



Texline ISD • P.O. Box 60, Texline, TX 79087 • (806) 362-4284
Superintendent – Terrell Jones • Principal – Dr. Devin Gulliford

New Student Registration Form

Student Name (first, middle, last) —	Grade —
Date of Birth —	Age as of September 1st —
Social Security Number —	Gender —
Physical Address — <i>(street, city, state, zip code)</i>	
Mailing Address — <i>(street, city, state, zip code)</i>	
1 st Parent/Guardian —	Social Security Number —
Relation to Student —	Date of Birth —
Primary Phone Number —	
Place of Employment —	Work Phone Number —
Other Phone Number <i>(if applicable)</i> —	
Email Address <i>(if applicable)</i> —	
Current military or honorably discharged veteran?	
2 nd Parent/Guardian —	Social Security Number —
Relation to Student —	Date of Birth —
Primary Phone Number —	
Place of Employment —	Work Phone Number —
Other Phone Number <i>(if applicable)</i> —	
Current military or honorably discharged veteran?	
Email Address <i>(if applicable)</i> —	
Emergency Contact <i>(other than parents listed above)</i> —	
Emergency Contact's Phone Number —	
Primary Care Doctor —	Phone Number —
Allergies or Medical Issues —	
Previous School(s) Attended —	
Will your child be using school transportation to get to and from school? YES / NO	

The information asked above is needed as a permanent school record of your child and will be used by school personnel. This is to certify the information above is correct. I, the undersigned, do hereby authorize officials of the school to contact directly the person named in this form, and do authorize the above named physician to render such treatment as may be necessary in an emergency, for the health of the child. In the event physician, or other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is necessary in their judgement, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation of child.

Parent/Guardian Signature — Date —



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Student Records Release of Information

Previous School —

Physical Address —
(street, city, state, zip code)

has enrolled in Texline ISD.

(Student Name)

Grade — Date of Birth —

Please send the following information concerning the student —

Transcript

	Grades at time of withdrawal
	1 st semester or six weeks grades
	Test scores
	Copy of birth certificate and social security card
	Medical and immunization records
	Special education classes
	Counseling, 504, LPAC, or student support team records
	Other information related to the student

Parent Signature —

Date —

Please send the above information to —

School Secretary

Texline ISD

PO Box 60, Texline, TX 79087

Or by fax at (806) 362-4938



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Authorized Check-Out List

Please list all persons who are allowed to check your child out of school.

Name	Relation	Phone Number

I, _____ parent/guardian of _____ authorize the above individuals to check my child out of school if I am unable to do so myself.

In the event that I cannot pick my child up myself, I will call the school office or send a note to school with my child including the person who will be picking them up, relation, and phone number.

Parent Signature

Date



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Emergency Medical Authorization Form

Please fill out student's complete medical information and circle yes or no where applicable.

Student's Name –

Date of Birth –

Grade Level –

Parent Contact –

Parent's Phone Number –

Is the student taking any medications? YES / NO

If yes, please list all medications being taken –

Does the student have any allergies? YES / NO

If yes, please list all allergies –

Does the student have an Epi-Pen? YES / NO

Date of last tetanus shot –

Does the student have any medical conditions? YES / NO

If yes, please explain –

Is it okay for the school office or nurse to give your student Tylenol when necessary without a phone call home? YES / NO

Name of Health Insurance –

Policy Number –

Group Number –

Address (street, city, state, zip code) –

Phone Number –

If no insurance, will you be purchasing insurance offered by Texline ISD? YES / NO

I have read and understand all of the information above. I verify that all of the information is correct and I will notify the school if any information changes during the school year.

Parent Signature –

Date –



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Parental Release & Indemnification Agreement & Emergency

Contact Information

Student Name – _____

Date of Birth – _____

Grade Level – _____

I, _____, the parent or legal guardian of the minor-child, do hereby consent to my minor child's participation in the education program offered by TISD and do grant permission for my student to go to the school-sponsored event.

In exchange for the educational and recreational advantages of the program for my child at TISD, I voluntarily sign this release agreement on behalf of my child. I understand that my child will be riding on transportation provided by the district, and, that even though precautions are taken (vehicles meet state and federal standards; driver is state certified to operate the vehicle), there are intrinsic hazards connected with being transported in any type of vehicle. I understand that as a consequence of risks associated with any type of transportation, my child may suffer serious injuries and/or death.

Release of Liability and Indemnification

Understanding all of the above-listed injury and that those and others are the ordinary risk associated with public transportation, I do here by RELEASE, DISCHARGE, AGREE TO HOLD HARMLESS, and INDEMNIFY the Texline Independent School District, TISD Board of Trustees, its agents, employees, officers, and volunteers from and against all liability, claims, demands, and judgements which my child may have or I may have on his/her behalf, or which his/her heirs, executors, administrators, or assigns may have or claim to have against the district, its successors, employees, officers, or volunteers for all personal injuries including the possibility of death, known or unknown, arising out of this educational and recreational program or the transportation therein.



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Release to Seek Medical Treatment

I further agree and give my consent to any medical staff, physician, and school sponsors to seek and administer medical aid to the above named student should the need for any medical treatment become necessary due to illness or injury while the student is participating in school sponsored activities.

Allergies –

Medications being taken –

Medical conditions or past illnesses –

Emergency Contact #1 –

Emergency Contact's Phone Number –

Emergency Contact #2 –

Emergency Contact's Phone Number –

Preferred Physician –

Physician's Phone Number –

Parent Signature –

Date –



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Release of Student Pictures and Information Form

Texline ISD assumes the responsibility of promoting our school with pictures of our students on social media, the school website, yearbook, newspaper, and other public forms of acknowledgement. We also supply students' information upon request to college and military recruiters. If you do not want your student's pictures displayed publicly, or information provided to college and/or military recruiters, please indicate your refusal below. Otherwise, we will assume your permission to publish pictures and information.

I do **NOT** give permission to publish pictures of my child

I do **NOT** give permission to share my student's information or allow a visit with a college recruiter.

I do **NOT** give permission to share my student's information or allow a visit with a military recruiter.

Student Name –

Grade Level –

Parent Signature –

Date –

Authorization for Tylenol

I authorize the school and/or school nurse to administer Tylenol to my child without a phone call home.



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Acknowledgement of Student Code of Conduct and Student Handbook via Electronic Distribution

As required by state law, the board of trustees has officially adopted the Student Code of Conduct in order to promote a safe and orderly learning environment for every student.

Texline ISD urges you to read this publication thoroughly and to discuss it with your family. If you have any questions about the required conduct and consequences for misconduct, students and parents are encouraged to ask for an explanation from the student's teacher or appropriate campus administrator.

We acknowledge that we have been offered the option to receive a paper copy of the Texline ISD Student Code of Conduct and Student Handbook and notified that it is also electronically accessible through the district's website at www.texlineisd.net. We understand that students will be held accountable for their behavior and will be subject to disciplinary consequences outlined in the student Code of Conduct and Student Handbook.

We have chosen to:

- Receive a paper copy of the Student Code of Conduct and the Student Handbook.
- Accept responsibility for accessing the Student Code of Conduct and the Student Handbook on the district's website.

Student Name –

Grade Level –

Student Signature –

Date –

Parent's Name –

Parent Signature –

Date –



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Prohibiting the Use of Corporal Punishment

Corporal punishment—spanking or paddling the student—may be used as a discipline management technique in accordance with the Student Code of Conduct and policy FO (LOCAL) in the district’s policy manual.

If you do not want corporal punishment to be administered to your child as a method of student discipline, please note by selecting the appropriate choice below or providing a written statement to the campus principal stating your decision. A signed statement must be provided each year if you do **NOT** want corporal punishment to be administered to your child.

You may choose to revoke this prohibition at any time during the year by providing a signed statement to the campus principal. However, district personnel may choose to use discipline methods other than corporal punishment even if the parent requests that this method be used on the student.

I, _____, have read the regulation and understand that I have the right to choose whether or not corporal punishment may be used in disciplining my child(ren).

I do NOT wish for corporal punishment to be administered to my child.

I hereby authorize the use of corporal punishment to be administered to my child.

Student’s Name –

Grade Level –

Parent Signature –

Date –



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McKinney-Vento Residency

Student Name – _____

Date of Birth – _____

Grade Level – _____

The McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act) defines “homeless” as “individuals who lack a fixed, regular, and adequate nighttime residence.” This includes children who “are **temporarily** sharing the housing of other persons due to the loss of housing or economic hardship.”

Does not apply; student is not homeless.

Please check one of the following statements if your family is experiencing homelessness:

Living in a shelter, including transitional housing shelters (i.e. The Rise, Stepping Stones); awaiting foster care, etc. Please provide name of shelter and shelter’s address (if applicable) —

Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, or housing not fit for habitation. Please provide information regarding area in which student is living –

Living in hotels/motels for lack of other suitable housing. Please list name and address of hotel/motel –

Doubled up; Temporarily living with family or friends due to lack of adequate housing or financial conditions. Please provide address of where student is living –

Please answer the following if you selected one of the four temporarily homeless statements –

How long do you expect to be at this address? _____

Are you seeking permanent housing? YES / NO _____

Date student moved to this address — _____

Is a parent living in the home with the student? YES / NO _____

If no, with whom is the student living? _____

Relationship — _____



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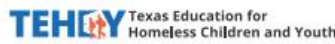
The school counselor or homelessness liaison may be in contact with you if clarification or transportation to school is needed.

We have read the information provided and indicated our living circumstances above with regard to the McKinney-Vento Act.

Parent Signature – _____

Date – _____

Information Regarding McKinney –Vento Residency and Educational Rights



Texas Education for Homeless Children and Youth

If you live in any of the following situations:



A homeless shelter



Doubled-up with other people



Car, park, empty building, bus or train station



Motel or campground

Eligible students have the right to:

- Receive a free, appropriate public education.
- Enroll in school immediately, even if lacking documents normally required for enrollment.
- Enroll in school and attend classes while the school gathers needed documents.
- Enroll in the local school; or continue attending their school of origin if that is your preference.
- Receive transportation to and from the school of origin, if requested.
- Receive educational services comparable to those provided to other students, according to the student's needs.

Identified Students Experiencing Homelessness by Living Situation

	2017-18	2018-19	2019-20
Doubled-up	135,392 58%	89,121 78%	85,571 77%
Hotel/Motel	19,942 9%	8,159 7%	7,954 7%
Shelter	19,797 9%	10,952 10%	10,325 9%
Unsheltered	56,174 24%	5,823 5%	7,551 7%



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Hotline: 1-800-446-3142 | Hotline Hours: 8:00 AM to 8:00 PM CST | tehcycy.tea.texas.gov



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Texas Public School Student 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)	
<input type="checkbox"/>	Hispanic/Latino — A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
<input type="checkbox"/>	Not Hispanic/Latino
Part 2, Race — What is the person's race? (Choose one or more)	
<input type="checkbox"/>	American Indian or Alaska Native — A person having origins in any of the original peoples of North and South American (including Central America), and who maintains a tribal affiliation or community attachment.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Black or African American — A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/>	Native Hawaiian or other Pacific Islander — A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/>	White — A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Student Name —	
Parent Signature —	Date —



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Migrant Family Survey

Texline ISD strives to identify any students who may qualify to receive additional educational services. Please answer the following questions.

Have you moved to a new town to find work within the last 3 years?	YES	/	NO
Did you find agricultural or fishing related work that was temporary or seasonal? (e.g. field work, livestock production, dairy work, meat processing, etc.)	YES	/	NO

If yes, please provide the following information —

Parent/Guardian Name — Date —

Physical Address (street, city, state, zip code) —

Phone Number —

List all children (include children ages 0 to 21 that are not in school and do not have a GED or high school diploma).

Name	Grade	Age

An education representative may contact you to discuss whether your child is eligible for additional educational services. All information provided is confidential.



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School Parking & Driving Regulations for Students

The student parking lot (south side of the gym, between the gym and the bus barn) has unlimited amount of student parking spaces. Properly completed parking applications will be approved in order to receive a parking permit. Only students with a valid TX/NM/OK driver’s license can apply for a student parking application.

Procedure to receive a parking permit:

- The student must properly complete the parking permit application.
- The application must be signed by the student and the student’s parent/guardian.
- The completed applications will be reviewed by district administration and upon approval, the applicant will be issued a parking placard.

The approved applicant agrees to adhere to and abide by the following:

- During the school day, the applicant will not loiter (hangout) in the school parking lot.
- The student will not go to his/her vehicle during the school day without staff permission.
- The applicant agrees to adhere to the school and state law driving regulations.
- The motor vehicle under the applicant’s control can be subject to search by the police, administrators, or other school staff when there is reasonable belief that drugs, stolen property, alcoholic beverages, weapons, or other contraband present in the motor vehicle.
- The applicant will park in his/her assigned parking lot (south side of the gym).
- Texline ISD accepts no responsibility for damage or loss from the applicant’s vehicle.
- The applicant will attach his/her placard onto the motor vehicle’s rearview mirror with the number facing the windshield. The placard number MUST be visible (no obstructions).
- The applicant must notify the district administrators when his/her driving or registration privileges are suspended or revoked.

The parking/driving regulations are strictly enforced. Parking on the school property is a privilege and not a right. District employees and City Marshalls are assigned to enforce the school parking lot.

In signing this School Parking Regulation Agreement, the student and parent/guardian acknowledge that they have read and fully understand the agreement.

Driver Signature –	Date –
Parent Signature –	Date –



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Name of Applicant —	Grade Level —
Address (street, city, state, zip code) —	
Driver's License Number —	State issuing driver's license —
Vehicle License Plate Number —	State issuing license plate —
Vehicle Insurance Company —	
Insurance Policy Number —	
Name of Registered Owner of Vehicle —	
Address (street, city, state, zip code) —	
Make —	Model —
Color —	Year —

Office Use Only

Assigned Parking Placard Number —
Date Received from Student —

Student Name: _____

District Name: _____

Student ID#: _____

Campus Name: _____

HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey only administered during **initial** enrollment in Texas public schools)

To be completed by Parent or Guardian for students enrolling in Prekindergarten* through grade 8 (or by students in grades 9-12).

* Prekindergarten includes any student enrolling in a 3- or 4-year-old school program.

Part One:

The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

Please answer the questions below about the languages your child or family uses. If your responses indicate the use of a language other than English, the school will conduct a language proficiency assessment to determine how well your child communicates in English. This information will be used to determine any appropriate linguistic supports and inform instructional recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

This survey shall be kept in each student's permanent record folder. A copy of this survey shall follow the student while enrolled in any public or open enrolled charter school in Texas.

Part Two:

Please answer the questions to the best of your ability.

1. Which languages are used at home? _____
2. Which languages are used by the child at home? _____
3. If the child had a previous home setting, which languages were used? If there was no previous home setting, answer Not Applicable (N/A). _____

By checking this box, I understand a request to correct an error to this Home Language Survey can only happen if:

- 1) my child has not yet been assessed for English proficiency; and
- 2) corrections are made within two calendar weeks of my child’s enrollment date.

Note: Please contact your school about the benefits of bilingual education services. The following resources may also provide information on program services that foster bilingualism.

- [Parent/ Guardian Rights](#)
- [Bilingual Education Program](#)
- [Program Information Videos](#)

Please visit the Emergent Bilingual Support Portal (txel.org) for additional information.

Signature of Parent/Guardian _____ Date _____

Signature of Student if Grades 9-12 _____ Date _____