



ALEDO INDEPENDENT SCHOOL DISTRICT

A Past to Remember; A Future To Mold

DOCUMENTS NEEDED FOR ENROLLMENT

1. Proof of Residency, copy of: *
 - a. Utility bill: Electric, gas, or water bill showing name and physical address of person enrolling student (Cell/Phone, Cable/Satellite, Waste bills are not accepted)
 - b. Builder's contract – signed by both parties
 - c. Lease agreement or deed of trust (requires residence on property- see FD (Legal) Policy) – signed by both parties
 - d. Shared residency forms – available upon request

2. Birth Certificate – state certified copy only *

3. Social Security Card – copy *

4. Immunization (Shot) Records *

5. Previous years report card/most recent and/or withdrawal information – for 1st through 12th grades. All high school students must bring most current transcript.

6. Last State Testing results

* required



**Aledo ISD
Registration Form**

A Past to Remember; A Future To Mold

-- Please Print Information --

For Office Use Only		School Year	_____
School:		_____	
Grade:	_____	Orig. Entry Date	_____
ID#	_____	SS Card: Yes	____ No
Birth Cert.:	Yes ____ No ____	Immun: Yes	____ No ____
Proof of Res.:	Yes ____ No ____	SR	____ PCAD

Student Information:

Grade: _____
 First Name: _____
 Middle Name: _____
 Last Name: _____
 Generation: (ie; Jr. III, etc) _____ Nickname: _____
 Social Security Number: _____
 Sex: _____ Date of Birth: _____
 Primary Phone Number/Alert Now: 1. _____ 2. _____
 Mailing Address: _____

Physical Address: _____
 Birth City and State: _____
 Birth Country: _____ Home Language: _____

Has the student ever attended Aledo ISD? Yes No
 Has the student ever been retained? Yes No
 If yes, what grade(s) and what year(s) Grade(s) _____ Year(s) _____
 Has the student been in Special Education? Yes No Currently
 Has the student been coded 504? Yes No Currently
 Has the student been in the Gifted and Talented Program? Yes No Currently
 Has the student been in a Bilingual/ESL Program? Yes No Currently
 Will the student ride the school bus? Yes No

Name of last school attended: _____
 Address of last school attended: _____
 City, State: _____ Phone number: _____
 Last grade attended: _____ Fax number: _____

Brothers/Sisters Names: _____ School Attending / Grade _____

Parent/Guardian Contact Information:

Relationship to Student: _____
 First and Last Name: _____ DOB: _____
 Home Phone Number: _____
 Work Phone Number: _____ Cell Phone Number: _____
 Home Address: _____
 Employer: _____ E-Mail Address: _____

Additional Parent/Guardian Contact Information:

Relationship to Student: _____
First and Last Name: _____ DOB: _____
Home Phone Number: _____
Work Phone Number: _____ Cell Phone Number: _____
Home Address: _____
Employer: _____ E-Mail Address: _____

Emergency Contact - In the Event a Parent / Guardian Cannot be Reached, Please Call:

Relationship to Student: _____
First and Last Name: _____
Home Phone Number: _____ Work Phone Number: _____
Cell Phone Number: _____

Relationship to Student: _____
First and Last Name: _____
Home Phone Number: _____ Work Phone Number: _____
Cell Phone Number: _____

Physician Name: _____ Physician Phone Number: _____
Hospital Name: _____ Hospital Phone Number: _____
Dentist Name: _____ Dentist Phone Number: _____

List any allergies (including medication): _____

List any medical conditions: _____

Read Carefully - Legal Statement

The information provided on this form will become a permanent school record of your child and will be used by school district personnel only.

Any person who knowingly provides **FALSE INFORMATION** in order to obtain a student's enrollment in Aledo ISD (1) commits a class A Misdemeanor (Penal Code Sec. 37.10, "Tampering with a Government Record") and (2) **MUST PAY** the larger of the maximum tuition allowed by law or the amount the District has budgeted for per-student maintenance and operating expenses for the period of ineligible enrollment, and (3) the student shall be immediately withdrawn.

This is to certify the information provided on this form is correct. I, the undersigned, do hereby authorize officials of the school to contact directly the person named on this form, and do authorize the above name physician to render such treatment as might be deemed necessary in an emergency, for the health of said child. In the event the physician, other persons named on this form, or parents/guardians cannot be contacted, the school officials are hereby authorized to take whatever action is necessary in their judgement, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation of said child.

Signature of Enrolling Parent/Guardian

Today's Date



ALEDO INDEPENDENT SCHOOL DISTRICT

A Past to Remember; A Future To Mold

2013-2014 Occupational Survey









Campus:	Grade:
Student Name:	Date of Birth:

Dear Parents,
 In order to better serve your children, our school district is helping the State of Texas 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 form to your child's school.

1. Within the past 3 years have you moved from one city or state to another so that you or your family could work or look for work in agriculture or fishing?

No (STOP here and return survey to your child's school.)

Yes (Please check all that apply below and continue to Question 2.)

 <p>Fruit, vegetables, soybeans, sunflower, cotton, wheat, grain, sugar beets, agricultural farms or ranches, fields and vineyards</p> <input type="checkbox"/>	 <p>Working in a cannery.</p> <input type="checkbox"/>	 <p>Working on a dairy farm</p> <input type="checkbox"/>	 <p>Working in a fishery</p> <input type="checkbox"/>
 <p>Working in a slaughter house</p> <input type="checkbox"/>	 <p>Working on a poultry farm</p> <input type="checkbox"/>	 <p>Working in a plant nursery or orchard; growing or harvesting trees</p> <input type="checkbox"/>	 <p>Other similar work, please explain:</p> <input type="checkbox"/>

2. Did the children in your family go with you or join you at a later date?

NO (STOP here and return survey to your child's school.) YES (Please complete below.)

If you check "Yes" someone will call you.		Best time to contact you:	
Parent/Guardian Name:	Home Address/Apt Name:	City:	Zip Code:
Telephone Number:	Mailing Address:	City:	Zip Code:



ALEDO INDEPENDENT SCHOOL DISTRICT

A Past to Remember; A Future To Mold

HOME LANGUAGE SURVEY

Ages 3-21

The Texas Education Agency requires that school districts conduct a home language survey for each student enrolled in public school. In response to this requirement the Aledo Independent School District requests that the following form be completed.

Name of Student _____

Campus _____ **Grade** _____

TO BE FILLED IN BY PARENT/GUARDIAN:

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

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

3) Was your child born in the United States? _____
If yes, please skip 4 & 5
If no, please continue.

4) Was either parent in the military at the time of the child's birth? (U.S.Citizens) _____

5) What was the most recent date that your child started school in the United States without interruption? (without interruption means continuously attending school without withdrawing to go to another country. To come back to school after being sick or absent for justified reasons does not mean "starting school".) Date: _____

Signature of Parent/Guardian

Date

File in permanent records file



ALEDO INDEPENDENT SCHOOL DISTRICT

A Past to Remember; A Future To Mold

STUDENT RESIDENCY QUESTIONNAIRE

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C 11435. The answers to this residency information help determine the services the student may be eligible to receive.

Name of School: _____ Grade _____

Name of Student: _____

1. Is your current address a temporary living arrangement? _____ Yes _____ No

2. Is this temporary living arrangement due to loss of housing or economic hardship?

_____ Yes _____ No

Name of Parent(s)/Legal Guardian(s) _____

Signature of Parent/Legal Guardian _____ Date: _____

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).

-THIS FORM MUST BE COMPLETED EVERY FALL FOR EVERY STUDENT AND ALL NEW REGISTRANTS-

Please Note: Completion of this form does **not** indicate student is eligible for services through the McKinney-Vento Act 42 U.S.C. 11435. If answers are affirmative, parent/guardian will be contacted by the campus McKinney-Vento Coordinator for additional information.



Exhibit 1A

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:



ALEDO INDEPENDENT SCHOOL DISTRICT

A Past to Remember; A Future To Mold

To be completed by parent/guardian

HEALTH INFORMATION

GRADE _____

Today's Date _____

Name of Student _____

Date of Birth _____

Sex: Male Female

MEDICAL HISTORY (check all that apply)

Please explain any yes answers.

Life Threatening Condition No Yes

IF YES PLEASE CONTACT THE SCHOOL NURSE!

Asthma No Yes

Bee/insect allergy (needs special care) No Yes

Severe allergies – affecting school No Yes

Medication allergies No Yes

Kidney Disease No Yes

Frequent ear infections No Yes

Hearing concerns No Yes

Speech difficulties/hoarseness No Yes

Severe headaches (Migraines) No Yes

Seizures No Yes

Neurological condition No Yes

ADD/ADHD (diagnosed by whom) No Yes

Heart condition No Yes

Diabetes(Please contact the school nurse) No Yes

Blood disorder No Yes

Orthopedic condition No Yes

Chronic condition/disability No Yes

Vision concerns No Yes

Glasses Contacts Other _____

Serious illness/injury/surgery No Yes

Date _____

Chickenpox Disease Shot

Date of disease: Month/Year _____

Other health concerns? No Yes

MEDICATION

Is medication needed at home? No Yes

Name of medication(s) _____

Is medication needed at school? No Yes

Name of medication(s) _____

Prescription medications will not be given without specific written request signed by both a parent / legal guardian and physician. You can obtain this form from the nurse's office.

Is there anything you want to tell us about your child which you feel will help school staff to better understand and work with him/her?

I understand that the information given above will be shared with appropriate school staff who needs to know in order to provide for the health and safety of my child.

Signature _____ Relationship _____ Telephone _____

Healthy Students Make Better Learners