

# *Comstock Independent School District*

*PO Box 905 101 Sanderson Street*

*Comstock, TX 78837-0905*

*Phone: 432-292-4444 Fax: 432-292-4436 [www.comstockisd.net](http://www.comstockisd.net)*

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Dear Parent:

We are pleased that you are interested in the possibility of your son or daughter attending Comstock ISD!

Please be advised that we accept only students who are in “**good standing**” in their home school district. Transferring to CISD is not a way to avoid attendance, grades, STAAR/EOC, UIL/Sports, or discipline problems.

Transferring is a process by which both the parent and the student wants to enroll in Comstock ISD. We expect all our students to accept all CISD’s traditions and customs, and be willing to become a vital part of our small school. We are proud of our school and we want students and parents who will participate and be proud members of CISD.

We at CISD take pride in the way we dress, show respect to each other, our country, our flag, our parents, and grandparents. We honor our ancestors and forefathers. We want to instill a love of God and for our country in each student and help develop a work ethic that will last a lifetime. We want our students to give back to the community and become productive citizens of our great State.

If you are interested in your student transferring to Comstock School, please follow all the instructions and complete the application. We know that there are many forms, but all the information requested is important.

CISD wants students to take on life’s challenges and to be excellent in every aspect of their lives. We hope that Comstock ISD can be your School of Choice!

Respectfully,  
O. K. Wolfenbarger, III  
Superintendent

Travis Grubbs  
Principal

# **STUDENT TRANSFER APPLICATION**

The inter-district transfer (living in another district and applying to attend Comstock ISD) application and checklist is on the following pages. Please read carefully, complete all portions of the application and attach all required documentation that is appropriate for your student's grade level and individual needs.

Comstock ISD does not charge tuition for inter-district transfers.

An application for transfer into the district does not necessarily mean that the application will be approved.

The following conditions will apply to all transfer requests:

1. Approval is from year to year – A new Transfer Agreement will need to be filled out and signed every year.
- 2.. The district will assign students based on appropriate programming, class size, and staffing.
3. Requests may be denied for reasons that include, but are not limited to attendance, academic performance, behavior, staffing availability, and class size.

If it is your intention to request a transfer for the upcoming school year, complete an application and submit to:

Comstock ISD  
PO Box 905  
Comstock, TX 78837  
Fax – 432-292-4436  
[okwolf@comstockisd.net](mailto:okwolf@comstockisd.net)

**Deadline to submit a transfer application is May 26.**

If your application is received after May 26, your student(s) will be added to a wait list and you will be notified when the request has been approved or denied once class sizes are confirmed.

To request a transfer after the school year begins, complete the application and submit it to the above listed address.

**Comstock ISD Out of District Transfer Checklist  
REQUIRED DOCUMENTATION CHECKLIST**

**Before your child's application can be considered the following information must be provided.**

**\_\_\_ Most Recent Report Card – 1st – 12th (K if previously enrolled in school)**

Please attach a copy of the most recent report card for the transfer applicant.

**\_\_\_ Court Documents – (if applicable)**

Please attach any documents defining custody placement information (if applicable).

**\_\_\_ Current Proof of Residence**

**\_\_\_ Copies of Birth Certificate, Social Security Card, and Health (Immunization) Records.**

**\_\_\_ Transcripts – 8th – 12th**

If you are in grades 8-12, please attach a copy of the most recent transcript.

**\_\_\_ Documentation of Attendance – 1st – 12th (K if previously enrolled in school)**

Students entering grades K through 12 are required to provide documentation regarding the applicant's attendance for the most recent school year. If a student attends a public or private school during the current school year, documentation from the school is required. Many times this information is reported on the student's current report card.

**\_\_\_ Documentation of Discipline – K-12th (K if previously enrolled in school)**

Students entering grades K through 12 are required to provide documentation regarding the applicant's discipline record for the most recent school year. If a student has not discipline record, then documentation of this must be presented, signed by a school official.

**\_\_\_ Standardized Test Scores/Any achievement test (entering grades 3 and above)**

Please provide a copy of the most recent Standardized Test Scores including: STAAR, EOC, Placement tests, and/or other curriculum based assessments.

**\_\_\_ Special Education Records (if receiving services)**

If a student receives Special Education services a copy of the current IEP, current FIE and classroom accommodation plan is required.

**\_\_\_ 504 Records (if receiving services)**

If a student receives 504 accommodations a copy of the current 504 plan and 504 evaluations are required.

**\_\_\_ English as a Second Language/Limited English Proficiency/Bilingual (if receiving services)**

If a student receives English as a second Language (ESL) services a copy of the original Home Language survey from the prior school district is required as well as the most recent TELPAS scores and LPAC student plan.

**\_\_\_ Gifted and Talented (if receiving services)**

If a student receives gifted and talented services, please attach a copy of the qualifying GT testing for review to determine eligibility as well as parent permission signature sheets for acceptance into the program.

**\_\_\_ Speech Therapy (if receiving services)**


If a student receives speech therapy services a copy of the IEP, including classroom accommodations and current FIE is required.

\_\_\_ **Dyslexia** (if receiving services)

If a student receives dyslexia services a copy of the most recent IAP including accommodation and Dyslexia report is required.

**\*\*Failure to include/disclose any of the above information may result in a student's application being placed on a waiting list or denied.**

## STUDENT ENROLLMENT FORM

|  |
|--|
| <b>COMSTOCK INDEPENDENT SCHOOL<br/>DISTRICT</b><br><b>101 SANDERSON ST. - P. O. BOX 905</b><br><b>COMSTOCK, TEXAS 78837</b><br><b>PHONE- 432-2929-4444 FAX- 432-292-4436</b> |
|   |
| <b>COMSTOCK PANTHERS</b>   |

| FOR OFFICE USE ONLY      |         |
|--------------------------|---------|
| ENROLLMENT DOCUMENTATION | INITIAL |
| BIRTH CERTIFICATE        |         |
| SOCIAL SECURITY CARD     |         |
| IMMUNIZATION RECORDS     |         |
| PROOF OF RESIDENCE       |         |
| PRE-KINDER DOCUMENTATION |         |
| PREVIOUS SCHOOL RECORDS  |         |

**STUDENT INFORMATION PLEASE PRINT / USAR LETRA DE MOLDE**

| GRADE / GRADO  | STUDENT NAME / NOMBRE DE ESTUDIANTE                           |  |                           |   |
|--|---|--|---------------------------|---|
|  | LAST / APELLIDO   | FIRST / PRIMER NOMBRE  | INITIAL / INICIAL         | GENERATION / GENERACIÓN   |
| RESIDENTIAL ADDRESS / LA DIRECCIÓN RESIDENCIAL   |   | MAILING ADDRESS / LA DIRECCIÓN DE CORRESPONDENCIA  |                           |   |
|  |   | COMPLETE ONLY IF DIFFERENT FROM RESIDENTIAL ADDRESS /<br>COMPLETE SOLO SI ES DIFERENTE DE LA DIRECCION RESIDENCIAL |                           |   |
| HOME PHONE / TELÉFONO  | PHONE NUMBER PUBLISHED? / ¿TELÉFONO PRIVADO?                  | GENDER / EL GÉNERO   | DOB / FECHA DE NACIMIENTO | PLACE OF BIRTH / CIUDAD Y ESTADO DE NACIMIENTO                          |
| ( )  | <input type="checkbox"/> YES / SÍ <input type="checkbox"/> NO | <input type="checkbox"/> MALE / MASCULINO<br><input type="checkbox"/> FEMALE / FEMENINO                            |                           |   |
| ETHNICITY / RAZA :   |   |  |                           | RELEASE DIRECTORY DATA? / ¿PODEMOS DISPONER INFORMACIÓN DEL DIRECTORIO? |
| <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE<br><input type="checkbox"/> ASIAN OR PACIFIC ISLANDER<br><input type="checkbox"/> AFRICAN AMERICAN, NOT OF HISPANIC ORIGIN<br><input type="checkbox"/> HISPANIC<br><input type="checkbox"/> WHITE, NOT OF HISPANIC ORIGIN |   |  |                           | <input type="checkbox"/> YES / SÍ <input type="checkbox"/> NO           |

**SCHOOL / PROGRAM INFORMATION**

| HAS STUDENT EVER ATTENDED COMSTOCK SCHOOLS? / ¿HA ASISTIDO EL ESTUDIANTE EN ESCUELAS DE COMSTOCK?           | DATE FIRST ENROLLED IN U.S. SCHOOLS? / ¿CUÁL ES LA FECHA ORIGINAL DE MATRICULACION EN LOS E.U.A.? | HAS STUDENT EVER PARTICIPATED IN THE MIGRANT PROGRAM? / ¿TOMÓ PARTE EL ESTUDIANTE EN EL PROGRAMA MIGRATORIO?  | HAS STUDENT EVER PARTICIPATED IN THE IMMIGRANT PROGRAM? / ¿TOMÓ PARTE EL ESTUDIANTE EN EL PROGRAMA DE IMMIGRANTE? |                |                          |
|---|---|---|---|----------------|--------------------------|
| <input type="checkbox"/> YES / SÍ <input type="checkbox"/> NO   |   | <input type="checkbox"/> YES / SÍ <input type="checkbox"/> NO   | <input type="checkbox"/> YES / SÍ <input type="checkbox"/> NO   |                |                          |
| LIST LAST SCHOOLS ATTENDED / NOMBRE LAS ÚLTIMAS ESCUELAS ASISTIDAS  | ADDRESS / LA DIRECCIÓN DE ESCUELA   | YEAR / AÑO  | CITY / CIUDAD   | STATE / ESTADO | ZIP CODE / CÓDIGO POSTAL |
|   |   |   |   |                |                          |
| <b>WAS STUDENT EVER ENROLLED IN SPECIAL PROGRAMS? / ¿HA ASISTIDO EL ESTUDIANTE EN PROGRAMAS ESPECIALES?</b> |   | <input type="checkbox"/> YES / SÍ <input type="checkbox"/> NO SPECIAL EDUCATION / LA EDUCACIÓN ESPECIAL<br><input type="checkbox"/> YES / SÍ <input type="checkbox"/> NO BILINGUAL- ESL / BILINGÜE - ESL<br><input type="checkbox"/> YES / SÍ <input type="checkbox"/> NO GIFTED AND TALENTED / PROGRAMA TALENTOSO<br><input type="checkbox"/> YES / SÍ <input type="checkbox"/> NO 504 PROGRAM / PROGRAMA DE 504<br><input type="checkbox"/> YES / SÍ <input type="checkbox"/> NO OTHER / OTRO _____ |   |                |                          |

**PARENT / GUARDIAN INFORMATION**

| FATHER / GUARDIAN NAME / EL NOMBRE DE PADRE O GUARDIÁN |                            | DOES FATHER WORK ON FEDERAL PROPERTY OR FOR FEDERAL GOVT? / ¿TRABAJA EL PADRE EN PROPIEDAD FEDERAL O PARA EL GOBIERNO FEDERAL? |                             |
|--|----------------------------|--|-----------------------------|
| LAST NAME / APELLIDO                                   | FIRST NAME / PRIMER NOMBRE | <input type="checkbox"/> YES / SÍ  | <input type="checkbox"/> NO |

|   |   |  |  |
|---|---|--|--|
| <b>RESIDENTIAL ADDRESS / LA DIRECCIÓN RESIDENCIAL</b> |   | <b>PLACE OF EMPLOYMENT / LUGAR DE EMPLEO</b>       | <b>ADDRESS OF EMPLOYMENT / LA DIRECCIÓN DEL EMPLEO</b> |
|   |   |  |  |
| <b>PHONE / TELÉFONO DE CASA</b>                       | <b>WORK PHONE / TELÉFONO DE TRABAJO</b> | <b>CELL PHONE / EL NÚMERO DEL TELÉFONO CÉLULAR</b> | <b>E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO</b> |
| ( )   |   |  |  |

|   |   |  |  |
|---|---|--|--|
| <b>MOTHER / GUARDIAN NAME / EL NOMBRE DE MADRE O GUARDIÁN</b> |   | <b>DOES MOTHER WORK ON FEDERAL PROPERTY OR FOR FEDERAL GOVT? / ¿TRABAJA LA MADRE EN PROPIEDAD FEDERAL O PARA EL GOBIERNO FEDERAL</b> |  |
| LAST NAME / APELLIDO  | FIRST NAME / PRIMER NOMBRE              | <input type="checkbox"/> YES / SÍ  | <input type="checkbox"/> NO                            |
| <b>RESIDENTIAL ADDRESS / LA DIRECCIÓN RESIDENCIAL</b>         |   | <b>PLACE OF EMPLOYMENT / LUGAR DE EMPLEO</b>   | <b>ADDRESS OF EMPLOYMENT / LA DIRECCIÓN DEL EMPLEO</b> |
|   |   |  |  |
| <b>PHONE / TELÉFONO DE CASA</b>                               | <b>WORK PHONE / TELÉFONO DE TRABAJO</b> | <b>CELL PHONE / EL NÚMERO DEL TELÉFONO CÉLULAR</b>   | <b>E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO</b> |
| ( )   |   |  |  |

|   |                         |
|---|-------------------------|
| <b>EMERGENCY CONTACT PERSON (OTHER THAN PARENT/GUARDIAN) / LA PERSONA DE CONTACTO DE EMERGENCIA (APARTE DE PADRE /GUARDIAN)</b> | <b>PHONE / TELÉFONO</b> |
|   |                         |

**LIST OTHER PEOPLE LIVING IN HOUSEHOLD / NOMBRE LAS PERSONAS QUE VIVEN EN SU RESIDENCIA**

| <b>NAME / NOMBRE</b> | <b>AGE / EDAD</b> | <b>GRADE / NIVEL</b> | <b>SCHOOL ATTENDING / ESCUELA</b> |
|----------------------|-------------------|----------------------|-----------------------------------|
|                      |                   |                      |                                   |
|                      |                   |                      |                                   |
|                      |                   |                      |                                   |
|                      |                   |                      |                                   |

**INFORMATION OF PERSON ENROLLING STUDENT / INFORMACIÓN DE LA PERSONA MATRICULANDO AL ESTUDIANTE**

|  |  |  |
|--|--|--|
| <b>WITH WHOM DOES THE STUDENT LIVE? / ¿CON QUIEN VIVE EL ESTUDIANTE?</b>                         | <input type="checkbox"/> BOTH PARENTS / AMBOS PADRES<br><input type="checkbox"/> FATHER / PADRE<br><input type="checkbox"/> MOTHER / MADRE | <input type="checkbox"/> OTHER / OTRO<br><ul style="list-style-type: none"> <li>• NAME AND RELATIONSHIP WITH STUDENT</li> <li>• EL NOMBRE Y LA RELACIÓN CON EL ESTUDIANTE</li> </ul> |
| <b>NAME OF PERSON ENROLLING THE STUDENT / EL NOMBRE DE LA PERSONA MATRICULANDO AL ESTUDIANTE</b> |  | <b>RESIDENTIAL ADDRESS / LA DIRECCIÓN RESIDENCIAL</b>  |
| LAST NAME / APELLIDO   | FIRST NAME / PRIMER NOMBRE   |  |
| <b>DATE OF BIRTH / FECHA DE NACIMIENTO</b>   |  |  |
| <b>RELATIONSHIP TO STUDENT / LA RELACIÓN AL ESTUDIANTE</b>                                       |  | <b>ENROLLEE'S SIGNATURE / FIRMA DE PERSONA QUE ESTA MATRICULANDO AL ESTUDIANT</b>  |
|  |  |  |

STUDENT INFORMATION/ INFORMACIÓN DEL ESTUDIANTE

ATTENDANCE/ASISTENCIA

How many days was the student absent in the prior school year/ *¿Cuántos días estuvo ausente el estudiante en el año escolar previo?* \_\_\_\_\_

If this request is during a school year, how many days has the student been absent this year/ *Si esta solicitud es durante un año escolar, ¿cuántos días ha estado ausente este año??* \_\_\_\_\_

If the student missed more than 5 days in the previous or current school year, please provide an explanation/ *Si el estudiante faltó más de 5 días en el año escolar anterior o actual, proporcione una explicación:*

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

STUDENT DISCIPLINE RECORD/ REGISTRO DE DISCIPLINA DEL ESTUDIANTE

Has the student been suspended, expelled, or placed in an alternative setting (In School Suspension, DAEP, etc.) during the current or previous school year/ *¿El estudiante ha sido suspendido, expulsado o colocado en un ambiente alternativo (Suspensión en la Escuela, DAEP, etc.) durante el año escolar actual o anterior?*

\_\_\_\_\_

If yes to any of the above, please explain/ *En caso afirmativo a cualquiera de los anteriores, explique:*

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

Has the student engaged in any delinquent conduct or conduct in need of supervision and is on probation or other conditional release for that behavior/ *¿El estudiante se ha involucrado en alguna conducta delinciente o conducta que necesita supervisión y está en libertad condicional u otra libertad condicional para ese comportamiento?* \_\_\_\_\_

If yes, please explain/ *En caso afirmativo, explíquelo por favor*

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

**FOR OFFICE USE ONLY:**

Date Received \_\_\_\_\_ Staff Member Signature \_\_\_\_\_

Transfer Approved                      Transfer Denied                      Waiting List

Reason(s)

Attendance    Class Space/Staff    Discipline    Academics    Program Availability

Principal Signature \_\_\_\_\_

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

Date Parent Notified \_\_\_\_\_ How? \_\_\_\_\_

# COMSTOCK INDEPENDENT SCHOOL DISTRICT

## Transfer Agreement

2017-2018

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Grade (next yr.) \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ EmailAddress \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Request transfer from \_\_\_\_\_ to COMSTOCK ISD  
(Name of present school)

This request for transfer assignment is made with the full understanding of and agreement to the following conditions:

This Transfer Agreement establishes the terms and conditions for \_\_\_\_\_  
*Student's Name*

to attend Comstock ISD public school. Student's parents/guardian, \_\_\_\_\_,  
requests that the student be permitted to attend **Comstock ISD** in **2017-2018** school year and agrees to the following terms and conditions for that transfer.

For acceptance at Comstock ISD **a student must be in good standings in regard to attendance, grades and discipline at current school in order to be considered for transfer.**

The District will not accept any student until **all** paperwork is on file that has been forwarded from the school the student is transferring from.

1. This transfer is effective for the current school year only. District approval of this transfer creates no right or expectation that the student will be admitted as a transfer for any subsequent school year. All transfer students must reapply every school year.
2. This transfer is approved for the named student only, District approval of this transfer creates no right or expectation that another student from the same family will be admitted as a transfer.
3. Student must maintain acceptable levels of attendance, academic achievement, participate in UIL and/or athletics, and comply with the Student Code of Conduct throughout the entire school year.

### A. Attendance

1. The student must not be at risk of losing credit under Education Code 25.092 or require the district to warn the parent or the student of truancy proceedings under Education Code 25.095.
2. The student's attendance rate must not fall below 95% of 180 days.

### B. Academic Achievement

1. Students in grades 9-12 must receive passing grades in all courses by the end of the semester. At the end of each grading period, the student should receive no more than one grade that is below passing.
2. Students in grades 1-8 shall be promoted based on an average of 70 or above in each of the five subject areas (language arts, reading, math, science and social studies). Failure in one or more of these five subject areas will result in non-promotion.
3. Students must pass the STARR or End of Course (EOC) test.

### C. Compliance with Student Code of Conduct



1. The student must not warrant In-School Suspension (ISS), Alternative Education Program (AEP) or expulsion. When a student's actions have warranted ISS, parents and student are required to meet with the transfer committee. A second incident will result in immediate revocation of transfer.
2. The student must not receive more than two discipline referrals each grading period.

D. Parent Involvement

1. Parents must take an active role in Comstock School activities. This would include and not be limited to: attendance at school functions, volunteering for the Halloween carnival, working the concession stand or the gate at games, volunteering in the school library.
  2. Your child's teacher will advise you of opportunities to volunteer.
4. Bus riding is a privilege and proper conduct is expected. Due to safety concerns, improper behavior can create dangerous situations that can result in accidents. Violations of the bus safety rules will cause students to lose bus-riding privileges and parents will be responsible for providing transportation to and from school.
  5. The superintendent may revoke the transfer of a student who fails to maintain an acceptable level of attendance, academic achievement, parental involvement, and compliance with the Student Code of Conduct during a semester. The transfer student must maintain "good student status" during a semester.
  6. If this agreement is revoked, revocation ordinarily will be effective at the end of a semester; however, if the student's attendance, academic achievement, or compliance with the Student Code of Conduct falls below the acceptable standard ("**good student status**") during a semester, the superintendent has discretion to revoke the transfer immediately.
  7. Any transfer student whose transfer has been revoked or who withdrew from CISD will be ineligible for future admission as a transfer student. A student, who has withdrawn as a result of his or her parent's employment, will be eligible to re-apply for transfer status upon acceptable proof of parental employment change.
  8. Students who move from the Comstock School District must request transfer to Comstock ISD immediately. Acceptance will be contingent on approval of the transfer committee. Failure to do so will mean removal from CISD.
  9. Except as modified by this Transfer Agreement, the student will be subject to all policies, regulations, rights, privileges, and responsibilities of enrollment in the district as if he or she resided in the district

\_\_\_\_\_  
Date Superintendent

\_\_\_\_\_  
Date Parent

Health Information

STUDENT HEALTH INFORMATION & CONSENT FOR MEDICAL TREATMENT

Please print all information. This information is strictly confidential.

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone# \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Doctor or Clinic: \_\_\_\_\_ Phone# \_\_\_\_\_

Is there any current or on going problems, or medical treatments that we should know about?

\_\_\_\_\_

Please mark all below listed items that may apply to your child. Please describe the problem, how it affects your child and what helps.

- Allergies to \_\_\_\_\_
- Asthma, Inhaler use? Yes No  
How often? \_\_\_\_\_
- Bone or Joint Problems
- Chronic Illness
- Seizure/Epilepsy
- Physical Handicaps
- ADHD
- Corrective lenses or eye glasses

- Heart problems
- Hepatits A or B
- Stomach problems
- Bladder or Bowel
- Diabetic, Insulin Use?
- Hearing Problems
- Vision Problems
- Emotional/nervous
- Prosthesis

Please Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any Known allergies to Medication? Yes No

What was the reaction? \_\_\_\_\_

Is your child currently taking any medication on a regular basis? Yes No

If so, please list the name of the medication, dosage, times to be taken and reason.

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_ Reason \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_ Reason \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_ Reason \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_ Reason \_\_\_\_\_

233-903  
District Number

TEXAS EDUCATION AGENCY  
DIVISION OF BILINGUAL EDUCATION

**HOME LANGUAGE SURVEY**

NAME OF CHILD \_\_\_\_\_

CAMPUS \_\_\_\_\_ GRADE \_\_\_\_\_

TO BE FILLED IN 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? \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

233-903  
Nombre del Distrito

CUESTIONARIO DE IDIOMA HOGAREÑO  
ESTADO DE TEXAS

NOMBRE DEL NINO (a) \_\_\_\_\_

ESCUELA \_\_\_\_\_ GRADO \_\_\_\_\_

DEBE DE COMPLETARSE POR EL PADRE O TUTOR:

1. Cual es el idioma que mas se habla en su hogar? \_\_\_\_\_

2. Cual es el idioma que mas habla su nino? \_\_\_\_\_

FIRMA DEL PADRE O TUTOR \_\_\_\_\_

FECHA \_\_\_\_\_

# COMSTOCK ISD

## STUDENT EMERGENCY HEALTH INFORMATION

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In case we cannot reach either parent/guardian,

1) Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

2) Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital/Clinic Preference: \_\_\_\_\_ Phone: \_\_\_\_\_

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Are there any current health concerns or medical treatments we should know about?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Comstock ISD uses a mass messaging system to communicate with parents in case of a school wide emergency, school closings due to weather, or for daily communication needs or announcements. This system allows us to send recorded phone messages, as well as emails to parents that have given us their contact information. Please fill out the form below so that we can enter your information into the system. This system (and your information) will only be used for contact with you about school information and happenings.

Student Name #1 \_\_\_\_\_

Student Name #2 \_\_\_\_\_

Student Name #3 \_\_\_\_\_

Student Name #4 \_\_\_\_\_

Student Name #5 \_\_\_\_\_

*Directions: All regular phone communication will go to your Home Number, Work Number, and Mobile Number. The remaining three numbers will only receive calls in case of emergency, when all six numbers will be called. There is space for two emails, which will receive a text version of the recorded call. If, during the year, there are changes, please alert the office.*

Home (Main Contact): \_\_\_\_\_

Work or Cell: \_\_\_\_\_

Work or Cell: \_\_\_\_\_

Alternate#1: \_\_\_\_\_

Alternate #2: \_\_\_\_\_

Alternate #3 \_\_\_\_\_

Email #1 \_\_\_\_\_

Email # 2 \_\_\_\_\_

# Comstock ISD

## PERMISSION TO LEAVE CAMPUS

PLEASE ALLOW MY CHILD TO LEAVE THE SCHOOL CAMPUS DURING LUNCH WITHOUT SPECIFIC WRITTEN PERMISSION:

\_\_\_\_\_  
STUDENT NAME

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

## PERMISSION NOT TO LEAVE CAMPUS

PLEASE DO NOT ALLOW MY CHILD TO LEAVE THE SCHOOL CAMPUS DURING LUNCH. I WILL CONTACT THE SCHOOL OFFICE OR SEND A WRITTEN NOTICE IF HE/SHE WILL BE LEAVING SCHOOL DURING LUNCH.

\_\_\_\_\_  
STUDENT NAME

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE

**PARENTS OR GUARDIANS WILL BE NOTIFIED WHEN THEIR CHILDREN LEAVE CAMPUS WITHOUT PERMISSION.**

Comstock Independent School District  
Comstock, TX

Authorization for Release of Student

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

I certify that I am the custodial parent/guardian of the above named student, and I grant permission for my child to be released to any of the following named individuals. *(Each section must be completed)*

My child may be released to the following individuals. *(Additional names may be noted on a separate piece of paper. If additional names are attached; parent/guardian must initial here \_\_\_\_\_).*

Name: \_\_\_\_\_ Relation to child \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Information:

Parent/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child After School Day Care Provider: \_\_\_\_\_

Phone: \_\_\_\_\_

I understand that my child will not be released to anyone other than those listed on this form. (If this form is not completed and returned to the child's school, Comstock ISD may refer to the school's emergency contact information on file.) If changes occur during the school year, I will contact the school to update this form.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date