-Kindergarten Kindergarten First Second Third

Parent/Guardian Name _____ Relationship to child _____

Physical Address _____

Mailing Address (If different from above) _____

Telephone # (Home) _____ (Work) _____ (Cell) _____

E-mail Address _____

Has this child ever attended Livingston School District? No Yes Campus/Year _____

What school district/daycare facility is your child transferring from?
(Please list school name and state) _____

Has this child ever been retained? No Yes Grade retained _____

Please check any programs your child is currently participating in:
 LIFE/MULTI Deaf Ed Dyslexia ESL/Bilingual GT Speech 504 Special Ed./Resource
 Other (explain) _____

Health or Medical Diagnosis or Concerns: _____

Siblings Currently Attending Livingston Independent School District (Pre K-3rd Grades Only):

Name: _____ Grade: _____ Campus: _____

Name: _____ Grade: _____ Campus: _____

Signature of Parent or Legal Guardian _____ Date _____

LIVINGSTON INDEPENDENT SCHOOL DISTRICT

Información de Registración

Nombre de Estudiante _____

Número de Seguro Social de Estudiante _____ Género: (marque uno) Masculino Femenino

Edad a partir del 01 de Septiembre de 2015 _____ Fecha de Nacimiento _____

Etnicidad: (Marque uno) Hispano No Hispano

Raza: (Marque todas las que aplican) Blanco Negro/ Afroamericano
 Indio americano o nativo de Alaska Asiático o Isleño del Pacífico Hawaiano Nativo

Grado Entrando: Pre-Kindergarten Kindergarten Primero Segundo Tercero

Nombre del padre o tutor _____ Relación con el Niño _____

Dirección física _____

Dirección de correo (Si es diferente de la anterior) _____

Telefono # (Casa) _____ (Trabajo) _____ (Celular) _____

Correo Electronico _____

Este niño ha asistido alguna vez al distrito escolar de Livingston No Yes Campus/año _____

¿Qué distrito escolar/guardería infantil se está transfiriendo su hijo?
(Por favor apunte el nombre de la escuela y estado) _____

¿Ha sido retenido alguna vez este niño? No Si Grado retenido _____

Por favor marque cualquier programa en el que su hijo actualmente participa:
 LIFE/MULTI Deaf Ed Dyslexia ESL/Bilingual GT Speech 504 Special Ed/Resource
 Otros (explique) _____

Salud o diagnóstico médico o preocupaciones: _____

Hermanos que actualmente asisten al distrito escolar de Livingston (Pre K-3 grado nadamas):

Nombre: _____ Grado: _____ Campus _____

Nombre: _____ Grado: _____ Campus: _____

Firma del Padre/Tutor Legal

Fecha

TEXAS EDUCATION AGENCY
DIVISION OF BILINGUAL EDUCATION
Home Language Survey
Grades Pre-Kindergarten -- 3
Livingston I.S. D.

Child's Name: _____

Campus: Pine Ridge Elementary Timber Creek Elementary
 Cedar Grove Elementary

Grade: _____

TO BE FILLED OUT BY PARENT OR GUARDIAN

(1) What language is spoken in your home most of the time? _____

(2) What language does your child speak most of the time? _____

Parent or Guardian Signature Date

Cuestionario de idioma hogareno
Estado de Texas
Grados Pre-Kind - Tercero

Nombre del niño/a: _____

Escuela: Pine Ridge Elementary Timber Creek Elementary
 Cedar Grove Elementary

Grado: _____

DEBE DE COMPLETARSE POR EL PADRE O GUARDIAN:

(1) Cuál es el idioma que más habla en su hogar? _____

(2) Cuál es el idioma que más habla su niño/a? _____

Firma del padre o guardian Fecha



Request For Food Allergy Information

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.

No information to report

Food:	Nature of allergic reaction to food:	Life threatening

TO REQUEST A SPECIAL DIET, MODIFICATION OF A MEAL PLAN OR PROVIDE OTHER INFORMATION FROM YOUR DOCTOR ABOUT YOUR CHILD'S FOOD ALLERGY, YOU MUST CONTACT THE SCHOOL NURSE OR SCHOOL ADMINISTRATION WHERE YOUR CHILD ATTENDS SCHOOL.

The District will maintain the confidentiality of the information provided above and may dis-close 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.

Student Name: _____ Grade _____ Date of Birth _____

Parent/Guardian Name: _____

Work Phone: _____ Home Phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form was received by the school: _____

**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:

Agencia de Educación de Texas

Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal de las Escuelas Públicas de Texas

El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).

Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.

Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).

Parte 1. Etnicidad: ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)

- Hispano/Latino** – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.
- No Hispano/Latino**

Parte 2. Raza. ¿Cuál es la raza de la persona? (Escoja uno o más de uno)

- Indio Americano o Nativo de Alaska** – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo América Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.
- Asiático** – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.
- Negro o Africano-Americano** – Una persona con orígenes de cualquier grupo racial negro de África.
- Nativo de Hawai u otras islas del pacífico** – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.
- Bianco** – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

Nombre del Estudiante/Miembro de Personal legal) (por favor use letra de imprenta)

Firma (Padre/Representante)/(Miembro de personal)

Número de Identificación del Estudiante/Miembro del personal

Fecha

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:



Verification of Residency

Confirmation of Residence & Notice Regarding Falsification of Information

The following documents are needed for verification of residency:

- * An Electric Bill with physical address on it is required as proof of residency for every parent or guardian of a student (Water, Cable, Satellite, or Cell Phone bills will not be accepted)
- * A Lease Agreement may be accepted if it describes that payment of utilities is included with lease
- * All residency will be verified by the Polk County Central Appraisal Office &/or the School Resource Officer

No P.O. Box addresses will be accepted!

Pine Ridge Elementary Timber Creek Elementary
 Cedar Grove Elementary Livingston Intermediate
 Livingston Junior High Livingston High School

Student's name: _____

Physical address (911 address): _____

Mailing address (if different): _____

I confirm that I have reviewed this notice and understand that Livingston Independent School District will hold me responsible if any information provided for enrollment purposes is false.

Texas Education Code 25.001 (h) and LISD Board Policy FD(LEGAL) provides:

A PERSON WHO KNOWINGLY FALSIFIES INFORMATION ON A FORM REQUIRED FOR ENROLLMENT OF A STUDENT IN A SCHOOL DISTRICT IS LIABLE FOR THE GREATER OF THE MAXIMUM TUITION FEE OR THE AMOUNT THE DISTRICT HAS BUDGETED FOR EACH STUDENT AS MAINTENANCE AND OPERATING EXPENSES IF THE STUDENT IS NOT ELIGIBLE FOR ENROLLMENT IN THE DISTRICT BUT IS ENROLLED ON THE BASIS OF THIS FALSE INFORMATION.

Regular budget rate is \$ 55.38 per school day and \$ 9,801.73 per school year for the current school year.

Texas Penal Code 37.10 also provides that falsification of a governmental record, such as any student enrollment record, constitutes a class C misdemeanor subject to a fine of up to \$500.00

By signing below I am indicating that I have been informed of the law/policies pertaining to enrollment in this District, and the consequences of providing false information. I do hereby proclaim that to the best of my knowledge, all of the enrollment information I have provided to this District is true and accurate, **INCLUDING** residency information.

I have reviewed the information above regarding residency requirements and verify that I and my child will be residing on my property in the Livingston Independent School District.

Parent/Guardian Signature

Date