



**BARBERS HILL**  
Independent School District  
**New Student Registration Form  
2016 – 2017**

<b>Office Use Only</b>	
Date Enrolled:	_____
Homeroom Teacher:	_____
Bus #:	_____ Run #: _____
Food Service Key Pad #:	_____
Family Access-Login:	_____
Password:	_____
9 <sup>th</sup> Grade Start Date: (HS ONLY):	_____

**STUDENT INFORMATION**

▶ PLEASE PRINT ◀

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Full Name as listed on **Birth Certificate** (include Jr., III, IV, etc.)

Physical Street Address: \_\_\_\_\_  
Street address, City, ZIP

Mailing Address (if different from physical address): \_\_\_\_\_

Home Phone: \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Names and Birthdates of students living in home also attending BHISD: \_\_\_\_\_

Was student born outside of the United States?  Yes  No If yes, has the student attended a United States school for 3 full academic years?  Yes  No

Is student currently in Foster Care? (conservatorship of the Department of Family & Protective Services)  Yes\*  No \*If yes, present form 2085 or court order

Has student previously been in Foster Care?  Yes  No

In the event my child should require additional academic support in any academic area, I give permission for him/her to receive in-school tutorials as needed.  Yes  No

**PARENT/GUARDIAN INFORMATION**

<input type="checkbox"/> FATHER or <input type="checkbox"/> Legal Male Guardian	<input type="checkbox"/> MOTHER or <input type="checkbox"/> Legal Female Guardian
Name: (Natural Father's Name unless child has been adopted)	Name: (Natural Mother's Name unless child has been adopted)
Address: (if different from Student's) Physical Address: _____ Mailing Address: _____	Address: (if different from Student's) Physical Address: _____ Mailing Address: _____
Home Phone Number: _____	Home Phone Number: _____
Cellular Phone Number: _____	Cellular Phone Number: _____
Work Phone Number: _____	Work Phone Number: _____
Email Address: _____	Email Address: _____
Birthdate: (for security purposes) _____/_____/_____	Birthdate: (for security purposes) _____/_____/_____

Student resides with:  Both Natural Parents  Father  Mother  Guardian(s)  Other (Specify) \_\_\_\_\_  
( Natural or  Step) ( Natural or  Step)

**Previous School Information**

Name of Last School attended: \_\_\_\_\_ Telephone and/or FAX: \_\_\_\_\_

Address of Last School attended/City/State/ZIP: \_\_\_\_\_

List ALL schools student has attended beginning with Kindergarten to present: \_\_\_\_\_

Speaks English:  Yes  No Retained in any Grade(s)?  Yes\*  No If \*yes, what Grade(s)? \_\_\_\_\_

Has student ever attended Barbers Hill Schools before?  Yes  No If Yes, give date: \_\_\_\_\_

**Special Program Information**

Is your child currently eligible for any of the following programs? *(please check all that apply)*

<input type="checkbox"/> Yes <input type="checkbox"/> No	Special Education student	<input type="checkbox"/> Yes <input type="checkbox"/> No	Speech Therapy student	<input type="checkbox"/> Yes <input type="checkbox"/> No	RTI student
<input type="checkbox"/> Yes <input type="checkbox"/> No	Gifted and Talented student	<input type="checkbox"/> Yes <input type="checkbox"/> No	ESL/Bilingual Education student	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dyslexia student
<input type="checkbox"/> Yes <input type="checkbox"/> No	Title 1 student	<input type="checkbox"/> Yes <input type="checkbox"/> No	Migrant student	<input type="checkbox"/> Yes <input type="checkbox"/> No	504 student

**EMERGENCY CONTACT INFORMATION**

*Please give two names (relative, neighbor, friend) in the event that parent/guardian cannot be reached.*

<b>#1 Name:</b>	<b>#2 Name:</b>
Relationship to Student:	Relationship to Student:
Home Phone Number:	Home Phone Number:
Cellular Phone Number:	Cellular Phone Number:
Work Phone Number:	Work Phone Number:
Birthdate: <i>(for security purposes-include year)</i> ____/____/____	Birthdate: <i>(for security purposes-include year)</i> ____/____/____

<b>#3 Name:</b>	<b>#4 Name:</b>
Relationship to Student:	Relationship to Student:
Home Phone Number:	Home Phone Number:
Cellular Phone Number:	Cellular Phone Number:
Work Phone Number:	Work Phone Number:
Birthdate: <i>(for security purposes-include year)</i> ____/____/____	Birthdate: <i>(for security purposes-include year)</i> ____/____/____

In case of accident or serious illness, the school will contact the parent and/or guardian. If the school is unable to reach parent and/or guardian, I hereby authorize the school to make whatever arrangements deemed necessary for the health and well-being of the student. Please be aware that some health information may be shared with appropriate school staff in order to have a better understanding of the health status of your child.

**Education Code 25.002(d)**

When accepting a child for enrollment, the District shall inform the parent or other person enrolling the child that presenting false information or false records for identification is a criminal offense under Penal Code 37.10 and that enrolling the child under false documents makes the person liable for tuition or other costs as provided below.

**Education Code 25.001(h)**

A person who knowingly falsifies information on a form required for a student's enrollment in the District shall be liable to the District if the student is not eligible for enrollment, but is enrolled on the basis of false information. For the period during which the ineligible student is enrolled, the person is liable for the maximum tuition fee the District may charge [see FDA(LEGAL)] or the amount the District has budgeted per student as maintenance and operating expense, whichever is greater.

Barbers Hill Independent School District will enforce these codes to the fullest extent.

***I have read the preceding Education Code statements and fully understand the consequences of falsification of documentation.***

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only**  
**Data Entry Personnel Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**REQUIRED HOME LANGUAGE SURVEY**  
**ENCUESTA REQUERIDA SOBRE EL IDIOMA QUE SE HABLA EN EL HOGAR**

**Student Name:** \_\_\_\_\_ **School:** \_\_\_\_\_  
(Nombre del Alumno) (Escuela)

**Student Address:** \_\_\_\_\_  
(Domicilio)

**Home Phone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
(Teléfono del Hogar) (Fecha de Nacimiento) Month/Mes Day/Día Year/Año (Grado)

The Texas Education Code requires schools to determine the language(s) spoken at home by each student in order to provide an appropriate program of instruction. Please answer the following questions to help us place your child in the most appropriate instructional program.

El Código de Educación de Texas requiere que las escuelas determinen la idioma que habla cada alumno en el hogar para poder proveer un programa de instrucción apropiado. Por favor conteste las siguientes preguntas para ayudarnos colocar su hijo(a) en el programa instruccional más apropiado.

1. **What language is spoken in your home MOST of the time? (choose 1)**  
(¿Cual idioma se habla en su hogar la MAYORIA del tiempo? Escoja Una)

English Inglés       Spanish Español       Other Specify Otro (Especifique) \_\_\_\_\_

2. **What language does your child speak MOST of the time? (choose 1)**  
(¿Cual idioma habla su hijo/a la MAYORIA del tiempo? Escoja Una)

English Inglés       Spanish Español       Other Specify Otro (Especifique) \_\_\_\_\_

3. **Place of Birth (Country of Origin)**  
(Lugar de nacimiento, País de Origen)

\_\_\_\_\_  
**City/Cuidad**      **Country/País**

4. **Date of initial entry into U.S. Schools**  
(Fecha inicial de entrada a escuelas en Estados Unidos)

\_\_\_\_\_  
**Month/Mes**      **Day/Día**      **Year/Año**

5. **Number of academic years completed in U.S. Schools:** \_\_\_\_\_  
(Numero de años academicos completados en escuelas de Estados Unidos)      **Years/Años**

**Parent/Guardian Signature** \_\_\_\_\_  
Firma del Padre/Guardián

**Date:** \_\_\_\_\_  
Fecha

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**FOR OFFICE USE ONLY/ SOLAMENTE PARA LA OFICINA**

May, 2014

**Note To School Personnel:**

1. Place the original copy of the Required Student Survey, completed upon registration, in the student's permanent folder.
2. Call and send a copy of the Required Student Survey to the ESL/LEP Coordinator when an answer other than English is given to question 1 or 2.

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Barbers Hill Independent School District

Texas Education Agency

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 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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Observer signature box containing fields for Ethnicity, Race, school type (KC, PS, ESNorth, ESSouth, MSNorth, MSSouth, HS), and Observer signature and Date.

# BARBERS HILL INDEPENDENT SCHOOL DISTRICT - Health Inventory

NAME \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ BIRTH WEIGHT \_\_\_\_\_

CAMPUS \_\_\_\_\_ SCHOOL YEAR 2016-2017 GRADE \_\_\_\_\_

**Parent/Guardian: Please fill in this form and be aware that the information given on this form may be shared with appropriate school staff in order to have a better understanding of the health status of your child.**

**Parents are responsible for notifying the school nurse with your child's specific health conditions.**

DISEASE HISTORY	★YES	NO	DISEASE HISTORY	★YES	NO
ADD, ADHD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Ear Infections/Hearing Problems	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Allergy (specify) _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Eating Disorder	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Arthritis	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Headaches	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Asthma (specify) _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Heart/Cardiovascular Disease	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Autism	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Lactose Intolerant	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Bladder/Kidney Conditions	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Measles	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Brain Injury	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Muscular Dystrophy	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Cancer	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Orthopedic	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Cerebral Palsy	<input type="checkbox"/> YES	<input type="checkbox"/> NO	School Phobia	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Chickenpox → Date of illness: _____</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Seizures	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Cystic Fibrosis	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Spina Bifida	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Depression	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Tourette's Syndrome	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Diabetes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Ventriculo-Peritoneal Shunt	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Down's Syndrome	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Vision Problems/Glasses/Contacts	<input type="checkbox"/> YES	<input type="checkbox"/> NO

★ If Yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Other Conditions/Accidents (give date and reason) \_\_\_\_\_  
 \_\_\_\_\_

Hospitalizations/Surgeries (give date and reason) \_\_\_\_\_  
 \_\_\_\_\_

Is your child currently under any type of medical care?       Yes       No

If there are any restrictions due to any of the above conditions, you must provide an **annual** note from your child's doctor:  
 (please specify) \_\_\_\_\_

Is your child taking any medication?       Yes\*       No

\*If yes, are they taking medication at home or school?       Home       School

Please list all medications: (home and school) \_\_\_\_\_

*(All medications administered at school require completion of additional paperwork.)*

Reason for medication(s): \_\_\_\_\_

Name of doctor/clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

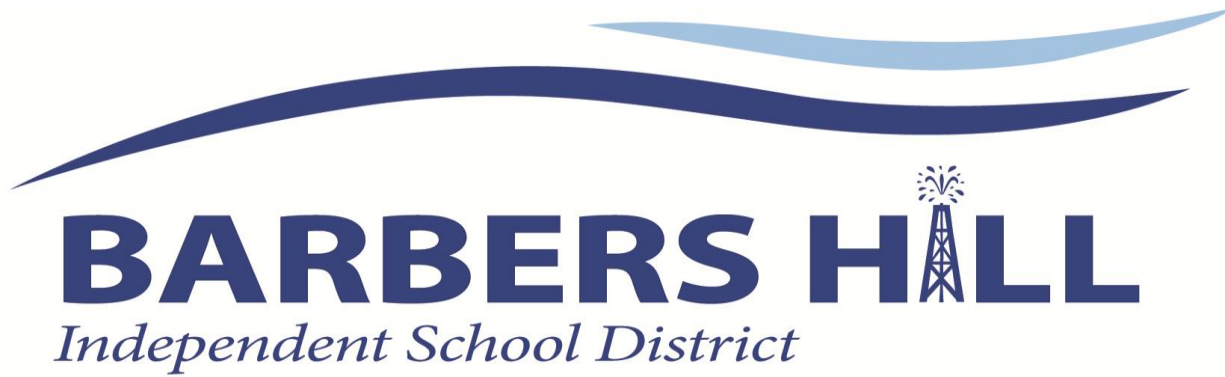
Is there anything special you wish to bring to our attention? \_\_\_\_\_

Lived or traveled out of country within past 30 days?       Yes\*       No      \*If yes, where \_\_\_\_\_

**State Mandated health screenings, conducted at various grade levels, include height, weight, vision, hearing, scoliosis, dental checks, and Acanthosis Nigricans. Growth and development classes are offered in 5<sup>th</sup> grade. There is a nurse on the faculty of each school. Please feel free to consult her about the health of your child.**

Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_



## REQUEST FOR FOOD ALLERGY INFORMATION

**HB 742 from the 82<sup>nd</sup> Texas Legislature (2011) requires school districts to request, at the time of enrollment, that the parent or guardian of each student attending the District disclose the student's food allergies.**

**This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.**

**\*"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Campus:    KC      PS      ESNorth      ESSouth      MSNorth      MSSouth      HS

My child **does not** have any food allergies. Please sign at bottom of page.

My child **has** a food allergy(ies). Please complete the form and sign below.

My child **has** a severe food allergy(ies)\* as defined above. Please complete the form and sign below.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food.

Food	Nature of allergic reaction <i>(please select all that apply)</i>					
	<input type="checkbox"/> Hives	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Trouble Breathing	<input type="checkbox"/> Itching	<input type="checkbox"/> Swelling	<input type="checkbox"/> Other:
	<input type="checkbox"/> Hives	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Trouble Breathing	<input type="checkbox"/> Itching	<input type="checkbox"/> Swelling	<input type="checkbox"/> Other:
	<input type="checkbox"/> Hives	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Trouble Breathing	<input type="checkbox"/> Itching	<input type="checkbox"/> Swelling	<input type="checkbox"/> Other:
	<input type="checkbox"/> Hives	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Trouble Breathing	<input type="checkbox"/> Itching	<input type="checkbox"/> Swelling	<input type="checkbox"/> Other:

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy. [See FL]

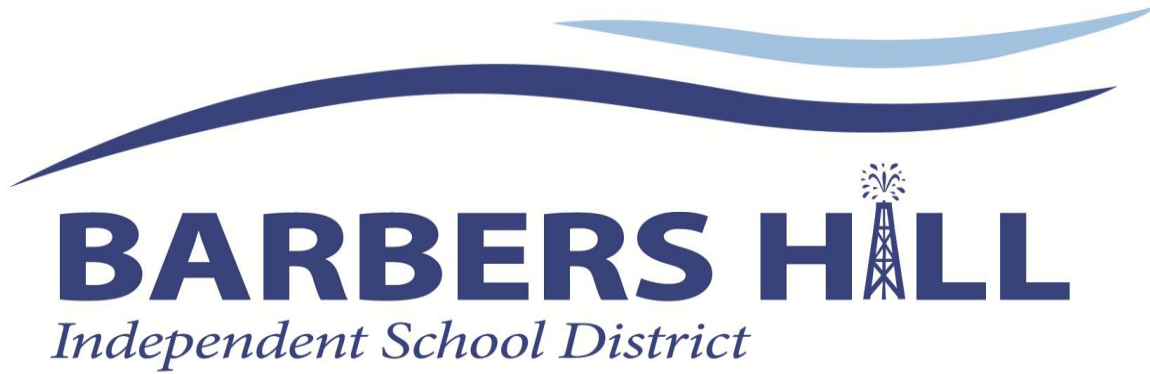
Parent/Guardian name: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date form was received by the school: \_\_\_\_\_

**Additional information regarding food allergies, including maintaining records related to a student's food allergies, can be found at FD(LEGAL) and FL(LEGAL) – Food Allergy Information.**



## CORPORAL PUNISHMENT AGREEMENT

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Date: \_\_\_\_\_

I,

DO

DO NOT

hereby give permission to the administration of Barbers Hill Independent School District to use corporal punishment in disciplining my child at Barbers Hill Independent School District. I understand and agree to the following guidelines and conditions as set forth in Barbers Hill Independent School District's Policy FO (LOCAL) STUDENT DISCIPLINE: Corporal Punishment.

(<http://pol.tasb.org/Policy/Download/281?filename=FO%28LOCAL%29.pdf>)

Parent / Guardian Signature: \_\_\_\_\_

Relation to student: \_\_\_\_\_

# FAMILY SURVEY



District Name: Barbers Hill ISD Date: \_\_\_\_\_  
School: KC PS ESNorth ESSouth MSNorth MSSouth HS

Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Dear parents,

In order to better serve your children, the Barbers Hill Independent School District would like to identify students who may qualify to receive additional educational services. The information provided will be kept confidential. Please answer the following questions and return this survey form to your child's school.

If you would like more information, call (281) 576-2221 x-1355.

1. Have you moved within the last 3 years?  
 Yes  No
2. If yes, have you done agricultural or fishing-related work since your move (e.g., field work, canneries, lumbering, dairy work, meat processing)?  
 Yes\*  No
3. \*\*Do you have a child who is under the age of 22 and lacks a US-issued high school diploma or General Education Development (GED) certificate? If so, your child may be eligible to receive a free public education in Texas if he or she meets the criteria of "Out of School Youth."  
 Yes\*  No

\*If you answered "yes" to the questions above, an education representative will contact you to provide additional information. Please provide the following information:

\*\*Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_

Telephone number \_\_\_\_\_

Best time to contact you \_\_\_\_\_



# Barbers Hill Independent School District

PRINT NAME OF STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_ DATE: \_\_\_\_\_

## ELECTRONIC COMMUNICATIONS SYSTEM

### STUDENT AGREEMENT FORM

I understand that my computer use is not private and that the District will monitor my activity on the computer system.

I have read the District's electronic communications system policy and administrative regulations and agree to abide by their provisions. I understand that violation of these provisions may result in suspension or revocation of system access.

Student's signature: \_\_\_\_\_

### PARENT OR GUARDIAN AGREEMENT FORM

**do not** give permission for my child to participate in the District's electronic communications system.

I have read the District's electronic communications system policy and administrative regulations. In consideration for the privilege of my child using the District's electronic communications system, and in consideration for having access to the public networks, I hereby release the District, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system, including, without limitation, the type of damage identified in the District's policy and administrative regulations.

**give** permission for my child to participate in the District's electronic communications system and certify that the information contained on this form is correct.

Parent / Guardian signature: \_\_\_\_\_

Do you have internet access in your home?  Yes  No

Publication described above is available on line by accessing the following web site: <http://www.bhisd.net/page.cfm?p=1536>

Please  check **one** of the following:

I have access to the Internet and will read the Barbers Hill ISD Acceptable Use Guidelines-for the Internet.

I prefer a hard copy of the Barbers Hill ISD Acceptable Use Guidelines-for the Internet.

## PARENT REQUEST FOR PUBLIC NON DISCLOSURE OF SCHOOL DIRECTORY INFORMATION

As noted in the student handbook, state and federal laws provide for public access to student directory information.

Certain information about District students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about this student. If you do not want Barbers Hill ISD to disclose directory information from your child's education records without your prior written consent, you must complete this form annually. Barbers Hill ISD has designated the following information as directory information:

• **Name** • **Photograph** • **Grade Level** • **Most Recent School Attended**

I am requesting that my child's school take **one** of the following actions regarding the release of school directory information.

**DO NOT** release ANY information about my child, including name, photograph, grade level, and most recent school attended.

**DO**, if requested, release information about my child, including name, photograph, grade level, and most recent school attended.

Parent / Guardian Signature: \_\_\_\_\_

## CONSENT FOR THE USE OR PUBLICATION OF IMAGES, RECORDINGS AND/OR WORK

I,  **DO**  **DO NOT** authorize Barbers Hill ISD to use photographs, videotaped images, digital images, and/or voice recordings of the student. I authorize Barbers Hill ISD to use artwork, writing or other schoolwork by the student. Use by Barbers Hill ISD includes, but is not limited to, yearbook, display, publication in newsletters, brochures, internal and external publications, television media and posting on the Barbers Hill ISD website.

Barbers Hill ISD will only identify the person/student in the following way: Student name, school name and grade level

This release is given without the promise or expectation of compensation.

Parent / Guardian Signature: \_\_\_\_\_

## HEALTH INFORMATION

Lived or traveled out of country within past 30 days?  Yes\*  No \*If yes, where: \_\_\_\_\_

# Student Residency Questionnaire

The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as Title X, Part C, of the No Child Left Behind Act. The answers you give will help the school determine the services the student may be eligible to receive. Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Barbers Hill School: KC PS ESN ESS MSN MSS HS Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Sex: Male Female  
Full Name

Please check **ONLY ONE** box that best describes with whom the student resides:

1.  **Parent(s), Legal Guardian, or Caregiver** in my own home or mobile home, apartment; Section 8 housing; or military housing

If you checked  Box 1, this Student Residency form is complete for registration.



★ Please continue if Box 1 does not best describe where the student is now living. Thank you.

- 2.  **In Foster Care** (*conservatorship of the Department of Family & Protective Services-present form 2085 or Court Order*)
- 3.  **Doubled up** (*temporarily sharing the housing of other persons due to loss of housing, economic hardship, or other emergency circumstance, examples: fire, flood, lost job, divorce, domestic violence, kicked out of home, parent in military, parent(s) in jail, etc.*)
- 4.  **In a Shelter** (*emergency shelters, such as family shelter, domestic violence shelter, youth shelter or FEMA shelter*)
- 5.  **Unsheltered** (*i.e. lives on the street, car, park, campground, abandoned building, tent, van, or substandard housing*)
- 6.  **Motel or hotel** (*residing there due to economic hardship, eviction, flood, fire, hurricane, no alternative accommodation*)
- 7.  **Student is Unaccompanied** (*not in the physical custody of a parent or legal guardian*)
- 8.  **None of the above describe my present living situation:** Briefly explain your situation \_\_\_\_\_

Name of person with whom student **resides**: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Emergency: \_\_\_\_\_

Length of Time at Present Address: \_\_\_\_\_ Length of Time at Previous Address: \_\_\_\_\_

Last District Attended: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

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

Name	Grade	School	District	Homeless
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Parent/Legal Guardian/Caregiver/Unaccompanied Student \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

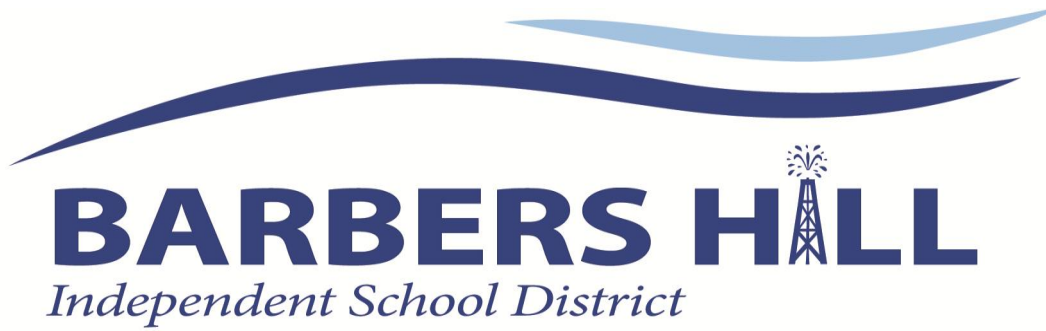
FOR OFFICE USE ONLY - If the answer to questions 2-8 is checked, forward original to BHISD Social Worker.

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

McKinney-Vento Liaison Signature \_\_\_\_\_ Date \_\_\_\_\_

Status Code: 0 1 2 3 4 Unacc Youth Status Code: 3 4

Foster Care Status Code: 0 1 2 September 3, 2015



Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

- Barbers Hill School:    Kindergarten Center    Primary School    Elementary School North  
Elementary School South    Middle School North    Middle School South    High School

**ACKNOWLEDGEMENT FORM**

**STUDENT CODE OF CONDUCT - STUDENT HANDBOOK**

As required by state law, the District has officially adopted the **Student Code of Conduct** in order to promote a safe and orderly learning environment for every student. A **Student Handbook** has also been prepared to guide the students in carrying out their responsibilities.

**Both publications described above are available on the Barbers Hill ISD website for each school.**  
(<http://www.bhisd.net/page.cfm?p=546>) **Select school and publications.**

Please  check **one** of the following:

- I **have access** to the Internet and will read the Barbers Hill I.S.D. District *Code of Conduct* and *Student Handbook*.
- I **prefer a hard copy** of the Barbers Hill I.S.D. District *Code of Conduct* and *Student Handbook*.  
(*Handbook is included in Kindergarten Center, Primary School, and Elementary Schools North and South agendas.*)

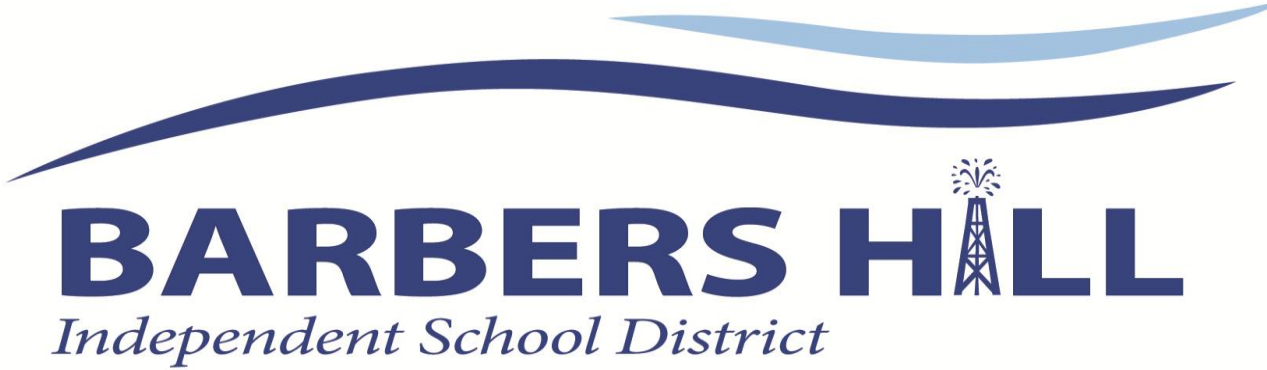
We ask that both the students and parents read through the *Student Code of Conduct* and *Student Handbook*. **Your signatures below confirm that you have received or have access to each.**

*I understand that the handbook contains information that my child and I may need during the school year and all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Code.*

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Military Connected Student Form

In 2009 The Texas Legislature adopted the Interstate Compact on Educational Opportunity for Military Students – Texas Education Code Chapter 162. This legislation requires schools to recognize and extend certain privileges to students who are military dependents and to assist military dependent students in the transition process of changing schools when their military parents are reassigned and forced to relocate.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

Campus:  KC  PS  ESNorth  ESSouth  MSNorth  MSSouth  HS

Please check one box below to indicate if your child is a dependent of a member of:

### For all students KG – 12th:

- Active Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard  
[This includes Missing in Action (MIA)]
- Texas National Guard
- Reserve Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard
- Does not apply

### For Pre-Kindergarten students ONLY:

- Armed forces or reserved forces of the United States (Army, Navy, Air Force, Marine Corps, or Coast Guard) or Texas National Guard who has been injured or killed while on active duty
- Does not apply

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_