

When registering students we will need a copy of the following:

Students birth certificate

Students social security card

Students immunizations

Enrolling persons ID

SANDS HIGH SCHOOL Registration Form for School Year 2014 - 2015

Campus Name: SANDS HIGH SCHOOL

Campus Phone: (432) 353-4744

Campus Fax: (432) 353-4561

STUDENT INFORMATION

Local ID _____	Student Name _____	Grade Level _____	Orig Entry Dt _____	Track _____	SSN _____	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Pacific Islander
						<input type="checkbox"/> White	<input type="checkbox"/> Black
						<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian
Gender _____	Date of Birth _____	Birth Place _____	Age (Sept 1st, 2014) _____				
Address: _____					Student Home Phone: _____		
Mailing Address: _____					Student Cell Phone: _____		
Student Email: _____					Will your child be using bus transportation to get to school? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PARENT INFORMATION

1. Guardian: _____	Relation: _____	2. Guardian: _____	Relation: _____
Address: _____		Address: _____	
City, St, Zip: _____		City, St, Zip: _____	
Employer: _____		Employer: _____	
Cell Ph: _____	Home Ph: _____	Bus Ph: _____	
Other Ph: _____	Phone Preference: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other		
Receive Mailouts: <input type="checkbox"/> Yes <input type="checkbox"/> No	Language Preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish		
Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email: _____		
Svc Branch: _____	Rank: _____	Enrolling Person: _____	
Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver License #: _____	State: _____	
Vehicle Make: _____	Model: _____	Color: _____	
Vehicle Plate #: _____	State: _____		

EMERGENCY CONTACT INFORMATION

1. Name: _____	Relation: _____	Cell Ph: _____	Home Ph: _____	Bus Ph: _____
Other Ph: _____	Phone Preference: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other			
Vehicle Make: _____	Model: _____	Color: _____	Plate #: _____	State: _____
2. Name: _____	Relation: _____	Cell Ph: _____	Home Ph: _____	Bus Ph: _____
Other Ph: _____	Phone Preference: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other			
Vehicle Make: _____	Model: _____	Color: _____	Plate #: _____	State: _____
Doctor: _____	Bus Ph: _____	Dentist: _____	Bus Ph: _____	
Hospital: _____	Bus Ph: _____	Other Medical: _____	Bus Ph: _____	
List any Allergies: _____				

SIBLING INFORMATION

Brothers/Sisters _____	Grade _____	School _____	Brothers/Sisters _____	Grade _____	School _____
_____	_____	_____	_____	_____	_____

The above information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records or information is a violation of state law and may subject you to tuition cost for your child. I certify that the information given above is correct. I authorize the school to contact the person named on this form and the above named physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physician, or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.

Parent or Guardian Signature _____ Date of Birth _____ Date _____

(For Office Use Only)

Teacher Name: _____	Control Nbr: _____	Eligibility Code: _____
Birth Certificate on File: _____	Mil Conn: _____	Foster Care: _____
Soc Sec Copy on File: _____	At Risk: _____	Migrant: _____
Gift: _____	LEP: _____	BIL: _____
ESL: _____	Par Per: _____	Econ: _____
Special Education: Prim: _____	Sec: _____	Tert: _____
Multi: _____		

Texas Education Agency
DIVISION OF BILINGUAL EDUCATION
Sands C. I. S. D.
Home Language Survey
PK-12th

Name of child _____ Grade _____

TO BE COMPLETED 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? _____

Signature

Date

Nombre del Niño(a) _____ Grado _____

DEBE DE COMPLETARSE POR EL PADRE O GUARDIAN:

1. ¿Cuál es el idioma que mas se habla en su hogar? _____
2. ¿Cuál es el idioma que mas habla su niño(a)? _____

Firma del padre o guardian

Fecha

Name des Kindes _____ Grad _____

AUZZUFULLEN VON ELTERN ODER HUTER:

1. Welche sprache wird in euer heim an meisten gesprochen? _____
2. Welche sprache redet euer kind an mei sten? _____

Unterschrift von Eltern oder huter

Datum

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

Agencia de Educación de Texas
Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal de las Escuelas Públicas de Texas

El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).

Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.

Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).

Parte 1. Etnicidad: ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)

Hispano/Latino – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza

No Hispano/Latino

Parte 2. Raza. ¿Cuál es la raza de la persona? (Escoja uno o más de uno)

Indio Americano o Nativo de Alaska – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo América Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu

Asiático – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.

Negro o Africano-Americano – Una persona con orígenes de cualquier grupo racial negro de África.

Nativo de Hawai u otras islas del pacífico – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.

Blanco – Una persona con orígenes con personas originarias de Europa, el Medio Este o el Norte de África

Nombre del Estudiante/Miembro de Personal
(por favor use letra de imprenta)

Firma (Padre/Representante legal)
/(Miembro de personal)

Número de Identificación del
Estudiante/Miembro del personal

Fecha

SANDS EMERGENCY FORM
2014-2015

Please complete this form and return to school.

Student's name _____ Grade _____

Home Address _____ Phone# _____

Father's name _____ Business phone _____

Mother's name _____ Business phone _____

If your child is injured or ill and you cannot be reached, who else can we call? (Grandmother, Aunt, Neighbor, etc.)

Name _____ Phone _____

Name _____ Phone _____

I hereby authorize school officials to administer minor first aid to my child.

_____ YES _____ NO

Check any health problems your child has:

Asthma _____

Allergy _____ Foods _____

Insects _____

Other _____

Diabetes _____

Epilepsy _____

Heart Disease _____

Nose Bleeds _____

Is your child on any medication? _____ If yes,

what? _____

For what condition? _____

Signature of Parent _____

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

Formulario Estudiantil de Afiliación Militar

FAVOR DE REGRESAR ESTE FORMULARIO A LA ESCUELA DE SU HIJO(A) SOLO SI CUMPLE CON UNO DE LOS CRITERIOS SIGUIENTES

En 2009 la Legislatura de Texas aprobó el Acuerdo Interestatal sobre Oportunidad Educacional para Estudiantes con Afiliación Militar - Código de Educación de Texas, Capítulo 162. Esta legislación requiere que las escuelas reconozcan y extiendan ciertos privilegios a los estudiantes que son dependientes de personal militar y para asistir a los estudiantes que dependen de militares en el proceso de transición de cambio de escuela cuando sus padres militares son reasignados y obligados a trasladarse.

Nombre del Padre ó Tutor: _____

Nombre del Estudiante: _____ Fecha de nacimiento: _____

ID del estudiante: _____ Grado Escolar: _____ Escuela: _____

Favor de marcar una de las casilla siguientes para indicar si su niño(a) es un dependiente de un miembro de:

Para todos los estudiantes:

- Servicio Activo: Ejército, Marina, Fuerza Aérea, Infantería de Marina o la Guardia Costera [Esto incluye Desaparecido en Combate (MIA)]
- Guardia Nacional de Texas
- Servicio de Reserva: Ejército, Marina, Fuerza Aérea, Infantería de Marina o la Guardia Costera

Para los estudiantes del Pre-Kinder SOLAMENTE:

- Las fuerzas armadas o las fuerzas reservadas de los Estados Unidos (Ejército, Marina, Fuerza Aérea, Infantería de Marina o la Guardia Costera) o la Guardia Nacional de Texas que ha sido herido o ha muerto durante el servicio activo

Military Connected Student Form

PLEASE RETURN THIS FORM TO YOUR CHILD'S CAMPUS ONLY IF
YOUR CHILD MEETS ONE OF THE CRITERIA BELOW

In 2009 The Texas Legislature adopted the Interstate Compact on Educational Opportunity for Military Students – Texas Education Code Chapter 162. This legislation requires schools to recognize and extend certain privileges to students who are military dependents and to assist military dependent students in the transition process of changing schools when their military parents are reassigned and forced to relocate.

Parent Name: _____

Student Name: _____ Date of Birth: _____

If Known: Student ID: _____ Grade: _____ Campus: _____

Please check one box below to indicate if your child is a dependent of a member of:

For all students:

- Active Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard
[This includes Missing in Action (MIA)]
- Texas National Guard
- Reserve Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard

For Pre-Kindergarten students ONLY:

- Armed forces or reserved forces of the United States (Army, Navy, Air Force, Marine Corps, or Coast Guard) or Texas National Guard who has been injured or killed while on active duty