



Frankston Independent School District

Established 1929

Post Office Box 428, Frankston, Texas 75763 • 903-876-2556

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
- Residency Verification Form
- Proof of residency (rental agreement, utility bill, contract, internet bill, etc.)
- Family Survey
- Student Residency Questionnaire
- Lunch Application
- Health Services Form
- COVID Screener
- 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

Student Name: _____

If Applicable

- | | | | |
|--|--|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> USDE Ethnicity and Race Reporting Standard ** new enrollee <input type="checkbox"/> Foster: Placement Authorization-Foster Care/Residential Care AND Designation of Education Decision-Maker | <ul style="list-style-type: none"> <input type="checkbox"/> Authorization Agreement for Voluntary Adult Caregiver (If the student is living with another relative but not the parent(s). <input type="checkbox"/> Court Documents <input type="checkbox"/> Military: proof of services (ex. statement of service; copy of line of duty determination; letter from US Dept. of Veterans Affairs) | <ul style="list-style-type: none"> <input type="checkbox"/> 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) | <ul style="list-style-type: none"> <input type="checkbox"/> Previous report card and withdrawal form **transfer or new-to-district <input type="checkbox"/> Home Language Survey **new enrollee <input type="checkbox"/> Transfer form <input type="checkbox"/> Bus Conduct form |
|--|--|--|--|

If registering for Pre-K include:

- Proof of income/Food Stamp



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STUDENT ENROLLMENT FORM 2021-2022

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

(First) (Middle) (Last) (Jr., 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 ___Rtl-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: _____



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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



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Student Name: _____

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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Residency Verification 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.**



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FAMILY SURVEY

2021-2022

Dear Parents,

In order to better serve your children, the Frankston Independent 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: Kim McGuffey at (903) 876-2215.

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:

- | | | |
|--|--|--|
| <input type="checkbox"/> chickens | <input type="checkbox"/> picking fruits and vegetables | <input type="checkbox"/> lumber |
| <input type="checkbox"/> eggs | <input type="checkbox"/> moves to work in the summer | <input type="checkbox"/> dairy work |
| <input type="checkbox"/> plant nurseries | <input type="checkbox"/> field work | <input type="checkbox"/> meat processing |
| <input type="checkbox"/> ranching | <input type="checkbox"/> canneries | <input type="checkbox"/> 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.

Student Residency Questionnaire



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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) <i>(Examples: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)</i>			
In a shelter (C189=5) <i>(Examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)</i>			
In an unsheltered location, such as: (C189=3)			
<ul style="list-style-type: none"> a tent a car, truck, van 	<ul style="list-style-type: none"> an abandoned building on the streets 	<ul style="list-style-type: none"> at a campground in the park 	<ul style="list-style-type: none"> in a bus or train station other similar place
In a hotel or motel because of loss of housing or economic hardship (C189=4) <i>(Examples: eviction, foreclosure, cannot get deposits for permanent home, flood, fire, hurricane)</i>			
In a transitional housing program (C189=5) <i>(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, a nonprofit organization, governmental agency, or another organization)</i>			
The student lives here because of a natural disaster. "X" the type of disaster below and provide the requested information:			
___ Hurricane--Name of hurricane: _____ ___ Flood ___ Tornado ___ Wildfire		___ Other: _____ Date the natural disaster took place: _____	Where the natural disaster took place, including county: _____
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 Contact: _____

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 kimmcquffey@frankstonisd.net.

District Homeless Liaison Notes: _____ DNQ _____ Qualifies as Homeless _____ District Liaison Initials: _____



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Home Language Survey

Spanish: Encuesta del idioma en el hogar

Vietnamese: Ngôn ngữ được sử dụng tại nhà

Student Name: _____

Student DOB: _____

Grade: _____

Nombre del Estudiante

Tên học sinh

Fecha de Nacimiento

Ngày sinh

Grado Lớp

The state of Texas requires each school district to conduct a language background survey of all students enrolling in a public school for the first time. To comply with this mandate and to better serve your children, please complete this form.

Spanish: El estado de Texas requiere que cada distrito escolar lleve a cabo una encuesta de antecedentes de idioma de todos los estudiantes que se inscriben en una escuela pública por primera vez. Para cumplir con este mandato y servir mejor a sus hijos, por favor complete este formulario.

Vietnamese: Tiểu bang Texas yêu cầu mỗi khu học để tiến hành một cuộc khảo sát nền tảng ngôn ngữ của tất cả các học sinh ghi danh vào một trường công cộng lần đầu tiên. Để tuân thủ các điều khoản này và để phục vụ tốt hơn cho trẻ em của bạn, xin vui lòng điền vào mẫu đơn này.

To Be Completed by Parent/Guardian or Student (Grades 9-12)

Spanish: Para ser completado por el padre, tutor legal o estudiante (Grados 9-12)

Vietnamese: Cha mẹ hay người giám hộ hoặc học sinh từ lớp 9-12

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

Spanish: ¿Qué lenguaje se utiliza en el hogar del niño **la mayor parte del tiempo**?

Vietnamese: Ngôn ngữ nào được sử dụng trong nhà của trẻ **hầu hết thời gian**?

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

Spanish: ¿Qué idioma usa el niño **la mayor parte del tiempo**?

Vietnamese: Trẻ sử dụng ngôn ngữ **nào hầu hết thời gian**?

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Nombre del padre tutor legal

Firma del Padre/Tutor legal

Fecha Ngày

Tên phụ huynh / người giám hộ (chữ in)

Chữ ký phụ huynh / người giám hộ



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FISD HEALTH SERVICES: School Year 2021-2022

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

Socioeconomic Information Form

CONFIDENTIAL

Student Name _____ Student Grade _____ Student Date of Birth _____

School Name _____ Student ID _____

***Example** 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)

Income for Adult Household Members (Include Yourself, But Not Children)

List all Household Members (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income (without deductions) for each source in whole dollars only. Indicate the frequency of income: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. If they do not receive income from any source, write '0.' If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

First/Last Name (Include children with income)	Work Earnings (Enter amount)	Frequency (Circle one)	Public Assistance/Child Support/Alimony (Enter amount)	Frequency (Circle one)	Pensions/Retirement/Social Security/Supplemental Security Income (Enter amount)	Frequency (Circle one)	All Other (Enter amount)	Frequency (Circle one)
1.	\$	W E T M A	\$	W E T M A	\$	W E T M A	\$	W E T M A
2.	\$	W E T M A	\$	W E T M A	\$	W E T M A	\$	W E T M A
3.	\$	W E T M A	\$	W E T M A	\$	W E T M A	\$	W E T M A
4.	\$	W E T M A	\$	W E T M A	\$	W E T M A	\$	W E T M A
5.	\$	W E T M A	\$	W E T M A	\$	W E T M A	\$	W E T M A
6.	\$	W E T M A	\$	W E T M A	\$	W E T M A	\$	W E T M A
7.	\$	W E T M A	\$	W E T M A	\$	W E T M A	\$	W E T M A
8.	\$	W E T M A	\$	W E T M A	\$	W E T M A	\$	W E T M A

Total Household Member (Count all children & adults living in the household) _____

SIGNATURE Please check one of the following two boxes as appropriate.

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. Department 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 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.

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 Name (Print)

Parent/Guardian Signature

Date