

**EMERGENCY // REGISTRATION FORM**  
**SCHOOL YEAR 2023 - 2024**

School: Groveton Elementary Grade: \_\_\_\_\_ D.O.B                      Age Sept. 1: \_\_\_\_\_ Entry Date: \_\_\_\_\_

\_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Name)

   Male /    Female    White / Black / Hispanic / other \_\_\_\_\_ S.S. # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Physical Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Mailing Address: (If different from above) \_\_\_\_\_

Place of Birth: City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Parents Name: Mother/Guardian: \_\_\_\_\_ (DOB): \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ (DOB): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ // \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Occupation: Mother/Guardian: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

School Last Attended: \_\_\_\_\_ City/State: \_\_\_\_\_

Name of Person Enrolling Student: \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date of Person Enrolling Student: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please Circle one of the following communities in which you live:** Antioch, Barrett's Landing, Brush Harbor, Camp Branch, Carlisle, Chita, East Prairie, Flat Prairie, Fodice, Friday, Glendale, Groveton, Harbor Point, Harts Creek, Hawg Heaven, Hillwood Acres, Holley, Jossierand, Lacey, Lake Creek, Magee Bend, MLK Drive, Pennington, Port Adventure, Possum Walk, Sebastopol, Trevat, Westville, Woodlake, or Other: \_\_\_\_\_

List names of who can pick up your child: \_\_\_\_\_

How will your child get to and from school? (Circle one) Car Bus Walk

Brothers // Sisters \_\_\_\_\_ Grade \_\_\_\_\_ School Attending \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information given above is correct. I authorize the school to contact the person(s) 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. 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 costs for your child.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

# Groveton Elementary School

Groveton ISD

P.O. Box 580

Groveton, Texas 75845-0580

Phone: (936) 642-1473 FAX: (936) 642-3254

Rhonda Lowery  
Principal

Angie Smith  
Secretary

Chandra Lee  
Attendance / Registrar

## **REQUEST FOR STUDENT RECORDS**

Please send the records requested for the following student:

Name of student: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

Address of school: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone # of school: \_\_\_\_\_ FAX #: \_\_\_\_\_

Date of student withdrawal: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Records requested:

\_\_\_\_\_ Withdrawal form with withdrawal grades

\_\_\_\_\_ Medical/immunization records

\_\_\_\_\_ Latest Report card

\_\_\_\_\_ Copy of Birth Certificate

\_\_\_\_\_ Copy of Home Language Survey

\_\_\_\_\_ Copy of Security Card/State ID Number

\_\_\_\_\_ STAAR / Achievement test scores / TPRI

\_\_\_\_\_ Attendance Records

\_\_\_\_\_ Any special testing that may have been done (special ed., dyslexia, GT, ESL, etc.)

TREX / Faxed: \_\_\_\_\_

Jim Dillard  
Superintendent  
P.O. Box 728  
(936) 642-1473  
FAX: (936) 642-1628

Rebecca Huff  
Assistant Superintendent  
P.O. Box 728  
(936) 642-1473  
FAX: (936) 642-1628

Todd Moore  
Jr.-Sr. High School Principal  
P.O. Box 700  
(936) 642-1473  
FAX: (936) 642-1616

Wayne Williams  
Jr.-Sr. High Assistant Principal  
P.O. Box 700  
(936) 642-1473  
FAX: (936) 642-1616

Rhonda Lowery  
Elementary Principal  
P.O. Box 580  
(936) 642-1473  
FAX: (936) 642-3254

# GROVETON INDEPENDENT SCHOOL DISTRICT

## Groveton, Texas 75845

### Parent / Guardian:

**Please read, sign, and return this letter on Corporal Punishment as soon as you can. This letter will be put into your child's permanent folder.**

### 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. Corporal punishment will be governed by the following conditions:

- The parent or guardian will deny permission for corporal punishment
- The student will be told the reason for the corporal punishment
- Only the principal, assistant principal or teacher may administer the punishment
- The instrument to be used will be approved by the Principal
- The punishment will be administered in the presence of one other district professional employee and out of view of other students
- A record be maintained of each instance of corporal punishment and notification will be sent home with your child or mailed.

Please refer to FO (Legal and LOCAL) policy and the student code of conduct.

I have read the information on the use of corporal punishment in Groveton ISD.

**I request that corporal punishment be administered to my child.**

\_\_\_\_\_ **YES**                      \_\_\_\_\_ **NO**      **(Please check One)**

**Print name of Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Signature of parent:** \_\_\_\_\_

**Date signed:** \_\_\_\_\_

### **Release Form for Display of Student Photograph on the Internet**

**The purpose of displaying student photographs on the District Web site or campus Web site is to inform others of GPISD learning activities, and programs. Please indicate your preference by checking the appropriate space below**

\_\_\_\_\_ **I give my permission for my photograph to be published on a campus or District Web page.**

\_\_\_\_\_ **I do not give my permission for my photograph to be published on a campus or District Web page.**

**Signature:** \_\_\_\_\_

**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/Staff Name (please print)

\_\_\_\_\_  
(Parent/Guardian)/(Staff) Signature

\_\_\_\_\_  
Student/Staff 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:

**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 de personas originarias de Europa, el Medio Este o el Norte de África.

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

Firma (Padre/Representante)/(Miembro de personal

Número de Identificación del Estudiante/Miembro del personal

Fecha

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:

## RESIDENCE STATEMENT FOR THE 2023 - 2024 SCHOOL YEAR

I, \_\_\_\_\_, hereby certify that I am the parent/legal guardian of student \_\_\_\_\_, and that my mailing address is \_\_\_\_\_ and, I reside in the Groveton School District. (If a Post Office Box or Rural Route Box is used as a mailing address, a physical description of the location of the residence is required:

\_\_\_\_\_  
\_\_\_\_\_

(Rough map may be sketched at bottom of page or on the back)

ATTACHED ARE COPIES OF A, B, C, D, AND E (SEE BELOW) OF THE REQUIRED DOCUMENTATION APPROVED BY THE GROVETON SCHOOL BOARD:

\_\_\_\_ APPROVED LEGAL TRANSFER OF THE GROVETON I.S.D. COPIES OF A, B, C, AND D, (SEE BELOW) ARE NOT REQUIRED.

- A. In case of guardianship, a copy of court authorized legal guardianship papers.
- B. Utility bills or receipts with parent/legal guardian name and address.
- C. Groveton I.S.D. Tax Statement with parent/legal guardian name and address. If The parent/legal guardian is not listed on the tax statement, then a lease agreement, canceled rent check, and//or any other document may be required to satisfy the admitting administrator.
- D. Voter registration of student, parent/ legal guardian, or driver's license.
- E. Completely filled out Student Medical Information form.

I also certify that I understand that registration is not complete without this certified form and its accompanying true documentation; that I am responsible for all communication with the school concerning this student; that falsifying any documentation for the purpose of school enrollment is a violation of the Texas Education Code and Article 37.10 of the Penal Code as a criminal offense and makes me liable for tuition costs; and, that the District may withdraw any student who ceases to be a resident.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
ADMITTING ADMINISTRATOR

## Student Residency Questionnaire

This information will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Last School Attended \_\_\_\_\_

Current Address \_\_\_\_\_

Previous Address \_\_\_\_\_

Number of Children Enrolled in Groveton ISD \_\_\_\_\_

Is your current address a temporary living arrangement?

\_\_\_ Yes or \_\_\_ No

Is this a temporary living arrangement due to loss of housing, economic hardship, or financial difficulties?

\_\_\_ Yes or \_\_\_ No

Were you displaced from your home due to a Natural Disaster? (Hurricane, fire, flood, tornado, etc.)

\_\_\_ Yes or \_\_\_ No

\_\_\_ Yes or \_\_\_ No

**Type of Natural Disaster:**

\_\_\_ Hurricane: \_\_\_\_\_ (Please name)

\_\_\_ Other: \_\_\_\_\_ (Please describe)

**Please choose which of the following situations the student currently resides in (choose all that apply):**

\_\_\_ House or apartment with parent or guardian

\_\_\_ Sharing housing with friends or family members (other than or in addition to parent/guardian)

\_\_\_ Motels/Hotels

\_\_\_ Shelter or other transitional housing

\_\_\_ Unsheltered - in a car, park, substandard housing, etc.

**If you are living in shared housing, please check all the following reasons that apply:**

\_\_\_ Loss of housing

\_\_\_ Economic hardship

\_\_\_ Loss of employment

\_\_\_ Parent/Guardian is currently on active duty in the U.S. Military

\_\_\_ Other (Please explain; i.e. substandard housing) \_\_\_\_\_

Are you a student living apart from your parents or guardians? \_\_\_ Yes or \_\_\_ No

\_\_\_\_\_  
Signature of Parent/Guardian/Unaccompanied Youth/School Representative

\_\_\_\_\_  
Date

# Student Medical Information Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother/ Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work #: \_\_\_\_\_

Father/ Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency Contact (in the case that mother and father cannot be reached):

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_ 2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Please list any medical conditions and allergies:

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Please list any medications your child is taking:

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Primary Care Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If your child is taking any medication, and you wish for them to take it during school hours, you will need to send the medication to school **with a note** stating its directions for use. This includes over the counter medication. Only age/ weight specific dosages will be given unless a written order from a physician is sent with the medication. **Over the counter medication will not be provided by the school. All medication must be in its original container. If your child is taking prescription medication, the medication must be in the original bottle from the pharmacy with the prescription label on the bottle.** Medication intended for another child will not be given.

For student safety, all medication should be transported to and from school by an adult. It is recommended that students not carry medication to and from school. The school cannot assure medications or equipment will arrive safely end intact.

\_\_\_\_ I **GIVE** permission for the school to allow my child to transport medication and equipment to and from school.

\_\_\_\_ I **DO NOT GIVE** permission for the school to allow my child to transport medication and equipment to and from school. It will be picked up or delivered by a parent/ guardian or designated adult.

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



## House Bill 742 – Food Allergy Information

Dear Parents/Guardians,

Groveton ISD is required to request at the time of enrollment, that the parent or guardian of each student attending a Groveton ISD school disclose the student's food allergies. This form will satisfy the requirement. (HB 742 Section 25.0022)

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the school in order to enable GISD to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that required immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food. The nurse will contact you for a note from your child's physician if your child has food allergies.

**No food allergy to report.**

FOOD:	Nature of allergic reaction to the food:

Groveton ISD will maintain the confidentiality of this form and 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. The district will maintain this form as part of your child's student record.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

## Acknowledgment of Distribution of Student Handbook

My child and I have been offered the option to receive a paper copy of or to electronically access at

[www.grovetonisd.net](http://www.grovetonisd.net) the Groveton I.S.D. Student Handbook for the 2023-2024 school year.

\_\_\_\_\_ Receive a copy of the handbook. I understand if I want a copy I must Come to the school and pick up my copy.

\_\_\_\_\_ I understand that an electronic copy of the handbook is available online.

I understand that the handbook contains information that my child and I need during the school year and that all students are held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Student Code of Conduct. If I have any questions regarding this handbook, I should direct those questions to the principal at 936-642-1473.

Printed Name of Student: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

**Please sign and date this page and return it to your child's school.**

**Groveton Independent School District**  
**Student Code of Conduct Notification Letter**

Dear Parent/Guardian,

This booklet contains the Discipline Management Plan of the Student Code of Conduct for this school district. It is designed to inform you and your student of the type of conduct expected at Groveton ISD. It is important that you and your child review this information together so that you will clearly understand the rules of acceptable conduct and the consequences of violation of established rules. With your support and encouragement, I am confident your child will meet behavioral expectations of the District. Those who fail to do so may expect to experience normal discipline management techniques, suspensions, removal to an alternate education placement, or expulsion.

Please sign and return this form so we may know that you have received and reviewed this code of conduct with your child. If you have any questions relating to this discipline management plan and Student Code of Conduct please call or visit the campus principal.

Sincerely,

*Jim Dillard*

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**Acknowledgement of Receipt of Student Code of Conduct**

I have received a copy of the Groveton ISD Discipline Management Plan and Student Code of Conduct. I have read and/or reviewed the plan and am knowledgeable of the contents of the plan.

Student Grade Level: \_\_\_\_\_

Student Name (PLEASE PRINT) \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_

DON HAMILTON  
Superintendent  
P.O. Box 728  
(936) 642-1473  
FAX: (936) 642-1628

TODD MOORE  
Assistant Superintendent  
P.O. Box 728  
(936) 642-2224  
FAX: (936) 642-1628

BRYAN FINCH  
Jr.-Sr. High School Principal  
P.O. Box 700  
(936) 642-1128  
FAX: (936) 642-1616

JIM DILLARD  
Jr.-Sr. High Assistant Principal  
P.O. Box 700  
(936) 642-1128  
FAX: (936) 642-1616

Amanda Stubblefield  
Elementary Principal  
P.O. Box 580  
(936) 642-1473  
FAX: (936) 642-3254

## GROVETON INDEPENDENT SCHOOL DISTRICT

Groveton, Texas 75845

To Whom It May Concern:

Senate Bill 1432 went into effect September 1,2001. It addresses a variety of **truancy** related issues.

The bill states:

Truancy may result in assessment of penalties by a court of law against both the parent and the student. A complaint against the parent for contributing to truancy may be files in the appropriate court if the student is (1) absent from school on ten or more days or parts of days within a six-month period in the same school year, or (2) absent from school on three or more days or part of days within a four-month period. A complaint may also be filed against the student for failing to attend school for the same time periods or a referral may be made to juvenile court.

The Attorney General concluded that a student, in order to receive credit is required actually to attend class for the required period, regardless of whether the student's absences are excused or unexcused. Excused absences for medical reasons are to be counted in computing the ninety percent attendance for class credit requirement.

**If your student is absent for any reason, the attendance clerk will be trying to contact you if you have not notified the school district of the reason for the absence.**

If you have any questions, please feel free to call us at 936-642-1473

Sincerely,

*Rhonda Lowery*

Date \_\_\_\_\_

Student Name (please print) \_\_\_\_\_

Parent Name (please print) \_\_\_\_\_

DON HAMILTON  
Superintendent  
P.O. Box 728  
(936) 642-1473  
FAX: (936) 642-1628

TODD MOORE  
Assistant Superintendent  
P.O. Box 728  
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JIM DILLARD  
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Amanda Stubblefield  
Elementary Principal  
P.O. Box 580  
(936) 642-1473  
FAX: (936) 642-3254

# GROVETON INDEPENDENT SCHOOL DISTRICT

Groveton, Texas 75845

## SCHOOL- PARENT COMPACT

The **Groveton Independent School District** and the parents of the students participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Education Act (ESEA) (participating children), agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved students academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State's high standards.

This school - parent compact is in effect during the 2023-2024 school year.

### **Groveton ISD will:**

- Provide high - quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's student academic achievement standards.
- Hold parent - teacher conferences during which this compact will be discussed as it relates to the individual child's achievement.
- Provide parents with frequent reports on their children's progress.
- Provide parents reasonable access to staff.
- Provide parents opportunities to volunteer and participate in their child's class and to observe classroom activities.

### **Parent Responsibilities**

We, as parents, will support our children's learning in the following ways:

- Monitoring attendance.
- Ensuring that homework is completed.
- Monitoring the amount of television children watch.
- Volunteering in a child's classroom.
- Participating, as appropriate, in decisions relating to my child's education.
- Promoting positive use of my child's extracurricular time.
- Staying informed about my child's education and communicating with the school by promptly reading all notices from the school or the school district received by either my child or any mail and responding, as appropriate.
- Serving, to the extent possible, on policy advisory groups, such as being the Title I, Part A parent representative on the school's School Improvement Team, the Title I Policy Advisory Committee, the District-wide Policy Advisory Council, the State's Committee of Practitioners, the School Support Team or other school advisory or policy groups.

### **Student Responsibilities**

We, as students, will share the responsibility to improve our academic achievement and achieve the state's high standards. Specifically, we will:

Describe the ways in which students will support their achievement, such as:

- Do my homework every day and ask for help when I need it.
- Read at least 30 minutes every day outside of school time.
- Give my parents or the adult who is responsible for my welfare all notices and information received by me from my school every day.

**Rights of Parents and Students**  
**Family Education Rights and Privacy Act.20 U.S.C. 1232a**

Groveton ISD maintains general education records required by law. The District makes available to parents and guardians information concerning their child enrolled in school. Until parental rights are legally terminated, each parent or guardian has access to the records. When the student turns 18 years of age and is no longer a dependent, then only the student has access to his/her records.

Parents, guardians, the students and officials of the district with legitimate educational interests have general access to the record. The district also forwards educational records upon request to a school in which a student intends to enroll. Certain other officials from various government agencies may have limited access to the records.

Some items of information in these records are directory in nature. These items may be released to anyone, without consent, unless a parent or student objects to the release in writing 10 days after the issuance of the notice. Directory information includes: students name, address, phone number, date and place of birth, participation in officially recognized activities and attendance, awards received in school, previous school attended, and other similar information. Objections to release of any or all directory information should be sent to the principal. Records may be reviewed during the regular school hours by contacting the campus principal. If, after reviewing the records, a parent or student believes that the contents include misleading or incorrect information, an informal hearing will be held to give the individual the right to challenge the record's contents. The principal or director of education should be contacted for this hearing.

After following the administrative procedures under board policy, the parent, guardian or student has the right to file a complaint if he/she feels that the district is not in compliance with the law regarding student records. Copies of items in the records requested by parents transferring students outside the district or for necessary information are available at no cost.

Please contact the principal or director of education if you have any questions concerning this notice.

I, the parent or legal guardian of \_\_\_\_\_,  
a student in Groveton Independent School District have received this notice on

\_\_\_\_\_, 20\_\_\_\_.

**Groveton I.S.D.**  
**Student Acceptable Use Policy for Technology Resources**  
**And**  
**Child Internet Safety Policy**

**Definition of District Technology Resources**

The District's computer systems and networks are defined as any combination of hardware, operating system software, application, software, stored text, and data files. Examples include electronic mail, local databases, externally accessed resources (such as the Internet), CD-ROM, optical media, clip art, digital images, digitized information, communications technologies, and new technologies as they become available. The district reserves the right to monitor all resource activities.

**Acceptable Use**

The District's technology resources are to be used for learning, teaching and administrative purposes consistent with the District's mission and goals. The District will make copies of the acceptable use policy available to all stakeholders (students, parents, faculty members, administration and the community).

Access to the District's system is a privilege not a right. You are required to be aware of, understand, and comply with all administrative regulations governing the use of the technology resources. Noncompliance may result in suspension of access or termination of privileges and other disciplinary action consistent with district policies.

*[Student Code of Conduct, Employee Handbook, Administrative Procedures Manual and School Board Policy]*

Anyone knowingly accessing or bringing prohibited materials into the school's electronic environment will be subject to a suspension and/or a revocation of privileges and will be subject to disciplinary action in accordance with district policy.

**Access Availability**

Access to the District's Electronic Communications System, including the Internet, is made available to students and employees primarily for instructional and administrative purposes and in accordance with administrative regulations. Limited personal use of the Groveton ISD system shall be permitted if the use:

1. imposes no tangible cost on the district,
2. does not unduly burden the district's computer or network resources, and
3. has no adverse effect on the employee's job performance or on a student's academic performance.

**Public Access**

Access to the District's Electronic Communications System, including the Internet, is made available to members of the public, in accordance with administrative regulations. If permitted, then such use is allowed so long as the use:

1. imposes no measurable cost to the district, and
2. does not unduly burden the district's computer or network resources, and
3. has no adverse effect on use of the system by employees or students.

**Monitored Use**

The District reserves the right to monitor all technology resource activity.

Student use of the computers and computer network is only allowed when supervised by staff members.

Electronic mail transmissions and other use of the electronic communication system by students and employees are considered a matter of public record and should not be considered private.

Designated District staff shall be authorized to monitor such communication at any time to ensure appropriate use. Network

Improper or illegal use of any computer or the network is prohibited, this includes the following:

1. Use racist, profane or obscene language or objectionable materials
2. Attempting or harming equipment, materials, or data
3. Attempting to send anonymous messages
4. Using the network to access inappropriate material



5. Knowingly placing a computer virus on a computer or on the network
6. Using the network to provide addresses or other personal information that others may use inappropriately
7. Accessing information resources, files and documents of another user without their permission.
8. Users are not permitted to install software or hardware. Submit a Work Order to meet your requirements.

Personal computers, PDA's, removable hard drives, flash drives, or other personal devices are permitted to be used, and attached to the Groveton ISD network, by the student, ONLY with the permission of a teacher and principal and only to be used under the supervision of the teacher.

### **Security**

Each user is assigned an individual account for accessing district technology resources. You may not share your account with anyone or leave the account open or unattended. Attempting to log on or logging on to a computer or E-mail system by using another's account and password is prohibited, and is a punishable disciplinary offense.

Assisting others in violating this rule by sharing information or passwords is unacceptable. Users are expected to change passwords regularly to maintain security and confidentiality.

Users are responsible for saving all documents to the server. Technology support staff will attempt to recover lost or damaged documents only if they have been saved to the server.

### **Internet Safety/Filtering**

As required by the Children's Internet Protection Act (CIPA) the district maintains a filtering system that blocks access to information considered obscene, pornographic, inappropriate for students or harmful to minors as defined by the federal CIPA guidelines. The following measures are in place to protect students' Internet use:

1. Student access to inappropriate materials is controlled through the Internet filter.
2. The district's private EMail system does not allow outside access to the directory of users.
3. Students are not allowed to reveal personal address or phone number information when using the Internet or other electronic communication systems.
4. Chat and Instant Messaging using the district system will be supervised and monitored.
5. Students may participate in prearranged Internet chat and instant messaging sessions with experts that have been scheduled by Groveton ISD staff and approved by the appropriate campus administrator.
6. Chat and Instant Messaging is restricted to pre-approved activities only and will be actively monitored.

Although the district will use these preventative practices, stakeholders should be aware that use of the system may provide access to other electronic communications systems in the global electronic network that may contain inaccurate and/or objectionable material, and that these systems lie outside the administrative control of the district.

The following guidelines should also be observed:

1. Never assume that someone you encounter online is who they say they are.
2. Never arrange a face-to-face meeting with someone you encounter online.
3. Never respond to messages or communications that you feel are threatening, obscene, or make you uncomfortable.
4. If you come into contact with one of the above situations, please notify your campus administrator.

### **Copyright**

All users are responsible for adhering to existing copyright laws and District Policy pertaining to software, resources, reference materials, video, sound and graphics. For displayed works you are expected to cite the source of your information. Questions concerning copyright can be referred to the campus or district administrative staff, or campus librarians, for clarification or assistance.

### **E-Mail**

The district E-Mail system is used to communicate both internally in the district and with outside agencies. E-Mail communications are a

matter of public record and should not be considered private. All users are expected to adhere to the following district policies regarding e-mail communications.

1. E-Mail should not be used for private or commercial offerings of products or services for sale or to solicit products or services.
2. E-Mail should not be used for political or religious purposes.
3. Forgery, or attempted forgery, of electronic mail is prohibited.
4. E-Mail messages that cause network congestion or interfere with the delivery of mail to others is not acceptable. E-Mail from mailing lists (also known as "list serves' ') must not affect the system's performance.
5. E-Mail messages and conference postings will not contain improper language, swearing, vulgarity, ethnic or racial slurs or any other inflammatory language or content. Conference posting will post these District guidelines or be removed.
6. Do not reveal personal information about yourself or others.
7. Do not send chain letters, or forward messages to large groups of users.
8. You are expected to be polite and professional.
9. You are responsible for material sent by and delivered to your email account.

### **Electronic Publishing**

Any electronic publication or web site that represents the District or any organizational unit of the District must meet all guidelines and requirements in accordance with district policy.

### **Forgery**

Forgery or attempted forgery of electronic data is prohibited. Attempts to read, delete, copy, or modify the electronic data (including E-Mail messages) of others are prohibited. Using another individual's account or materials for the purpose of copying academic work is a punishable disciplinary offense.

### **Software**

Please contact the District Technology Department to install software on District computers. The installation of software or files not owned by the district on District computers is prohibited. Only software approved, licensed and/or purchased by the District should be installed on District computers. Proper licensing documentation must be maintained.

### **Vandalism**

Any malicious attempt to harm or destroy District equipment or materials, the data and files of another user on the District's system, or any of the agencies or other networks that are connected to the Internet is prohibited.

Deliberate attempts to degrade or disrupt system performance may be viewed as violations of District policy and administrative regulations and, possibly, as criminal activity under applicable state and federal laws. This includes, but not limited to, the uploading or creating of computer viruses. Vandalism as defined above will result in the cancellation of system use privileges and will require restitution for costs associated with system restoration, hardware, or software costs and is a punishable disciplinary offense.

### **Disclaimer**

The District shall not be liable for inappropriate use of electronic communication resources, violations of copyright restrictions or other laws, mistakes or negligence, and costs incurred. The District shall not be responsible for ensuring the accuracy, age appropriateness, or usability of any information found on the Internet. The District's system is provided on an "as is, as available" basis. The District does not make any warranties, whether expressed or implied, including, without limitation, those of merchantability and fitness for a particular purpose with respect to any services provided by the system and any information or software contained therein. The District does not warrant that the functions or services performed by, or that the information or software contained on, the system will meet the user's requirements, or that the system will be uninterrupted or error-free, or that defects will be corrected.

Opinions, advice, services, and all other information expressed by system users, information providers, service providers, or other third party individuals in the system are those of the providers and not the district. The District will cooperate fully with local, state, or federal officials in any investigation concerning or relating to misuse of the District's electronic communications system.

If you have questions or need further information, please contact the campus principal or the Technology Department

**Groveton I.S.D.**  
**Acceptable Use Policy for Technology Resources**

As the parent or guardian of the person above, I have read the "Groveton ISD Acceptable Use Policy for Technology Resources". I understand that the use of district technology resources is designed for educational purposes. I hereby give permission to allow my child to use the district's technology resources, and certify that the information contained on this form is correct.

**PARENT OR GUARDIAN**

As the parent or guardian of this student, I have read the Internet Use Policy. I understand that this access is designed for educational purposes. However, I also recognize it is impossible for Groveton ISD to restrict access to all controversial materials, and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to issue an account for my child and certify that the information contained on this form is correct.

Parent or Guardian's Name (please print):

Full Student Name:

Signature:

Date: \_\_\_\_\_

**Release Form for Display of Student Photograph on the Internet**

The purpose of displaying student photographs on the District Web site or campus Web site is to inform others of GPISD learning activities, and programs. Please indicate your preference by checking the appropriate space below

I give my permission for my photograph to be published on a campus or District Web page.

I do not give my permission for my photograph to be published on a campus or District Web page.

Signature: \_\_\_\_\_

**Groveton I.S.D. Acceptable Use Policy for Technology Resources**

Full Name of Student

Address

City, State ZIP

Home Phone

Campus (circle one) HS/JH Elem Grade \_\_\_\_\_

I have read the "Groveton ISD Acceptable Use Policy for Technology Resources" and agree to abide by the terms and conditions.

Signature Date \_\_\_\_\_

Signature \_\_\_\_\_

If you are under the age of 18, a parent or guardian must also read and sign this agreement. The parental Agreement Portion is on the next page.

Jim Dillard  
Superintendent  
P.O. Box 728  
(936) 642-1473  
(936) 642-1628

Rebecca Huff  
Assistant Superintendent  
P.O. Box 728  
(936) 642-1473  
FAX: (936) 642-1628

Todd Moore  
High School Principal  
P.O. Box 700  
(936) 642-1473  
FAX: (936) 642-1616

Wayne Williams  
Jr High Principal  
P.O. Box 700  
(936) 642-1473  
Fax (936) 642-1616

Amanda Stubblefield  
Elementary Principal  
P.O. Box 580  
(936) 642-1473  
FAX: (936) 642-3254

**GROVETON INDEPENDENT SCHOOL DISTRICT**  
Groveton, Texas 75845

**Notification to Parent/Guardian**

This is to notify you that pesticides are periodically applied inside the school. Requests for information regarding these applications may be obtained from a campus administrator.

Thank you,  
Jim Dillard

Jim Dillard  
Superintendent  
P.O. Box 728  
(936) 642-1473  
(936) 642-1628

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FAX: (936) 642-3254

## GROVETON INDEPENDENT SCHOOL DISTRICT

Groveton, Texas 75845

Dear Parents/Guardians:

I am writing to inform you about new guidelines from the **U.S Department of Education (USDE)** regarding the collection of data on race and ethnicity for public school students and staff.

The Federal government has developed a new standard of collecting and reporting this data for all students in all school districts in every state in order to provide a more accurate picture of the nation's ethnic and racial diversity. This information is used for state and federal accountability reporting systems and agencies.

This new standard enables individuals to be identified in both ethnic and racial classifications and in more than one racial category, if applicable. In the past, enrollment forms allowed individuals to be identified in only one category.

As we prepare for the 2023-2024 school year, we ask all families to complete a brief form to collect information on each student's ethnicity and race using the new federal standard. This change will be implemented for the 2023-2024 school year.

Enclosed is the standard form, required by the Texas Education Agency, for collecting this information. Please complete both Part I and Part II of the form for each child you have enrolled in GISD and return it to your child's teacher.

Respectfully,

Jim Dillard  
GISD Superintendent

# FAMILY SURVEY 2022-2023

Name of Child \_\_\_\_\_ Grade Level \_\_\_\_\_ Date \_\_\_\_\_

School District \_\_\_\_\_ School Campus \_\_\_\_\_

In order to better serve your children, the school district would like to identify students who may qualify to receive **additional educational services**. *Please answer the following questions and return this survey to your child's school.*

1. Have you, or someone in your family or household, moved or traveled for the purpose of working in **agriculture or fishing** in the last three years? Or, has anyone stayed overnight, or lived somewhere temporarily, while doing this type of work?

Yes \_\_\_\_\_ No \_\_\_\_\_



**Ranch, Farm, Dairy, Livestock**



**Meat Processing & Slaughtering**



**Vegetables, Fruits, Grains or Other Crops**



**Food Cannery or Packing Plant**



**Poultry, Fishing or Fish Farms**



**Picking Pecans, Nuts or Berries**



**Wholesale Nursery, Vineyards, Orchard Work**



**Producing Turf/Sod or Harvesting Trees**



**Sorting or Hauling from Field to Shed**



**Cotton Ginning or Haying**



**Bees**



**Other: Cleaning Animal Stalls or**  
\_\_\_\_\_

2. **In the last 3 years, has your child moved?** (e.g. new job in the family, shorter commute, cheaper housing, etc.)  
Yes \_\_\_\_\_ No \_\_\_\_\_

*If you answered "Yes" to question 1 above, provide the following information:*

Name of child \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Mother/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Street

City

State

ZIP

Father/Guardian Phone \_\_\_\_\_ Mother/Guardian Phone \_\_\_\_\_

Email \_\_\_\_\_ Other Phone \_\_\_\_\_



For questions, please contact *Kim Chapa*  
(936) 435-8239 or FAX (936) 435-8481  
Education Service Center, Region 6

# ENCUESTA DE FAMILIA 2022-2023

Nombre de su hijo/a \_\_\_\_\_ Grado \_\_\_\_\_ Fecha \_\_\_\_\_

Distrito Escolar \_\_\_\_\_ Escuela \_\_\_\_\_

Para mejorar los servicios educativos de sus hijos, el distrito escolar quisiera identificar estudiantes que cumplan con los requisitos para recibir **servicios educativos adicionales**. Favor de responder a las siguientes preguntas y regresar esta hoja a la escuela de su hijo/a.

1. ¿Usted, o algún miembro de su familia o miembro de su hogar, ha tenido que mudarse para trabajar en **la agricultura o en la pesca** en los últimos tres años? ¿O, ha tenido que pasar por lo menos una noche fuera de su casa viviendo temporalmente en algún lugar mientras ejerce este tipo de trabajo?

Sí \_\_\_\_\_ No \_\_\_\_\_



Granjas, Ranchos Ganaderos, Productos Lácteos

Procesadoras de Carnes, Casas de matanza

Hortalizas, Frutas, Granos, u Otros Cultivos

Empacadoras, Fábricas de Conservas, Plantas de Embalajes

Pesca, Granjas Avícolas o de Pesca

Recogiendo Nueces o Bayas



Trabajo del Viveros, Viñedos y Huertas

Produciendo Césped o Cosechando Árboles

Ordenar o Transportar del Campo al Cobertizo

Desmotado de Algodón o Tomando Heno

Abejas

Otro: Limpiando Los Puestos de Animales o \_\_\_\_\_

2. ¿En los últimos tres años, ¿su hijo ha tenido que mudarse o cambiarse de residencia? (Por ejemplo, trabajo nuevo en la familia, distancia de manejo más corta al trabajo, vivienda más barata, etc.)

Sí \_\_\_\_\_ No \_\_\_\_\_

**Si usted contestó "Sí" a la pregunta 1 anterior, proporcione la siguiente información:**

Nombre de su hijo/a \_\_\_\_\_ Fecha de nacimiento \_\_\_\_\_ Edad \_\_\_\_\_ Grado \_\_\_\_\_

Padre/Tutor \_\_\_\_\_ Madre/Tutora \_\_\_\_\_

Domicilio \_\_\_\_\_

Teléfono del Padre/Tutor \_\_\_\_\_ Teléfono del Madre/Tutor \_\_\_\_\_

Correo electrónico \_\_\_\_\_ Otro Teléfono \_\_\_\_\_



Para mayor información, llame a Kim Chapa  
(936) 435-8239 o FAX (936) 435-8481  
Centro de Servicios Educativos, Región 6

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](http://txel.org)) for additional information.

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

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

Nombre del Estudiante: \_\_\_\_\_

Distrito: \_\_\_\_\_

#ID del Estudiante: \_\_\_\_\_

Escuela: \_\_\_\_\_

## CUESTIONARIO SOBRE EL IDIOMA USADO EN EL HOGAR

19 TAC Chapter 89, Subchapter BB, §89.1215

(El cuestionario sobre el idioma usado en el hogar administrado solamente durante la matriculación inicial en escuelas públicas en Texas)

**Este cuestionario debe de completarse por el padre o tutor para estudiantes que cursen desde Prekínder\* hasta el octavo grado (o por el estudiante si cursa grados del 9-12)**

\*Prekínder incluye cualquier estudiante matriculado en programas para niños de 3 o 4 años de edad.

### Primera Parte:

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. Es la responsabilidad del padre o tutor, no de la escuela, proporcionar la información del idioma requerida por las siguientes preguntas.

### Estimado padre o tutor:

Por favor, responda las siguientes preguntas sobre los idiomas que usa su hijo(a) o su familia. Si sus respuestas indican el uso de un idioma que no sea inglés, la escuela llevará a cabo una evaluación de dominio del idioma para determinar qué tan bien se comunica su hijo(a) en inglés. Esta información se utilizará para determinar cualquier apoyo lingüístico apropiado e informar las recomendaciones de instrucción. Si tiene preguntas sobre el propósito y el uso del cuestionario sobre el idioma del hogar, o si desea ayuda para completar el formulario, comuníquese con el personal de su escuela/distrito.

Este cuestionario se mantendrá en la carpeta de registro permanente de cada estudiante. Una copia de este cuestionario seguirá al estudiante mientras esté matriculado en cualquier escuela pública o una escuela autónoma de inscripción abierta de Texas.

## Segunda Parte:

Por favor, responda a las preguntas lo mejor que pueda.

1. ¿Cuáles idiomas se usan en el hogar? \_\_\_\_\_
2. ¿Cuáles idiomas usa el estudiante en el hogar? \_\_\_\_\_
3. Si el estudiante tenía un entorno familiar anterior, ¿cuáles idiomas se utilizaban? Si no tenía un entorno familiar anterior, responda No aplicable (N/A). \_\_\_\_\_

Al marcar este casillero, yo entiendo que una corrección a este cuestionario solo puede suceder si:

- 1) mi hijo/(a) aún no ha sido evaluado para el dominio del inglés; y
- 2) las correcciones se realizan en un plazo de dos semanas naturales a partir de la fecha de matriculación de mi hijo(a).

**Nota:** Por favor, póngase en contacto con su escuela para informarse sobre los beneficios de los servicios de la educación bilingüe. Los siguientes recursos también pueden proporcionarle información sobre los servicios del programa que fomentan el bilingüismo.

- [Derechos de los padres/tutores](#)
- [Educación bilingüe](#)
- [Videos informativos para padres](#)

Por favor, visite el portal Apoyando a estudiantes bilingües emergentes en Texas ([txel.org](http://txel.org)) para obtener información adicional.

Firma del padre/tutor \_\_\_\_\_ Fecha \_\_\_\_\_

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