Please return the following documents to your student’s school:

- Student Information Form
- Student Health History
- Student Residency Questionnaire
- Military Information
- Media Release
- Disclosure of Student Information
- Occupational Survey
- American Indian Eligibility
- Non-Emergency Communication Consent
- Student Code of Conduct
- Technology Resources Information (Informational Only)
<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>GEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>DOB</th>
<th>Gender</th>
<th>Grade</th>
<th>Student ID Number</th>
<th>School #</th>
</tr>
</thead>
<tbody>
<tr>
<td>/</td>
<td>□ Male</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>/</td>
<td>□ Female</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Apt#</th>
<th>City</th>
<th>Zip Code</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Place of Birth</th>
<th>Prior School</th>
<th>Prior City / State</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tbody>
</table>

☐ Check here if address, parent name, phone # **MAY NOT** be in the school or FWISD Directory

### Has the Student Ever:

<table>
<thead>
<tr>
<th>Attended A FWISD School?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

*If So, School Name and Year*

- Name: 
- Year: 

<table>
<thead>
<tr>
<th>Been Retained?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

*If So, What Grade(s) and Year(s)*

- Grade(s): 
- Year(s): 

<table>
<thead>
<tr>
<th>Will the Student Ride the School Bus?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

### Ethnicity

- Hispanic/Latino: □ Yes □ No

### Race

- Choose all that apply
  - □ American Indian or Alaskan Native
  - □ Hawaiian or Other Pacific Islander
  - □ Black or African American
  - □ White
  - □ Asian

### Father/Guardian

<table>
<thead>
<tr>
<th>Address If Different From Above</th>
<th>City</th>
<th>State, Zip</th>
<th>Phone#</th>
<th>Cell/Alt #</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Employer</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

### Mother/Guardian

<table>
<thead>
<tr>
<th>Address If Different From Above</th>
<th>City</th>
<th>State, Zip</th>
<th>Phone#</th>
<th>Cell/Alt #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are there any court orders or a restraining order? **Y or N**  If yes, explain:

<table>
<thead>
<tr>
<th>Student may be released to Father?</th>
<th>Y or N</th>
<th>Student may be released to Mother?</th>
<th>Y or N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the student pregnant? <strong>Y or N</strong></td>
<td></td>
<td>Is the student a parent? <strong>Y or N</strong></td>
<td></td>
</tr>
<tr>
<td>Referred to Project Reach? <strong>Y or N</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Emergency Contact

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Updated Feb 2016
### Student Information Form

**Other Household Members Name** | **Age** | **Grade** | **School Attending**
--- | --- | --- | ---

Parent Email Address

Student Email Address

### Medical Information

<table>
<thead>
<tr>
<th>Physician Name</th>
<th>Physician Phone #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Hospital Phone #</th>
</tr>
</thead>
</table>

### Medical Conditions/Current Medications

**Allergies (including food/medication)**

Must specify type and reaction. Contact School Nurse

<table>
<thead>
<tr>
<th>Insurance</th>
<th>ID/Policy #</th>
<th>Group #</th>
<th>Insurance Company Name</th>
</tr>
</thead>
</table>

**Yes** □  **No** □

In the event emergency medical attention is needed, I give my full permission for transporting and/or any medical services to be rendered to my child by the attending emergency room physician(s) or sub-specialist(s).

<table>
<thead>
<tr>
<th>Name of Person Enrolling Student</th>
<th>Residential Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Relationship To Student</th>
<th>Signature of Enroller</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ /</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**LEGAL NOTICE:** According to penal code 37.10, a person commits an offense if he knowingly makes a false entry in, or false alteration of a government record. This is a Class A misdemeanor. A person who knowingly falsifies information on this form is liable to the district if the student is not eligible for enrollment. The person is liable for the maximum tuition charged by the district for out of district students during the period in which the student is enrolled.

- **For School**
  - Birth Certificate
  - Social Security Card
  - Immunization Records
  - Proof of Residence
  - Copy of DL
  - Home Loc

- **Use Only**

- **Please Initial**
  - Entry
  - Withdraw
  - Room #
  - HR Teacher
  - Bus Route #
  - Bus Stop
  - YR of GRAD

- **All That Apply**

---

Updated Feb 2016
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).

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:

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Past</th>
<th>Present</th>
<th>Please Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADD/ADHD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>Inhaler</td>
<td>Yes [ ] No [ ]</td>
<td>Nebulizer Yes [ ] No [ ]</td>
</tr>
<tr>
<td>Chicken Pox</td>
<td>Date of Disease: __________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>Type 1 [ ] Type 2 [ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eczema</td>
<td>Type: __________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headaches</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Condition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nausea/Vomiting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GI/Stomach</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mood Disorder/Behavior</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nosebleeds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Condition(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seasonal Allergies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seizures/Convulsions</td>
<td>Date of Last Seizure: _______________ Type of Seizure: __________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sickle Cell Anemia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urinary/Bowel</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Please Circle Yes or No**

<table>
<thead>
<tr>
<th>Vision Problem:</th>
<th>Glasses</th>
<th>YES</th>
<th>NO</th>
<th>Currently wears</th>
<th>YES</th>
<th>NO</th>
<th>Has worn in past</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Contacts</td>
<td>YES</td>
<td>NO</td>
<td>Currently wears</td>
<td>YES</td>
<td>NO</td>
<td>Has worn in past</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

| 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:         |     |    |

**List Medication(s) and Reason:**

<table>
<thead>
<tr>
<th>Is your child currently taking any medication(s)?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has he/she ever taken any other medications in the past on a routine basis?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Did your child experience any problems at birth?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Has your child ever been hospitalized for any reason?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Is there anything more about your child’s health that you think is important for us to know?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Would you like to discuss your child’s health with a School Nurse?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

**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: ________________

Updated Feb 2016
Student Residency Questionnaire

O.P.E.N. DOORS – STUDENT SUPPORT SERVICES

The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C. 1134(a)(2), which is also known as Title X, part C of the No Child Left Behind Act. The answers you give will help the school determine the services the student is eligible to receive. Presenting a false record or 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 costs. TEC Sec.25.002(3)(d).

Student’s Name ____________________________________________ Student’s ID # ___________________

Enrolling School ___________________________________________ Student’s Date of Birth ____________ Grade ____ Gender: M  F

1. Is the student’s current address a temporary living arrangement? Yes ____ No ____
2. If “yes,” is the temporary living arrangement due to any of the following: loss of housing, economic hardship, domestic violence, unhealthy living conditions, parent/legal guardian deployed, parent/legal guardian incarcerated, other emergency circumstance? Yes ____ No ____

IF YOU ANSWERED “YES” TO BOTH QUESTIONS, PLEASE COMPLETE FORM. IF NOT, PLEASE STOP HERE.

3. Where is the student currently living? CHECK ONLY ONE:
   ____Emergency shelter
   ____Transitional housing (housing available only for a certain length of time and partly or completely paid for by a church, nonprofit, or other entity)
   ____Hotel or motel (due to economic hardship or emergency situation)
   ____In the home of friends or relatives due to any of the reasons listed in Question 2
   ____Unsheltered (car, park, campground, street, abandoned building or substandard housing)

4. How long has the student lived at the current address? ____________ (Response required)

5. Is a parent or legal guardian living with the student? Yes ____ No ____

6. Name of Parent, Legal Guardian, or Caregiver _____________________________________ Phone___________________

7. Student’s Address ____________________________________________________________
   Street     City    Zip

8. Has the student been placed in Texas Department of Family and Protective Services kinship care, volunteer care, or Foster care? Yes ____ No ____ (If “yes,” present the copy of the Texas DFPS Placement Authorization Form #2085)

9. Please list any siblings at other FWISD schools:
   Name ____________________________________________ School ____________________________
   Name ____________________________________________ School ____________________________
   Name ____________________________________________ School ____________________________

10. Please list any siblings (name and age) that are not enrolled in school: _____________________________________________

Signature of parent, legal guardian, caregiver, or unaccompanied student _____________________________________ Date _________________

PLEASE RETURN COMPLETED FORM TO YOUR CHILD’S SCHOOL

IMPORTANT!! SCHOOL PERSONNEL: Please fax/scan only the forms where BOTH Questions 1 and 2 are checked “Yes” to 817.814.2874. Send all other SRQ forms promptly through District mail to O.P.E.N. Doors, Suite SW210. Please Do Not mail Military Child forms to this office.

Thank you!

FOR O.P.E.N. DOORS USE ONLY

Unaccompanied Student (i.e., is not in the physical custody of a parent or legal guardian)
Received services under McKinney-Vento program at any time during the current school year: Yes____  No____

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison ____________________________________________ Date_________________
List All Dependent Students on One Document

If you have children attending more than one school, please fill out a form for each campus

<table>
<thead>
<tr>
<th>Last</th>
<th>Middle</th>
<th>First</th>
<th>DOB</th>
<th>School Name</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Texas Law requires schools to identify all military connected students in order to recognize and support these students during times of academic or emotional transitions associated with military connectedness.

For all students:

Please check boxes below to indicate if your child(ren) is a dependent of a member of:

- [ ] Not a military connected student
- [ ] Active Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard [This includes Missing in Action (MIA)]
- [ ] Texas National Guard
- [ ] Reserve Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard
- [ ] Parent/Guardian Currently Deployed

For Pre-Kindergarten students ONLY:

- [ ] Pre-kindergarten student is a dependent of parent who is 1) active duty Army, Navy, Air Force, Marine Corps, or Coast Guard; 2) activated member of the Texas National Guard; 3) activated Reservist; or 4) injured or killed while serving on active duty.

Printed Name of Parent/Guardian ___________________________ Date ______________________

Parent/Guardian Signature ____________________________

School Personnel Only: Please fax/scan all forms of military connected students to Guidance and Counseling at 817-814-2905.
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 ___________________________
Disclosure of Student Information

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: ____________
School Name:____________________

Student Name:_________________________ Grade: ______ Date of Birth:____________

Your Children May Be Eligible for Extra Services

Within the past three (3) years has your child(ren) traveled or moved alone, with a parent, relative, guardian, or a spouse so that a family member could look for or do temporary or seasonal agricultural work or employment?

Yes ____

No ____

Parent/Guardian Signature: ___________________________ Date: __________________

If No, please stop here and hand this survey back to your school district.

If YES, please (✓) the type of employment and complete the following contact information below.

___ a. Farming ___ f. Picking fruit or vegetables ___ l. Plant nursery
___ b. Ranching ___ g. Cotton farming/ginning ___ m. Poultry production
___ c. Fencing ___ h. Combining/harvesting grain ___ n. Clearing land
___ d. Dairying ___ i. Driving tractors, machinery ___ o. Picking pecans, etc
___ e. Fishing ___ j. Tree growing or harvesting ___ p. Bailing hay
___ k. Food processing in plants ___ q. Other similar work

Contact Information

Name of Child(ren):_________________________________________________________

________________________________________________________

Father/Guardian: ___________________________ Mother/Guardian:________________

Home Address: __________________________________________________________

Street    City    State    ZIP

Home Phone: (___)__________________________ Other Phone: (___)________________

For further information contact:

Student Placement Center
999 N. University Dr.
Fort Worth, TX. 76114
817-740-5520

School personnel: If Yes, or (✓) is marked above, please send a copy of form to Student Placement Center within two (2) days of completion. Also, file a copy of this form in the student’s permanent file.
Parents: Please return this completed form to your child’s school. In order to apply for a formula grant under the Indian Education Program, your child’s school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. This form will become part of your child’s school record and will not need to be completed every year. This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribes or bands) of an Indian tribes or bands, including those Indian tribes or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

| NAME OF CHILD ___________________________________________ | Date of Birth ______________________ |
| School Name _______________________________________________ | Grade ___________________________ |
| NAME OF TRIBE, BAND OR GROUP ____________________________________ |

Tribe, Band or Group is: (check one)
- [ ] Federally Recognized, Including Alaska Native
- [ ] State Recognized
- [ ] Terminated
- [ ] Organized Indian Group meeting #5 of the definition above

Name of individual with tribal membership: _______________________________________________________

Individual named is (check one): ______ Child    ______ Child’s Parent    ______ Child’s Grandparent

Proof of membership, as defined by tribe, band, or group is:
- [ ] Membership or enrollment number (if readily available) ____________________________________ OR
- [ ] Other (explain) _______________________________________________________________________

Name and address of organization maintaining membership data for the tribe, band, or group:
____________________________________________________________________________

I verify that the information provided above is accurate:

PARENT’S SIGNATURE __________________________________________ DATE ______________________

Mailing Address ____________________________________________ Telephone ______________________

Email Address _____________________________________________________________________________

For further information contact:
American Indian Education Program
100 N. University Dr. Ste. SW 210
Fort Worth, TX. 76107
T: 817-814-2879 F: 817-814-2874

School personnel: If Yes, or (√) is marked above, please send a copy of form to American Indian Education Program within two (2) days of completion. Also, file a copy of this form in the student’s permanent file.
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.

<table>
<thead>
<tr>
<th>Parent/Guardian Name (please print):</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call my house</td>
<td></td>
<td>Number:</td>
</tr>
<tr>
<td>Call my cell phone</td>
<td></td>
<td>Number:</td>
</tr>
<tr>
<td>Send me a text message</td>
<td></td>
<td>Number:</td>
</tr>
<tr>
<td>Send me an email</td>
<td></td>
<td>Email Address:</td>
</tr>
</tbody>
</table>

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.
I and my son/daughter have received, read and acknowledge the Fort Worth Independent School District’s Student Code of Conduct for the 2016-2017 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 16-17 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 2016-2017. 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 (fútbol/ 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 16-17 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: _________________________________________
Your child has an opportunity to be given access to the District’s technology resources, meaning electronic communication systems and electronic equipment. Inappropriate use of the District’s technology resources may result in suspension or revocation of the privilege to use these educational tools, as well as other disciplinary or legal action, in accordance with the Student Code of Conduct and applicable laws. (http://www.fwisd.org select the Parents tab, the 16-17 SY Student Code of Conduct is listed under Technology Resources)

As a user of the District’s technology resources, your student will be able to access:

- An unlimited number of databases, libraries, and resources.
- The Internet, Intranet and other electronic information systems/networks, which can be used to communicate with schools, colleges, organizations, and individuals around the world.
- Shared electronic equipment, which may have stored temporary Internet and electronic files of other users.

Please note that the Internet is a network of many types of communication and information networks. It is possible your child may run across areas of adult content and some material you might find objectionable. While the District will use filtering technology to restrict access to such material, it is not possible to absolutely prevent such access. It will be the responsibility of the student to follow the rules for appropriate use. If a District technology device is issued, additional materials addressing the proper use, care, and return of these devices will be provided.

The Texas Education Agency mandates students learn to use technology as early as kindergarten. According to Texas Education Code 4.002: Technology will be implemented and used to increase the effectiveness of student learning, instructional management, staff development, and administration.

The Internet may be accessed by a student unless the student’s parent or guardian has filed a written request with the building principal. This request, indicating that the internet should not be accessed must be filed annually with the building principal.
In an attempt to meet the needs of our collaborating agencies, the District is collecting data regarding the educational experience/background of students who are enrolling in Pre-Kindergarten.

Please mark your child’s prior school experience.

Experience Descriptions:

☐ **Head Start**- Student attended a Head Start program either in FWISD or an approved childcare facility, such as community daycares labeled CDC

☐ **Private Pre-School Child Care**- Student attended a pre-school or child care facility, such as Children’s Courtyard or La Petite

☐ **Family or Home-based Daycare**- Student was in a home-setting daycare

☐ **Pre-K**- Student attended a PK program in a school district, such as FWISD, Arlington ISD, etc.

☐ **Parents as Teachers Program**- Student and parents participated in the FWISD Parents as Teachers program - at any time birth- age 5

☐ **No Formal Pre-school**- Student did not attend any organized pre-school

Printed Name of Parent/Guardian ___________________________ Date ___________________________

Parent/Guardian Signature ___________________________