



Parent Permission and Acknowledgements

2019-2020

Student's Name Sivarayanan Roshan Hannmant
Last First Middle
Date of Birth 12, 26, 2012 Grade 18T ID #
Month Date Year

STUDENT HANDBOOK AND CODE OF CONDUCT

In our continuing efforts to be as efficient as possible, we are using our Website as the primary vehicle for distributing both the 2019-2020 Student Handbook and Student Code of Conduct. These resources can be found from the front page of the district's site, www.pfisd.net. For those families who do not have Internet access at home or who prefer a hard copy, one can be provided to you at no cost. I understand that the handbook contains information that my child and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Student Code of Conduct.

FIELD TRIP PERMISSION

I hereby consent to the designated personnel of the PfISD for my child to participate in field trips, short excursions, vocational or any other type of school-related activities during this school year that a professional school employee may deem necessary for educationally/instructionally related experiences.

I expressly waive all claims for medical expenses, loss of services, or other claims, and I agree to indemnify and hold harmless the District, its Trustees, employees, and agents from all claims made against it or them on behalf of my child.

I understand that the District, its Trustees, employees, and agents are not waiving any sovereign or governmental immunity that it or they have under Texas law.

ASBESTOS HAZARD COMMUNICATION

An asbestos management plan has been developed for each school and submitted to the Texas Department of State Health Services (DSHS) for approval. This plan was developed by an accredited management planner in order to ensure the plan is in compliance with federal asbestos regulations. A copy of the plan submitted to the DSHS is kept in the District's administrative office and is available for inspection by the EPA, the state, and the public, including teachers, school personnel, employee representatives, and parents.

PESTICIDE NOTIFICATION

The District's integrated pest management program, developed in accordance with the requirements of the Texas Structural Pest Control Act and with the assistance of an advisory committee of knowledge person, will govern the District's use of pesticides, herbicides, and other chemical agents for the purpose of controlling pests, rodents, insects, and weeds in and around District facilities. A notification will be posted at the front entrance 48 hours prior to each treatment.

COMPUTER RESOURCES

To prepare students for an increasingly technological society, the district has made an investment in computer technology for instructional purposes. Use of these computer resources is restricted to students working under a teacher's supervision and for approved purposes only.

Students and their parents should be aware that e-mail using district computers are not private and will be monitored by district staff.

By signing below I understand, approve and agree to the Parent Permission and Acknowledgements as it pertains to Pflugerville ISD policies and procedures.

X S. Jayaprakash Varadarajan
Parent/Guardian Signature

Date 8/15/2019



**Pflugerville ISD
2019-2020 Employment Survey**

Your children might be eligible for additional educational services. Please answer the following questions.

Jayaprakash N Subbiah 5729176515 8/15/2019.
 Parent Name Telephone # Date
 2600 pinenook dr pflugerville Texas
 Physical Address City
 Roshan H Narayanan ISL 12/26/2012
 Child's Name Grade DOB

**In the past 3 years, has anyone in your family done any type of work related to agriculture?
See examples below and mark all that apply.**

NO STOP

YES (Continue completing the survey)

Farms	Ranches
<input type="checkbox"/> Cotton/Fruit/Vegetables Fields <input type="checkbox"/> Chicken Farms <input type="checkbox"/> Building/Repairing Fences <input type="checkbox"/> Clearing Land	<input type="checkbox"/> Feeding/Slaughtering Livestock <input type="checkbox"/> Bailing Hay <input type="checkbox"/> Building/Repairing Fences <input type="checkbox"/> Clearing Land
Food/Animal Processing Plants	Fishing
<input type="checkbox"/> Packaging Meats/Fruits/Vegetables <input type="checkbox"/> Canning Fruits/Vegetables <input type="checkbox"/> Sorting Animals/Fruits/Vegetables <input type="checkbox"/> Unloading Livestock	<input type="checkbox"/> Commercial Fishing/Shrimping <input type="checkbox"/> Cleaning, Sorting, Packaging: Fish/Shrimp/Shellfish
Forestry	Other
<input type="checkbox"/> Shaping/Cutting Christmas Trees <input type="checkbox"/> Nursery Plants	<input type="checkbox"/> _____



Attention School District Staff
Email, Fax or Mail
surveys marked YES to:

ESC Region 13
Attn: Migrant Recruiters
5701 Springdale Rd. Austin, TX 78723
Fax: 512-919-5284
E-mail: Marquita.Orta@esc13.txed.net, Felix.Vazquez@esc13.txed.net

**Your information is strictly confidential. It will not be shared or distributed.
Only one completed survey per family is needed.**

Questions About Your Child and Tuberculosis (TB)

Child's Name Roshan H Narayanan Date of Birth 12/26/2012
 Your Name Jayaprakash N Subbiah
 Today's Date 8/15/2019

We need your help to find out if your child has been exposed to the disease tuberculosis, also known as TB.

TB is caused by germs. It is usually spread to another person by coughing or sneezing. A person can have TB germs in their body but not have active TB disease. TB can be prevented and treated. Your answers to the questions below will let us know if your child might have been exposed to TB. If your answers show your child might have picked up the TB germs, we will want to give him or her a tuberculin skin test (TST). The skin test is not a vaccination. It will not prevent TB. It will only let us know if your child has the TB germs.

Check the box that matches your answer:	Yes	No	Do Not Know
1. Has your child been tested for TB? If yes, when? Please tell us the date ____ / ____ / ____	<input checked="" type="checkbox"/>		
2. Have you ever been told that your child had a positive tuberculin skin test (TST)? If yes, when? Please tell us the date ____ / ____ / ____	<input checked="" type="checkbox"/>		
3. TB can cause fever that can last days or weeks. It can cause weight loss, a bad cough (lasting over two weeks), or coughing up blood. a. Has your child been around anyone with any of these problems? b. Has your child been around anyone sick with TB? c. Has your child ever had any of these problems or do they have them now?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Was your child born in another part of the world like Mexico or Latin America, the Caribbean, Africa, Eastern Europe, or Asia?	<input checked="" type="checkbox"/>		
5. Has your child been to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe, or Asia for more than 3 weeks? Which country or countries did your child visit?	<input checked="" type="checkbox"/> <i>MALAYSIA 5 years ago</i>		
6. Do you know if your child has spent more than 3 weeks with anyone who: Uses needles for drug use? Has AIDS? Was or is in jail or prison? Has just come to the United States from another country?	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		

FOR THE PROVIDER:

If the prior test was negative and the answer to #4 is yes, the child does not need a repeat skin test.
 If the prior test was negative and occurred at least 8 weeks after the situation described in #3a, 3b, 5, or 6, the child does not need a repeat skin test.
 If the prior test was positive, the child does not need a repeat skin test; but a positive answer to #3c would indicate a chest x-ray as soon as possible.

TST administered Yes ____ No ____

If yes, Date administered ____ / ____ / ____ Date read ____ / ____ / ____ TST reaction ____ mm

TST provider _____ Signature _____ Printed Name _____

If chest x-ray done, date _____ and results _____

Provider phone number _____ City _____ County _____

If positive, referral to local/regional health department/specialist? Yes ____ No ____

If yes, name of health dept./specialist _____

Contact your local or regional health department if assistance is needed.



Student Health and Emergency Information

2019-2020

Student General Information

Student's Name Narayanan Roshan Hanumant Last 12 Month 12 Year 12 Gender Male Female

Grade 1 Student ID _____ Language Spoken English Spanish Other _____

Student Health Information

Dear Parent/Guardian: The information requested on this form is needed to maintain an accurate school/health record for your child. This information is confidential and only shared with essential personnel, if absolutely necessary.

MEDICAL HISTORY - please check all that apply

- ADD/ADHD
- Asthma
- Cancer
- Diabetes: Type I or II
- Emotional/Psych Disorders
- Gastrointestinal Condition
- Genetics Condition
- Hearing Difficulty
- Heart Condition
- Hypertension (high blood pressure)
- Hypotension (low blood pressure)
- Hospitalization
- Kidney/Bladder Conditions
- Migraines
- Seizures/Epilepsy
- Vision Difficulty/ glasses
- Other _____

Please explain any health issues your child has: _____

Allergies

Please list allergy to: medication, insects/stings, food, other

My child is allergic to:	What happens when my child has a reaction:	Treatment/Medication
—	—	—
—	—	—

1. Has an Epi Pen been prescribed for your child? Yes/No
2. If yes, please bring to school and complete Allergy Action Plan (physician signature required)
3. If your student has a food allergy, please complete an Allergy Questionnaire and Special Meals Request.

Medication

Please list medication your child is currently taking. If medication is to be given at school, please complete the district medication forms.

Daily Medications _____

As Needed Medications _____

DOCTOR NAME _____

PHONE _____

Emergency Information

In case of accident or sudden illness, the following information is required.

Parent/Guardian: Sharmala D RAJ Relationship: Mother

Preferred phone#: 5129348323 Alternate phone#: _____

Student Lives with this parent/guardian

Yes

No

Parent/Guardian: Taigprakash subbiah Relationship: Father

Preferred phone#: 5129176515 Alternate phone#: _____

Student Lives with this parent/guardian

Yes

No

This student has Private Insurance Medicaid Other _____

No Insurance

Authorization for Treatment at School

Treatments to be performed during the school day require a physician's order and written parent consent. School health protocol signed by a Physician, allows for first aid treatment by the campus nurse. This treatment may include topical over-the-counter medications.

In addition, oral medications may be given per standing delegated orders, with parent permission, in limited situations. Parents will be called for permission prior to administration of any oral medication to your child.

YES, I authorize trained school staff to provide first aid treatment to my child.

NO, I do not authorize school staff to treat my child. I understand that by stating

NO, my child will not receive first aid such as band-aids and ice.

X S. Raj Date 8/15/2019

Parent/Guardian Signature

I, the undersigned, do hereby authorize an official of Pflugerville Independent School District to contact the persons named on this form, and do authorize treatment to be rendered in an emergency, as deemed necessary for the best interest of the student.

In the event of a serious medical situation, accident or illness, the school nurse or a school official may determine that activating Emergency Medical Services (EMS) is warranted. Every attempt to contact the student's parent/guardian will be made. The child may be transported to the nearest medical facility prior to the parent/guardian arrival.

By signing this form, I acknowledge that the Pflugerville ISD is not financially responsible for emergency care or transportation of said student and I do authorize a Pflugerville ISD official to sign consent for emergency treatment if I cannot be reached.

X S. Raj Date 8/15/2019

Parent/Guardian Signature

April 2019
Form 2 Pink



Student Residency Questionnaire

2019-2020

Student Information

Name of School: Mott Elementary current Grade: 1st

Name of Student: Manayanan Roshan H
 Last First Middle

Student ID #: _____ Birth Date: 12/26/2012
 Month / Day / Year

Unaccompanied Youth: Yes No (Check box)
 (Not in the physical custody of a parent or guardian)

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

1. Is your current address a temporary living arrangement?
 (Mark "Yes" if you are NOT living in your own home, renting an apartment or on a lease) Yes No
2. Is this temporary living arrangement due to loss of housing? (Fire, eviction, loss of income, domestic violence, etc.) Yes No
3. Were you displaced from your home due to a Natural Disaster? (hurricane, tornado, etc) Yes No

Section A

Where is the student presently living? (Check all that apply)

- In a Shelter (emergency, youth, domestic violence shelter, etc.)
- Doubled-up (living with friend/relatives)
- Unsheltered (cars, campgrounds, etc.)
- Hotels/Motels

Previous Address: 20600 Pinewave Dr Pflugerville TX 78660
 Street Address City State Zip Code

Last School Attended: Mott Full School Name City State District

School aged siblings attending PFISD schools:
 Name(s): Roshana Letizia

School(s): Mott Elementary
 Grade Level(s): 2nd

Name of Parent(s)/Legal Guardian(s): Taylorprashak N. Subbiah

Current Address: 20600 Pinewake Dr Pflugerville TX 78660
 Street Address City Zip

Type of Natural Disaster:
 Hurricane: _____ (Please name)
 Other: _____ (Please describe)

Phone Number _____ Email address _____

Presenting a false record or falsifying records is an offense under Section 37.10, Penal Code and enrollment of a child under false documents subjects the person to liability for tuition or other costs. TEC Sec.25.001(h) Education.

For Social Work Office Use Only

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

➤ If you answered YES, to any question sign below and complete

Section A

X B. Jayaraman 8/15/2019
 Signature of Parent/Legal Guardian/Unaccompanied Youth Date

Please send original via interoffice mail to MV Liaison at the Social Work Department.

Please send original via interoffice mail to MV Liaison at the Social Work Department.
 Fax: (512) 594-1951 Phone: (512) 594-1953

April 2019
 Form 5 Yellow



Media Release of Information 2019-2020

News and District Media

The Pflugerville ISD Community Relations Department and campuses regularly invite the news media to publicize student, school, and district accomplishments and events. Additionally, the Community Relations department frequently post photos, videos and stories on district web and social media platforms to promote PfISD schools.

State and federal laws do not require the school district to obtain the permission of parents or guardians prior to a child being photographed, videotaped, or interviewed for the following reasons:

- News media coverage
- Publicity related to participation in co-curricular or extracurricular activities
- Instructional or staff development purposes; or for
- Safety or disciplinary reasons

Students are automatically opted-in for news media and district media coverage. Parents must opt-out.

I do not wish for PfISD community relations to include positive news about my child in district or news media. I'm choosing to opt-out.

Yes No

Certain information about students is considered directory information and subject to Open Records Requests, unless the parent or guardian objects to the release of the directory information about the student. If you do not want Pflugerville ISD to disclose directory information from your child's education records, you must notify the district by completing this form.

Directory and Yearbook

Pflugerville ISD has designated the following information as directory information:

- Student's name
- Address
- Telephone listing
- E-mail address
- Photograph
- Date and place of birth
- Major field of study
- Degrees, honors, and awards received
- Dates of attendance
- Grade level
- Most recent school previously attended
- Participation in officially recognized activities and sports
- Weight and height, if a member of an athletic team
- Enrollment status

Pflugerville ISD may disclose directory information from my child's education records

Yes No

Pflugerville ISD may include my child's name and photo in the yearbook

Yes No

Student Name (print) Rishan H Navayanan I.D. # _____ Grade 1st

Parent/Guardian (print) Jayaprakash & Subbiah

Parent/Guardian Signature S.Jayaprakash Navayanan Date 8/15/2019



Parent Phone Communication 2019-2020

Dear Parent/Guardian,

In order to contact you via telephone regarding campus and district news and emergencies, along with routine attendance calls, we need to receive your permission to call the preferred number associated with your student in their registration information.

If we do not receive permission, PflISD will not be able to use the automated voice dialing system to contact you for important district and campus updates and information.

- I DO** authorize the primary number associated with my student to be used in the automated calling system.
 I DO NOT authorize the primary number associated with my student to be used in the automated calling system.

Student Name (print) Roshan H Narayanan I.D. # _____ Grade 1st

Parent/Guardian (print) Jayaprakash N Subbiah

Parent/Guardian Signature S. Jayaprakash Narayanan Date 8/15/2019

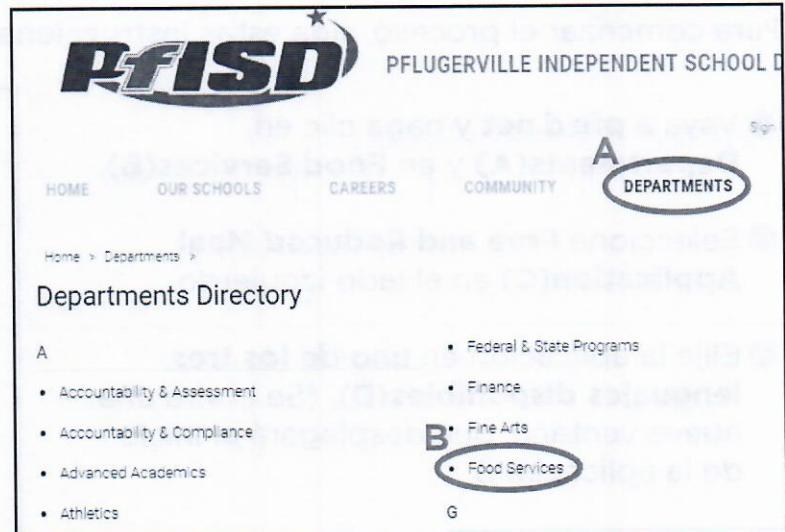
APPLY FOR FREE AND REDUCED MEALS TODAY!

Applying for the Free and Reduced Meal Program is **easy** and **fast**. Families wishing to receive these benefits in the 2020 school year will have to fill out the online application*. Start the process by following these simple steps:

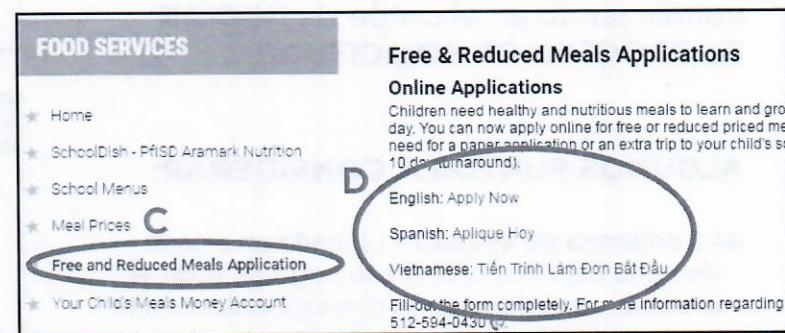
- ① Go to **pfisd.net** and click on **Departments(A)** and then on **Food Services(B)**.
- ② Select **Free and Reduced Meals Application(C)** from the column on the left.
- ③ Choose **one of the three application languages(D)** available. (A new window will open, taking you to the beginning of the application.)
- ④ Follow the instructions there, starting by clicking on the **BEGIN APPLICATION PROCESS(E)** button.

A FEW THINGS TO CONSIDER:

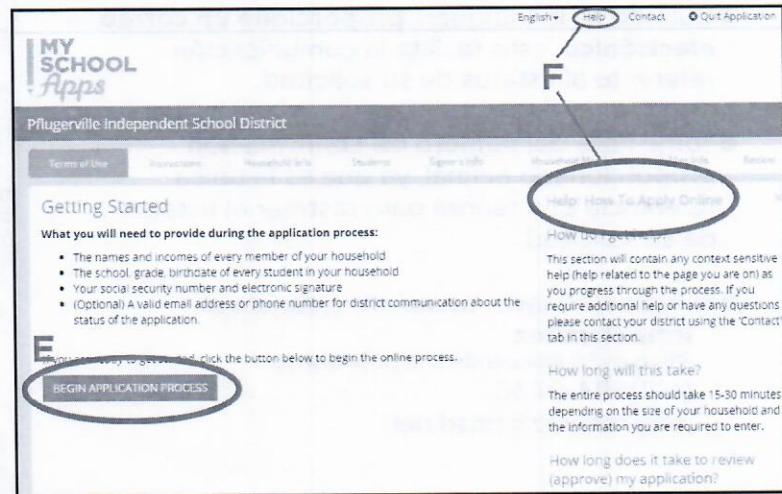
- The **help column(F)** on the right is available to you at all times, and provides information corresponding to the screen you are in.
- When prompted, **provide your email address**. This facilitates communication regarding your application's status.
- Take note of the **confirmation number** given at the end of the application. This is the only reference you'll have when tracking the status of your application.
- If you need further assistance, contact:
Irma Ramirez
Pflugerville Independent School District
(512)594-0436
irma.ramirez@pfisd.net



The screenshot shows the PfISD website homepage. At the top, the PfISD logo is on the left, and "PFLUGERVILLE INDEPENDENT SCHOOL D" is on the right. Below the logo, there are navigation links: HOME, OUR SCHOOLS, CAREERS, COMMUNITY, and DEPARTMENTS (which is highlighted with a circle labeled A). On the far right, there is a "Sign In" link. The main content area is titled "Departments Directory". On the left, there is a sidebar with categories: Federal & State Programs, Finance, Fine Arts, Food Services (circled with B), and Athletics. On the right, there is a list of sub-categories under each main category. At the bottom right of the content area, there is a letter G.



The screenshot shows the "Free & Reduced Meals Applications" page. At the top, it says "FOOD SERVICES" and "Free & Reduced Meals Applications". Below that, it says "Online Applications" and describes the purpose of the meals. It lists "English: Apply Now", "Spanish: Aplique Hoy", and "Vietnamese: Tiết Trinh Lâm Đơn Bắt Đầu". At the bottom, it says "Fill out the form completely. For more information regarding 512-594-0436." There is a circle labeled C pointing to the "Meal Prices" link in the sidebar, and a circle labeled D pointing to the "Help: How To Apply Online" link in the help column.



The screenshot shows the "My School Apps" application interface for Pflugerville Independent School District. At the top, there are tabs for Terms of Use, Instructions, Household Info, Students, Signer's Info, Help, and Review. The "Help" tab is active, indicated by a circle labeled F. Below the tabs, there is a "Getting Started" section with a "BEGIN APPLICATION PROCESS" button (circled with E). To the right, there is a "How long will this take?" section with a note about the duration depending on household size and information required. There is also a "How do I get help?" section with a note about context-sensitive help.

*No longer accepting paper applications.





Student Responsible Use Guidelines Google Apps for Education/Internet Access 2019-2020

Google Apps for Education - Parent Notification - Section 1 of 2

Pflugerville ISD believes that electronic communication and collaboration enables 21st Century learning, promotes positive digital citizens and equips students with skills necessary for success now and in their future. In August 2013, Pflugerville ISD established a Google Apps for Education Domain and generated Google Apps accounts for all students. The Google Apps for Education tool set for students includes Drive (Docs, Presentation, Forms, Spreadsheet and Drawing), Calendar and Gmail.

1. A Google Apps for Education student account will be created for all students.
2. All students will receive access to Google Drive (online documents), Calendar and a Gmail account (student email).
3. The District provides the opportunity for parent(s)/guardian(s) to restrict Google Apps access.
If you do not want your student to have access to Google Apps while at school, please submit a written request to your child's campus administration.

Student Responsible Use Guidelines (RUG) - Parent Notification - Section 2 of 2

1. The Student Responsible Use Guidelines (RUG) for Technology clearly defines for me and my child, the expectations for Technology use in Pflugerville ISD.
2. A student who knowingly violates any portion of the Responsible Use Guidelines (RUG) will be subject to suspension of access and/or revocation of privileges on the District's Computer/Network/Internet systems and will be subject to disciplinary action in accordance with the Board-approved Discipline Management Plan and Student Code of Conduct.
3. Pflugerville ISD provides online resources to enrich, extend and promote rigor in daily instruction. These online resources require access to the Internet.
4. The District ensures filtered internet access in compliance with COPA/CIPA regulations.
5. In keeping with Pflugerville ISD's priority on student safety, each campus provides students an annual review of District Internet Safety Policies, the Student Responsible Use Guidelines, appropriate online behavior, and cyber bully awareness.
6. **The District provides the opportunity for parent(s)/guardian(s) to restrict Internet access.**
If you do not want your student to have access to the Internet while at school, please submit a written request to your child's campus administration.