Parent Permission and

af RASD Acknowledgements

2019-2020 Student’s Name Pbayvayanon Feehan. LEAN manke Paste First Middle DateGAanincet Pe MOCO) Do ese Se 2. amg 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. | understand that the handbook contains information that my child and | 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

| hereby consent to the designated personnel of the PflSD 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.

| expressly waive all claims for medical expenses, loss of services, or other claims, and | 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.

| 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 | understand, approve and agree to the Parent Permission and Acknowledgements as it pertains to Pflugerville ISD policies and proceduers.

x 4 Jom page ef s} ho Ig

Parent/Guardian Signature Date /

April 2019 Form 6 Light Green », REGION 13

EDUCATION SERVICE CENTER

Pflugerville ISD 2019-2020 Employment Survey

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

Tlayaproteash- NM SUbbteA 67,96 1b 57 © 05.2. (7 Parent Narhe Telephone # ty, Date

Xeboo Dipepolk gr gentle Vexad -

Physical Address ” wie City i aeh ans HB Nawagqonan IIc } 2] oe leo (2 Child’s Name ait 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. 2 YES (Continue completing the survey)

Farms Ranches 0 Cotton/Fruit/Vegetables Fields ‘| Feeding/Slaughtering Livestock 4) Chicken Farms Bailing Hay 4) Building/Repairing Fences Building/Repairing Fences 4 Clearing Land | Clearing Land

Food/Animal Processing Plants Fishing ‘1 Packaging Meats/Fruits/Vegetables ‘) Commercial Fishing/Shrimping 4 Canning Fruits/Vegetables ‘| Cleaning, Sorting, Packaging: “Sorting Animals/Fruits/Vegetables Fish/Shrimp/Shellfish

Unloading Livestock

Forestry Other () Shaping/Cutting Christmas Trees O Nursery Plants

el

ESC Region 13 Attention School District Staff Attn: Migrant Recruiters Email, Fax or Mail 5701 Springdale Rd. Austin, TX 78723 surveys marked YES to: Fax: 512-919-5284 . E-mail: Marquita.Orta@esci3.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.

February 2019 Form 4 White Questions About Your Child and Tuberculosis (TB)

Child's Name RoShon (aroyonan Date of Birth \_| 2) 26 2© ( 2 Your Name Jawgap yO4eth m~m © dates Today's Date Ss fas, / B41 4

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? a

If yes, when? Please tell us the date | FY

1. Have you ever been told that your child had a positive tuberculin skin test Te

(TST)? If yes, when? Please tell us the date / /

1. 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. — yo" i

1. Has your child been around anyone with any of these problems?
2. Has your child been around anyone sick with TB?
3. Has your child ever had any of these problems or do they have them now?
4. Was your child born in another part of the world like Mexico or Latin America, the

Caribbean, Africa, Eastern Europe, or Asia? a 5. Has your child been to Mexico or any other country in Latin America, the iS |, fr ON v Caribbean, Africa, Eastern Europe, or Asia for more than 3 weeks? est 4 Which country or countries did your child visit? fy v < 6. Do you know if your child has spent more than 3 weeks with anyone who: =

Uses needles for drug use? —

Has AIDS? ee

Was or is in jail or prison? —.

Has just come to the United States from another country? oo

eee OO

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.

TEXAS

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FEN2-12A35 RFV 08/2013 PrisD

Student Health and Emergency Information

2019-2020

Student General Information

Student's Name u Hannu maar Last First Middle Date of Birth 12 26) 1 2— Gender [umate CFemale Month Day Year Grade e Student ID Language Spoken glish OSpanish

OOther aur

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

[1 ADD/ADHD LGenetics Condition LikKidney/Bladder Conditions OAsthma OoHearing Difficulty LOMigraines (1 Cancer (CHeart Condition CSeizures/Epilepsy

TH ypertension thigh blood pressure) \_L]Vision Difficulty/ glasses [1 Emotional/Psych Disorders | [Hypotension (low blood pressure) + [\_JOther.

OO Gastrointestinal Condition CHospitalization Please explain any health issues your child has:

(1 Diabetes: Type | or II

Allergies

Please list allergy to: medication, insects/stings, foe. other

What happens when my Treatment/Medication

My child is allergic to: child has a reaction:

—

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 Re 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 ass PHONE

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

Parent/Guardian: *S~ haronba. D* LAVD Relationship:

Alternate phone#:

[rés ’ CNo Parent/Guardian: Joyjaprator’ SuUbbiol-

Preferred phone# Student Lives with this parent/guardian

father

Relationship:

Preferred phone# Alternate phone#:

Student Lives with this parent/guardian es [INo

This student has ene

[CINo Insurance

O Medicaid DOther

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

ES, | authorize trained school staff to provide first aid treatment to my child.

NO, | do not authorize sc Ac ae to treat my child. | undersrand that by stating

NO, my child will not regaimertirst ab ichas band-aids and ice. oe o

X Date a

Parent/G uardiar’ Signature = ee :

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 of said student and | do authorize a Pflugerville ISD official to sign consent for emergency treatment if I cannot be reached.

torefit if | cannot be reached. 2 Is] 20 LG

sign hae Roe anti Date April 2019

ree ae me Form 2 Pink Student Residency Questionnaire

2019-2020

Student Information ' a Section A

LT eH. DAE Name of School:\_ 7/0 Element Current Grade:\_ [SC Where is the student presently living? (Check all that apply)

i/o YAYAN an Fos | a +4 ‘ J In a Shelter (emergency, youth, domestic violence shelter, etc.)

Name of Student: [\_] Doubled-up (living with friend/relatives)

Last J First Middle , O Unchelt d ( d t ) jf s Unsheltered (cars, campgrounds, etc. Student ID #: Birth Date: }2 ab, Aol 2 [\_] Hotels/Motels Month / Day / Year Serr. “ sus > i : Previous Address: 20600 Dune watt pv bE lupe Th Lib bo. Unaccompanied Youth: []Yes [No (Check box) Street Address ; OW. nage See. pea = (Not in the physical custody of a parent or guardian) Last School Attended: Mé tt pt hiceas, sat ea I CE LLo. This questionnaire is intended to address the McKinney-Vento Act 42 Full School Name City "tate District U.S.C. 11435 (MV ACT). The answers to this residency information help School aged siblings attending PFISD schools: determine the services the student may be eligible to receive. Pp 7 ares [ i f \_ Name(s): O. Cd1 OA ae 1. Is your current address a temporary living arrangement? (Mark “Yes” if you are NOT living in your own home, renting an apartment o lease)r on a Grade Level(s): Giieiya e222) ~ re School(s): Mott Flemertlerz, Yes oO j Scans : : 2 p A 7 ‘ Name of Parent(s)/Legal Guardian(s): ae wy eo ® 4 Shbiol 2. Is this temporary living arrangement due to loss of housing? (Fire, eviction, loss of income, domestic violence, etc.) s a i / , . ilives Klo Current Address: Bo LEE Praspogle Jv D UAAG Sane! » Street Address v SE. 3. Were you displaced from your home due to a Natural Disaster? (hurricane, tornado, etc) City Zip eves ee Phone Number email address

Type of Natural Disaster: 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 personto liability for tuition or other costs. TEC Sec.25.001(h) Education.

If you answered NO to all questions, please sign below, and stop here. For Social Work Office Use Only

If you answered YES, to any question sign below and complete Section A|Icertify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

X we Departments > Food Services Student Responsible Use Guidelines

* P| y . Google Apps for Education/Internet Access 77iSD 2019-2020

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

Pflugerville ISD believes that electronic communication and collaboration enables 21% 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.

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3:

A Google Apps for Education student account will be created for all students.

All students will receive access to Google Drive (online documents), Calendar and a

Gmail account (student email).

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

LE

The Student Responsible Use Guidelines (RUG) for Technology clearly defines for me and my child, the expectations for Technology use in Pflugerville ISD.

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.

Pflugerville ISD provides online resources to enrich, extend and promote rigor in daily instruction. These online resources require access to the Internet.

The District ensures filtered internet access in compliance with COPA/CIPA regulations.

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.

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.

May 2019 Form 12 White