



**Texarkana**  
Independent School District

## **OPTIONS ACADEMIC ALTERNATIVE HIGH SCHOOL APPLICATION**

**Enrollment at OPTIONS Academic Alternative High School is based on an application process. Out-of-District students are ineligible to apply. All applications are reviewed by the Enrollment Committee. Upon acceptance a New Student/Parent Orientation is required.**

### **PARENT/GUARDIAN SHOULD PROVIDE THE FOLLOWING DOCUMENTS FOR ENROLLMENT:**

- Proof of Residency (current utility bill, lease agreement, or tax statement)
- Transfer Application (if applicable for out of district students)
- Copy of Birth Certificate \*
- Copy of Social Security Card\*
- Copy of Immunization Record \*
- Last Report Card \*
- Withdrawal form from previous school with withdrawal grades \*

*\*If transferring from another Texas school these records can be requested from the previous school.*

**NOTE: It is a Texas Department of Health law that students must present proof of current immunizations to enroll in school.**

### **TISD FORMS THAT MUST BE COMPLETED BY PARENT/GUARDIAN PRIOR TO ENROLLMENT:**

- Student Enrollment Form
- Home Language Survey
- Military/Foster Care Form

### **TEXAS EDUCATION AGENCY REQUIRED FORMS/ACKNOWLEDGEMENTS**

**These forms must be completed annually. They will be included in the “First Day Packet” for students enrolling prior to August 1 st• Students enrolling after August 1 st must complete forms at time of enrollment.**

- Free/Reduced Price School Meal Application
- Student Handbook/Code of Conduct Acknowledgement
- Student/Family/School Success Agreement



**Texarkana**  
Independent School District

# Student Enrollment Form 2021-2022

School \_\_\_\_\_ Today's Date \_\_\_\_\_  
Student I.D. \_\_\_\_\_ Grade \_\_\_\_\_

## STUDENT INFORMATION

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gen \_\_\_\_\_  
*Student's name exactly as shown on Birth Certificate* *Jr. / Sr. / II / III / IV / V*  
Birth Date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Place of Birth (City, State) \_\_\_\_\_ Sex  Male  Female

### Texas Public School Ethnicity and Race Data

<b><u>Ethnicity (Circle one)</u></b>	<b><u>Race (Circle one or more)</u></b>
Hispanic/Latino	American Indian or Alaska Native
Not Hispanic/Latino	Asian
	Black or African American
	Native Hawaiian or Other Pacific Islander
	White

### Elementary nearest your residence

**Circle one**

115 Dunbar/Theron Jones	113 Wake Village
105 Highland Park	108 Westlawn
109 Nash	019 Texas - Out of District
111 Spring Lake Park	255 Out of State
117 Waggoner Creek	

TISD Resident  Yes  No If No, District of Residence \_\_\_\_\_  
*All out of district residents must complete a transfer application.*

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ City of Birth \_\_\_\_\_ State \_\_\_\_\_

Previous School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Grade \_\_\_\_\_ Year \_\_\_\_\_

Has student ever attended a Texarkana ISD school?  Yes  No

School \_\_\_\_\_ Grade \_\_\_\_\_

*For Administrative Use*

Moved From School _____	Previous School Year _____
Entry Code (Current Year) _____	Date Entered 8th _____
Entry Date (Current Year) _____	Date Entered 9th _____
Graduation Plan Code _____	Graduation Type _____

## ENROLLING PARENT INFORMATION

**Mother**  **Step-Mother**  **Guardian**  Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
*Required by TEA*

Residence Address \_\_\_\_\_  
*Street City State Zip +4*

Mailing Address if different from above \_\_\_\_\_  
*Street City State Zip +4*

Home Phone \_\_\_\_\_  Unlist Phone Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
*Check if you do not want this phone number released*  May we contact you with text messages?

Employer \_\_\_\_\_ E-Mail \_\_\_\_\_

**Father**  **Step-Father**  **Guardian**  Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
*Required by TEA*

Residence Address \_\_\_\_\_  
*Street City State Zip +4*

Mailing Address if different from above \_\_\_\_\_  
*Street City State Zip +4*

Home Phone \_\_\_\_\_  Unlist Phone Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
*Check if you do not want this phone number released*  May we contact you with text messages?

Employer \_\_\_\_\_ E-Mail \_\_\_\_\_

With whom does the student live? Both Parents  Mother  Father  Grandparent  Other \_\_\_\_\_

*Additional parent contact information may be added on the inside page.*

**Tiger 411** is a mass communication system used to deliver important announcements such as inclement weather alerts and school closure information. The enrolling parent's home phone number, email address, and, possibly, the cell phone will be used to receive these important announcements.

## ADDITIONAL PARENT INFORMATION

Mother  Step-Mother  Guardian  Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
*Required by TEA*

Residence Address \_\_\_\_\_  
*Street City State Zip +4*

Mailing Address if different from above \_\_\_\_\_  
*Street City State Zip +4*

Home Phone \_\_\_\_\_  Unlist Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
*Check if you do not want this phone number released*  May we contact you with text messages?

Employer \_\_\_\_\_ E-Mail \_\_\_\_\_

Father  Step-Father  Guardian  Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
*Required by TEA*

Residence Address \_\_\_\_\_  
*Street City State Zip +4*

Mailing Address if different from above \_\_\_\_\_  
*Street City State Zip +4*

Home Phone \_\_\_\_\_  Unlist Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
*Check if you do not want this phone number released*  May we contact you with text messages?

Employer \_\_\_\_\_ E-Mail \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

*Other than parent or guardian*

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## BROTHERS/SISTERS ATTENDING TISD

Name \_\_\_\_\_ ID \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ ID \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ ID \_\_\_\_\_ School \_\_\_\_\_

## TRANSPORTATION

Will your child need to ride a bus?  Yes  No (Transportation provided only if student meets eligibility requirements.)

## ENROLLING PARENT SIGNATURE

Texarkana ISD is required to inform persons enrolling a student in this District that:

Presenting false information or false records for identification is a criminal offense under Penal Code 37.10 and that enrolling a child under false documents makes that person liable for tuition or other costs as provided below. *Education Code 25.001(d).*

A person who knowingly falsifies information on a form required for a student's enrollment in the District is liable to the District if the student is not eligible for enrollment, but is enrolled on the basis of false information. For the period, during which the ineligible student is enrolled, the person is liable for the maximum tuition fee the District may charge or the amount the District has budgeted per student as maintenance and operation expense, whichever is greater. *Education Code 25.001(h).*

Signature of Enrolling Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Enrolling Parent/Guardian Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Signature of Enrolling Student \_\_\_\_\_ Date \_\_\_\_\_

# STUDENT HANDBOOK

## Texarkana Independent School District

### 2021-2022 Student Handbook and Student Code of Conduct Acknowledgement

Dear Student and Parent:

As required by State law, the District has officially adopted the Student Handbook and the Student Code of Conduct in order to promote a safe and orderly learning environment for every student. These handbooks are available on TISD's website at <http://www.txkisd.net/forparents>.

Please read these publications thoroughly and discuss them among your family. If you have any questions about the behaviors and consequences, ask the principal at Student's campus for an explanation. If you need a printed copy, please contact the school office at Student's campus and request a copy. The requesting parent or guardian may pick up the copy during regular office hours.

By signing this enrollment form, you acknowledge receiving information on accessing or obtaining copies of the TISD Student Handbook and Student Code of Conduct for the 2021-2022 school year, and that you understand that Student will be held accountable for his or her behavior and will be subject to the disciplinary consequences outlined in these publications.

YES, Student and Parent/Guardian acknowledge that they have received information on how to access or how to obtain a copy of the TISD Student Handbook and Student Code of Conduct for the 2021-2022 school year, and that they understand that Student will be held accountable for his or her behavior and will be subject to the disciplinary consequences outlined in these publications.

## FAMILY WORKER SURVEY

Have you moved into the school district within the last 3 years?  Yes (if yes, complete section A)  No (if no, skip to section B)

A. Is your family employed in any agricultural activity such as the ones listed below?

If so, please check the appropriate activity below:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Production of crops  | <input type="checkbox"/> Cutting hay for forage | <input type="checkbox"/> Chicken, egg, and poultry hatcheries |
| <input type="checkbox"/> Hauling and stacking hay   | <input type="checkbox"/> Chicken processing     | <input type="checkbox"/> Building and repairing fences        |
| <input type="checkbox"/> Cutting and harvesting of trees                                  | <input type="checkbox"/> Irrigating             | <input type="checkbox"/> Beef cattle farming or feedlots      |
| <input type="checkbox"/> Fish farming   | <input type="checkbox"/> Hog farms or feed lots | <input type="checkbox"/> Dairy farming                        |
| <input type="checkbox"/> Herding, corralling, moving livestock from pasture or pen to pen |   |   |

B. If your family is employed in an agricultural activity not listed above, please list: \_\_\_\_\_

C. If your family is employed in an agricultural activity, is the employment?  Temporary  Permanent

MSRTS number if known \_\_\_\_\_

## FEDERAL EMPLOYMENT SURVEY

Is the child's parent or guardian employed by one of the following?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Red River Army Depot | <input type="checkbox"/> Lone Star Army Ammunition Plant | <input type="checkbox"/> Federal Correctional Institution |
| <input type="checkbox"/> U.S. Post Office     | <input type="checkbox"/> Armed Services: Branch          |   |

Does the student live in federal housing?  Yes  No If so, where? \_\_\_\_\_

## SPECIAL SERVICES INFORMATION

In order to adequately serve your child, it is necessary to request the following information to determine if special services will be needed. Please review the list and check any services that apply.

My child received the following services at his/her former school:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Mainstream                  | <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Related Service (i.e. OT, PT) |
| <input type="checkbox"/> Content Mastery             | <input type="checkbox"/> Resource       | <input type="checkbox"/> Self Contained Class          |
| <input type="checkbox"/> Other, please specify _____ |   |  |

Section 504

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Dyslexia Program | <input type="checkbox"/> Modifications in the classroom | <input type="checkbox"/> Other support program _____ |
|---|---|--|

Other

- |   |  |
|---|--|
| <input type="checkbox"/> Gifted and Talented Education                                    | <input type="checkbox"/> English as a Second Language (ESL) or Bilingual Instruction |
| <input type="checkbox"/> My child received no special services at his/her previous school |  |

Has your student ever been retained?  Yes  No If yes, what grade? \_\_\_\_\_

Is there any information which you feel might be useful to us and aid us in the placement of your child?

\_\_\_\_\_

## TEXT MESSAGING

During the school year, students may receive text messages from teachers and campus administrators. An example of a message is “Test on Friday – Mrs. Smith (Alg I), THS.” Messages will have an educational purpose. Please indicate whether your student may participate and student’s cell phone number. Normal text messaging rates will apply. TISD will not be responsible for any costs incurred for messages sent from TISD.

YES, my student may receive text messages.  NO, my student may not receive text messages

Student’s Cell Phone \_\_\_\_\_

## FIELD TRIP PERMISSION

During the school year, students may take field trips. Parents will be notified prior to each field trip of the location, date, and approximate time of the trip. Transportation for school-sponsored field trips will be provided by the District.

Please indicate below whether or not Student has your permission to participate in school-sponsored field trips.

YES, my student may participate in school-sponsored field trips.  NO, my student may not participate.

## CORPORAL PUNISHMENT

Corporal punishment may be used as a discipline management technique in accordance with the Student Code of Conduct. Corporal punishment shall be limited to spanking or paddling the student, and shall be administered only in accordance with the following guidelines:

Board Policy guidelines:

1. Corporal punishment shall be administered only after less stringent disciplinary measures have been attempted.
2. The student shall be told the reason corporal punishment is being administered.
3. Corporal punishment shall be administered only by the principal or assistant principal.
4. The instrument to be used in administering corporal punishment shall be approved by the superintendent or designee.
5. When corporal punishment is administered, it shall be done in the presence of one other District employee and shall take place in a designated place out of the view of other students.

Please indicate below whether or not you consent to corporal punishment being administered to Student.

YES, you may administer corporal punishment to Student.  NO, you may not administer corporal punishment to Student.

## RELEASE OF STUDENT INFORMATION

Regarding student records, federal law requires that ‘directory information’ on your child be released by the District to anyone who requests it unless you object in writing to the release of any or all of this information. This objection must be filed within ten (10) school days of the time this notice was given to the student. Directory information ordinarily includes the student’s name, address, telephone number, and date of birth. Information requested on high school students for scholarship purposes ordinarily includes participation in officially recognized activities and sports, weight and height of members of athletic teams, and awards and honors received in school. I understand and give permission to report health information pertaining to my child to governmental agencies as requested or required by them. Please indicate whether or not you consent to release this information regarding Student.

YES, information about Student may be released.  NO, I object to release of Student’s directory information.

## AUTHORIZATION AND RELEASE

Publications, Video, Internet Consent: On occasion, students are asked to participate in publicity, publications, or public relations activities for the District or for a particular school. To ensure student privacy and to confirm your agreement for participation, the District asks that you sign this form and return it to the school.

Agreement: Student and Parent/Guardian consent and give a nonexclusive license to Texarkana ISD to use the student’s name, voice, portraits, video or still image/picture, verbal statements, and student-created work including art, writing, photos, and videos (collectively referred to as the “publicity items”) for school or District promotion, publicity fund raising, instruction, public relations and public information. The nonexclusive license shall exist as long as the student’s “publicity items” are entitled to protection under the laws of the United States or the State of Texas. The student’s “publicity items” shall only be used by Texarkana ISD or its authorized designee, teacher, contractee or licensee; and Texarkana ISD shall have the right to reproduce, publish, and distribute the student’s “publicity items” in any format or medium now known or later discovered, including without limitation any physical, broadcast, electronic, and Internet-based medium, and any future uses directly controlled by the District. Student and Parent/Guardian also understand and agree to the following:

- \*TISD shall not pay, and Student and Parent/Guardian shall not receive, any money or other form of compensation for this agreement.
- \*The license extended, and the consent provided, have been freely given without coercion or duress.
- \*This agreement is binding upon heirs and/or future legal representatives; and
- \*The photos, video or student statements may be used in subsequent years.

If the Student and Parent/Guardian wish to rescind this agreement they may do so at any time with written notice to the Public Information Department, TISD Administration Office, 4241 Summerhill Road, Texarkana, Texas 75503.

YES, I do consent to this agreement.  NO, I do not consent to this agreement.

Pursuant to Texas Education Code, Section 26.009(b)(2) TISD has no control of media use of pictures/statements which are taken without permission.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



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## HOME LANGUAGE SURVEY

**TO BE COMPLETED BY PARENT OR GUARDIAN (OR STUDENT IF GRADES 9-12):**

The state of Texas requires that the following information be completed for each student that enrolls for the first time in Texas public schools. This survey shall be kept in each student's permanent record folder. *(19TAC Chapter 89, Subchapter BB §89.1215)*

NAME OF STUDENT: \_\_\_\_\_

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

2. What language does your child use most of the time? \_\_\_\_\_

3. What language is your preference for all TISD mailings/phone calls? \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student if Grades 9-12: \_\_\_\_\_ Date: \_\_\_\_\_



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## **CUESTIONARIO DEL IDIOMA QUE SE HABLA EN EL HOGAR**

**DEBE DE COMPLETARSE POR EL PADRE/MADRE/ O REPRESENTANTE LEGAL (O POR EL ESTUDIANTE SI ESTA EN LOS GRADOS 9-12):**

El estado de Texas requiere que la siguiente información se complete para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Este cuestionario se archivará en el expediente del estudiante. *(19TAC Chapter 89, Subchapter BB §89.1215)*

NOMBRE DEL ESTUDIANTE: \_\_\_\_\_

1. ¿Qué idioma se usa en el hogar de su hijo la mayoría del tiempo? \_\_\_\_\_

2. ¿Qué idioma se usa su hijo/a la mayoría del tiempo? \_\_\_\_\_

3. ¿Qué idiomaes usted prefiere recibir su correo/llamadas telefonicas de TISD? \_\_\_\_\_

Firma del Padre/Madre/ o Representante Legal: \_\_\_\_\_ Fecha : \_\_\_\_\_

Firma del estudiante si está en los grados 9-12: \_\_\_\_\_ Fecha : \_\_\_\_\_



**Texarkana**  
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**STUDENT MILITARY QUESTIONNAIRE**

The Texas Education Agency is mandated by Texas State Law to collect data on military connected students enrolled in Texas public school each school year per Section 25.006 of the Texas Education Code.

Please mark one box and return this form to your campus as soon as possible.

Military – Is your student a dependent of an active military member? Please check one box below.

- 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 a current member of the Texas National Guard (Army, Air Guard, or State Guard)
- Student in grade KG – 12 is a dependent of a current member of a reserve force in the United States military
- Pre-kindergarten student is:
  - 1) 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 ordered to active duty by proper authority, or
  - 2) 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

**STUDENT NAME (PLEASE PRINT):** \_\_\_\_\_

**CAMPUS:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_





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## CUESTIONARIO DE CUIDADO MILITAR

La Agencia de Educación de Texas tiene el mandato de la Ley del Estado de Texas de recopilar datos sobre estudiantes militares conectados inscritos en la escuela pública de Texas cada año escolar según la Sección 25.006 del Código de Educación de Texas.

Por favor, marque una casilla y devuelva este formulario a la escuela tan pronto como sea posible.

Militar - ¿Está su hijo un dependiente de un miembro militar activo? Por favor marque una casilla abajo.

- No es un estudiante militar conectado
- El estudiante en el grado KG - 12 es dependiente de un miembro en servicio activo del ejército de los Estados Unidos
- El estudiante en el grado KG - 12 es dependiente de un miembro actual de la Guardia Nacional de Texas (Ejército, Guardia Aérea o Guardia Estatal)
- El estudiante en el grado KG - 12 es dependiente de un miembro de una fuerza de reserva en el ejército de Estados Unidos
- El estudiante de pre jardín de infantes es:
  - 1) un dependiente de un miembro en servicio activo de las fuerzas armadas de los Estados Unidos, incluidas las fuerzas militares estatales o un componente de reserva de las fuerzas armadas, a quien la autoridad competente le ordena realizar el servicio activo, o
  - 2) es hijo de un miembro de las fuerzas armadas de los Estados Unidos, incluidas las fuerzas militares estatales o un componente de reserva de las fuerzas armadas, que resultó herido o muerto mientras estaba en servicio activo.

***NOTA: Un estudiante sigue siendo elegible para la inscripción si el padre del niño deja las fuerzas armadas o ya no está en servicio activo después de que el niño comienza una clase de prekindergarten.***

- El estudiante en el grado KG - 12 es dependiente de un ex miembro de uno de los siguientes: el ejército de los Estados Unidos, la Guardia Nacional de Texas (Ejército, Guardia Aérea o Guardia del Estado), una fuerza de reserva en el ejército de los Estados Unidos
- El estudiante en el grado KG - 12 era dependiente de un miembro de una fuerza militar o de reserva en el ejército de los Estados Unidos que murió en el cumplimiento del deber

**NOMBRE DEL ESTUDIANTE (POR FAVOR ESCRIBA):** \_\_\_\_\_

**ESCUELA:** \_\_\_\_\_

**FIRMA DEL PADRE:** \_\_\_\_\_ **FECHA:** \_\_\_\_\_



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**FOSTER CARE QUESTIONNAIRE**

The Texas Legislature requires that all Texas School Districts collect data regarding enrolled students who are in foster care (SB 833). If the following situation applies to your child, please complete below:

**Foster Care:**

1. Is this student currently in the conservatorship of the Department of Family and Protective Services?  
(Please check) Yes  No

Student's Name (please print): \_\_\_\_\_

*Please attach a copy of the Texas DFPS Placement Authorization Form (Form 2085)  
or a court order that designates the student in foster care.*

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?  
(Please check) Yes  No

Student's Name (please print): \_\_\_\_\_

*Please attach a copy of the verification letter you received from the Texas DFPS and CPS.*



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**CUESTIONARIO DE ORFANATO**

La Legislatura de Texas requiere que todos los distritos escolares de Texas recogen datos relativos a estudiantes matriculados que están en hogares de guarda (SB 833). Si la siguiente situación se aplica a su hijo, por favor complete este formulario:

**Orfanato:**

1. ¿Es este estudiante actualmente bajo la tutela del Departamento de Familia y Servicios de Protección?  
(Por favor marque) Sí  No

Nombre del estudiante (letra de imprenta): \_\_\_\_\_

*Por favor adjunte una copia de la de Texas DFPS Colocación Formulario de Autorización (Formulario 2085)  
o una orden judicial que designa al estudiante en cuidado de crianza.*

2. Sólo estudiante de PK: ¿Fue su estudiante de PK previamente en la tutela del Departamento de Familia y Servicios de Protección después de una audiencia celebrada adversario a lo dispuesto por la Sección 262.201, Código de Familia?  
(Por favor marque) Sí  No

Nombre del estudiante (letra de imprenta): \_\_\_\_\_

*Por favor adjunte una copia de la carta de verificación que recibió del DFPS Texas y CPS.*

# ALL PARENTS/GUARDIANS MUST COMPLETE THIS FORM

TISD will take advantage of the Texas Department of Agriculture (TDA) Flexibility on School Meals which allows the District to serve **ALL STUDENTS** with **FREE BREAKFAST & LUNCH MEALS** for the **2021-22 SCHOOL YEAR**.

**HOWEVER**, the Texas Education Agency requires us to collect and report socioeconomic status of each student for annual state accountability ratings and for federal reporting. Please note that this form and the information required are not reported to any state or federal office. It is only used to determine the Economic Disadvantaged status of each student.

## 2021-2022 HOUSEHOLD INCOME FORM

*If any member of your household receives Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) or Temporary Assistance for Needy Families (TANF) benefits, provide the name and 8- or 9-digit EDG number for the person who receives the benefits.*

Name: \_\_\_\_\_ 8- or 9-Digit EDG#: \_\_\_\_\_

**1. SIZE OF FAMILY** - Indicate the total number of individuals living in your household, including all adults and children: \_\_\_\_\_

**2. STUDENT INFORMATION** - Complete for each student Pre-K through 12th grade

LAST NAME	FIRST NAME	BIRTH DATE MM-DD-YY	SCHOOL	IDENTIFY H if Homeless M if Migrant R if Runaway F if Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

If you need additional lines, attach a second sheet to this survey or attach a copy of this survey clearly marked as Page 2

**3. TOTAL MONTHLY HOUSEHOLD INCOME** – Report Income for all members of household excluding foster children. If you have reported a case number above, you do not need to complete this section; proceed to section 4.

TYPE OF INCOME	INCOME	CIRCLE IF NO INCOME
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefit	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
<b>TOTAL MONTHLY HOUSEHOLD INCOME (ADD LINES 1-6)</b>	<b>\$</b>	

**4. SIGNATURE** - If Income Section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security number or check the "I do not have a Social Security number" box below.

*I certify (promise) that all information on this application is true and that all income is reported. I understand the school will be eligible for certain federal and/or state funds based on the information I give. I understand that the school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.*

Sign Here: X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last Four (4) Digits of Adult Social Security Number: XXX-XX-\_\_\_\_\_  I do not have a Social Security Number

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone _____	Work Phone _____	Email Address _____
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**FOR OFFICE USE ONLY: (Circle One)** QUALIFIES DOES NOT QUALIFY

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# TODOS LOS PADRES / TUTORES DEBEN COMPLETAR ESTE FORMULARIO

TISD aprovechará la flexibilidad del Departamento de Agricultura de Texas (TDA) en las comidas escolares que permite Distrito para servir a **TODOS LOS ESTUDIANTES** con **DESAYUNO Y ALMUERZO GRATIS** para el **AÑO ESCOLAR 2021-22**.

**SIN EMBARGO**, la Agencia de Educación de Texas requiere que recopilemos e informemos el estado socioeconómico de cada estudiante para calificaciones estatales de responsabilidad y para informes federales. Tenga en cuenta que este formulario y la información requerida no se reportan a cualquier oficina estatal o federal. Solo se utiliza para determinar el estado de desventaja económica de cada estudiante.

## FORMA DE INGRESOS DE CASA 2021-2022

*Si cualquier miembro de la casa recibe Asistencia del Programa de Nutrición Suplemental (SNAP formalmente estampillas de comida) o beneficio de Asistencia Temporal para Familias Necesitadas (TANF) proveer el nombre y 8 ó 9 dígitos del número EDG de la persona que recibe los beneficios.*

Nombre: \_\_\_\_\_ 8 ó 9 Dígitos de EDG: \_\_\_\_\_

**1. TAMAÑO DE FAMILIA** - Indique el número total de individuos viviendo en su casa, incluyendo todos los adultos y niños: \_\_\_\_\_

**2. INFORMACION DEL ESTUDIANTE** - Complete por cada estudiante desde Pre-K hasta el 12vo. grado.

APELLIDO	NOMBRE	FECHA DE NACIMIENTO MM-DD-AA	ESCUELA	IDENTIFIQUE H si esta sin hogar M si es migrante R si es Fugitivo F si es adopción
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Si necesita líneas adicionales añada otra hoja a esta encuesta o añada otra copia de esta encuesta claramente marcada en la Pagina 2.

**3. INGRESO TOTAL MENSUAL A LA CASA** – Reporte de ingreso de todos los miembros de la casa excluyendo niños adoptados. Si ya reportó un número de caso arriba no es necesario que complete esta sección, proceda a la Sección 4.

TIPO DE INGRESO	INGRESO	CIRCULE SI NO HAY INGRESO
1. Ingresos mensuales brutos: pago, salario ,comisiones	\$	Ninguno
2. Pagos del bienestar mensual: manutención de hijos, pensión alimenticia	\$	Ninguno
3. Pagos mensuales de pensiones: retiro, seguro social	\$	Ninguno
4. Dividendos mensuales o intereses de ahorros	\$	Ninguno
5. Compensación mensual de trabajadores, desempleados o beneficios de huelga.	\$	Ninguno
6. Otros ingresos mensuales (SSI, VA, Discapacidad, Obrero, otro)	\$	Ninguno
<b>INGRESO FAMILIAR MENSUAL TOTAL (AGREGAR LÍNEAS 1-6)</b>	<b>\$</b>	

**4. FIRMA** - Si la sección de ingresos se ha completado, el adulto que firma la solicitud deberá proporcionar los últimos cuatro (4) dígitos de su número de Seguro Social o marcar la opción “No tengo un número de Seguro Social” CASILLA DE ABAJO.

*Yo Certifico (prometo) que toda la información en esta aplicación es verdadera y que he reportado todos los ingresos. Entiendo que la escuela es elegible para ciertos fondos federales y/o estatales con base en la información que doy. Entiendo que los oficiales de la escuela pueden verificar (revisar) la información. Entiendo que si deliberadamente proporciono información falsa, mis niños podrían perder los beneficios y yo podría ser procesado legalmente.*

Firme aquí: X \_\_\_\_\_ Escriba su nombre: \_\_\_\_\_ Fecha: \_\_\_\_\_

Los últimos cuatro (4) dígitos de Número de Seguro Social \ XXX-XX-\_\_\_\_\_  No tengo un Número de Seguro Social

Dirección \_\_\_\_\_ Ciudad \_\_\_\_\_ Código Postal \_\_\_\_\_

Número de teléfono \_\_\_\_\_ Número del lugar de trabajo \_\_\_\_\_ Correo electrónico \_\_\_\_\_

Proporcionando su correo electrónico usted podría ser contactado vía electrónica por el distrito.

**SOLO PARA USO DE LA OFICINA: (Circle One) QUALIFIES DOES NOT QUALIFY**

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