

Student Name: _____ School Name: _____

Directory Information

The law permits the district to designate certain personal information about students as “directory information.” This “directory information” will be released to anyone who follows procedures for requesting it. However, release of a student’s directory information may be prevented by the parent or an eligible student. This objection must be made in writing to the principal within ten school days of your child’s first day of instruction for this school year.

The District has designated the following categories of information as directory information: student name; address; telephone listing; electronic mail address; photograph; date and place of birth; major field of study; degrees, honors, and awards received; dates of attendance; grade level; most recent educational institution attended; participation in officially recognized activities and sports; and weight and height of members of athletic teams.

Release of Student Information to Military Recruiters and Institutions of Higher Education

The district is required by federal law to comply with a request by a military recruiter or an institution of higher education for students’ names, addresses, and telephone listings, unless parents have advised the district not to release their child’s information without prior written consent.

Parent/Guardian, please circle one of the choices below:

I (do give) (do not give) the district permission to release the **Directory Information**.

I (do give) (do not give) the district permission to release the **Directory Information** to a **Military Recruiter or Institutions of Higher Education**.

Parent/Guardian Signature: _____ Date: _____

Student Name: _____ School Name: _____

Release and Waiver

In exchange for valuable consideration, the receipt of which is hereby acknowledged, I understand that by my signature below, I agree to the following:

- The Fort Worth Independent School District and/or its assigns, licensees or legal representatives ("FWISD") may take photographs, pictures, videos and other recordings ("Recordings") of my minor child, identified below, for any lawful purpose. Such Recordings, whether created in the past or future, may be, without further notice to me, reproduced, altered, copyrighted, broadcast, telecast, cablecast, published, used in trade or used in district materials (including the website) by FWISD. Without limitation, such use may be for sale and distribution to school employees, the public, other school districts and/or other persons or entities worldwide.
- I waive the right to inspect or approve any of the Recordings or any matter that may be used in conjunction with them now or in the future, whether known or unknown to me.
- I waive the right to any royalties or other compensation arising from or related to any use by FWISD of the Recordings.
- I shall hold harmless FWISD from any claims or causes of action directly or indirectly related to the creation or use of the Recordings for any lawful purpose.
- I hereby waive and release all monetary or other claims that might arise as a result of any lawful use of the Recordings.

☐ I certify that I am 18 years of age or older and am competent to sign this release and waiver. I have read this release and waiver and am fully familiar with its contents. Further, I certify that I am the parent or legal guardian of the minor mentioned below and that I am authorized to execute this release and waiver on behalf of the below minor.

Or,

☐ I do not give the district permission to release **Media Information**.

Printed Name of Parent/Guardian

Date

Address

Telephone #

Parent/Guardian Signature

Student Name: _____ Date of Birth: _____
(Last) (First) (Middle)

Grade: _____ Gender: _____ Student ID #: _____ Homeroom Teacher: _____

FWISD would like your child to gain the most from his/her school experience. In order for us to assist in accomplishing this, it is necessary to have a current health history. Please contact the school nurse if you have any health related question(s).

Parent/Guardian: _____

Home Phone Number: _____ Work Phone Number: _____ Cell Phone: _____

Primary Physician: _____ Physician Phone Number: _____ Date of Last Exam: _____

Specialist: _____ Specialist Phone Number: _____

Allergies:

List Type of Food(s): _____

List Type of Medication(s): _____

Life Threatening Yes ☐ No ☐

EpiPen Prescribed Yes ☐ No ☐

Please indicate with a check (✓) if your child has experienced any of the following conditions:

Conditions:	Past	Present	Please Explain:
ADD/ADHD			
Asthma			Inhaler Yes <input type="checkbox"/> No <input type="checkbox"/> Nebulizer Yes <input type="checkbox"/> No <input type="checkbox"/>
Chicken Pox			Date of Disease: _____
Depression			
Diabetes			Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/>
Eczema			
Headaches			Type: _____
Heart Condition			
Nausea/Vomiting			
GI/Stomach			
Learning Problems			
Mood Disorder/Behavior			
Nosebleeds			
Other Condition(s)			
Seasonal Allergies			
Seizures/Convulsions			Date of Last Seizure: _____ Type of Seizure: _____
Sickle Cell Anemia			
Urinary/Bowel			

Please Circle Yes or No

Vision Problem:	Glasses	YES	NO	Currently wears	YES	NO	Has worn in past	YES	NO
	Contacts	YES	NO	Currently wears	YES	NO	Has worn in past	YES	NO
Hearing Loss:	Right Ear	YES	NO	Hearing Aid	YES	NO	Frequent Ear Infections	YES	NO
	Left Ear	YES	NO	Ear Tubes	YES	NO	Please Explain:		

Is your child currently taking any medication(s)?	YES	NO	List Medication(s) and Reason:
Has he/she ever taken any other medications in the past on a routine basis?	YES	NO	List Medication(s) and Reason:
Did your child experience any problems at birth?	YES	NO	Please Explain:
Has your child ever been hospitalized for any reason?	YES	NO	Please Explain:
Is there anything more about your child's health that you think is important for us to know?	YES	NO	Please Explain:
Would you like to discuss your child's health with a School Nurse?	YES	NO	Please Explain:

Confidential Protected Health Information: This document contains or requests "protected health information" within the meaning of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Federal law prohibits wrongful use, access or disclosure of protected health information other than as allowed under HIPAA. Wrongful access, use, or disclosure of this information may expose violators to civil and criminal liability under Federal law, as other civil remedies under state law.

Parent/Guardian Signature: _____ Date: _____

School Name: _____

Student Name: _____ Date of Birth: _____
(Last) (First) (Middle)

Grade: _____ Gender: _____ Student ID #: _____ Homeroom Teacher: _____

Non-Emergency Messaging

Fort Worth ISD (the "District") is proud to collaborate with Parent Link to create an innovative approach to K-12 community engagement intended to provide parents with the latest information (non-emergency messages) to improve student success in the classroom. ParentLink helps educators improve parental outreach efforts and enjoy the benefits of increased student achievement. Parents may download the ParentLink app to obtain grades, assignments, and attendance, get the news and information that they care about, and view and add contact information. ParentLink offers an easy to use interface, and in a few simple steps, messages can be sent via web portal, phone calls, emails, and SMS text messages. Service charges may be assessed by your mobile service provider for text messages received via ParentLink.

Express Consent

To receive the latest information through the ParentLink messaging system, the District is required to obtain your express consent. Please check YES for each method listed below in which the District may contact you by using the ParentLink messaging system, or select NO to opt out. An opt-out option will be made available to you if you wish to revoke your consent at a later date.

Parent/Guardian Name (please print):			
	Yes	No	
Call my house			Number:
Call my cell phone			Number:
Send me a text message			Number:
Send me an email			Email Address:

My signature below certifies that I understand that my service provider may charge me for any text messages sent to my phone, if I choose Yes to "send me a text message" option. I also understand that I am to notify my child's school if any of the contact information changes.

Parent/Guardian: _____ Signature: Date: _____

* * * * *

Parent/Guardian Name (please print):			
	Yes	No	
Call my house			Number:
Call my cell phone			Number:
Send me a text message			Number:
Send me an email			Email Address:

My signature below certifies that I understand that my service provider may charge me for any text messages sent to my phone, if I choose Yes to "send me a text message" option. I also understand that I am to notify my child's school if any of the contact information changes.

Parent/Guardian: _____ Signature: Date: _____

Please make copies or contact your campus if you need additional forms.

Student Name: _____ School Name: _____

I and my son/daughter have received, read and acknowledge the Fort Worth Independent School District's Student Code of Conduct for the 2017-2018 school year. I have discussed with my son/daughter that he/she will be subject to school discipline, as appropriate, and to prosecution if found to have committed a criminal act. Failure to sign and return this statement does not reduce the parent's and/or student's responsibility to abide by the Student Code of Conduct, nor the District's authority in the administration of these policies.

Additionally, any student who desires to participate in any school sponsored activity (football/band/cheerleading, etc.) or attend any school sponsored activity must have a signed receipt on file.

We have chosen to:

☐ I would prefer to receive a paper copy of the Student Code of Conduct

☐ I accept responsibility for accessing the Student Code of Conduct on the District's Web site
(<http://www.fwisd.org> select the Parents tab and the 17-18 SY Student Code of Conduct is listed under General Information)

Yo y mi hijo/hija hemos recibido, leído y entendido el Código de Conducta Estudiantil del Distrito Escolar Independiente de Fort Worth para el año escolar 2017-2018. He conversado con mi hijo/hija sobre el hecho de que él/ella será disciplinado/a tal como sea apropiado y será procesado/a si se le prueba que ha cometido un acto criminal. El incumplimiento de firmar y devolver este comprobante de recibo no reduce la responsabilidad de los padres y/o estudiante de seguir y comportarse de acuerdo con el Código de Conducta Estudiantil, ni le quita al Distrito la autoridad de administrar estas regulaciones.

Adicionalmente, cualquier estudiante que desee participar en alguna actividad patrocinada por la escuela (futbol/ banda, porrista, etc.) o asista cualquier actividad patrocinada por la escuela debe tener una copia de este acuerdo de recibo en archivo.

Hemos seleccionado:

☐ Yo prefiero recibir una copia escrita del Código de Conducta Estudiantil

☐ Yo acepto la responsabilidad de conseguir acceso al Código de Conducta Estudiantil en la página web del Distrito en la siguiente dirección (<http://www.fwisd.org> seleccione la sección de Padres en el año escolar 17-18 Código de Conducta Estudiantil que está localizado bajo Información General)

Date/Fecha: _____

Student Name/Nombre del Estudiante: _____
Please Print/ Favor de usar letra de molde

Student Signature/Firma del Estudiante: _____

Parent/Guardian Name/Nombre del Padre/Tutor: _____
Please Print/ Favor de usar letra de molde

Parent/Guardian Signature/Firma del Padre/Tutor: _____