



Frankston Independent School District

Established 1929

Post Office Box 428, Frankston, Texas 75763 · 903-876-2556

Required Documents for Enrolling a Student at Frankston ISD

Student Name: _____

Grade: _____

- | | |
|---|--|
| <input type="checkbox"/> Student Enrollment Sheet | <input type="checkbox"/> Acceptable Use Policy |
| <input type="checkbox"/> Anti-bullying Contract/ Military/Foster Information | <input type="checkbox"/> Artificial Intelligence Policy |
| <input type="checkbox"/> Acknowledgement of Student Handbook form/Picture Permissions | <input type="checkbox"/> Socioeconomic Information Form |
| <input type="checkbox"/> Residency Verification Form | <input type="checkbox"/> Health Services Form |
| <input type="checkbox"/> Proof of residency (utility bill: water, gas, electric) | <input type="checkbox"/> Current immunization (shot) records |
| <input type="checkbox"/> Family Survey | <input type="checkbox"/> Student's birth certificate |
| <input type="checkbox"/> Student Residency Questionnaire | <input type="checkbox"/> Student's social security card |
| | <input type="checkbox"/> Parent/guardian's <u>VALID</u> driver's license or state ID card with current address |

If Applicable

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> USDE Ethnicity and Race Reporting Standard *new enrollee | <input type="checkbox"/> Authorization Agreement for Voluntary Adult Caregiver (student living with a relative not a parent) | <input type="checkbox"/> Power of Attorney (needed for a minor student residing in FISD district but whose parent, or other person having lawful control under court order and does not reside in the FISD district, shall present a Power of Attorney assigning responsibility for the student in all school-related matters to an adult resident of the FISD district. (Board Policy) | <input type="checkbox"/> Previous report card and withdrawal form *transfer or new-to-district |
| <input type="checkbox"/> Foster: Placement Authorization-Foster Care/Residential Care AND Designation of Education Decision-Maker | <input type="checkbox"/> Court Documents | | <input type="checkbox"/> Home Language Survey *new to school |
| <input type="checkbox"/> Transfer Forms | <input type="checkbox"/> Military: proof of services (ex. statement of service; copy of line of duty determination; letter from US Dept. of Veterans Affairs) | | <input type="checkbox"/> Bus Conduct form |
| | | | <input type="checkbox"/> HB1416 Accelerated Instruction Hours |

If registering for Pre-K include:

- Proof of income/SNAP Food Benefits
- STAR of Texas Award



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STUDENT ENROLLMENT FORM YEAR: _____

****A parent/guardian must be present to enroll a student.****

Student's Legal Name (as appears on birth certificate): _____
(First) (Middle) (Last) (Jr., III, etc)

Grade Level: _____ Date of Birth: _____ Place of Birth: _____

State ID or Social Security Number: _____ Gender: ___ M ___ F

Physical Address: _____ City: _____ Zip: _____

County: _____ Mailing Address/PO Box: _____ City: _____ Zip: _____

Student lives with: ___ Both Parents ___ Father ___ Stepfather ___ Mother ___ Stepmother ___ Other

Parent/Guardian's Name #1: _____ Relationship to Student: _____

Cell/Home Phone: (_____) _____ - _____ Work/Other Phone: (_____) _____ - _____

Email Address: _____

****Phone number you would like to receive emergency and regular automated messages from the school:** Home Cell

Parent/Guardian's Name #2: _____ Relationship to Student: _____

Address of P/G #2 (if different): _____ City: _____ Zip: _____

Cell/Home Phone: (_____) _____ - _____ Work/Other Phone: (_____) _____ - _____

Email Address: _____

Other siblings attending FISD and their grade: _____

Emergency Contacts (To be used only if the parent/guardian cannot be reached; they may also pick up):

Contact's Name #1: _____ Relationship to Student: _____ Phone #: _____

Contact's Name #2: _____ Relationship to Student: _____ Phone #: _____

Contact's Name #3: _____ Relationship to Student: _____ Phone #: _____

Last District/School Campus attended: _____

Check if the student has been previously enrolled in the following programs/services: ___ Retained ___ Grade level

___ Dual Credit ___ Special Education ___ Gifted & Talented ___ 504 ___ Dyslexia ___ Bilingual/ESL ___ Behavior ___ MTSS tier ___

MS/HS Students Only: Does your child have an Industry-Based Certification? Yes No If yes, what Industry? _____

****Is there a Custody Judgment regarding this child that the school needs to have on file?** ___ YES ___ NO

Signature of Person Enrolling Student: _____ Date: _____



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Anti-Bullying Contract Student and Parent/Guardian Agreement

Everyone has the right to feel physically and emotionally safe at school. FISD will aid in creating, and keeping, a physically and emotionally safe environment by working with students and parents in addition to staff.

Student's Responsibility:

- I commit that I will not bully my peers.
- When I witness bullying, I will report it immediately to an adult.

Parent/Guardian's Responsibility:

- I commit to encourage my child to always respect others and have instructed my child not to bully.
- I have advised my child to report any bullying to a teacher, counselor, or administrator.

I have discussed bullying with my child, and we understand that bullying will result in disciplinary action.

Student Name: _____ Parent/Guardian Signature: _____ Date: _____

Military- Please select one.

- Not** a military-connected student
- Student in grade KG-12 is a dependent of an active duty member of the United States military
- Student in grade KG-12 is a dependent of an active duty member of the Texas National Guard (Army, Air Guard, or State Guard)
- Student in grade KG-12 is a dependent member of a reserve force in the United States military
- Pre-kindergarten student is:
 - a dependent of an active duty member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who is order to active duty by proper authority, or
 - is the child of a member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who was injured or killed while serving on active duty.
 - Note: A student remains eligible for enrollment if the child's parent leaves the armed forces or is no longer on active duty after the child begins a prekindergarten class.
- Student in grade KG-12 is a dependent of a former member of one of the following:
 - The United States military
 - The Texas National Guard (Army, Air Guard, or State Guard)
 - A reserve force in the United States military
- Student in grade KG-12 was a dependent of a member of a military or reserve force in the United States military who was killed in the line of duty

Foster Care

- Foster care **does not apply** to the student.

The Texas Legislature requires that all Texas School Districts collect data regarding enrolled students who are in foster care (SB 833). Please attach a copy of the Texas DFPS Placement Authorization Form (Form 2085) or a court order that designates the student in foster care or attach a copy of the verification letter you received from the Texas DFPS and CPS.

1. Is this student currently in the conservatorship of the Department of Family and Protective Services?
Yes No
2. **PK student only:** Was your PK student previously in the conservatorship of the Department of Family and Protective Services following an adversary hearing held as provided by Section 262.201, Family Code? Yes No



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Student Name: _____

Acknowledgment of Electronic Distribution of Student Handbook and Code of Conduct

- By checking the box**, I accept responsibility for accessing the Student Handbook and the Student Code of Conduct by visiting www.frankstonisd.net. I understand that the handbook contains information that my child and I may need during the school year and that all students will be 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 or the Code of Conduct, I should direct those questions to the principal of the campus my child attends.

Parent Initials: _____

Certain information about students is considered directory information and will be released to anyone who follows the procedures for requesting the information, unless the parent or guardian objects to the release of the directory information about the student. If you do not want Frankston ISO to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing within ten school days of your child's first day of instruction for this school year.

The district must give certain personal information (called "directory information") about your child to any person who requests it unless you have told the district in writing not to do so. In addition, you have the right to tell the district that it may, or may not, use certain personal information about your child for specific school-sponsored purposes. The district is providing you this information, so you can communicate your wishes about these issues. (See Directory Information in the Student Handbook for more information.)

Please select YES or NO for each USE below.

HIGHER EDUCATION USE allows student information to be sent to institutions of higher education. Yes No

MILITARY USE allows the school to send information to military recruiters. Yes No

PUBLIC USE allows student information to be sent outside the school district (product/service vendors, newspapers, other media). Yes No

LOCAL USE allows the school to use student information on the FISD website, Facebook page, yearbook, team rosters, programs, photographs, sports information, articles, etc. Yes No

Date: _____

Parent Initials: _____



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Region 7 Education Service Center



FAMILY SURVEY

2026-2027

Date: _____

Dear Parents,

In order to better serve your children, the Frankston Independent School District would like to identify students who may qualify to receive additional educational services. **The information provided below will be kept confidential.** Please answer the following questions and return this survey form to your child's school.

Or, if you prefer, for more information, call: Kim McGuffey at 903-876-2215.

1. Have you moved within the last 3 years? Yes ___ No ___
2. Was the move due to economic necessity? Yes ___ No ___
3. Do you have a high school aged child under the age of 22 who lacks a U.S. issued high school diploma or Certificate of High School Equivalency and is currently *not enrolled* in school? Yes _____ No ___

4. If yes, have you done agricultural or fishing related work? (e.g., field work, canneries, dairy work, meat processing) Yes _____ No ___



If you answered "yes" to any of the questions above, an education representative may contact you to find out whether your child is eligible for additional educational services. Please provide the following information:

Name of child: _____ D.O.B.: _____ Age: _____ Grade: _____

Parent/Guardian Name: _____

Telephone Number: _____

Best Time to Contact You: _____

If you answered "yes" to questions 1 and 2 above, Marisol Mancha from Region 7 Education Service Center may contact you to find out if your child is eligible for additional educational services.



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Student Residency Questionnaire

This form helps school staff properly enroll your child and determines the services a student may receive under the McKinney-Vento Act (42 U.S.C. 11435). **The responses to this form are private and will be shared with district staff only to the extent necessary, so please answer honestly and completely.** This information must be collected each school year, as it is not kept in your child's permanent academic file.

Student's name: _____ Birth Date: _____ Campus: _____ Grade: _____

Please answer the following questions.

1. Is your current domicile a temporary housing arrangement due to one of the following: loss of housing, economic hardship, domestic violence, unhealthy housing conditions, incarceration of the parent or legal guardian? Yes No
2. Are you a student over five and under 21 years of age who **does not** live in the home with their **parents or legal guardian**? Yes No

***If you check "YES" to one or both questions, CONTINUE FILLING OUT THIS FORM. *If you check "NO" to both questions, STOP and SIGN at the bottom.**

IF YOU ANSWERED YES TO ONE OR BOTH QUESTIONS, "X" all boxes below that describe where the student sleeps at night and leave nonapplying blank.	
<input type="checkbox"/>	In a home that the student's parent or legal guardian owns or rents (C189=0)
<input type="checkbox"/>	In a place that does not have windows, doors, running water, heat, electricity, or is overcrowded (C189=3)
<input type="checkbox"/>	Staying with a friend or relative because of loss of housing, economic hardship, or a similar reason (C189=2): Examples: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home
<input type="checkbox"/>	In a shelter (C189=5): Examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing
<input type="checkbox"/>	In an unsheltered location, such as: (C189=3): a tent; a car, truck, van; an abandoned building; on the streets; at a campground; in the park; in a bus or train station; other similar places listed
<input type="checkbox"/>	In a hotel or motel because of loss of housing or economic hardship (C189=4): Examples: eviction, foreclosure, cannot get deposits for permanent home, flood, fire, hurricane
<input type="checkbox"/>	In a transitional housing program (C189=5): Housing that is available as part of a program for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, governmental agency, or another organization
<input type="checkbox"/>	The student lives here because of a natural disaster. "X" the type of disaster below and provide the requested information. ___ Hurricane: Name of Hurricane: _____ ___ Flood ___ Tornado ___ Wildfire ___ Other: _____ Date the natural disaster took place: _____ Location of the natural disaster, including the county: _____
<input type="checkbox"/>	If the student does not sleep in any of the places described above, state where the student sleeps:

Do you have children ages 5 years old who are not enrolled in school? Yes No No. of children: _____ Age (s): _____

Name (s) of parent or legal guardian: _____ Phone number Contact: _____

Email: _____ Most recently attended School: _____ School Year: _____

Filing a false record or falsifying records is a criminal offense punishable for up to 10 years and a \$5,000 fine. TEXAS PENAL Code § 37.10. **A person who registers a child under false documents may be responsible for the cost of tuition or other expenses. TEXAS Education Code § 25.002 (d).** I have read the information provided. I understand that if some of the answers provided are false, I will be subject to pay criminal, civil and administrative consequences. I declare under penalty of perjury under the laws of this state that the information provided herein is true and correct and of my personal knowledge.

Printed Name: _____ Signature: _____ Date: _____

The District Homeless Liaison must receive this form within 24 hours of completion if either of the first two question answers are "yes."

District Homeless Liaison Notes: _____ DNQ _____ Qualifies as Homeless _____ District Liaison Initials: _____



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FISD HEALTH SERVICES: School Year _____

Student Name: _____ Birthdate: _____ Grade: _____ Gender: male female
Last First

Best Numbers to be reached at:

Contact #1: _____ PH #: _____ Cell #: _____

Contact #2: _____ PH #: _____ Cell #: _____

Additional contacts if parents cannot be reached that can pick your child up:

Name: _____ PH #: _____ Cell #: _____

Name: _____ PH #: _____ Cell #: _____

Siblings in School:

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Please check YES OR NO.

YES__ NO__ Allergies, food: _____ Nature of allergic reaction to food _____

YES__ NO__ Acute allergies, REQUIRING EPIPEN, allergic to: _____ *Provide EpiPen to keep at school.

YES__ NO__ Asthma, diagnosis by doctor, with inhaler YES__ NO__ *Provide one to keep at school.

YES__ NO__ Blood pressure problems, with medication YES__ NO__

YES__ NO__ Diabetes: Type (1 or 2) ___ Treated with: _____ *Provide DMTP to nurse at the beginning of the year.

YES__ NO__ Seizures, with medication: _____ YES__ NO__ Date of last seizure: _____

List any diagnosis or other important health information that FISD health service providers need to be aware of? _____

Is your child taking any kind of routine medication **DAILY**? YES__ NO__ If yes, please list: _____

For Emergency Use:

Hospital Preference: _____ Insurance: _____

Physician Name: _____ Telephone: _____

Medicine Administration: **Circle YES or NO below.**

Medication is given only when the school district has received a written request from the parent to administer prescription medication. Medications that can be administered at home should be. Example: twice a day/before school and at bedtime

YES I **GIVE** FISD nurses permission to administer over the counter medications as they deem necessary. (Ex. Abrasion ointment/cough drops/Hydrocortisone cream/anti-fungal cream/Caladryl lotion/Mentholatum/abx ointment per dosage instructions)

List any adverse effects/contraindications to OTC medications listed above: _____

NO I **DO NOT GIVE** FISD nurses permission to administer over the counter medications.

*In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I authorize the school to call the additional contacts listed above and/or the physician listed above. If this is not possible, the school will refer the student to emergency medical services. The information recorded on this form will become part of your child's school health record and is confidential. It will only be shared to the extent necessary.

Parent/Guardian Signature: _____

Date: _____

Amy Porter, LVN
MS/HS School Nurse
903-876-5937

Michelle Prater, LVN
Elementary Nurse
903-876-5939



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Frankston ISD Student Technology Device User Agreement Form

1. **Period of Possession:** The Student Technology Device User Agreement term starts the first day of school and ends the last day of school, as determined by Frankston ISD, unless earlier termination occurs. The student or Frankston ISD may terminate this agreement at any time by written notice. Upon termination of this agreement, the student must immediately surrender all assigned technology devices and accessories to FISD.

2. **Altering/Defacing Equipment:** Students will not alter, disfigure, or cover up any numbering, lettering, or insignia displayed on the equipment provided under this agreement. The student will not alter or remove any software, security software, or antivirus software installed on the device by Frankston ISD, nor add unauthorized and unlicensed applications.

3. **Maintenance and Repair:** Normal and reasonable wear and tear are expected. Negligence will not be tolerated. It is the student's responsibility to provide reasonable handle to all technology with care. The student and his or her parent(s)/guardian(s) are responsible for the cost(s) of repair and/or replacement of damaged devices.

4. **Use:** The student agrees that the equipment will not be subjected to unnecessary rough usage, that it will be used in accordance with its design, and its use will conform to all applicable laws and school policies and regulations. The student agrees not to allow the use of the equipment for illegal purposes or for operating the student's own or another's personal or commercial business. The student will adhere to the terms of the School's Acceptable Use Policy, Student Handbook, and Student Code of Conduct.

5. **Loss or Damage:** Acknowledging Texas Education Code § 31.104, a student who damages, steals, misplaces, or otherwise fails to return technology equipment and/or accessories in an acceptable condition will be liable and the student's parent(s)/guardian(s) will be liable to the school for the reasonable market value of the equipment and/or accessories as of the date of loss as listed in Frankston ISD's Student Handbook. If the property is irreparably damaged, lost, stolen, or subject to repeated instances of abuse, the user will be responsible for replacement fee(s). Damage, loss, or theft of the property must be reported to the principal no later than the next school day. If theft occurs off campus, the student's parent(s)/guardian(s) or responsible party will file a report with the local police department within 24 hours and supply the school with a copy of the police report by the next school day.

6. **Inspection by the School:** Frankston ISD has the right at any time to request a visual inspection of the equipment and to perform periodic inventories, or to review the contents of any message, file, or software stored or maintained on the device. There is no expectation of privacy with respect to a school-owned and issued device.

7. **Security Measures:** Frankston ISD may provide additional security measures for devices that will be used outside the school's network filters. This may include device security settings and/or software that may be used to manage and safeguard FISD's electronic resources. These tools may be used to track the school's inventory, block questionable sites, and/or limit access to sites when connected to the internet outside of FISD's network.

8. **Disclaimer:** While Frankston ISD uses technology protection measures to limit access to material considered harmful or inappropriate to students, it is not possible for the school to absolutely prevent such access. Despite our best efforts and filtering technology, a student may come across adult content and some material that



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parents/guardians might find objectionable. Moreover, Frankston ISD makes no guarantee of quality of services provided and is not responsible for any claims, losses, damages, costs, or other obligations arising from the use of the school's network or the electronic device(s). Any charge(s) accrued to the user while using FISD's network are the responsibility of the user. Liability and responsibility for statements made by an individual user on the internet are specific to that user and do not represent the views of Frankston Independent School District, its employees, or members of the School's Governing Body.

9. **Title:** Title to the equipment and all accessories will always remain with FISD. The student will give the school immediate notice of any claim, levy, lien, or legal process issued against the equipment.

10. **Assignment/Subletting:** The student will not assign equipment to other parties or give any part of the equipment to unauthorized users under the use agreement without FISD's written consent.

11. **Surrender of Equipment and End of User Agreement:** The student agrees on termination of this Student Technology Device User Agreement, termination of initiative assigning this equipment, the student's withdrawal from Frankston ISD (for any reason), or at the request of the school, to return the equipment at the student's own expense, in good condition to Frankston ISD. In the event the asset is not returned, the student and his/her parent(s)/guardian(s) will be financially responsible. Additionally, the student and his/her parent(s)/guardian(s) understand and agree that transfer of the assigned equipment to another student is not the equivalent of surrendering it to the school, nor does it release the student or parent(s)/guardian(s) from responsibility for the school's asset.

12. **Entire Agreement:** I hereby agree that I have read the terms of this Student Technology Device User Agreement and agree to abide by all terms.

Printed Student Name: _____ Student Signature: _____

Printed Parent/Guardian Name: _____ Parent/Guardian Signature: _____



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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 is reserved for the local school observer. Upon completion of entering this data in the student software system, file this form in the student's permanent record 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 or Caucasian
Observer signature:	Campus and Date: