Required Documents for Enrolling a Student at Frankston ISD

- Student Enrollment Sheet
- Anti-bullying Contract/Military/Foster Information
- Acknowledgement of Student Handbook form/Picture Permissions
- Verification of Residency form
- Proof of residency (rental agreement, utility bill, contract, internet bill, etc.)
- Family Survey
- Student Residency Questionnaire
- Health Services Form
- Current immunization (shot) records
- Student's birth certificate
- Student’s social security card
- Parent/guardian’s VALID driver’s license or state ID card with current address

- USDE Ethnicity and Race Reporting Standard **if new enrollee
- Foster: Placement Authorization—Foster Care/Residential Care
- Authorization Agreement for Voluntary Adult Caregiver (If the student is living with another relative but not the parent(s).)
- Power of Attorney (This is needed for a minor student residing in the FISD district but whose parent/guardian, or other person having lawful control under court order and does not reside in the FISD district. Shall present a Power of Attorney assigning responsibility for the student in all school-related matters to an adult resident of the FISD district. (Board Policy)

Previous report card and withdrawal form **if transfer or new-to-district

Home Language Survey **if new enrollee

Lunch application **if applicable

Transfer form **if applicable

Bus Conduct form **if applicable

If registering for Pre-K include:

- Lunch application
- Proof of income/Food Stamp
STUDENT ENROLLMENT FORM 2020-2021

Student’s Legal Name (as appears on birth certificate):

(First) (Middle) (Last) (Ir., III, etc)

Grade Level: ___ Date of Birth: ___________________________ Place of Birth: ___________________________

State ID or Social Security Number: ___________________________ Gender: ___ M ___ F

Physical Address: ___________________________ City: ___________________________ Zip: ___________________________

County: ___________________________ Mailing Address/PO Box: ___________________________ City: ___________________________ Zip: ___________________________

Person Enrolling Student: ___________________________ Relationship (if not listed below): ___________________________

Student lives with: __Both Parents ___Father ___Step Father ___Mother ___Step Mother ___Other

Parent/Guardian’s Name #1: ___________________________ Relationship to Student: ___________________________

Cell/Home Phone: (____________) _______ - _____ Work/Other Phone: (____________) _______ - _____

Email Address: ___________________________

**Phone number you would like to receive emergency and regular automated messages from the school:  Home ___ Cell

Parent/Guardian’s Name #2: ___________________________ Relationship to Student: ___________________________

Address of P/G #2 (if different): ___________________________ City: ___________________________ Zip: ___________________________

Cell/Home Phone: (____________) _______ - _____ Work/Other Phone: (____________) _______ - _____

Email Address: ___________________________

Other siblings attending FISD and their grade: ___________________________

Emergency Contacts (To be used only if the parent/guardian cannot be reached; they may also pick up):

Contact’s Name #1: ___________________________ Relationship to Student: ___________________________ Phone #: ___________________________

Contact’s Name #2: ___________________________ Relationship to Student: ___________________________ Phone #: ___________________________

Contact’s Name #3: ___________________________ Relationship to Student: ___________________________ Phone #: ___________________________

Last District/School Campus attended: ___________________________

Check if the student has been previously enrolled in the following programs/services: ___Retained ___Grade level retained

___Special Education ___Gifted & Talented ___504 ___ Title 1 Services ___Dyslexia ___Bilingual/ESL ___Behavior ___RtI-tier

Is there a Custody Judgment regarding this child that the school needs to have on file? ___YES ___NO

Signature of Person Enrolling Student: ___________________________ Date: ___________________________

**ALERT(S): [office completes]
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Anti-Bullying Contract Student and Parent/Guardian Agreement

Everyone has the right to feel physically and emotionally safe at school. FISD will aid in creating, and keeping, a physically and emotionally safe environment by working with students and parents in addition to staff.

Student's Responsibility:

• I commit that I will not bully my peers.
• When I witness bullying, I will report it immediately to an Adult/Staff Member.

Parent/Guardian's Responsibility:

• I commit to encourage my child to always respect others, I have instructed my child not to bully.
• I have advised my child to report any bullying to a Teacher, Counselor, or Administrator.

I have discussed bullying with my child, and we understand that Bullying will result in disciplinary action.

Student Name: ___________________________ Parent/Guardian Signature: ______________________ Date: ______

Military- Please select one.

☐ Not a military-connected student
☐ Student in grade KG-12 is a dependent of an active duty member of the United States military
☐ Student in grade KG-12 is a dependent of an active duty member of the Texas National Guard (Army, Air Guard, or State Guard)
☐ Student in grade KG-12 is a dependent member of a reserve force in the United States military
☐ Pre-kindergarten student is:
  ○ a dependent of an active duty member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who is order to active duty by proper authority, or
  ○ is the child of a member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who was injured or killed while serving on active duty.
  ○ Note: A student remains eligible for enrollment if the child's parent leaves the armed forces or is no longer on active duty after the child begins a prekindergarten class.

☐ Student in grade KG-12 is a dependent of a former member of one of the following:
  ○ The United States military
  ○ The Texas National Guard (Army, Air Guard, or State Guard)
  ○ A reserve force in the United States military

☐ Student in grade KG-12 was a dependent of a member of a military or reserve force in the United States military who was killed in the line of duty

Foster Care

☐ Foster care does not apply to the student.

The Texas Legislature requires that all Texas School Districts collect data regarding enrolled students who are in foster care (SB 833). Please attach a copy of the Texas DFPS Placement Authorization Form (Form 2085) or a court order that designates the student in foster care or attach a copy of the verification letter you received from the Texas DFPS and CPS.

1. Is this student currently in the conservatorship of the Department of Family and Protective Services? Yes ☐ No ☐

2. PK student only: Was your PK student previously in the conservatorship of the Department of Family and Protective Services following an adversary hearing held as provided by Section 262.201, Family Code? Yes ☐ No ☐
Acknowledgment of Electronic Distribution of Student Handbook and Code of Conduct

☐ By checking the box, I accept responsibility for accessing the Student Handbook and the Student Code of Conduct by visiting www.frankstonisd.net. I understand that the handbook contains information that my child and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Student Code of Conduct. If I have any questions regarding this handbook or the Code of Conduct, I should direct those questions to the principal of the campus my child attends.

Parent Initials: ________

Notice Regarding Directory Information and Parent’s Response Regarding Release of Student Information

Certain information about 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 the student. If you do not want Frankston ISD to disclose directory information from your child’s education records without your prior written consent, you must notify the district in writing within ten school days of your child’s first day of instruction for this school year.

This means that the district must give certain personal information (called “directory information”) about your child to any person who requests it, unless you have told the district in writing not to do so. In addition, you have the right to tell the district that it may, or may not, use certain personal information about your child for specific school-sponsored purposes. The district is providing you this information, so you can communicate your wishes about these issues. (See Directory Information in the Student Handbook for more information.)

PARENT: Please fill in the blanks and circle one of the choices below:

I, _______ (do give) _______ (do not give)

the district permission to release the information in response to a request.

*EXCEPTION: I understand that names and pictures for use on our website, Facebook page, yearbook, newspaper release, and team rosters are considered directory information. I _______ (do give) _______ (do not give)

the district permission to allow my child to be included in all ways listed above.

Date: _______________ Parent Initials: __________
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Verification of Residency Form and Other Qualifications for Enrollment in FISD

Student Name: ______________________________

PHYSICAL Address: ____________________________ City: _______________ Zip: ______

The answers to the following questions must be on file with the District in order to ensure proper enrollment and/or continued uninterrupted educational benefits as a FISD Student. Failure to answer all questions may result in a loss of educational benefits to the student.
Before answering the questionnaire, please read the following notice of penalties and acknowledge your understanding of the applicability of these penalties for providing false information to the District.

NOTICE OF PENALTIES
Section 25.001 of the Texas Education Code provides that a person who knowingly falsifies information on a District form required for student enrollment may be held liable to the District if it turns out the student is not eligible for enrollment but is enrolled on the bases of false information. A person may be held liable, for the period during which the ineligible student is enrolled, for the greater of (1) the minimum tuition fee the District may charge to transfer students under 25.003 of the Texas Education Code; or (2) the amount the District has budgeted for each student as maintenance and operation expenses. See FISD Board Policy (Legal).
In addition to the civil fees which may be assessed against a person who provides false information, please be advised that Section 37.10 of the Texas Penal Code makes it a crime for a person to knowingly make false entry on a District form, or if the person makes, presents, or uses any record with knowledge of its falsity and with intent that it be taken as a genuine governmental record with knowledge of its falsity.

Do you reside in the Frankston Independent School District?  Yes  No

I acknowledge I have read the “Notice of Penalties” as set out above for providing false information to the District.  Yes  No

Parent Initials: ________

**FISD will request proof of residency for all prekindergarten, kindergarten, new students, and questionable in-district addresses provided.
FAMILY SURVEY
2020-2021

Dear Parents,

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

For more information, call: ____________________________

1. Have you moved/traveled within the last 3 years?
   - Yes___________ No___________

2. Have you moved in order to do temporary or seasonal work?
   - Yes___________ No___________

3. Check the temporary or seasonal work that applies:
   — chickens  — picking fruits and vegetables  — lumber
   — eggs  — moves to work in the summer  — dairy work
   — plant nurseries  — field work  — meat processing
   — ranching  — canneries  — fencing

Please provide the following information:

Name of Child ____________________________________________

Date of Birth ________________________________  Grade________________________

Parent/Guardian Name ____________________________________________

Telephone number ____________________________  Best time to contact you ____________________________

If you answered “yes” to questions 1 and 2 above, Marisol Mancha from the Region 7 Education Service Center may contact you to find out whether your child is eligible for additional educational services.

Created: 01/27/2016  Reviewed: 12/12/2019  Revised: 12/12/2019
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Student Residency Questionnaire
This form helps determine the services that the student may receive under the McKinney-Vento Act (42 U.S.C. 11435). The responses to this housing form are private and will be shared with district staff only to the extent necessary. This information is not kept in your child's permanent academic file, so it must be collected each school year. Please respond fully and honestly to help the school staff properly enroll your child.

Student's name: ____________________________ Birth Date: ____________ Campus: ________ Grade: ___

Please answer the following questions:

1. Is your current domicile a temporary housing arrangement due to one of the following: loss of housing, economic hardship, domestic violence, unhealthy housing conditions, incarceration of the parent or legal guardian? □ Yes □ No

2. Are you a student over five and under 21 years of age who does not live in the home with their parents or legal guardian? □ Yes □ No

**If you answered “YES” to one or both questions, CONTINUE FILLING OUT THIS FORM. “If you answered “NO” to both questions, STOP.**

IF YOU ANSWERED YES TO ONE OR BOTH QUESTIONS, “X” all boxes below that best describe where the student sleeps at night, leave nonapplying blank.

- In a home that the student's parent or legal guardian owns or rents (C189=0)
- In a place that does not have windows, doors, running water, heat, electricity, or is overcrowded (C189=3)

- Staying with a friend or relative because of loss of housing, economic hardship, or a similar reason (C189=2)
  (Examples: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)

- In a shelter (C189=5) (Examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)

- In an unsheltered location, such as: (C189=3)
  - a tent
  - a car, truck, van
  - an abandoned building
  - on the streets
  - at a campground
  - in the park
  - in a bus or train station
  - other similar place

- In a hotel or motel because of loss of housing or economic hardship (C189=4)
  (Examples: eviction, foreclosure, cannot get deposits for permanent home, fire, flood, hurricane)

- In a transitional housing program (C189=5)
  (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, nonprofit organization, governmental agency, or another organization)

The student lives here because of a natural disaster. “X” the type of disaster below and provide the requested information:

- Hurricane
- Flood
- Tomado
- Wildfire

Other: __________________________

Where the natural disaster took place, including county:

Date the natural disaster took place: __________________________

If the student does not sleep in any of the places described above, tell where the student sleeps:

Do you have children ages 5 years old who are not enrolled in school? □ Yes □ No
If so, how many? _______Age(s)? _______________

Name(s) of parent or legal guardian: ____________________________ Phone number: ____________________________

Email: ____________________________ Most recently attended School: ____________________________ School Year: ____________________________

Filing a false record or falsifying records is a criminal offense punishable for up to 10 years and $5,000. TEXAS PENAL Code § 37.10. A person who registers a child under false documents may be responsible for the cost of tuition or other Expenses. TEXAS Education Code § 25,002 (d). I have read the information provided. I understand that if some of the answers provided are false, I will be subject to pay criminal, civil and administrative consequences. I declare under penalty of perjury under the laws of this state that the information provided herein is true and correct and of my personal knowledge.

Signature: ____________________________ Print Name: ____________________________ Date: ____________________________

The SRQ form must be returned to the District Homeless Liaison within 24 hours of completion if any of the responses to the first two questions are “yes.” The form may be delivered or emailed to ashleystandifer@frankstonisd.net.

District Homeless Liaison Notes: ___DNQ ___Qualifies as Homeless District Liaison Initials: ____________________________
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FISD HEALTH SERVICES: School Year 2020-2021

STUDENT NAME: ___________________________________ BIRTHDATE: ________________ GRADE: _______ GENDER: male female

Last First

BEST NUMBERS TO BE REACHED AT:

Mother: __________________________________ PH #: ___________________ Cell #: ___________________

Father: __________________________________ PH #: ___________________ Cell #: ___________________

Additional contacts, if parents cannot be reached that can pick your child up:

Name: __________________________________ PH #: ___________________ Cell #: ___________________

Name: __________________________________ PH #: ___________________ Cell #: ___________________

Additional Siblings in School:

Name: __________________________________ Grade: _______ Name: ___________________ Grade: _______

Name: __________________________________ Grade: _______ Name: ___________________ Grade: _______

PLEASE CHECK YES OR NO.

YES NO Allergies, food, Nature of allergic reaction to food ____________________________

YES NO Acute allergies, REQUIRING EPIPEN, allergic to ____________________________ Provide EPIPEN to keep at school

YES NO Asthma, diagnosis by Dr., with inhaler YES NO Provide one to keep at school

YES NO Blood pressure problems, with medication YES NO

YES NO Seizures, with medication YES NO Date of last seizure ____________________________

Is there any other important health information that FISD health service providers needs to be aware of? ________________________________________________________________

Is your child taking any kind of routine medication DAILY? YES NO If yes, please list: ________________________________________________________________

For Emergency Use:

Hospital Preference: ____________________________ Insurance: ____________________________

Physician Name: ____________________________ Telephone: ____________________________

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I authorize the school to call the physician listed above and follow his instructions. If this is not possible, the school will refer the student for emergency medical services.

Medicine Administration: Circle YES or NO below.

Medication is given only when the school district has received a written request from the parent to administer prescription medication. Medications that can be administered at home should be. Example: twice a day/before school and at bedtime

YES I GIVE FISD nurses permission to administer over the counter medications as they deem necessary (Ex. Abrasion ointment/cough drops/Tums/Tylenol/Ibuprofen per dosage instructions)

NO I DO NOT GIVE FISD nurses permission to administer over the counter medications

Parent/Guardian Signature: ____________________________ Date: ____________________________

Amy Porter, LVN
MS/HS School Nurse
903-876-5937

Michelle Prater, LVN
Elementary Nurse
903-876-5939