

PAMPA ISD ENROLLMENT FORM

DATE: ____/____/____
Month Day Year

STUDENT NAME: _____
Legal Last Name First Name Middle Name Preferred Name

STUDENT SOCIAL SECURITY NUMBER: ____ - ____ - ____ DATE OF BIRTH: ____/____/____
Month Day Year

CURRENT GRADE LEVEL: _____ Male _____ Female
Hispanic? Yes _____ No _____
American Indian _____ Black of African American _____ White _____
Asian _____ Native Hawaiian or Pacific Islander _____

SCHOOL-AGE SIBLINGS IN PAMPA SCHOOLS

NAME: _____ SCHOOL: _____
NAME: _____ SCHOOL: _____
NAME: _____ SCHOOL: _____

PARENT/GUARDIAN INFORMATION

PLEASE LIST INFORMATION FOR PERSON WITH WHOM THE STUDENT LIVES.

NAME: _____ DATE OF BIRTH: ____/____/____

RELATIONSHIP TO STUDENT: _____ HOME PHONE: _____ CELL: _____ PAGER: _____

MAILING ADDRESS: _____
Number Street City State Zip Code bar

PHYSICAL ADDRESS (IF DIFFERENT): _____
Number Street City State Zip Code

EMPLOYER: _____ WORK PHONE: _____

NAME: _____ DATE OF BIRTH: ____/____/____

RELATIONSHIP TO STUDENT: _____ HOME PHONE: _____ CELL: _____ PAGER: _____

EMPLOYER: _____ WORK PHONE: _____

EMERGENCY CONTACT OTHER THAN THOSE LISTED

NAME: _____ RELATIONSHIP TO STUDENT: _____

PHONE NUMBERS: HOME: _____ CELL: _____ PAGER: _____

PREVIOUS SCHOOL INFORMATION

DID STUDENT ATTEND PRE-SCHOOL? _____ (Y/N) NAME OF PRE-SCHOOL: _____

LAST SCHOOL ATTENDED - NAME: _____ WITHDRAWAL DATE: ____/____/____

ADDRESS: _____ PHONE: _____

HAS STUDENT ATTENDED PAMPA SCHOOLS BEFORE? _____ (Y/N)

SCHOOL: _____ LAST YEAR ATTENDED: _____

SPECIAL PROGRAMS (CHECK ALL THAT APPLY TO STUDENT):

TITLE I _____ GT _____ 504 _____ ELL _____ SPECIAL ED _____ SPEECH _____

IS THE STUDENT SUSPENDED OR EXPELLED FROM THE MOST RECENT SCHOOL ATTENDED? _____ (Y/N)

I CERTIFY THAT ALL INFORMATION LISTED ON THIS ENROLLMENT FORM IS TRUE:

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

FOR HIGH SCHOOL ONLY: HAS STUDENT PASSED EXIT LEVEL TAKS? MATH _____ READING _____ WRITING _____

FOR OFFICE USE ONLY

CAMPUS: _____ ENTRY DATE: _____ STUDENT ID: _____

HOMEROOM NUMBER: _____ TEACHER: _____ PARENT STATE AND DL#: _____

HOME LANGUAGE: _____ ADA ELIGIBILITY CODE: _____

Pampa ISD

Dear Parent/Guardian:

In accordance with Senate Bill 833 – Foster Care, the following information is required of all students as part of the enrollment process for the **2013-2014** school year.

Please read carefully and check the appropriate response for your student.

_____ Student is not currently in the conservatorship of the Department of Family & Protective Services

_____ Student is currently in the conservatorship of the Department of Family & Protective Services

_____ Pre-K student was previously in the conservatorship of the Department of Family & Protective Services following an adversary hearing held as provided by Section 262.201, Family Code.

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In accordance with HB 525 – Military Connected Student, the following information is required of all students as part of the enrollment process for the **2013-2014** school year.

Please read carefully and check the appropriate response for your student.

_____ Not a military connected student

_____ Student is a dependent of a member of the Army, Navy, Air Force, Marine Corps, or Coast Guard on Active Duty

_____ Student is a dependent of a member of the Texas National Guard (Army, Air Guard, or State Guard)

_____ Student is a dependent of a member of a reserve force in the US military (Army, Navy, Air Force, Marine Corps, or Coast Guard)

_____ Pre-K student is a dependent of an active duty uniformed member of the Army, Navy, Air Force, Marine Corps, or Coast Guard, or activated/mobilized uniformed member of the Texas National Guard (Army, Air Guard, or State Guard) who was injured or killed while serving on active duty.

Student Name: _____
(Please Print)

Grade: _____

(Parent Signature)

Date: _____

Pampa ISD

The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as Title X, Part C, of the No Child Left Behind Act.
 Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. Texas Education Code Sec. 25.002(3)(d).

All of the questions below refer to the student that is enrolling.

Today's Date (MM/DD/YYYY):			
School:			
Last Name:			
First Name:			
Birth Date (MM/DD/YYYY):			
Grade:			
Last District Attended:			
Address where the student sleeps at night (Street Address, Apartment #, City, Zip):			
How long has the student been at this address?			
Main Phone Number:			

"X" all boxes below that best describe where the student sleeps at night, leave those blank that do not apply:

	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, no affordable homes found)</i>
	In a shelter (C189=1) <i>(Examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)</i>
	In an unsheltered location, such as: <ul style="list-style-type: none"> • a tent • a car or truck • a van • an abandoned building • on the streets • at a campground • in the park • in a bus or train station • other similar place (C189=3)
	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=1) <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>

Pampa ISD

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—Please describe: _____

 Date the natural disaster took place: _____

 Where the natural disaster took place, including county: _____

The student does not sleep in any of the places described above. Tell below where the student does sleep:

Provide the following information for school-age siblings (brothers and/or sisters) of the student:

Last Name	First Name	Brother or Sister	Stay at the same place (X)	Grade	School	District

List all other school-aged children that stay in the same place

Last Name	First Name	Grade	School	District

Signature of Person Providing Information
Parent/Legal Guardian/Caregiver/Unaccompanied Student

Date

For School Use Only

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature

Pampa ISD does not discriminate on the basis of race, color, national origin, sex, disability, or age.

PAMPA INDEPENDENT SCHOOL DISTRICT

HEALTH HISTORY ,

PLEASE COMPLETE ALL OF THE INFORMATION BELOW.

STUDENT NAME: _____ GRADE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

OTHER NAMES USED BY STUDENT: _____

CHECK ONE: () FIRST TIME IN PAMPA SCHOOLS
() ENROLLED IN PAMPA SCHOOLS BEFORE: _____
(name of campus in PISD)

1. DOES THIS CHILD HAVE A HEALTH PROBLEM? (Check all that apply)

- | | |
|---------------------------------|-------------------------------------|
| _____ ASTHMA | _____ HAY FEVER |
| _____ FOOD ALLERGY (LIST BELOW) | _____ MEDICINE ALLERGY (LIST BELOW) |
| _____ | _____ |
| _____ ARTHRITIS | _____ BLOOD DISORDER |
| _____ KIDNEY DISORDER | _____ BLADDER DISORDER |
| _____ ULCER | _____ SEIZURES |
| _____ VISION LOSS | _____ DIABETES |
| _____ HEARING LOSS | _____ ANEMIA |
| _____ HEARING AID | _____ SERIOUS INJURY |
| _____ TUBES IN EARS | _____ HIGH BLOOD PRESSURE |
| _____ EAR INFECTIONS | _____ HEART MURMUR |
| _____ AS A BABY | _____ WITH RESTRICTIONS |
| _____ AS A PRESCHOOLER | _____ WITHOUT RESTRICTIONS |
| _____ CURRENTLY | _____ TB OR POSITIVE SKIN TEST |

EXPLAIN: _____

2. DOES THIS STUDENT TAKE MEDICATION? _____ NAME OF MEDICATION: _____

TO BE TAKEN AT SCHOOL? _____ IF YES, PLEASE ASK FOR CONSENT FORM AND PROVIDE MEDICATION IN ORIGINAL CONTAINER.

3. HAS THE STUDENT HAD THE CHICKEN POX ILLNESS? _____

IF YES, APPROXIMATE MONTH/YEAR _____

4. HAS THE STUDENT BEEN HOSPITALIZED SINCE BIRTH? _____

REASON: _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE: _____

PAMPA INDEPENDENT SCHOOL DISTRICT

HOME LANGUAGE SURVEY

STUDENT NAME: _____ GRADE: _____

The Texas Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction to all students. Please answer the following questions.

1. WHAT LANGUAGE IS SPOKEN IN YOUR HOME MOST OF THE TIME?

ENGLISH _____ SPANISH _____ OTHER (SPECIFY) _____

2. WHAT LANGUAGE DOES YOUR CHILD SPEAK MOST OF THE TIME?

ENGLISH _____ SPANISH _____ OTHER (SPECIFY) _____

3. WAS YOUR CHILD EVER IN A BILINGUAL OR ESL PROGRAM (Y/N) _____

Signature of Parent/Guardian

Date

ENCUESTA DE LA LENGUA EN EL HOGAR

NOMBRE DEL ESTUDIANTE: _____ GRADO: _____

El código de la educación del Estado de Tejas requiere que las escuelas determinen que lenguaje(s) se habla en el hogar por cada estudiante. Esta información es esencial para que las escuelas proporcionen instrucción significativa a todos los estudiantes. Por favor conteste las siguientes preguntas.

1. ¿QUÉ LENGUAJE SE HABLA EN SU HOGAR LA MAJORIA DEL TIEMPO?

INGLÉS _____ ESPAÑOL _____ OTRO (ESPECIFIQUE) _____

2. ¿QUÉ LENGUAJE HABLA SU HIJO/HIJA (USTED) LA MAJORÍA DEL TIEMPO?

INGLÉS _____ ESPAÑOL _____ OTRO (ESPECIFIQUE) _____

Firma el padre o guarda

Fecha

PAMPA INDEPENDENT SCHOOL DISTRICT

MIGRANT ELIGIBILITY CHECKLIST

STUDENT NAME: _____ GRADE: _____

YES NO

- ____ ____ 1. WITHIN THE LAST 3 YEARS, DID THE CHILD MOVE FROM ONE SCHOOL DISTRICT TO ANOTHER?
- ____ ____ 2. WAS THE MOVE TO SEEK OR OBTAIN EMPLOYMENT IN AN AGRICULTURAL OR FISHING ACTIVITY?
- ____ ____ 3. WAS THE EMPLOYMENT A TEMPORARY OR SEASONAL ACTIVITY?
- ____ ____ 4. DID THE EMPLOYMENT PLAY AN IMPORTANT PART OF PROVIDING A LIVING FOR THE WORKER AND FAMILY?

Signature of Parent/Guradian

Date

LISTA DE COMPROBAR ELEGIBILIDAD MIGRATORIA

NOMBRE DEL ESTUDIANTE: _____ GRADO: _____

SI NO

- ____ ____ 1. EN LOS ULTIMOS TRES AÑOS PASADOS, SE MOVIO SU HIJO/HIJA DE UN DISTRITO ESCOLAR A OTRO?
- ____ ____ 2. ¿FUE LA MOVIDA PARA OBTENE EMPLEO EN LA ACTIVIDAD DE LA AGRÍCULTURA O DE LA PESCA?
- ____ ____ 3. ¿ES EL EMPLEO TEMPORAL O SOLAMENTA DURANTE LA TEMPORADA DE LA ACTIVIDAD?
- ____ ____ 4. ¿DESEMPEÑO EL EMPLEO UN ROLLO IMPORTANTE EN SOSTENER EL TRABAJADOR Y A LA FAMILIA?

Firma el padre o guarda

Fecha

Pampa ISD does not discriminate on the basis of race, color, national origin, sex, disability, or age.

El Distrito de la Escuela Independiente de Pampa (PISD) no discrimina en base a raza, color, origen nacional, sexo, discapacidad, o edad.