



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

New Student Registration Form

Student Name (first, middle, last) —	Grade —
Date of Birth —	Age as of September 1st —
Social Security Number —	Gender —
Physical Address — (street, city, state, zip code)	
Mailing Address — (street, city, state, zip code)	
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 (if applicable) —	
Email Address (if applicable) —	
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 (if applicable) —	
Current military or honorably discharged veteran?	
Email Address (if applicable) —	
Emergency Contact (other than parents listed above) —	
Emergency Contact's 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 —

Karen Fernandez, School Secretary

Email – karen.fernandez@texlineisd.net

Mail – PO Box 60, Texline, TX 79087

Fax – (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 –

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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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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Parental Release & Indemnification Agreement

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 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.

☐

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

TEHCY Texas Education for
Homeless Children and Youth



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 | tehcy.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 —

