



Como-Pickton CISD
2026-2027

Required Parental Rights Form – SB 12

Health Services

1) Parent Email: _____

2) Student's Name: _____ Grade: _____

3) Student's Date of Birth: ____/____/____

Health Services Provided by the District

The following health-related services may be provided to students at our campuses during the school year. Please initial beside your choice for each service.

____ **Yes** Routine health screenings and nursing assessments (vision, hearing, spinal,
____ **No** growth assessments, and evaluation of student health concerns).

____ **Yes** First aid, emergency care, and medical response (minor injuries and illnesses,
____ **No** wound care, allergic reactions, asthma care, and emergency treatment until EMS
arrives).

____ **Yes** Administration of medications (prescription/non-prescription).
____ **No**

____ **Yes** Management of chronic health conditions (such as diabetes, asthma, seizures,
____ **No** allergies).

____ **Yes** Health counseling and education (nutrition, hygiene, disease prevention, general
____ **No** wellness).

Parent Signature: _____ **Date Signed:** _____



Como-Pickton CISD
2026-2027

Required Parental Rights Form – SB 12

Counseling & Support Services

1) Parent Email: _____

2) Student's Name: _____ Grade: _____

3) Student's Date of Birth: ____/____/____

Counseling & Support Services Provided by the District

The following counseling and support services may be provided to students at our campuses during the school year. Please initial beside your choice for each service.

- ☐ **Yes** School Guidance Curriculum – This curriculum consists of structured lessons designed to help students achieve the desired competencies and to provide all students with the knowledge and skills appropriate for their developmental level. The school guidance curriculum is delivered throughout the school's overall curriculum and is systematically presented by school counselors in collaboration with other professional educators in K-12 classrooms and group activities.
- ☐ **No**
- ☐ **Yes** Responsive Services – Responsive services are preventative and/or intervention activities meeting students' immediate and future needs. These needs can be necessitated by events and conditions in students' lives and may require any of the following: individual or group counseling, consultation with parents, teachers, and other educators, referrals to other school support services or community resources, or peer helping.
- ☐ **No**
- ☐ **Yes** Individual Student Planning – School counselors coordinate ongoing systemic activities designed to help all students plan, monitor, and manage their own academic achievement, as well as establish personal goals and future career plans.
- ☐ **No**
- ☐ **Yes** System Support – System support consists of management activities, - establishing, maintaining, and enhancing the total school counseling program. These activities include professional development, consultation, collaboration, program management, and operations. Professional school counselors are committed to continual personal and professional development and are proactively involved in professional organizations promoting school counseling at the local, state, and national levels.
- ☐ **No**

Parent Signature: _____ Date Signed: _____



Como-Pickton CISD
2026-2027

Required Parental Rights Form – SB 12

School-Sponsored Clubs

1) Parent Email: _____

2) Student's Name: _____ Grade: _____

3) Student's Date of Birth: _____/_____/_____

School-Sponsored Clubs

Your child may be offered to join the following school-sponsored clubs at our campuses during the school year. Please initial beside your choice for each club.

☐ Yes ☐ No	AVID	☐ Yes ☐ No	National Junior Honor Society
☐ Yes ☐ No	Class Officers	☐ Yes ☐ No	National Honor Society
☐ Yes ☐ No	FCA	☐ Yes ☐ No	SkillsUSA
☐ Yes ☐ No	FCCLA	☐ Yes ☐ No	Spanish Club
☐ Yes ☐ No	FFA	☐ Yes ☐ No	Student Council
☐ Yes ☐ No	One-Act Play	☐ Yes ☐ No	UIL Academics

Parent Signature: _____ Date Signed: _____

Como-Pickton CISD

Socioeconomic Information Form

CONFIDENTIAL

Como-Pickton CISD is required to collect the socioeconomic status of each student as a performance indicator for student achievement (TEC 39 for Texas state requirements ESEA 1111 and 1116 for U.S. Department of Education requirements) and for use in disbursement of Federal funds (ESEA State compensatory 1113). This information is not shared with outside agencies.

Please list all Como-Pickton students in your household:

Student First Name	Student Last Name	Date of Birth	Grade	School Name	Student ID #
				Como-Pickton	
				Como-Pickton	
				Como-Pickton	
				Como-Pickton	
				Como-Pickton	
				Como-Pickton	

SECTION A:

- Do you receive Supplemental Nutrition Assistance (SNAP)? ☐ Yes ☐ No Number: _____
- Do you receive Temporary Assistance to Needy Families (TANF)? ☐ Yes ☐ No Number: _____

If you answered YES to either of the above, SKIP SECTION B and sign at the bottom.

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

- How many members are in the household (include children & adults)? _____

• TOTAL YEARLY INCOME BEFORE DEDUCTIONS OF ALL HOUSEHOLD MEMBERS (check one box below):
Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's compensation, unemployment, and all other sources of income (before any type of deductions).

- | | | |
|--|--|---|
| ☐ \$0-\$26,973 | ☐ \$55,501-\$65,009 | ☐ \$93,537-\$103,045 |
| ☐ \$26,974-\$36,482 | ☐ \$65,010-\$74,518 | ☐ \$103,046 & above |
| ☐ \$36,483-\$45,991 | ☐ \$74,519-\$84,027 | |
| ☐ \$45,992-\$55,500 | ☐ \$84,028-\$93,536 | |

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. Dept 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. 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 Signature: _____ Date: _____



Como-Pickton High School & Junior High
2026-2027

Drug Testing Consent Form

Student's Name: _____ **Grade:** _____
(Please Print)

By signing below, we agree to participate in the Como-Pickton CISD Drug Testing Program for students participating in extracurricular activities or who drive to campus. **We understand that failure by either of us to sign this form will result in removal of the privilege to participate in extracurricular activities (including practice and competition) and/or parking on school property.** If either of us is unclear regarding any aspect of the Drug Testing Policy and Program, it is our individual responsibility to contact the High School Principal at (903) 488-3671 X3001 or bairdk@cpcisd.net, or the Junior High Principal at (903) 488-3671 X2001 or lewisc@cpcisd.net.

(Student's Signature) **Date:** _____

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

Below is a list of groups/organizations requiring students to drug test. **Other groups may be added that are not included in this list.**

UIL Events

Academic and Athletic

Organizations

FFA

FCCLA

Skills USA

Book Club

Band/Choir

One-Act Play

National Honor Society

Junior National Honor Society

Students going on school-related overnight trips.

Sports

Volleyball

Baseball/Softball

Football

Cheerleading

Basketball (Boys/Girls)

Track/Cross Country (Boys/Girls)

Student Drivers