



ALEDO INDEPENDENT SCHOOL DISTRICT

A Past to Remember; A Future To Mold

DOCUMENTS NEEDED FOR ENROLLMENT

1. Proof of Residency, copy of: *
 - a. Current Utility bill dated within 2 months prior to enrollment: Electric, gas, or water bill showing name and physical address of person enrolling student (Cell/Phone, Cable/Satellite, Waste bills are not accepted)
 - b. Builder's contract – signed by both parties. If you are having a house built and waiting for it to be completed; it must be complete within six months of enrollment.
 - c. Lease agreement or deed of trust (requires residence on property- see FD (Legal) Policy) – signed by both parties
 - d. Shared residency forms – available upon request

2. Birth Certificate – state certified copy only *

3. Social Security Card – copy *

4. Immunization (Shot) Records *

5. Previous years report card/most recent and/or withdrawal information – for 1st through 12th grades. All high school students must bring most current transcript.

6. Last State Testing results

* required



**AFFIDAVIT OF STUDENT ADMISSION INFORMATION
(FOR STUDENT RESIDING WITH PARENT OR GUARDIAN)**

NOTICE TO PERSON ENROLLING THE STUDENT: A person who knowingly falsifies information on a form required for a student's enrollment in the District is subject to the provisions in Texas 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 Texas Penal Code 37.10.

Students meeting the definition of an asylee or refugee [see EKBA] are eligible for certain exemptions from state testing. If your child is an asylee or refugee, please provide information about your child's status to the administration.

1. My name is _____ . I am over 18 years of age and am legally competent to testify. I have personal knowledge of the facts set forth herein, and they are true and correct.
2. _____ (name of student) seeks admission as a student to Aledo Independent School District.
3. The child is _____ years of age on September 1 of this scholastic year.
4. The child currently resides at:

5. The name(s) and address(es) of the child's parent(s) or legal guardian(s) residing in the District are:



**Aledo ISD
Registration Form**

A Past to Remember; A Future To Mold

-- Please Print Information --

For Office Use Only		School Year _____
School:	_____	
Grade:	_____	Orig. Entry Date _____
ID#	_____	SS Card: Yes ___ No ___
Birth Cert.:	Yes ___ No ___	Immun: Yes ___ No ___
Proof of Res.:	Yes ___ No ___	SR ___ PCAD _____

Student Information:

Grade: _____

First Name: _____

Middle Name: _____

Last Name: _____

Generation: (ie; Jr. III, etc) _____ Nickname: _____

Social Security Number: _____ Sex: _____ DOB: _____

Student Cell Phone: _____ Student Email: _____

Primary Phone Number: _____

Mailing Address: _____

Physical Address: _____

Birth City and State: _____

Birth Country: _____

Has the student ever attended Aledo ISD? Yes No

Has the student ever been retained? Yes No

If yes, what grade(s) and what year(s) Grade(s) _____ Year(s) _____

Is the student currently in Special Education? Yes No Previous

Is the student currently coded 504? Yes No Previous

Is the student currently in the Gifted and Talented Program? Yes No Previous

Is the student currently in a Bilingual/ESL Program? Yes No Previous

Is the student in custody of DFPS? (Form 2085 Required) Yes No

Will the student ride the school bus on a regular basis? Yes No

Name of last school attended: _____

Address of last school attended: _____

City, State: _____ Phone number: _____

Last grade attended: _____ Fax number: _____

Brothers/Sisters Names: _____ School Attending / Grade _____

Parent/Guardian Contact Information:

Relationship to Student: _____
Legal First and Last Name: _____ DOB: _____
Cell Phone Number: _____
Home Phone Number: _____ Work Phone Number: _____
Home Address: _____
Employer: _____ E-Mail Address: _____

Additional Parent/Guardian Contact Information:

Relationship to Student: _____
Legal First and Last Name: _____ DOB: _____
Cell Phone Number: _____
Home Phone Number: _____ Work Phone Number: _____
Home Address: _____
Employer: _____ E-Mail Address: _____

Emergency Contact - In the Event a Parent / Guardian Cannot be Reached, Please Call:

Relationship to Student: _____ Can Transport? Yes No
First and Last Name: _____
Cell Phone Number: _____ Work Phone Number: _____
Home Phone Number: _____

Relationship to Student: _____ Can Transport? Yes No
First and Last Name: _____
Cell Phone Number: _____ Work Phone Number: _____
Home Phone Number: _____

Signature of Enrolling Parent/Guardian

Date



ALEDO INDEPENDENT SCHOOL DISTRICT

A Past to Remember; A Future To Mold

HOME LANGUAGE SURVEY

Ages 3-21

The Texas Education Agency requires that school districts conduct a home language survey for each student enrolled in public school. In response to this requirement the Aledo Independent School District requests that the following form be completed.

Name of Student _____

Campus _____ Grade _____

TO BE FILLED IN BY PARENT/GUARDIAN:

1) What language is spoken in your home most of the time? _____

2) What language does your child speak most of the time? _____

3) Was your child born in the United States? _____

If yes, please skip 4 & 5

If no, please continue.

4) Was either parent in the military at the time of the child's birth? (U.S.Citizens) _____

5) What was the most recent date that your child started school in the United States without interruption? (without interruption means continuously attending school without withdrawing to go to another country. To come back to school after being sick or absent for justified reasons does not mean "starting school".) Date: _____

Signature of Parent/Guardian

Date



**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.
- Not Hispanic/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 Name (please print)

Parent/Guardian Signature









Student 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 _____ 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:



**ALEDO INDEPENDENT SCHOOL DISTRICT
2016-2017 Occupational Survey**

Campus:	Grade:		
Student Name:	Date of Birth:		
<p>Dear Parents, In order to better serve your children, our school district is helping the State of Texas 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 form to your child's school.</p>			
<p>1. Within the past 3 years have you moved from one city or state to another so that you or your family could work or look for work in agriculture or fishing?</p>			
<p><input type="checkbox"/> No (STOP here and return survey to your child's school.)</p> <p><input type="checkbox"/> Yes (Please check all that apply below and continue to Question 2.)</p>			
 Fruit, vegetables, soybeans, sunflower, cotton, wheat, grain, sugar beets, agricultural farms or ranches, fields and vineyards <input type="checkbox"/>	 Working in a cannery. <input type="checkbox"/>	 Working on a dairy farm <input type="checkbox"/>	 Working in a fishery <input type="checkbox"/>
 Working in a slaughter house <input type="checkbox"/>	 Working on a poultry farm <input type="checkbox"/>	 Working in a plant nursery or orchard; growing or harvesting trees <input type="checkbox"/>	 Other similar work, please explain: <input type="checkbox"/>
<p>2. Did the children in your family go with you or join you at a later date?</p>			
<p><input type="checkbox"/> NO (STOP here and return survey to your child's school.) <input type="checkbox"/> YES (Please complete below.)</p>			
<p>If you check "Yes" someone will call you.</p>		<p>Best time to contact you:</p>	
Parent/Guardian Name:	Home Address/Apt Name:	City:	Zip Code:
Telephone Number:	Mailing Address:	City:	Zip Code:

For School Use Only: Please fax survey with two YES Responses to: Migrant Program 817-740-3622

1617r316



ALEDO INDEPENDENT SCHOOL DISTRICT

A Past to Remember; A Future To Mold

**STUDENT RESIDENCY QUESTIONNAIRE
2016-2017**

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C 11435. The answers to this residency information help determine the services the student may be eligible to receive.

Name of Student: _____ Grade _____

Name of School: _____

1. Is your current address a temporary living arrangement? Yes No

2. If yes, is this temporary living arrangement due to loss of housing or economic hardship?

Yes No

Name of Parent(s)/Legal Guardian(s) _____

Signature of Parent/Legal Guardian _____ Date: _____

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. TEC Sec. 25.002(3)(d).

~~-THIS FORM MUST BE COMPLETED EVERY FALL FOR EVERY STUDENT AND ALL NEW REGISTRANTS-~~

Please Note: Completion of this form does not indicate student is eligible for services through the McKinney-Vento Act 42 U.S.C. 11435. If answers are affirmative, parent/guardian will be contacted by the campus McKinney-Vento Coordinator for additional information.



ALEDO INDEPENDENT SCHOOL DISTRICT

A Past to Remember; A Future To Mold

To be completed by parent/guardian

HEALTH INFORMATION

GRADE _____

Today's Date _____

Name of Student _____

Date of Birth _____

Sex: Male Female

MEDICAL HISTORY (check all that apply)

Please explain any yes answers.

Life Threatening Condition No Yes

IF YES PLEASE CONTACT THE SCHOOL NURSE!

Asthma No Yes

Bee/insect allergy (needs special care) No Yes

Severe allergies – affecting school No Yes

Medication allergies No Yes

Kidney Disease No Yes

Frequent ear infections No Yes

Hearing concerns No Yes

Speech difficulties/hoarseness No Yes

Severe headaches (Migraines) No Yes

Seizures No Yes

Neurological condition No Yes

ADD/ADHD (diagnosed by whom) No Yes

Heart condition No Yes

Diabetes(Please contact the school nurse) No Yes

Blood disorder No Yes

Orthopedic condition No Yes

Chronic condition/disability No Yes

Vision concerns No Yes

Serious illness/injury/surgery No Yes

Chickenpox Disease Shot

Other health concerns? No Yes

Glasses Contacts Other _____

Date _____

Date of disease: Month/Year _____

MEDICATION

Is medication needed at home? No Yes

Name of medication(s) _____

Is medication needed at school? No Yes

Name of medication(s) _____

Prescription medications will not be given without specific written request signed by both a parent / legal guardian and physician. You can obtain this form from the nurse's office.

Is there anything you want to tell us about your child which you feel will help school staff to better understand and work with him/her?

By signing this form, I give my consent to school authorities to take all appropriate actions for the safety and welfare of my child, including;

No Yes the administration of epinephrine by Epi-Pen and Benadryl if deemed necessary and appropriate by the school nurse

No Yes in the event of any other medical emergency as reasonably determined by the school nurse or other school authorities

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest available. I understand that the information given above will be shared with appropriate school staff who needs to know in order to provide for the health and safety of my child.

Signature _____ Relationship _____ Telephone _____

Healthy Students Make Better Learners