

(For Office Use Only)

Student ID #: _____ Track #: _____

Santo Elementary 2021-2022 Student Registration/Emergency Form

Student Last Name _____ Student First Name _____ Student Middle Name _____ Grade _____ M or F _____ / / _____
Gender Date of Birth

Social Security #: _____ - _____ - _____ Place of Birth _____ Age as of September 1st _____
City State

Mailing Address: _____ Student's Cell Phone: { _____ } - _____
Address City State zip code

Physical Address: _____ Ride Bus (circle one) Yes No
Address City State zip code

Birth Information: City: _____ State: _____ County: _____ Country: _____

Check all that apply:

Ethnicity: Hispanic - Yes _____ No _____ Race: 1. _____ Native American/Alaskan 3. _____ Black/African American 5. _____ White
2. _____ Asian 4. _____ Native Hawaiian/Pacific Islander

Primary (#1) Residence Information

Parent/Guardian Name: _____ Relationship: _____ Email Address: _____

Phone Numbers: _____
Cell Phone # Home Phone # Business Phone #

Parent/Guardian Name: _____ Relationship: _____ Email Address: _____

Phone Numbers: _____
Cell Phone # Home Phone # Business Phone #

Mailing Address: _____ Employer: _____
Address City State zip code

Secondary (#2) Residence Information (if applicable)

Parent/Guardian Name: _____ Relationship: _____ Email Address: _____

Phone Numbers: _____
Cell Phone # Home Phone # Business Phone #

Parent/Guardian Name: _____ Relationship: _____ Email Address: _____

Phone Numbers: _____
Cell Phone # Home Phone # Business Phone #

Mailing Address: _____ Employer: _____
Address City State zip code

Do you request an additional report card be mailed to the secondary residence? Yes _____ No _____

Emergency Contact Information (if parent cannot be reached)

Emergency Contact #1: _____ Relationship: _____

Phone Numbers: _____
Cell Phone # Home Phone # Business Phone #

Right to Transport Yes _____ No _____

Emergency Contact #2: _____ Relationship: _____

Phone Numbers: _____
Cell Phone # Home Phone # Business Phone #

Right to Transport Yes _____ No _____

Emergency Contact #3: _____ Relationship: _____

Phone Numbers: _____
Cell Phone # Home Phone # Business Phone #

Right to Transport Yes _____ No _____

NOTICE TO PERSON ENROLLING THE STUDENT: A person who knowingly falsifies information on a form required for a student's enrollment in the District will be liable to the District for tuition or other costs, as provided in the Education Code 25.001 (h), if the student is not eligible for enrollment but is enrolled on the basis of false information. In addition, presenting false information or false records is a criminal offense under Penal Code 37.10.

Parent/Guardian Signature _____

Date _____

Santo Independent School District
INDEPENDENT SCHOOL DISTRICT/CHARTER SCHOOL

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 STUDENT IN GRADES 9-12): 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.

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

Dear Parent or Guardian:

To determine if your child meets eligibility for identification as an English learner and would benefit from bilingual education or English as a second language (ESL) program services, please answer the two questions below.

If either of your responses indicates the normal use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if bilingual education or ESL program services are appropriate and to 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.

For more information on the process that must be followed, please visit the following document: <https://www.txel.org/media/p22bsjuc/english-learner-identification-reclassification-flowchart.pdf>.

This survey shall be kept in each student's permanent record folder.

NAME OF STUDENT: _____ **STUDENT ID#:** _____

ADDRESS: _____

TELEPHONE #: _____ **CAMPUS:** Santo Elementary

NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.

1. What language is used in the child's home **most of the time**? _____

2. What language does the child use **most of the time**? _____

Signature of Parent/Guardian

Date

Signature of Student if Grades 9-12

Date

NOTE: If you believe you made an error when completing this Home Language Survey, you may request a correction, only if: 1) your child has not yet been assessed for English proficiency; and 2) corrections are made within two calendar weeks of your child's enrollment date.

Santo Independent School District
INDEPENDENT SCHOOL DISTRICT/CHARTER SCHOOL

Encuesta sobre el idioma usado en el hogar 19 TAC Chapter 89, Subchapter BB, §89.1215

(La encuesta sobre el idioma usado en el hogar administrado SOLAMENTE durante la matriculación inicial en escuelas públicas en Texas)

DEBE DE COMPLETARSE POR EL PADRE O TUTOR PARA ESTUDIANTES QUE CURSEN DESDE PREKINDER* HASTA EL OCTAVO GRADO: (O POR EL ESTUDIANTE SI CURSA GRADOS DEL 9-12): El estado de Texas requiere que la siguiente información sea completada 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.

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

Querido padre o tutor:

Para determinar si su hijo(a) cumple con la elegibilidad para ser identificado como un estudiante aprendiz del idioma inglés y se beneficiara de los servicios de los programas bilingües o de inglés como segundo idioma (ESL, por sus siglas en inglés), por favor responda las dos preguntas siguientes.

Si cualquiera de sus respuestas indica el uso natural de un idioma que no sea inglés, entonces el distrito escolar debe realizar una evaluación para determinar que tanto se comunica su hijo(a) en inglés. Esta información resultante de la evaluación se usará para determinar si los servicios de programas bilingües o de inglés como segundo idioma (ESL) son apropiados e informará las recomendaciones en cuanto a la instrucción. Si tiene preguntas acerca del propósito o el uso de la encuesta sobre el idioma usado en el hogar (HLS, por sus siglas en inglés), o desea asistencia para completar el formulario, por favor comuníquese con el personal de su escuela/distrito.

Para obtener más información sobre el proceso que debe seguir, por favor visite el siguiente sitio web:
www.txel.org/parents-and-families/

Esta encuesta se deberá archivar en el expediente permanente del estudiante.

NOMBRE DEL ESTUDIANTE: _____ **ID#:** _____

DIRECCIÓN: _____

TELÉFONO #: _____ **ESCUELA:** Santo Elementary

NOTA: INDIQUE SÓLO UN IDIOMA POR RESPUESTA

1. ¿Qué idioma se usa en el hogar del niño **la mayor parte del tiempo**? _____

2. ¿Qué idioma usa el niño **la mayor parte del tiempo**? _____

Firma del padre o tutor

Fecha

Firma del estudiante si está en los grados 9-12

Fecha

NOTA: Si cree que cometió un error al completar esta encuesta sobre el idioma usado en el hogar, puede solicitar una corrección, por escrito, solo si: 1) su hijo/(a) aún no han sido evaluado para el dominio del inglés; y 2) su solicitud de corrección por escrito se realiza dentro de las dos semanas calendario posteriores a la fecha de inscripción de su hijo.

**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.
- NotHispanic/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

_____ NotHispanic/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 América 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 Africano-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 legal) (por favor use letra de imprenta)

Firma (Padre/Representante)/(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.

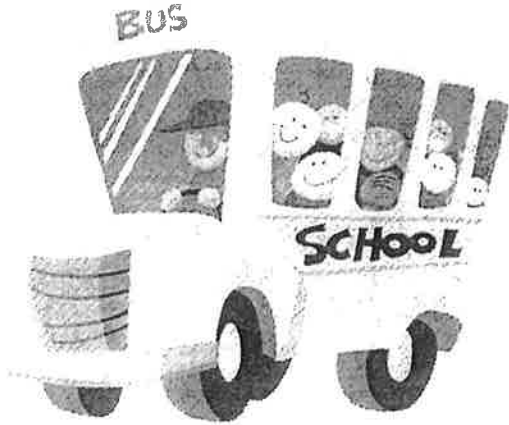
Ethnicity – choose only one:
 Hispanic / Latino
 Not Hispanic/Latino

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:

Santo Elementary Bus Form



Student's name _____

My student will (please initial)

____ Ride the bus

____ Ride with parents

____ Walk home

____ Other

No one other than the following is allowed to pick up my student: (Please print)

Parent Signature _____ Date _____



SANTO INDEPENDENT SCHOOL DISTRICT

P.O. BOX 87
SANTO, TEXAS 76472

ADMINISTRATION
840-769-2835
FAX
940-789-3118

Food Allergy Information

Dear Parents/Guardians:

Due to HB742 of the 82nd Texas Legislature, the following information is requested for each child enrolled in Santo Independent School District.

The district must request, at the time of enrollment, that the parent or guardian of each student attending the District disclose the student's food allergies. Additional information regarding food allergies, including maintaining records related to a student's food allergies, can be found at FD and FL.

This form allows you to disclose whether your child has a food intolerance 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 the nature of your child's allergic reaction to the food.

No Known Allergies to food _____

Food:	Reaction:	Severe / Anaphylaxis
Food Intolerance:		

The District will maintain the confidentiality of the information provided above and the school nurse will communicate medical information to a child's teachers/coach(es), child nutrition staff and any staff members taking care of a student about any medical conditions and any precautions that should be considered regarding any medical conditions within the limitations of the Family Educational Rights and Privacy Act and District policy. (See FL)

Student name: _____ Grade _____ Birth Date _____

Parent/Guardian name: _____ Date: _____

Parent/Guardian Signature: _____ Work/Cell phone _____



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No Known Allergies to food _____

Table with 3 columns: Food, Reaction, Severe / Anaphylaxis. Includes sections for Food Intolerance.

The District will maintain the confidentiality of the information provided above and the school nurse will communicate medical information to a child's teachers/coach(es), child nutrition staff and any staff members taking care of a student about any medical conditions and any precautions that should be considered regarding any medical conditions within the limitations of the Family Educational Rights and Privacy Act and District policy. (See FL)

Student name: _____ Grade _____ Birth Date _____

Parent/Guardian name: _____ Date: _____

Parent/Guardian Signature: _____ Work/Cell phone _____

Santo Elementary New Student Questionnaire

Retained a Grade	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Has your child ever been retained?)
If Yes, What Grade was student retained	<input type="checkbox"/> Yes <input type="checkbox"/> No	
GT	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Education	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, what services are being received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Only answer this if the previous answer was Yes. Options: Speech Only, Content Mastery, Resource)
504 Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dyslexia	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bilingual/ESL	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Migrant Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Immigrant Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Was your child previously or currently in conservatorship of the Department of Family and Protective Services? If Yes, please provide form 2085)
Family Members serving in Armed Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Is anyone in your immediate family serving in the Armed Services, National Guard or Reserves?)
If Yes to serving in Armed Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Only answer this if the previous answer was Yes.) Who and what is their relationship to the student and what branch are they serving in.)
DAEP/JIAEP	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Was your child previously in DAEP/JIAEP?)
Alternative Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Was your child previously in an Alternative Program?)
Other Programs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Please indicate any other special programs your child was in.)
Other Schools Attended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Please list all schools where your child was enrolled.)