

EOAC Waco Charter School

2018-2019

Name of Student _____ Sex _____

First Middle Last

2018-2019 Grade Level _____ SS# _____ Birth Date _____

Age as of 9-1-18 _____ Circle one: White, Black, Hispanic, Other _____

Address _____

City State Zip

Home Phone (_____) _____ Cell Phone (_____) _____

What district is your child transferring from? _____

What school is your child transferring from? _____

I understand that WCS may deny enrollment to students who have a documented history of criminal offense, or juvenile court adjudication, or discipline problems under Subchapter A, 37.

Initial: _____

I give my child permission to:

- 1) Attend school sponsored field trips: YES NO
- 2) Be photographed: YES NO
- 3) Be video taped: YES NO
- 4) Display their picture on the schools website: YES NO

Name of First Parent/Guardian _____

Relationship to student _____ Home Phone # _____

Employer _____ Work Phone # _____

Name of Second Parent/Guardian _____

Relationship to student _____ Home Phone # _____

Employer _____ Work Phone # _____

Emergency Contact: _____

Name

Relationship to student

Phone #

Emergency Contact _____

Name

Relationship to student

Phone #

My child takes the following medication: _____

The school may give my child the following medication: _____

My child has the following allergies: _____

Doctor/Hospital Preference: _____ Doctor/Hospital Phone _____

You MUST notify the school of a change in address or phone number(s). The information asked above is needed as a permanent school record for your child and will be used by school personnel. This is to certify the above information is correct. I, the undersigned, so hereby authorize officials of the school to contact directly the persons named on this form, and do authorize the above named physician to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physician, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is necessary in their judgment, for health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

In accordance with TEC25.002(f), the following information must be provided by the person enrolling any student in EOAC Waco Charter School.

Parent/Guardian Name (Print) _____

Parent/ Guardian (Sign) _____ Date _____

Previous School History

Please list all schools your child has attended before enrolling in EOAC Waco Charter School.

1) Name of School: _____

District: _____ Teacher: _____

Year(s) Attended: _____ Grades: _____

Did student receive any of the following:

_____ Special Ed _____ ESL _____ Speech _____ Discipline Referrals

Reason for Leaving: _____

2) Name of School: _____

District: _____ Teacher: _____

Year(s) Attended: _____ Grades: _____

Did student receive any of the following:

_____ Special Ed _____ ESL _____ Speech _____ Discipline Referrals

Reason for Leaving: _____

3) Name of School: _____

District: _____ Teacher: _____

Year(s) Attended: _____ Grades: _____

Did student receive any of the following:

_____ Special Ed _____ ESL _____ Speech _____ Discipline Referrals

Reason for Leaving: _____

EOAC **Waco Charter School**

2018 -2019

Emergency Contact Information

Childs Name: _____

Name of Emergency Contact: _____

Phone # of Emergency Contact: _____

Name of Emergency Contact: _____

Phone # of Emergency Contact: _____

I give permission to the following individuals to pick up my child from school:

1. Name(as it is on ID) _____
 First Middle Last

Relationship _____ Phone # _____

2. Name(as it is on ID) _____
 First Middle Last

Relationship _____ Phone # _____

3. Name(as it is on ID) _____
 First Middle Last

Relationship _____ Phone # _____

Children MUST be picked up from school by 5:30pm. In the event that you must send someone not identified on this list, you must send a letter of permission with your child or turn it in the front office. Children will not be released to anyone without permission from a parent or guardian, and everyone must show ID before they are given access to any student.

Parent/Guardian Signature _____ Date _____

Home Language Survey

Students Name: _____

SS # _____ Grade _____

To Be Filled Out By Parent/Guardian

What language is spoken in your home most of the time: _____

What language does your child speak most of the time: _____

Do Not Remove From Cumulative Folder.

This Is A Permanent Record.

Grades Pre K - 12

Signature of Parent/Guardian

Date

Cuestionario De Idioma En Casa

Nombre de Estudiante: _____

Numero de Seguro: _____ Grado _____

Debe Completarse Por Los Padres/Guardian

Cual es el idioma que mas se habla en casa: _____

Cual es el idioma que mas habla si hijo/a: _____

No Remover Del Folder Cumulativo.

Este Es Un Record Permanente.

Grados Pre K - 12

Firma del Padre/Guardián

Fecha

EOAC **Waco Charter School**

2018 -2019

Enrollment Procedures

In accordance with TEC25.002 (f), the following information must be provided by the person enrolling any student in EOAC Waco Charter School.

Parent/Guardian Enrolling student _____

Address _____ Date of Birth _____

Regardless of whether a child's parent, guardian, or other person with legal control of the child under a court order is enrolling a child, under section 25.002(f) as amended last year, a district is required to record the name, address, and date of birth of the person enrolling a child.

Please bring a copy of your driver's license for proof of identity.

Los Procedimientos De Alistamiento

De acuerdo de TEC25.002 (f), la siguiente información debe ser suministrada por la persona de que registra el estudiante en la escuela Waco Charter.

Padre/Guardián registrando al estudiante: _____

Dirección _____ Fecha de Nacimiento _____

A pesar de ser el padre del niño, guardián o persona con control legal del niño bajo una orden de la corte, si esta registrando un niño, bajo sección 25.002(f) se les requiere registrar su nombre, dirección, y fecha de nacimiento de la persona que esta registrando el niño.

Por favor de traer su licencia de manejar para prueba de identificación.

Authorization For Medication

AUTHORIZATION FOR MEDICATION TO BE GIVEN AT THE CENTER _____
DATE

Childs Name: _____

Teachers Name: _____

Doctors Name: _____

Type of Prescription: _____ Prescription No. _____

Time of day medication is given: 1) _____ 2) _____ 3) _____

Amount to be given: (circle one) $\frac{1}{4}$ teaspoon $\frac{1}{2}$ teaspoon
 $\frac{3}{4}$ teaspoon 1 teaspoon
Other: _____

Date to begin medication: _____ Date to end medication: _____

Other information concerning administration of medication: _____

Why is your child taking this medication: _____

STORAGE OF MEDICATION: (circle one) Refrigerate or Cabinet

*******PLEASE NOTE*******

1. Medication must be picked up daily by the parent/guardian.
2. If a child needs medication immediately after getting to school, please have the medication prior to bringing the child to school.

Parent/Guardian Signature

Date of Authorization: _____

Date: _____ Time: _____

Permission for Academic and Behavior Conferences

To protect your rights, we want to request that you tell us who besides yourself can conference with school personnel about your child's academic performance and overall conduct while enrolled at school.

I give permission to the following family members to discuss my child's academic performance and his/her behavior while at school:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

I understand that it is my responsibility to inform the school of any changes to this list.

Parent/Guardian signature: _____ Date: _____

Waco Charter School

Pick up authorization.

CHILD

GRADE LEVEL

(Niño)

(Nivel de Grado)

Parent Name _____

(Nombre del Padre)

Home Address _____

(Direccion de Casa)

Home Phone Number _____

Work Phone Number _____

My children may be picked up by the following people: I understand that these individuals may be required to show identification.

Las siguientes personas pueden recoger a mis niños: Comprendo que estas personas se les puede pedir identificación.

NAME	RELATIONSHIP	PHONE NUMBER
<i>(Nombre)</i>	<i>(Relacion)</i>	<i>(Telefono)</i>

_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Signature (Firma del Padre)

Date (Fecha)

Permission to Videotape/ Photograph

EOAC Waco Charter School

2018-2019

Name of Student _____ Sex _____

2018-2019 Grade Level _____ SS# _____ Birth Date _____

I give my child permission to:

- 1) Attend school sponsored field trips: YES NO
- 2) Be photograph: YES NO
- 3) Be video tape: YES NO

Display their picture on the schools website: YES NO

Name of the Parent/ Guardian _____

Relationship to student _____ Home Phone _____

EOAC Waco Charter School

Title I Parent Involved Policy

The faculty, parent, staff, and community members of EOAC Waco Charter School developed and agreed upon the following written policy for parental involvement during their yearly development planning meeting.

- I. The Parental Involvement District Policy will be distributed Via the student Handbook during the first six of the school year to all parents at Title I campuses.
- II. It will be the responsibility of school staff to establish a two-way communication process with parents and families regarding their children's academic progress. This should include, but not limited to: progress report cards, face to face conferences, telephone calls, notes, newsletters, etc.
- III. The district and the schools will make every effort to communicate with parents in a language that is understandable. Communicate with parents may include, but not limited to homework, telephone trees, electronic mail, newsletters, meetings, etc.
- IV. EOAC Waco Charter School will hold an annual meeting during the first six weeks to discuss the Title I school – wide programs with parents and community members.
- V. A School- wide Parent Advisory Council (PAC) will be formed and will meet at least twice a year to share a campus activities, resources and evaluate the School/Title I Programs.
- VI. Parents will be given the opportunity to provide input and make recommendations regarding the EOAC Waco Charter School Improvement Plan, the Title I program, and the Parent Involvement Policy through the Parent Advisory Council and parent meetings.
- VII. During the first six weeks of school, parents will be provided information regarding the school's curriculum, types of academic assessment used to measure student progress, and which proficiency levels students are expected to meet.
- VIII. EOAC Waco Charter Will provide information and support for parents to utilize.
- IX. In order to meet the changing needs of our school, the Parent Involvement Policy will be reviewed and updated during the annual EOAC Waco Charter School revision process each year.

EOAC Waco Charter School

Parent-School Learning Compact

This mission of the EOAC Waco Charter School is to prepare all students to graduate with the knowledge and skills to become productive and responsible citizens.

Parent responsibilities:

- Allow a place for your student to do their homework, signing papers, Report Cards, etc.
- Know what my child should learn and know at grade level and how I, as a parent can help my child learn.
- Communicate regularly with my child's teacher in order to know how my child is doing.
- Make sure my child attends school on time and ready to learn.
- Balance my child's TV and video game playing time with learning opportunities such as reading 20 to 30 minutes daily or going to the library.
- Inform teacher if my child is having difficulty with homework or is having difficulty in school.
- Attend parent conferences, PTO meetings, and parent education workshops and volunteer at least 3 hours in the school.
- Provide necessary supplies to help my child be prepared for school and be able to complete assignments.
- Create home environment that is safe for my child.
- Be an active parent/guardian and volunteer in my child's class or child's school.
- Know my child's friends and parents.
- Ensure that your child is in dress code and personal hygiene is taken care of.
- Parents to cover up and dress appropriately when entering the building.
- Parents, please make sure you update your personal information when you move or change phone numbers.
- Do not use cell phones in the hallways or classrooms.

Parent Signature: _____ Date: ____/____/____

Student Responsibilities

- Place homework in bag and get their materials.
- Help create a safe environment by following school rules.
- Follow the dress code policy.
- Come to school prepared with school supplies, books, and homework.
- Come to school on time ready to learn every day.
- Attend before and after school tutoring if they have difficulty with assignments.
- Have and show respect for my principal, teachers, school staff members, and other students.
- Take pride and care of the school and its environment.
- Come to school with positive attitude.

Student Signature: _____ Date: ____/____/____

Teacher Responsibilities

- Create a learning environment where students feel safe, respected, and nurtured in order for a healthy student-to-student relationships and healthy teacher-to-teacher relationships to exist.
- Provide two-way communication with parent/guardian and child "what" student should learn and know at grade level and "how" to engage parents in child's education. Schedule parent conferences as needed.
- Expect and challenge all students to learn at rigorous, high level of thinking and make connections with learning to real world applications.
- Seek resource and assistance for a child who is struggling with learning or having difficulty in school.

Teacher Signature: _____ Date: ____/____/____



EOAC (Waco Charter)
Family Survey
2018-2019



In order to better serve your child/children, the school district would like to identify students who may qualify to receive additional educational services. The information provided will be kept confidential.

Please print and return form to school office:

Campus: _____ Date: _____
 Student Name: _____ Grade: _____
 Father/Guardian: _____ Mother/Guardian: _____
 Father's Place of Employment: _____ Mother's Place of Employment: _____
 Home Address: _____ City: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please answer the following questions:

1. Within the past 3 years, have you moved from one city, state, or school district to another?
 Yes No
2. If yes, did you or your child move/leave in order to work in agriculture or fishing (temporary or seasonal)?
 (By checking yes, you are stating that you have worked in agricultural or fishing work within the last 36 months).
 Yes No

If you answered **YES** to question 2, please check all that apply.



Working with fruits, vegetables, cotton, wheat, grain, agricultural farms, fields or vineyards



Working in a cannery



Working on a dairy farm. Working on a ranch-feeding livestock, clearing fields or building fences for livestock



Working in a slaughterhouse-packaging and cutting meat



Working in a plant nursery, orchard, growing or harvesting trees or picking pecans



Working in a fishery



Working on a poultry farm

Other similar work, please explain:

For more information, please contact Migrant Service Coordinator: Richard Menchaca 254-297-1133

Exhibit 1A Student/Staff Ethnicity and Race Data Questionnaire in English

**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: _____

Provide the following information for school-age siblings (brothers and/or sisters) of the student:

Last Name	First Name	Brother or Sister	Stay at the same place (X)	Grade	School	District

List all other school-aged children that stay in the same place

Last Name	First Name	Grade	School	District

Signature of Person Providing Information
 Parent/Legal Guardian/Caregiver/Unaccompanied Student

Date

For School Use Only

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

McKinney-Vento Liaison Signature

Socioeconomic Information Form

CONFIDENTIAL

Student Name _____ Student Grade _____ Student Date of Birth _____

School Name _____ Student ID _____

Example ISD 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.

SECTION A

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)

How many members are in the household (include all adults and children)? _____

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

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$0 – 21,590 | <input type="checkbox"/> \$44,124 – 51,634 | <input type="checkbox"/> \$74,168 – 81,678 | <input type="checkbox"/> \$104,212 – 111,722 |
| <input type="checkbox"/> \$21,591 – 29,101 | <input type="checkbox"/> \$51,635 – 59,145 | <input type="checkbox"/> \$81,679 – 89,189 | <input type="checkbox"/> \$111,723 – 119,233 |
| <input type="checkbox"/> \$29,102 – 36,612 | <input type="checkbox"/> \$59,146 – 66,656 | <input type="checkbox"/> \$89,190 – 96,700 | <input type="checkbox"/> \$119,234 – 126,744 |
| <input type="checkbox"/> \$36,613 – 44,123 | <input type="checkbox"/> \$66,657 – 74,167 | <input type="checkbox"/> \$96,701 – 104,211 | <input type="checkbox"/> \$126,745 and above |

compensation, unemployment and all other sources of income (*before any type of deductions*)

SIGNATURE Please check one of the following two boxes as appropriate.

In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA) no student shall be required, as part of any program funded in whole or in part by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent or legal guardian.

I certify that all the information on this form is true and that all income is reported. I understand the school will receive federal funds and will be rated for accountability based on the information I provide.

I choose not to provide this information. I understand that the school's disbursement of federal funds and accountability rating may be affected by my choice.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____

Date _____



Computer Network and Internet Access Policy

Disclaimer

The Internet is a constantly growing worldwide network of computers and servers that contain millions of pages of information. Users are cautioned that many of these pages include offensive, sexually explicit, and inappropriate material. Users are further cautioned that it is difficult to avoid at least some contact with this material while using the Internet. Even innocuous search requests may lead to sites with highly offensive content. Additionally, having an e-mail address on the Internet may lead to receipt of unsolicited e-mail containing offensive content. Employees, users and students (herein referred to as "Users," or "User") accessing the Internet do so at their own risk and understand and agree that EOAC Waco Charter School (herein referred to as "School," or "The School") is not responsible for material viewed or downloaded by users from the Internet. To minimize these risks, your use of the Internet at EOAC Waco Charter School is governed by the following policy:

Permitted Use of Internet and Company computer network

The computer network is the property of The School and is to be used for legitimate business and educational purposes. Users are provided access to the computer network to assist them in the performance of their jobs and education. Additionally, certain Users may also be provided with access to the Internet through the computer network. All Users have a responsibility to use The School's computer resources and the Internet in a professional, lawful and ethical manner. Abuse of the computer network or the Internet, may result in disciplinary action, including possible termination, and civil and/or criminal liability.

Computer Network Use Limitations

PROHIBITED ACTIVITIES. Without prior written permission from The School, The School's computer network may not be used to disseminate, view or store commercial or personal advertisements, solicitations, promotions, destructive code (e.g., viruses, Trojan horse programs, etc.) or any other unauthorized materials. Occasional limited appropriate personal use of the computer is permitted if such use does not a) interfere with the User's or any other employee's job performance; b) have an undue effect on the computer or company network's performance; c) or violate any other policies, provisions, guidelines or standards of this agreement or any other of the School. Further, at all times users are responsible for the professional, ethical and lawful use of the computer system. Personal use of the computer is a privilege that may be revoked at any time.

ILLEGAL COPYING. Users may not illegally copy material protected under copyright law or make that material available to others for copying. You are responsible for complying with copyright law and applicable licenses that may apply to software, files, graphics, documents, messages, and other material you wish to download or copy. You may not agree to a license or download any material for which a registration fee is charged without first obtaining the express written permission of the school.

COMMUNICATION OF TRADE SECRETS. Unless expressly authorized to do so, Users are prohibited from sending, transmitting, or otherwise distributing proprietary information, data, trade secrets or other confidential information belonging to The School. Unauthorized dissemination of such material may result in severe disciplinary action as well as substantial civil and criminal penalties under State and Federal Economic Espionage laws.

Duty not to Waste or Damage Computer Resources

ACCESSING THE INTERNET. To ensure security, avoid the spread of viruses & malware, and to maintain The School's Internet Usage Policies or Acceptable Use Policies, employees and students may only access the Internet through a computer attached to The School's network and approved Internet firewall or other security device(s). Bypassing The School's computer network security by accessing the Internet directly by personal connections such as (but not limited to) Cellular Networks, Wimax, modems, or proxy avoidance techniques or by any other means is strictly prohibited.

FRIVOLOUS USE. Computer resources are not unlimited. Network bandwidth and storage capacity have finite limits, and all Users connected to the network have a responsibility to conserve these resources. As such, Users must not deliberately perform acts that waste computer resources or unfairly monopolize resources to the exclusion of others. These acts include, but are not limited to, sending mass mailings or chain letters, spending excessive amounts of time on the Internet, playing games, engaging in online chat



groups or other social media, uploading or downloading large files, accessing streaming audio and/or video files, or otherwise creating unnecessary loads on network traffic associated with non-business-related uses of the Internet.

VIRUS DETECTION. Files obtained from sources outside The School, including disks brought from home, files downloaded from the Internet, newsgroups, bulletin boards, or other online services; files attached to e-mail, and files provided by customers or vendors, may contain dangerous computer viruses that may damage The School's computer network. Users should never download files from the Internet, accept e-mail attachments from outsiders, or use disks from non-School sources, without first scanning the material with school-approved virus checking software. If you suspect that a virus has been introduced into The School's network, notify The School immediately.

No Expectation of Privacy

Employees are given computers and Internet access to assist them in the performance of their jobs. Employees and students should have no expectation of privacy in anything they create, store, post, send or receive using the school's computer equipment. The computer network is the property of The School and may be used only for School purposes.

Waiver of privacy rights. User expressly waives any right of privacy in anything they create, store, post, send or receive using the company's computer equipment or Internet access. User consents to allow company personnel access to and review of all materials created, stored, sent or received by User through any School network or Internet connection.

Monitoring of computer and Internet usage. The School has the right to monitor and log and archive any and all aspects of its Computer system including, but not limited to, monitoring Internet sites visited by Users, monitoring chat and newsgroups, monitoring file downloads, and all communications sent and received by users via Email, IM & Chat & Social Networking.

Blocking Sites With Inappropriate Content

The School has the right to utilize hardware and software that makes it possible to identify and block access to Internet sites containing sexually explicit or other material deemed inappropriate in the workplace.

Blocking Sites With Non-productive Content

The School has the right to utilize hardware and software that makes it possible to identify and block access to Internet sites containing non-work-related content such as (but not limited to) Drug Abuse; Hacking; Illegal or Unethical; Discrimination; Violence; Proxy Avoidance; Plagiarism; Child Abuse; Alternative Beliefs; Adult Materials; Advocacy Organizations; Gambling; Extremist Groups; Nudity and Risqué; Pornography; Tasteless; Weapons; Sexual Content; Sex Education; Alcohol; Tobacco; Liquor and Swimsuit; Sports; Hunting; War Games; Online Gaming; Freeware and Software Downloads; File Sharing and Offsite Storage; Streaming Media; Peer-to-peer File Sharing; Internet Radio or TV; Internet Telephony; Online Shopping; Malicious Websites; Phishing; SPAM; Advertising; Brokerage and Trading; Web-Based Personal Email; Entertainment; Arts and Culture; Education; Health and Wellness; Job Search; Medicine; News and Media; Social Networking; Political Organizations; Reference; Religion; Travel; Personal Vehicles; Dynamic Content; Folklore; Web Chat; Instant Messaging or IM; Newsgroups and Message Boards; Digital Postcards; Education; Real Estate; Restaurant or Dining; Personal Websites or Blogs; Content Servers; Domain Parking; Personal Privacy; Finance and Banking; Search Engines and Portals; Government and Legal Organizations; Web Hosting; Secure Sites; or Web-based Applications.

Acknowledgement of Understanding

I have read and agree to comply with the terms of this policy governing the use of The School's computer network. I understand that violation of this policy may result in disciplinary action, including possible termination and civil and criminal penalties.

Printed Name: _____

Student's Name _____

Signature: _____

Date: _____

Student Residency Questionnaire

The information on this form is required to meet The Education for Homeless Children and Youth (EHCY) program, authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.), also known as the McKinney-Vento Act.

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. Texas Education Code Sec. 25.002(3)(d).

All of the questions below refer to the student that is enrolling.

Today's Date (MM/DD/YYYY):			
School:			
Last Name:			
First Name:			
Middle Name:			
Student Identification (ID) Number (NOT the Social Security #):			
Birth Date (MM/DD/YYYY):			
Grade:			
Last School Attended:			
Last District Attended:			
Address where the student sleeps at night (Street Address, Apartment #, City, Zip):			
How long has the student been at this address?			
Main Phone Number:			
Other Phone Number:			
Other Phone Number for Emergencies:			

"X" all boxes below that best describe where the student sleeps at night, leave those blank that do not apply:

	<p>In a home that the student's parent or legal guardian owns or rents (C189=0)</p>
	<p>In a place that does not have windows, doors, running water, heat, electricity, or is overcrowded (C189=3)</p>
	<p>Staying with a friend or relative because of loss of housing, economic hardship, or a similar reason (C189=2) <i>(Examples: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)</i></p>
	<p>In a shelter (C189=5) <i>(Examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)</i></p>
	<p>In an unsheltered location, such as:</p> <ul style="list-style-type: none"> • a tent • a car or truck • a van • an abandoned building • on the streets • at a campground • in the park • in a bus or train station • other similar place <p>(C189=3)</p>
	<p>In a hotel or motel because of loss of housing or economic hardship (C189=4) <i>(Examples: eviction, foreclosure, cannot get deposits for permanent home, flood, fire, hurricane)</i></p>
	<p>In a transitional housing program (C189=5) <i>(Housing that is available as part of a program for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, governmental agency, or another organization)</i></p>
	<p>The student lives here because of a natural disaster. "X" the type of disaster below and provide the requested information:</p> <p><input type="checkbox"/> Hurricane—Name of hurricane: _____</p> <p><input type="checkbox"/> Flood</p> <p><input type="checkbox"/> Tornado</p> <p><input type="checkbox"/> Wildfire</p> <p><input type="checkbox"/> Other—Please describe: _____</p> <p>Date the natural disaster took place: _____</p> <p>Where the natural disaster took place, including county: _____</p>
	<p>The student does not sleep in any of the places described above. Tell below where the student does sleep:</p>