

ResponsiveEd

2023-2024 STUDENT ENROLLMENT PACKET

Please return the following information with the enrollment documents to complete the Enrollment Process:

- ☐ Completed Enrollment Packet
- ☐ Student Birth Certificate
- ☐ Student Social Security Card
- ☐ Two Proofs of Residency (utility bill, lease, rent receipts, etc.)
- ☐ Current Student Immunization Records
- ☐ Parent or Guardian's Driver's License
- ☐ Previous Standardized/State Test Results
- ☐ Copy of most recent school's Report Card (1st–8th grade)
- ☐ Copy of most recent Transcript (9th–12th grade)
- ☐ School copy of the Parent/Student Handbook Receipt Acknowledgment Form found at the back of the Parent/Student Handbook and available online at responsiveed.com
- ☐ Record Release



2023-2024
STUDENT ENROLLMENT PACKET
(Please Print)

STUDENT INFORMATION

Legal Name (Last, First, Middle) Guerra Jennifer Aaliyah		Social Security No. or State Issued S-Number
Gender Check One: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	DOB (MM/DD/YYYY) 12/11/19	Grade Applying
Address (Street Name, Building and/or Apt. #, City, State, ZIP) 5548 Ariel LN Apt 610 Fort Worth Tx 76119		
Primary Phone Number	Phone Type (Cell, Home, Work) 2148607264	Email Address
Who is completing the enrollment packet for this student? <input type="checkbox"/> Student/Self <input checked="" type="checkbox"/> Parent/Guardian		

PREVIOUS SCHOOL

Has your child previously attended school? ☐ Yes ☐ No

Last School Student Attended: School Name: City: State:	Grade Level Completed: School Year:
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HOMELESS

Residence Type:

- ☐ Student is not homeless at anytime during the current school year.
- ☐ Student lives temporarily doubled-up at anytime during the current school year.
- ☐ Student is unsheltered at any time during the current school year.
- ☐ Student lives in a motel or hotel at anytime during the current school year.
- ☐ Student lives in shelter or transitional housing.

Unaccompanied Youth Status:

- ☐ Homeless Student is in the physical custody of a parent or Legal Guardian (i.e. Homeless student is NOT unaccompanied) for the entire school year
- ☐ Homeless Student is NOT in the physical custody of a parent or Legal Guardian (i.e. Homeless student is unaccompanied) at any time during the school year

ADDITIONAL INFORMATION

TEXAS PUBLIC SCHOOL STUDENT 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 this 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
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☒ White

LEGAL ALERT

Is anyone legally restricted from contact with the student? Check One: ☐ Yes ☒ No

If "Yes," then copies of the appropriate documents (e.g., court order) must be on file with the School.

VERIFICATION OF RESIDENCY

(Texas Education Code 25.001 (c)): Please provide at least two (2) of the following documents. Documents must include Parent's/Guardian's name to show proof of residency of the address indicated in this Affidavit of Student Residency. A current, valid Texas Driver's License with the correct address qualifies as one of the two required documents and preferred method of proof:

Recently paid rent receipt

Current lease agreement

Most recent tax statement

Current utility bill

Current driver's license

Current vehicle insurance or registration

Note: Documents showing evidence of any alteration will not be accepted.

☐ I agree to the items listed above

DISCIPLINARY HISTORY

Note: Parents must include ALL disciplinary history, including in-school (ISS) and out of school suspensions from all prior schools.

Does Student have a documented history of a criminal offense, a juvenile court adjudication, or disciplinary problems?

Check One: ☐ Yes ☐ No If "Yes," please explain.

MILITARY CONNECTED STATUS

Is the student a military dependent? Check One: ☐ Yes ☒ No

If yes, what Military Branch is the student associated with?

STUDENT HEALTH INFORMATION

The Texas Minimum State Vaccine Requirements for Student Grades are available for your review by viewing the attached PDF document. The document presents a chart of vaccine requirements by school grade and age. After review, please complete the form below and either attach proof of vaccine using the upload process or bring the documents to the school administration office.

State law requires students in Texas schools to be immunized against certain vaccine-preventable diseases. To determine the specific vaccines that are required for your child's grade level, please refer to the link provided below for the Texas Minimum State Vaccine Requirements for Students in Grades K-12. Without the proper documentation of required vaccinations or a valid medical or conscientious exemption, students will not be allowed to attend school.

After review, please complete the form below and either attach proof of vaccine using the upload process or bring the documents to the school administration office.

Should you have any questions about the required vaccines, please consult your healthcare provider. You can also visit the DSHS Immunization Unit website at <https://www.dshs.texas.gov/immunize/school> or call the DSHS Immunization Unit customer service number at (800) 252-9152. Thank you for keeping your child immunized and free from vaccine-preventable diseases.

Please click on the Texas Minimum State Vaccine Requirements for Students to read the document.

☒ I have read the Immunizations Requirements

Parent/Guardian Signature:
Jennifer Guerra

HEALTH HISTORY

Physician Name:

MD Kids

Physician Address:

Physician Phone:

4694884600

Student Health History:

Does this child have an ongoing health concern? (asthma, diabetes, etc.) ☐ Yes ☒ No

If "Yes," please describe: _____

Does this child have any allergies? ☐ Yes ☒ No

If "Yes," please list: _____

Has the allergy required emergency treatment? ☐ Yes ☒ No

If "Yes," please explain: _____

Is there a history of any hospitalizations, significant injuries, or surgery? ☐ Yes ☒ No

If "Yes," please describe: _____

Are there any current medical concerns/injuries? ☐ Yes ☒ No

☐ Asthma or Lung Problems

☐ Depression/Mental Health Issue


☐ Diabetes/Hepatitis

☐ Head Injury

☐ Heart Problems

☐ Kidney/Urinary Problems

<input type="checkbox"/> Ear/Nose/Throat <input type="checkbox"/> Epilepsy/Seizures <input type="checkbox"/> Fracture/Dislocation/Strain <input type="checkbox"/> Hearing Aid/Orthopedic Braces	<input type="checkbox"/> Ulcers/Digestive <input type="checkbox"/> Skin/Toes <input type="checkbox"/> Surgery <input type="checkbox"/> Other (e.g., ADHD, AIDS, etc):
Does this child take any medication regularly at home? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Requires medication at school? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," please describe: _____	
Emergency Treatment Authorization I, the undersigned parent(s) of this student, do hereby give authorization and consent to the school to obtain emergency medical care and necessary emergency transportation to a healthcare facility. <input checked="" type="checkbox"/> I Agree Jennifer Guerra	
Parent/Guardian Signature:	
Release of Medical Information I understand and authorize that my child's medical records or other medical information, furnished to the school, will be shared with school officials and emergency personnel who have a legitimate medical/educational purpose for accessing such medical records and information. In case the services of a physician are required before a parent/guardian can be reached, school officials are hereby authorized to take whatever action is deemed necessary for the health of my child. I also authorized school officials to directly contact the physician named in case of an emergency. I will not hold the school or its staff responsible for emergency care and/or transportation for my child, and I will assume full responsibility for any costs related to such services provided to my child. <input checked="" type="checkbox"/> I Agree Jennifer Guerra	
Parent/Guardian Signature:	
TOPICAL MEDICATION CONSENT FORM	
Student Name: Jennifer A Guerra	
I give permission for the school nurse/campus health staff member to administer the following over the counter, non-prescription topical medication: (please check) <input checked="" type="checkbox"/> Triple antibiotic ointment or Polysporin ointment <input checked="" type="checkbox"/> Burn-Gel spray <input checked="" type="checkbox"/> Callergy clear gel or Caladryl (itch cream) <input checked="" type="checkbox"/> Aloe Vera Gel <input checked="" type="checkbox"/> Vaseline <input checked="" type="checkbox"/> Hydrogen Peroxide <input type="checkbox"/> I do NOT want any topical medication given to my child	

Parent/Guardian Name (PRINT): jennifer guerra		
Parent/Guardian Signature: 		Date: 8/25/23
PRIMARY PARENT/GUARDIAN INFORMATION		
With whom does the student live?		
<input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Legal Guardian		
If the student is living with a legal guardian, please explain the situation:		
Is anyone legally restricted from contact with Student? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," then copies of the appropriate documents (e.g., court order) must be on file with the School.		
Primary Parent/Guardian Name (Last, First, Middle) Guerra Jennifer		Living With the Student? Check One: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Primary Parent/Guardian Address (If Different From Student's Address)		
Primary Phone Number	Primary Phone Type (Cell, Home, Work)	Email Address
Alternate Phone Number	Alternate Phone Type (Cell, Home, Work)	Relationship to Student

ALTERNATE PARENT/GUARDIAN INFORMATION		
Alternate Parent/Guardian Name (Last, First, Middle)		Living With the Student? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
Alternate Parent/Guardian Address (If Different From Student's Address)		
Primary Phone Number	Phone Type (Cell, Home, Work)	Email Address

Alternate Phone Number	Alternate Phone Type (Cell, Home, Work)	Relationship to Student
PRIMARY EMERGENCY CONTACT		
Note: Emergency contact should be someone other than the student's Parent/Guardian. Primary emergency contact information will be used in the case of an emergency situation. Please confirm the contact information provided is accurate and up to date.		
Emergency Contact's Name (Last, First, Middle) guerra jennifer		Relationship to Student mother
Primary Phone Number	Primary Phone Type (Cell, Home, Work) 2148607264	
Alternate Phone Number	Alternate Phone Type (Cell, Home, Work)	
ALTERNATE EMERGENCY CONTACT		
Note: Emergency contact should be someone other than the student's Parent/Guardian. Primary emergency contact information will be used in the case of an emergency situation. Please confirm the contact information provided is accurate and up to date.		
Alternate Emergency Contact's Name (Last, First, Middle) gomez princess		Relationship to Student aunt
Primary Phone Number	Primary Phone Type (Cell, Home, Work) 4693093700	
Alternate Phone Number	Alternate Phone Type (Cell, Home, Work)	
SCHOOL INFORMATION		
Based upon the student's primary address what is the name of the school the student is zoned to attend? *		
Based upon the student's primary address what is the name of the school district the student is zoned to attend? *		
DISABILITY		
Does the student have a disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Please explain the student's disability.

SPECIAL EDUCATION

Has the student ever received Special Education Services? ☐ Yes ☒ No

Did the student receive Special Education Services in the last school year? ☐ Yes ☒ No

Check all that apply:

- ☐ Content mastery / resource room
- ☐ Counseling
- ☐ Speech Therapy
- ☐ Occupation/Physical Therapy
- ☐ Behavior Improvement Class or Plan
- ☐ Other Health Impairment
- ☐ Learning Disability(ies)

Please provide details regarding the student's special services.

Was the student receiving Section 504 and/or Dyslexia services/accommodations during the previous school year? ☐ Yes ☒ No

Check all that apply:

- ☐ Instructional services
- ☐ Instructional accommodations
- ☐ Testing / Assessment Accommodations

Primary Parent/Guardian Signature

Date

FOSTER CHILD

Is this student a foster child? ☐ Yes ☒ No

Please select the student's foster situation.


- ☐ Student is not currently in the conservatorship of the Department of Family and Protective Services
- ☐ Student is currently in the conservatorship of the Department of Family and Protective Services
- ☐ Pre-kindergarten student was previously in the conservatorship of the Department of Family and Protective Services following an adversary hearing held as provided by Section 262.201, Family Code.
- ☐ Pre-kindergarten student is or ever has been in foster care in another state or territory, if the child resides in this state (Texas). TEC, S29.153(b)

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NOTICE OF COMPULSORY ATTENDANCE LAW

The notice is to advise you that according to Section 25.085 of the Texas Education Code, children between the ages of six (6) and their 18th birthday are required to attend school on a daily basis unless specifically exempted by Section 25.086. A child who is required to attend school under this section shall attend school each day for the entire period the program of instruction is provided. The law places the responsibility on parents or those who stand in parental relationship to see that children attend school regularly. Any parent or person failing to require his child to attend school as required by law may be subject to a fine-an offense under this section is a Class C Misdemeanor and is punishable by a fine of up to \$500 for each offense. Section 25.095 states that a parent will be notified in writing if a child is absent 10 days or parts of days during a six-month period of three (3) or more days, or parts of days during a four-week period. The School will enforce these laws as stated by the Education Code and will report all offenses to the local authorities. By signing below, I/we am/are acknowledging receipt of this notification.

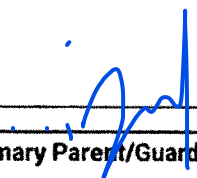
"I acknowledge that I have received the Notice of Compulsory Attendance Law."



Primary Parent/Guardian Signature

8/25/23

Date

 Primary Parent/Guardian Signature	8/25/23 Date
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jennifer guerra	8/25/23
Primary Parent/Guardian Signature	Date

**2023-2024 HOME LANGUAGE SURVEY/
CUESTIONARIO DEL IDIOMA EN EL HOGAR**

Student Name:		Grade:	Date:
School:	Student State ID #:	Gender:	Date of Birth:
Primary Parent/Guardian Name:		Primary Parent/Guardian Signature:	
In what month and year did the student first enroll in a school in the United States? (MM/YYYY)	¿En qué mes y año se inscribió el estudiante por primera vez en una escuela en los Estados Unidos? mm/aaaa		
In what city, state, and country was the student born?	¿En qué ciudad, estado, y país nació el estudiante?		
What language is spoken in your home most of the time?	¿Cuál es el idioma que más se habla en su casa? <div style="text-align: center;">english</div>		
What language does the student speak most of the time?	¿Cuál es el idioma que más habla el estudiante? <div style="text-align: center;">English Spanish</div>		
Does the parent or guardian need to communicate with the school in a language other than English? Check One: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write the name of the language.	Necesitará el padre, la madre, o el guardián comunicarse con la escuela utilizando un idioma que no sea el Inglés? <input type="checkbox"/> Si <input type="checkbox"/> No Si es así, favor escribir el nombre del idioma.		

ESL PRIMARY PARENT/GUARDIAN PERMISSION

"I, the undersigned, do hereby give permission for my child to receive extra help in English as a Second Language as part of a School English as a Second Language (ESL) program if he/she is found to be limited in either oral or cognitive and academic English proficiency skills. If any language other than English is spoken at home, the School will evaluate my student's oral English language skills with a short Oral Language Proficiency Test and his/her academic and cognitive English with a Norm-Referenced Test of Language Arts and Reading skills."

jennifer guerra

8/25/23

Primary Parent/Guardian Signature

Date

PUBLIC SCHOOL STUDENT 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. 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).

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 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 (e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, 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

~~8/25/23~~

Date

Ethnicity (Choose only one.):

☐ Not Hispanic/Latino☐ American Indian or Alaska Native☐ Black or African American☐ White

Date:

14 of 17

AT-RISK INDICATORS

03-did not perform satisfactorily on an assessment instrument administered to the student under TEC Subchapter B, Chapter 39, and who has not in the previous or current school year subsequently performed on that instrument or another appropriate instrument at a level equal to at least 110 percent of the level of satisfactory performance on that instrument *

Yes/No

04-is in prekindergarten, kindergarten or grade 1, 2, or 3 and did not perform satisfactorily on a readiness test or assessment instrument administered during the current school year *

Yes/No

05-is pregnant or is a parent *

Yes/No

06-has been placed in an alternative education program in accordance with TEC §37.006 during the preceding or current school year *

Yes/No

07-has been expelled in accordance with TEC §37.007 during the preceding or current school year *

Yes/No

08-is currently on parole, probation, deferred prosecution, or other conditional release *

Yes/No

09-was previously reported through the Public Education Information Management System (PEIMS) to have dropped out of school *

Yes/No

10-is a student of limited English proficiency, as defined by TEC §29.052 *

Yes/No

11-is in the custody or care of the Department of Protective and Regulatory Services or has, during the current school year, been referred to the department by a school official, officer of the juvenile court, or law enforcement official *

Yes/No

12-is homeless, as defined NCLB, Title X, Part C, Section 725(2), the term "homeless children and youths", and its subsequent amendments *

Yes/No

13-resided in the preceding school year or resides in the current school year in a residential placement facility in the district, including a detention facility, substance abuse treatment facility, emergency shelter, psychiatric hospital, halfway house, or foster group home *

Yes/No

14-has been incarcerated or has a parent or guardian who has been incarcerated, within the lifetime of the student, in a penal institution as defined by Section 1.07, Penal Code *

Yes/No

15-is enrolled in a school district or open-enrollment charter school, or a campus of a school district or open-enrollment charter school, that is designated as a dropout recovery school under TEC §39.0548 *

Yes/No

VOLUNTARY PHOTO/VIDEO RELEASE

"I, the undersigned, do hereby give or grant permission to and assign all rights in and to any photographs, motion pictures, video footage, and/or audio recordings that may be taken of my child during his/her attendance at the School that may be used for promotional or training purposes. I hereby authorize ResponsiveEd® to reproduce, copy, exhibit, publish, and distribute any and all photographs, motion pictures, video footage, and/or audio recordings for the sole purpose of promoting the School learning system and/or the training and professional development of staff. I certify that I am over the age of twenty-one (21). I understand that signing this Voluntary Photo/Video Release is NOT a condition of enrollment."

jennifer guerra

8/25/23

Primary Parent/Guardian Signature

Date

PRIMARY PARENT/GUARDIAN SIGNATURE

"I certify that the information contained in this Student Enrollment Application is true and correct."

Primary Parent/Guardian Signature

Date

The School does not discriminate on the basis of sex; national origin; ethnicity; religion; disability; academic, artistic, or athletic ability; or the district the child would otherwise attend.

**ResponsiveEd®
STUDENT RECORD RELEASE**

Date _____

To Releasing School Counselor or Registrar:

School Name

School Address

City, State, Zip

School Telephone

School Fax

The following student has withdrawn from your school:

Student Name

Date of Birth

Student ID#

Please forward the following information on the above student:

- ☐ Official Transcript
- ☐ Testing Scores/Assessment
- ☐ Special Education Classification/Documents
- ☐ Copy of Birth Certificate
- ☐ Copy of Social Security Card
- ☐ Academic Records
- ☐ Health Records
- ☐ Other

Please respond to the following address:

Signature of Primary Guardian or Registrar

Date



Responsive Education Solutions | 1301 Waters Ridge Dr., Lewisville, TX 75057 | 972-316-3663 | ResponsiveEd.com

School District in Which the Student Resides (School Name and ISD Name)

Note: Please provide information regarding the school the student is zoned to attend in relation to current residence and current grade level.

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Topical Medication Consent Form

Student Name: jennifer guerra

I give permission for the school nurse/campus health staff member to administer the following over the counter, non-prescription topical medication: (please check)

☒ Triple antibiotic ointment or Polysporin ointment

☒ Burn-Gel spray

☒ Callergy clear gel or Caladryl (itch cream)

☒ Aloe Vera Gel

☒ Vaseline

☒ Hydrogen Peroxide

☐ ***I do NOT want any topical medication given to my child***

Parent/Guardian Name (PRINT): jennifer guerra

Parent/Guardian Signature: 

Date: 8/25/23



iSchoolHigh

ResponsiveEd,
Virtual Learning

ResponsiveEd



At-Risk Student Form

Student's Full Name: _____ Grade Level: ____ Local ID: _____

AT-RISK-INDICATOR-CODE indicates whether a student is currently identified as at-risk of dropping out of school using state-defined criteria only (TEC §29.081, Compensatory and Accelerated Instruction). A student at-risk of dropping out of school includes each student who is under 26 years of age and who meets one of the following criteria, or, regardless of the student's age, each student who participates in an adult education program provided under a high school diploma and industry certification charter school program under Section §29.259. The State Compensatory Education Program is defined in the Texas Education Code §29.081 as programs and/or services designed to supplement the regular education program for students identified as at risk of dropping out of school. The purpose is to increase the academic achievement and reduce the dropout rate of these students.

In order to accurately identify any student At-Risk, please select Yes or No for each of the criteria below:

YES NO

- ☐ ☐ Student was not advanced from one grade level to the next for one or more school years; [excludes prekindergarten or kindergarten students who were not advanced as a result of a documented request by the student's parent under TEC §29.081 (d-1).]
- ☐ ☐ Student is in grade 7, 8, 9, 10, 11, or 12 and did not maintain an average equivalent to 70 on a scale of 100 in two or more subjects in the foundation curriculum during a semester in the preceding or current school year or is not maintaining such an average in two or more subjects in the foundation curriculum in the current semester;
- ☐ ☐ Student did not perform satisfactorily on an assessment instrument administered to the student under TEC Subchapter B, Chapter 39, and who has not in the previous or current school year subsequently performed on that instrument or another appropriate instrument at a level equal to at least 110 percent of the level of satisfactory performance on that instrument;
- ☐ ☐ Student is in prekindergarten, kindergarten or grade 1, 2, or 3 and did not perform satisfactorily on a readiness test or assessment instrument administered during the current school year;
- ☐ ☐ Student is pregnant or is a parent;
- ☐ ☐ Student has been placed in an alternative education program in accordance with TEC §37.006 during the preceding or current school year;
- ☐ ☐ Student has been expelled in accordance with TEC §37.007 during the preceding or current school year;

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- ☐ ☐ Student is currently on parole, probation, deferred prosecution, or other conditional release;
- ☐ ☐ Student was previously reported through the Public Education Information Management System (PEIMS) to have dropped out of school;
- ☐ ☐ Student is an emergent bilingual student, as defined by Section 29.052;
- ☐ ☐ Student is in the custody or care of the Department of Family and Protective Services or has, during the current school year, been referred to the department by a school official, officer of the juvenile court, or law enforcement official;
- ☐ ☐ Student is homeless, as defined by 42 U.S.C. Section 11434 (a), and its subsequent amendments;
- ☐ ☐ Student resided in the preceding school year or resides in the current school year in a residential placement facility in the district, including a detention facility, substance abuse treatment facility, emergency shelter, psychiatric hospital, halfway house, cottage home operation, specialized child-care home, or general residential operation;
- ☐ ☐ Student has been incarcerated or has a parent or guardian who has been incarcerated, within the lifetime of the student, in a penal institution as defined by Section 1.07, Penal Code; or
- ☐ ☐ Student is enrolled in a school district or open-enrollment charter school, or a campus of a school district or open-enrollment charter school, that is designated as a dropout recovery school under TEC Section §39.0548.

I acknowledge that to the best of my knowledge the information provided in this document is accurate, complete and up-to-date with the student's current situation.

Parent / Guardian Signature

Date

Campus Director Signature

Date

FERPA Directory Information Opt-Out Form

As described in the Annual Notice of Parent and Student Rights in the Parent Student Handbook, the school may disclose, in accordance with the school's policy, "personally identifiable information" contained in the student's educational records without obtaining prior written consent of the parent, guardian or eligible student if the school has designated the information as "directory information." "Directory Information" means information contained in an educational record of a student that would not generally be considered harmful or an invasion of privacy if disclosed. The information ResponsiveEd Texas has designated as "directory information" is set forth in the Annual Notice of Parent and Student Rights (Annual FERPA Confidentiality Notice) in the Parent/Student Handbook.

Check "No" if you would like to prohibit the release of your student's directory information.

If you check "Yes" or do not check either box, directory information about your student may be released in accordance with school policy.

YES	NO	I give permission for my student's directory information to be used for school-related purposes.
YES	NO	I give permission for my student's name, address, and telephone number to be provided upon request by law enforcement officials and authorities.

For secondary students only:


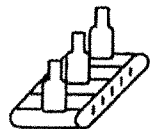






YES	NO	I give permission to release my student's directory information to institutions of higher education .
YES	NO	I give permission to release my student's directory information to military recruiters .

2023-2024 Family Survey

Today's Date: _____ District: _____ Campus: _____ Grade: _____

Student Name: _____ Date of Birth: _____

The Family Survey will identify students who may qualify for additional educational services based on a family member working in a temporary location for agriculture. In the state of Texas, all districts must assist in identification.

<p>1. In the last three years, did you live/stay somewhere temporarily (for the weekend or longer) in order to work or look for work in AGRICULTURE? (Example: picking pecans or hauling hay)</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>2. Have you performed any of the jobs listed below (temporarily or seasonally) within the U.S.?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (Please check all that apply below.)</p>			
 <input type="checkbox"/> Working with fruit, vegetables, grain, peanuts, cotton, wheat, sugar beets, farms, ranches, fields, vineyards	 <input type="checkbox"/> Working in a cannery, granary, or packing plant	 <input type="checkbox"/> Working on a dairy, temporarily	 <input type="checkbox"/> Baling and hauling hay
 <input type="checkbox"/> Working in a slaughter house	 <input type="checkbox"/> Working on a poultry farm or fishery	 <input type="checkbox"/> Working in a plant nursery or orchard; growing or harvesting trees	 <input type="checkbox"/> Building fence, farm/ranch welding, or other similar work, please explain:

Please complete below:

Parent 1/Guardian Name: _____ Parent 2/Guardian Name: _____

Home Address/Apt Name: _____
Street
City
Zip

Telephone Numbers: _____

Mailing Address: ☐ (Check if same as home address)

Street	City	Zip

The information provided below will be kept confidential.
For School Use Only: Please email all surveys to migrant@esc11.net.

2023- 2024 Socioeconomic Information Form

This Form Is Confidential

Complete and return one form for each child you have enrolled.

Responsive Education Solutions is required to collect and report the socioeconomic status of each student to the Texas Education Agency for purposes of the annual state accountability ratings and for federal reporting. Please note that this form is not sent to the Texas Education Agency and that the income levels indicated for your family are not reported to the Texas Education Agency. Only the Economic Disadvantaged status of each student as determined by the information provided is reported to the Texas Education Agency.

It is very important that families complete this socioeconomic form in order for schools to receive Title I and State Compensatory Education funding. This funding may directly benefit your child's school. Title I and State Compensatory Education funding can be used to hire personnel, provide tutoring services, order technology, and provide professional development for teachers. We want to continue to provide these necessary learning supports, but without your assistance, we may not be able to.

Thank you for your assistance.

SECTION A

Do you receive Medicaid? Yes No

Do you receive Supplemental Nutrition Assistance (SNAP)? Yes No

Do you receive Temporary Assistance to Needy Families (TANF)? Yes No

If you answered YES on either of the above, skip SECTION B and continue to the SIGNATURE section.

SECTION B (Complete only if all answers in SECTION A are NO)

If your family income is greater than those listed below, please check box. ☐

1. Check Total Number of Household Members in the grid provided below (check one box).
2. Check TOTAL YEARLY INCOME BEFORE DEDUCTIONS OF **ALL** HOUSEHOLD MEMBERS (check one box below): Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's compensation, unemployment and all other sources of income (**before any type of deductions**)

CHECK ONE: Total No. of Household Members			CHECK ONE: Total Yearly Income Before Deductions of ALL Household Members		
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> Less than \$26,973		
<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input checked="" type="checkbox"/> More than \$26,973	<input type="checkbox"/> More than \$36,482	<input type="checkbox"/> More than \$45,991
<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> More than \$55,500	<input type="checkbox"/> More than \$65,009	<input type="checkbox"/> More than \$74,518
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> More than \$84,027	<input type="checkbox"/> More than \$93,536	<input type="checkbox"/> More than \$103,045
			<input type="checkbox"/> More than \$112,554	<input type="checkbox"/> More than \$122,063	<input type="checkbox"/> More than \$131,572
* For each additional family member add: \$9,509					

Income eligibility guidelines are effective July 1, 2023 – June 30, 2024

jennifer guerra

8/25/23

Parent/Guardian Name (Signature)

Date

School Name

Student Name (Printed)

Grade Level