Lamesa ISD Enrollment Form

Every Student Every day

School Year:	Current Campus:	Grade:	enrollment date:

Student Information

Last Name:	SSN/State ID:	Special Programs
First Name:	Birth date:	☐ Special Ed
Middle Name:	Birth place:	☐ Speech
Gender: ☐ Male ☐ Female	Student Email:	☐ Dyslexia
Ethnicity:	Student Cell:	☐ Bilingual
English Speaking: ☐ Yes ☐ No	Language Spoken: ☐ English ☐ Spanish ☐ Other:	☐ ESL
Ever been retained: ☐ Yes ☐ No	Grade retained:	☐ Gifted/Talented
Previous School:	City/State:	☐ Section 504
		☐ Migrant
		☐ Military Connected
		☐ Transfer Student
		☐ Foster Care Family
		☐ in Transition
		☐ Immigrant

Is your child currently assigned to alternative placement program as a result of discipline	☐ No	☐ Yes (Please explain)

Contact Information

Student lives with: ☐ Both Parents ☐ Father ☐ Mother ☐ Guardian ☐ Foster

Name of Person Enrolling: Date of Birth: DL# :

(In Lamesa ISD, if Guardian must have signed and notarized Affidavit form)

Family #1 (with whom the student resides)

1	1. Parent/Guardian Legal Name:		Relationship
	Address:		City, State, Zip:
	Home Phone:	Cell phone:	Email:
	Employer:		Work Phone:
	Receives Report Card ☐	Receives Mailings ☐	May Pickup ☐
	☐ Please Check if you are a member of the US Military:	☐ Active Duty	☐ National Guard ☐ Reserve Duty
2	2. Parent/Guardian Legal Name:		Relationship
	Home Phone:	Cell phone:	Email:
	Employer:		Work Phone:
	Receives Report Card ☐	Receives Mailings ☐	May Pickup ☐
	☐ Please Check if you are a member of the US Military:	☐ Active Duty	☐ National Guard ☐ Reserve Duty

Family #2 (Parent/Guardian with different Address)

1	1. Parent/Guardian Legal Name:		Relationship
	Address:		City, State, Zip:
	Home Phone:	Cell phone:	Email:
	Employer:		Work Phone:
	Receives Report Card ☐	Receives Mailings ☐	May Pickup ☐
	☐ Please Check if you are a member of the US Military:	☐ Active Duty	☐ National Guard ☐ Reserve Duty
2	2. Parent/Guardian Legal Name:		Relationship
	Home Phone:	Cell phone:	Email:
	Employer:		Work Phone:
	Receives Report Card ☐	Receives Mailings ☐	May Pickup ☐
	☐ Please Check if you are a member of the US Military:	☐ Active Duty	☐ National Guard ☐ Reserve Duty

Legal Restriction to Child

Is there any legal Restrictions regarding this student? (divorce decree, court order, etc.)	☐ No	☐ Yes: If yes, explain custody guidelines and provide most current legal documentation

Medical Emergency Contact Information

PERMISSION TO TREAT STUDENT IN CASE OF ACCIDENT

In case of accident or serious illness and I cannot be reached, I hearby authorize permission for school personnel to seek emergency care for my child. I give permission for the school nurse to consult with my child's physician regarding the care of my child. I give my consent for the release and exchange of information contained in the medical record of my child to teachers and support staff that will be a part of caring for my child while at school.

Parent/Guardian Signature _____ Date _____

Doctor's Name:	Phone:
Dentist's Name:	Phone:
List any medical problems your child may have:	
List any allergies your child may have:	

Does your child take any medication? If so please list medicine and dosage (even if not taken at school)

_____

_____

Emergency Contact

List adults to whom child may be released or called in case of emergency. Your child will only be released to those person listed.

1. Name:	Relationship:	Phone:
2. Name:	Relationship:	Phone:
3. Name:	Relationship:	Phone:
4. Name:	Relationship:	Phone:
5. Name:	Relationship:	Phone:

Siblings

Please list any siblings that are currently <u>enrolled</u> in Lamesa ISD

1. Sibling Name:	School:	Grade:
2. Sibling Name:	School:	Grade:
3. Sibling Name:	School:	Grade:

False Information

False or misleading information on this form is a misdemeanor offense. I certify that I am the parent, guardian or person having lawful control of the students named on this enrollment form. I further acknowledge that the above information is true and correct.

Parent/Guardian Signature _____ Date _____

Lamesa Independent School District

Every Student Every Day

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:

Agencia de Educación de Texas
Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal de las Escuelas Públicas de Texas

El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).

Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.

Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).

Parte 1. Etnicidad: ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)

☐ **Hispano/Latino** – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.

☐ **No Hispano/Latino**

Parte 2. Raza. ¿Cuál es la raza de la persona? (Escoja uno o más de uno)

☐ **Indio Americano o Nativo de Alaska** – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo America Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.

☐ **Asiático** – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.

☐ **Negro o Áfrco-**Americano – Una persona con orígenes de cualquier grupo racial negro de África.

☐ **Nativo de Hawai u** otras **islas del pacífico** – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.

☐ **Blanco** – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

_____ _____
Nombre del Estudiante/Miembro de Personal (por favor use letra de imprenta)
Firma (Padre/Representante legal)/(Miembro de personal

_____ _____
Número de Identificación del Estudiante/Miembro del personal
Fecha

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:

Texas Education Agency

Commissioner Mike Morath

1701 North Congress Avenue • Austin, Texas 78701-1494 • 512 463-9734 • 512 436-9838 FAX • tea.texas.gov

Student Name: _____ **District Name:** _____

Student ID#: _____ **Campus Name:** _____

HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey only administered during **initial** enrollment in Texas public schools)

To be completed by Parent or Guardian for students enrolling in Prekindergarten* through grade 8 (or by students in grades 9-12).

* Prekindergarten includes any student enrolling in a 3- or 4-year-old school program.

Part One:

The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

Please answer the questions below about the languages your child or family uses. If your responses indicate the use of a language other than English, the school will conduct a language proficiency assessment to determine how well your child communicates in English. This information will be used to determine any appropriate linguistic supports and inform instructional recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

This survey shall be kept in each student's permanent record folder. A copy of this survey shall follow the student while enrolled in any public or open enrolled charter school in Texas.

Texas Education Agency
Commissioner Mike Morath
1701 North Congress Avenue • Austin, Texas 78701-1494 • 512 463-9734 • 512 436-9838 FAX • tea.texas.gov

Part Two:

Please answer the questions to the best of your ability.

1. Which languages are used at home? _____

2. Which languages are used by the child at home? _____

3. If the child had a previous home setting, which languages were used? If there was no previous home setting, answer Not Applicable (N/A). _____

☐ **By checking this box, I understand a request to correct an error to this Home Language Survey can only happen if:**

1) my child has not yet been assessed for English proficiency; and
2) corrections are made within two calendar weeks of my child's enrollment date.

Note: Please contact your school about the benefits of bilingual education services. The following resources may also provide information on program services that foster bilingualism.

- Parent/ Guardian Rights
- Bilingual Education Program
- Program Information Videos

Please visit the Emergent Bilingual Support Portal (txel.org) for additional information.

Signature of Parent/Guardian _____ Date _____

Signature of Student if Grades 9-12 _____ Date _____

Texas Education Agency
Commissioner Mike Morath
1701 North Congress Avenue • Austin, Texas 78701-1494 • 512 463-9734 • 512 436-9838 FAX • tea.texas.gov

Nombre del Estudiante: _____ **Distrito:** _____

#ID del Estudiante: _____ **Escuela:** _____

CUESTIONARIO SOBRE EL IDIOMA USADO EN EL HOGAR

19 TAC Chapter 89, Subchapter BB, §89.1215
(El cuestionario sobre el idioma usado en el hogar administrado solamente durante la matriculación inicial en escuelas públicas en Texas)

Este cuestionario debe de completarse por el padre o tutor para estudiantes que cursen desde Prekínder* hasta el octavo grado (o por el estudiante si cursa grados del 9-12)

*Prekínder incluye cualquier estudiante matriculado en programas para niños de 3 o 4 años de edad.

Primera Parte:

El estado de Texas requiere que la siguiente información se complete para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Es la responsabilidad del padre o tutor, no de la escuela, proporcionar la información del idioma requerida por las siguientes preguntas.

Estimado padre o tutor:

Por favor, responda las siguientes preguntas sobre los idiomas que usa su hijo(a) o su familia. Si sus respuestas indican el uso de un idioma que no sea inglés, la escuela llevará a cabo una evaluación de dominio del idioma para determinar qué tan bien se comunica su hijo(a) en inglés. Esta información se utilizará para determinar cualquier apoyo lingüístico apropiado e informar las recomendaciones de instrucción. Si tiene preguntas sobre el propósito y el uso del cuestionario sobre el idioma del hogar, o si desea ayuda para completar el formulario, comuníquese con el personal de su escuela/distrito.

Este cuestionario se mantendrá en la carpeta de registro permanente de cada estudiante. Una copia de este cuestionario seguirá al estudiante mientras esté matriculado en cualquier escuela pública o una escuela autónoma de inscripción abierta de Texas.

Texas Education Agency
Commissioner Mike Morath
1701 North Congress Avenue • Austin, Texas 78701-1494 • 512 463-9734 • 512 436-9838 FAX • tea.texas.gov

Segunda Parte:

Por favor, responda a las preguntas lo mejor que pueda.

1. ¿Cuáles idiomas se usan en el hogar?_____

2. ¿Cuáles idiomas usa el estudiante en el hogar? _____

3. Si el estudiante tenía un entorno familiar anterior, ¿cuáles idiomas se utilizaban? Si no tenía un entorno familiar anterior, responda No aplicable (N/A). _____

☐ **Al marcar este casillero, yo entiendo que una corrección a este cuestionario solo puede suceder si:**

1) mi hijo/(a) aún no ha sido evaluado para el dominio del inglés; y
2) las correcciones se realizan en un plazo de dos semanas naturales a partir de la fecha de matriculación de mi hijo(a).

Nota: Por favor, póngase en contacto con su escuela para informarse sobre los beneficios de los servicios de la educación bilingüe. Los siguientes recursos también pueden proporcionarle información sobre los servicios del programa que fomentan el bilingüismo.

- Derechos de los padres/tutores
- Educación bilingüe
- Videos informativos para padres

Por favor, visite el portal Apoyando a estudiantes bilingües emergentes en Texas (txel.org) para obtener información adicional.

Firma del padre/tutor _____ Fecha _____

Firma del estudiante si está en los grados 9-12 _____ Fecha _____

Lamesa Independent School District

Every Student Every Day

Student Residency Form

This questionnaire is given to ALL students to ensure our district remains in compliance with the McKinney-Vento Homeless Education Act 42 U.S.C. 11434a(2), which is also known as Title X, Part C, of the No Child Left Behind Act. Your answers will help school staff determine if the student is eligible for certain rights under federal law and supportive services. All questions contained in this questionnaire are strictly confidential and will become part of your academic record.

Today's Date: _____

Student name *(Last, First, MI)* Campus

Student ID Date of Birth (mm/*dd/yyyy*) Grade

Name of person completing this form: _____

Relationship to student: _____ Phone: _____

1. Does the student live within any of the following situations?

- ☐ Owner-occupied home
- ☐ Rental unit
- ☐ Military housing
- ☐ Long-term, agreed-upon living arrangement with a family member or friend
- ☐ Emergency shelter or transitional housing*
- ☐ Motel/hotel*
- ☐ Campground*
- ☐ Non-traditional housing space including cars, parks, public spaces, abandoned buildings, substandard housing, and bus or train station that is a public/private place not designed for, or ordinarily used as regular accommodation for people*
- ☐ Foster care placement for 6 months or less*
- ☐ Temporary, shared housing with friends, family or others due to:
  - ☐ Loss of personal housing* (due to reasons such as eviction, inability to pay rent, destruction or damage to home, abuse or neglect, unhealthy conditions, parental abandonment or incarceration)
  - ☐ Economic hardship*
  - ☐ Other, similar reason: _____*

** Living in these situations may qualify the student for services, including immediate enrollment, transportation, school supplies, and educational advocacy and community referrals as a family in transition.*

2. Does the student live with a parent or legal guardian? ☐ Yes ☐ No
If you answered "no," with whom does the student reside?

Name Relationship to student

Students living apart from their parent(s) or legal guardian(s) are considered "Unaccompanied Youth," regardless of age.

Does the student have siblings enrolled at other LISD campuses? ☐ Yes ☐ No

If yes, siblings' names & campuses: _____

3. Is the student **CURRENTLY** in Texas Department of Family and Protective Services kinship care, volunteer care, or foster care? ☐ Yes ☐ No

Signature of Person Completing Form Date (mm/dd/yyyy)

Signature of Campus McKinney-Vento Liaison Date (mm/dd/yyyy)

Questions regarding LISD's Families in Transition/McKinney-Vento program can be directed to Melissa Rebber, Director of Federal Programs and Grants at (806)872-5461.

Lamesa Independent School District

Every Student Every Day

Forma de Residencia del Estudiante

Este cuestionario de residencia (Año Escolar 2011-2012) se le entrega a TODOS los estudiantes para asegurar que nuestro distrito cumple con el Acta McKinney-Vento para la Educación de los Indigentes, 42 U.S.C 11434a (2), también conocida como Título X, Parte C, del Acta "No Child Left Behind" ("Que Ningún Niño Se Quede Atrás"). Sus respuestas ayudarán a determinar si el estudiante es elegible para ciertos derechos bajo ley federal y los servicios de apoyo. Todas las preguntas contenidas en este cuestionario son terminantemente confidenciales y se convertirán en parte de su expediente académico.

Fecha de hoy: _____

Estudiante *(Apellido, Primer, Segundo Apellido/Inicial)* Plantel Escolar

Nº de identificación escolar Fecha de nacimiento (*Mes/Día/Año*) Grado

Nombre de la persona que llena este formulario: _____

Identifique su relación/parentesco al estudiante: _____ Tel.: _____

1. ¿Reside el estudiante en alguno de los siguientes lugares o se encuentra en estas situaciones?:

- ☐ En un hogar ocupado por el propietario/dueño
- ☐ En un alquiler (apartamento)
- ☐ Vivienda para personal militar
- ☐ Arreglo de vivienda acordado por largo plazo con un miembro de familia o una amistad
- ☐ En un albergue de emergencias o vivienda de transición*
- ☐ Un motel/hotel*
- ☐ Campamento*
- ☐ En un espacio de vivienda "no tradicional" (e.g. coche, parque, lugar público, edificio abandonado, vivienda deficiente y autobús o estación de trenes cual es considerado un lugar público/privado, no diseñado para/o normalmente utilizado para dar alojamiento/hospedaje para dormir)*
- ☐ Colocación de un menor en un hogar temporal o substituto, por un periodo de menos de 6 meses*
- ☐ Arreglo temporal de vivienda compartida (de poca duración), con amigos, familiares u otros, debido a las siguientes condiciones:
  - ☐ la pérdida de su casa*, vivienda o habitación o debido al desempleo, orden de desalojo, insolvencia, destrucción/daño de la casa, abuso o negligencia, condiciones insalubres, abandono por padres, o encarcelación
  - ☐ problema económico*
  - ☐ otra razón similar: _____*

** El vivir en estas condiciones puede calificar al estudiante a recibir: la inscripción inmediata, el transporte escolar, útiles escolares, servicios de patriotismo educativo y de recomendaciones a agencias comunitarias para familias en transición.*

2. ¿Vive el estudiante con un padre o custodio legal? ☐ Sí ☐ No
Si contestó "No," ¿con quien se encuentra viviendo el estudiante actualmente?

Identifique su nombre y relación/parentesco con el estudiante
** El estudiantes quien vive aparte de su(s) padre(s) o custodio(s) legal(es) se considera un "Menor sin acompañante," sin importar la edad.*

¿Tiene algun hermano o hermana matriculado en alguna otra escuela en LISD? ☐ Sí ☐ No
Si los tiene, apunte los nombres y las escuelas:_____

3. ¿Se ha encontrado el estudiante bajo cuidado parentesco del **Departamento familiar y servicios de protección del estado de Texas**, o en cuidado voluntario, o cuidado de colocación familiar temporal? ☐ Sí ☐ No

Firma de la persona que llena este formulario Fecha (mm/dd/yyyy)

_____

Firma del consejero de la escuela Fecha (mm/dd/yyyy)

Para preguntas sobre el programa de McKinney-Vento/Familias en Transición del Distrito Escolar de Hays, favor de dirigirse a Melissa Rebber, Directora de Programas y Subvenciones Federales al teléfono (806) 872-5461.

Lamesa Independent School District
Every Student Every Day

Military Connected Student Form

PLEASE RETURN THIS FORM TO YOUR CHILD'S CAMPUS **ONLY**
IF YOUR CHILD MEETS ONE OF THE CRITERIA BELOW

The State of Texas 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: _____ Grade_____ Campus_____

Is your child Military Connected: ☐ Yes ☐ No

If you replied yes please check one of the following that best describes the guardian's military connection:

- ☐ Active Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard [This includes Missing in Action (MIA)]
- ☐ Current Member of Texas National Guard
- ☐ Current Member of Reserve Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard
- ☐ Former Member of the US military, the Texas National Guard (Army, Air Guard or State Guard), or a reserve force in the US military.
- ☐ Service member killed in the line of duty.

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

Guardian Serving: _____Relationship: _____

Parent Signature: _____ Date_____

Lamesa Independent School District
Every Student Every Day

Formulario Estudiantil de Afiliación Militar

FAVOR DE REGRESAR ESTE FORMULARIO A LA ESCUELA DE SU HIJO(A) SOLO SI CUMPLE CON UNO DE LOS CRITERIOS SIGUIENTES

El Estado de Texas requiere que las escuelas reconozcan y extiendan ciertos privilegios a los estudiantes que son dependientes del ejército y que ayuden a los estudiantes dependientes del ejército en el proceso de transición de cambiar de escuela cuando sus padres militares son reasignados y obligados a reubicarse.

Nombre del Estudiante:_____Grado Escolar: ____ Escuela: _____

¿Está su hijo conectado militarmente?: ☐ Si ☐ No

Si respondió que sí, marque una de las siguientes opciones que mejor describa la conexión militar del tutor:

- ☐ Servicio Activo: Ejército, Marina, Fuerza Aérea, Infantería de Marina o la Guardia Costera [Esto incluye Desaparecido en Combate (MIA)]
- ☐ Guardia Nacional de Texas
- ☐ Ex miembro del militar de Estados Unidos, La Guardia Nacional de Texas (Ejército, Aire Guardia o Guardia del Estado), o una fuerza de reserva en el ejército de los Estado Unidos
- ☐ Servicio de Reserva: Ejército, Marina, Fuerza Aérea, Infantería de Marina o la Guardia Costera

Para los estudiantes del Pre-Kinder SOLAMENTE:

- ☐ Las fuerzas armadas o las fuerzas reservadas de los Estados Unidos (Ejército, Marina, Fuerza Aérea, Infantería de Marina o la Guardia Costera) o la Guardia Nacional de Texas que ha sido herido o ha muerto durante el servicio activo

Guardián sirviendo: _____ Relación: _____

Firma de los padres: _____ Fecha:_____

This document is to be maintained in the Student's Cumulative Folder

REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent:

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.

Please list any foods to which your child is allergic or severely allergic, as well as how your child reacts when exposed to the food that is listed.

☐ **No information to report.**

Food	Nature of allergic reaction to food	Life-Threatening?

TO REQUEST A SPECIAL DIET, MODIFICATION OF A MEAL PLAN OR PROVIDE OTHER INFORMATION FROM YOUR DOCTOR ABOUT YOUR CHILD'S FOOD ALLERGY, YOU MUST CONTACT THE SCHOOL NURSE OR SCHOOL ADMINSTRATOR WHERE YOUR CHILD ATTENDS SCHOOL.

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.

Student Name: _____Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian Name: _____

Work Phone: _____ Mobile Phone: _____ Home Phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form received by Campus: _____

Health and Medical Services

Household Information Survey
CONFIDENTIAL

Student Name _____ Student Grade _____
Student Date of Birth _____ School Name _____

Lamesa 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)

Does your household make **LESS** than the amount indicated next to your FAMILY SIZE on the chart below? Include wages, salary, child support, pensions, Social Security, unemployment and all other sources of income. ☐ Yes ☐ No

Household Size	Total Income	
	Annual	Monthly
No. of Household Members	Reduced	Reduced
1	$29,526	$2,461
2	$40,034	$3,337
3	$50,542	$4,212
4	$61,050	$5,088
5	$71,558	$5,964
6	$82,066	$6,839
7	$92,574	$7,715
8	$103,082	$8,591
For each additional family member, add	+$10,508	$876

SIGNATURE

☐ 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.

_____ _____ _____
Parent/Guardian Name (Print) Parent/Guardian Signature Date

Office Use Only

☐ Qualify ☐ Does not Qualify Processed by: _____Date_____

Lamesa Independent School District

Consent Form School Clubs/Organizations
(Required by Texas Senate Bill 12 – Effective Sept. 1, 2025)

Student Information

- **Student Name:** _____
- **Grade:** _____
- **Campus:** _____

Parent/Guardian Consent

In compliance with Senate Bill 12, all Texas school districts must receive parent or guardian permission for students before joining any district or campus sponsored club, team, or student organization.

Examples of clubs/organizations the require consent include:

- Academic Clubs (UIL Teams, Science Club, Debate)
- Service Organizations (National Honor Society and Student Council)
- Career/Technical Groups (FFA and SkillsUSA)
- Interest-based Clubs (Chess Club, Art Club, and Robotics)

Please check one:

☐ **YES** – I give permission for my child to participate in school-sponsored clubs during the – school year.
Optional: List specific clubs (if known): _____

☐ **NO** – I do not give permission for my child to participate in school-sponsored clubs this year.

Acknowledgment

- Consent is valid for this school year only and must be renewed annually.
- Parents may withdraw consent at any time by notifying the campus in writing.
- Clubs relating to sexual orientation, gender identity, or gender expression are not permitted by law.

Parent/Guardian Signature: _____ **Date:** _____

Lamesa Independent School District

Consent Form School Counseling Services
(Required by Texas Senate Bill 12 – Effective Sept. 1, 2025)

Student Information

- **Student Name:** _____
- **Grade:** _____
- **Campus:** _____

Parent/Guardian Consent

In compliance with Senate Bill 12, all Texas school districts must receive parent or guardian permission for school counselors to attend to students in certain situations. These can include routine counseling related services.

Examples of counseling-related services that require consent include:

- Brief support or strategies for issues such as stress, anxiety, peer relationships, conflict management, or short-term emotional challenges
- Goal setting and decision-making
- Check-ins with student for student or parent initiated concerns
- Positive behavior intervention and supports

Please check one:

☐ **YES** – I give permission for my child to receive school counseling services as outlined above.

☐ **NO** – I do not give permission for my child to receive counseling services as outlined above.

Acknowledgment

- Consent is valid for this school year only and must be renewed annually.
- Parents may withdraw consent at any time by notifying the campus in writing.

Parent/Guardian Signature: _____ **Date:** _____

Lamesa Independent School District

Consent Form School Health Services
(Required by Texas Senate Bill 12 – Effective Sept. 1, 2025)

Student Information

- **Student Name:** _____
- **Grade:** _____
- **Campus:** _____

Parent/Guardian Consent

In compliance with Senate Bill 12, all Texas school districts must receive parent or guardian permission for nurses and athletic trainers to attend to students in certain situations. These can include routine health related services.

Examples of health-related services that require consent include:

- First aid and injury evaluation
- Monitoring chronic health conditions such as asthma or diabetes
- Support during illness or injury while at school
- Administration of medication (upon parent consent and physician order)

Please check one:
☐ **YES** – I give permission for my child to receive school health services as outlined above.

☐ **NO** – I do not give permission for my child to receive health services as outlined above.

Acknowledgment

- Consent is valid for this school year only and must be renewed annually.
- Parents may withdraw consent at any time by notifying the campus in writing.

Parent/Guardian Signature: _____ **Date:** _____