

2023 - 2024 Office use only:

Enrollment Date \_\_\_\_\_

Student ID# \_\_\_\_\_

## GLADEWATER ISD STUDENT INFORMATION SHEET

Student's **First Name**: \_\_\_\_\_ **Middle** \_\_\_\_\_

**Last Name** \_\_\_\_\_ **Gen (Circle One)** 1. Jr. 2. Sr. 3. II 4. III

**Male** \_\_\_\_\_ **Female** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **SS#** \_\_\_\_\_

**Grade** \_\_\_\_\_ **Car Rider** \_\_\_\_\_ **Bus** \_\_\_\_\_ (**Circle One**): A.M. P.M. Both

**Address** \_\_\_\_\_

**Mailing Address (if different)** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Home/Cell Phone** \_\_\_\_\_

**Ethnic Code (Circle One):** American Indian/Alaskan Native Asian Black/African American  
Hawaiian/Pacific Islander Hispanic/Latino White

**County of Residence (Circle One):** 092-Gregg 212-Smith 230-Upshur

**Has student ever been retained?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what grade? \_\_\_\_\_

**Has student ever attended Gladewater Schools before?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what grade? \_\_\_\_\_

**Name of last school attended** \_\_\_\_\_

**School Address** \_\_\_\_\_

**Mother's First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Mother's Employer** \_\_\_\_\_ **Work #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Father's First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Father's Employer** \_\_\_\_\_ **Work #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Parent email address:** \_\_\_\_\_

**Who does student reside with? (Circle One)** 00-Both Parents 11-Father only 12-Mother only

13-Grandparents 14-Other (Please specify) \_\_\_\_\_ **Court Papers?** Yes No

**Person enrolling student** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Person enrolling student driver's license** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Ph #** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Ph #** \_\_\_\_\_

**Siblings** \_\_\_\_\_

**PARENT OR GUARDIAN SIGNATURE** \_\_\_\_\_

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 \_\_\_\_\_

**Texas Education Agency**  
**Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**  
**2023-2024**

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:



Gladewater ISD  
Certificate of Residency 2023-2024

To show proof of residency, please provide two of the documents below:

- Utility bill (electric, gas, water) for June or July showing current usage
- Current lease agreement - ***Parent/Guardian and student(s) must be listed***
- Current purchase agreement/contract/closing papers
- Current property tax statement
- **Note:** To prove residency if you are living with a friend or family member within Gladewater ISD, an affidavit must be completed, notarized, and delivered to the students campus along with a current utility bill.

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

Name of Parent or Legal Guardian: \_\_\_\_\_

Home address of Parent or Legal Guardian:

Give a brief description of exact location of residence (if not a street address):

If residence is rented or leased, provide the name of the property owner/landlord:

\*\*\*\*\*  
I, \_\_\_\_\_, certify that the address given above is the residence of the student named above.

In addition to the penalty provided by Section 37.10, Penal Code, a person who knowingly falsified information on a form required for enrollment of a student in a school district is liable to the district if the student is not eligible for enrollment in the district, but is enrolled on the basis of false information. The person is liable, for the period during which the ineligible student is enrolled for the greater of:

- (1) The maximum tuition fee the district may charge under Section 21.063 of this code; or
- (2) The amount the district has budgeted for each student as maintenance and operating expenses.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\*\*\*\*\*  
I certify that the address listed above is located in Gladewater ISD.

\_\_\_\_\_  
Signature of Principal, Tax Assessor or District Designee



## **FAMILY SURVEY 2023-2024**

Dear Parents,

In order to better serve your children, the Gladewater 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.

For more information, call: The Office of Migrant Education at 903-845-6991

**1. Have you moved within the last 3 years?**

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

**2. Have you moved in order to do temporary or seasonal work?**

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

**3. Check the temporary or seasonal work that applies:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> chickens        | <input type="checkbox"/> picking fruits and vegetables | <input type="checkbox"/> lumber          |
| <input type="checkbox"/> eggs            | <input type="checkbox"/> moves to work in the summer   | <input type="checkbox"/> dairy work      |
| <input type="checkbox"/> plant nurseries | <input type="checkbox"/> field work                    | <input type="checkbox"/> meat processing |
| <input type="checkbox"/> ranching        | <input type="checkbox"/> canneries                     | <input type="checkbox"/> fencing         |

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

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Telephone number \_\_\_\_\_ Best time to contact you \_\_\_\_\_



# Gladewater ISD

## General Student Information Questionnaire

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

PLEASE PRINT

Student's Name (Last)	First	(Middle)	Home Phone:
Parent/Guardian's Name			Cell/Work Phone:
Parent/Guardian's Name			Cell/Work Phone:

### TO BE COMPLETED BY THE PARENT OR GUARDIAN

1. Does your child have any specific health problems for which you feel school personnel should be made aware? If yes, please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
2. Has your child ever received special education services? If yes, in what grade(s): _____ In what school(s): _____	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
3. Has your child ever received 504 accommodations? If yes, in what grade(s): _____ In what school(s): _____	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
4. Has your child ever been in a gifted and talented program? If yes, in what grade(s): _____ In what school(s): _____	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
5. Has your child ever received ESL services? If yes, in what grade(s): _____ In what school(s): _____	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
6. Has your child completed coursework for high school credit during middle school? If yes, Courses(s): _____ Grade Level: _____	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
7. If your child is currently in middle school, is he/she enrolled in any high school credit courses? If yes, Courses(s): _____	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
8. Has your child ever repeated a grade level? If yes, in what grade(s): _____ In what school(s): _____	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
9. Has your child ever failed to meet the state performance standard? (For example, the STAAR test) If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
10. Does your child have a pending disciplinary assignment from the previous school? (For example, suspension, ISS, DAEP placement or expulsion) If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
11. Has your child ever been enrolled in or attended a Gladewater ISD school? If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
12. Please provide any additional information you feel might be useful to us in the placement of your child.				

## Acknowledgment of Electronic Distribution of Student Handbook and Student Code of Conduct Form

Dear Student and Parent:

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.

We urge you to read this publication thoroughly and discuss it with your family. If you have any questions about the required conduct and consequences for misconduct, we encourage you to ask for an explanation from the student's teacher or appropriate campus administrator.

The student and parent should each sign this page in the space provided below and return to the student's school.

Thank you.

Dr. Sedric Clark, Superintendent

My child and I have been offered the option to receive a paper copy of or to electronically access at [www.gladewaterisd.com](http://www.gladewaterisd.com) the Gladewater ISD Student Handbook and the Student Code of Conduct for 2023-2024.

I have chosen to:

- ☐ Accept responsibility for accessing the Student Handbook and the Student Code of Conduct by visiting the Web address listed above.
- ☐ Receive a paper copy of the Student Handbook and the Student Code of Conduct.

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, I should direct those questions to the principal.

Printed name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_

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

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

School: \_\_\_\_\_

Grade level: \_\_\_\_\_

Please sign this page and return to the student's school. Thank you.

2023-2024

Gladewater ISD  
Student Directory Information Release

Please review the information below to indicate your current wishes regarding the privacy of your child's directory information. Select YES or NO for each statement. By submitting this form you are signing, dating and indicating your preferences to the school district. **Forms that are not signed will result in the release of your child's directory information when requested.** **Selecting NO below will result in blocking the release of directory information in the designated categories.**

**DISTRICT PUBLICATION**

Gladewater ISD **has** my permission to release directory information for limited school sponsored purposes including, but not limited to: selected photography companies supporting campus pictures and publicity (name and picture in yearbook, newsletters, awards, honor, PTA/PTO, booster clubs, etc)

**Example: If you select NO, your child's name will NOT appear in the district's newsletter, the school's yearbook, etc.**

☐ YES ☐ NO

**PRIVATE REQUESTORS**

Gladewater ISD **has** my permission to release directory information (name, address, phone number, etc.) to any requestor in accordance with the Texas Publication Information Act (TPIA). The TPIA requires Gladewater ISD to release this type of information to any company, individual, or group that requests it unless the parent/guardian requests the information not to be released. **Example: If you select NO, your child's directory information will NOT be released to vendors or others who may be soliciting products and services.**

☐ YES ☐ NO

**HIGHER EDUCATION/MILITARY RECRUITERS**

The No Child Left Behind Act of 2001 requires schools to provide military recruiters and institutions of higher education student directory information unless the parent/guardian objects.

Gladewater ISD **has** my permission to release directory information to a military recruiter.

☐ YES ☐ NO

Gladewater ISD **has** my permission to provide the name, address, and telephone number of my secondary student to an institution of higher education.

☐ YES ☐ NO

*Please consider your responses carefully prior to making final decisions. Should you have questions or need further assistance for a complete understanding, see your campus administrator.*

\_\_\_\_\_  
Student Name - please print

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

**Parent's Objection to the Release of Student Information to  
Military Recruiters and Institutions of Higher Education Form**

**2023-2024**

Federal law requires that the district release to military recruiters and institutions of higher education, upon request, the name, address, and phone number of secondary school students enrolled in the district, unless the parent or eligible student directs the district not to release information to these types of requesters without prior written consent.

**Parent:** Please complete the following only if you do not want your child's information released to a military recruiter or an institution of higher education without your prior consent.

I, parent of \_\_\_\_\_ (student's name), request that the district **not** release my child's name, address, and telephone number to a military recruiter or institutions of higher education upon their request without my prior written consent.

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

## Technology Services and Acceptable Use Agreement for Students Form

**Complete and return this form to your child's school.**

I acknowledge that I have received and read the "Technology Services and Acceptable Use Agreement" for the 2023-2024 school year. I understand that this agreement contains important information for parents, guardians, and students regarding technology services and the use of GISD's technology resources.

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

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Parent name \_\_\_\_\_

Parent signature\* \_\_\_\_\_ Date \_\_\_\_\_

\*Students 18 years of age or older do not require parent signature.

**Gladewater ISD School-Parent Compact**  
**2023-2024**

**Parent**

As a parent of a student at Gladewater ISD, I take responsibility for my child's learning. I want my child to achieve. I will do the following:

Provide a quiet place to study,  
Establish a time for homework and review it regularly,  
Make sure my child gets enough sleep each night,  
Make sure my child is at school and on time each day,  
Read with my child and let my child see me read,  
Support the school's efforts to maintain proper discipline,  
Provide the school with current phone numbers and addresses when changed,  
Attend open house, parent conferences, and participate in school activities,  
Encourage my child's efforts and be available for questions, and  
Ensure my child follows all dress code requirements on a daily basis and for all special events.

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

**Student**

As a student at Gladewater ISD, I take responsibility for my learning. I will do the following:

Complete and return homework assignments,  
Attend school daily and be on time,  
Come to class with pencils, pens, paper, and other school supplies,  
Follow the school rules,  
Respect others, and  
Follow all dress code requirements on a daily basis and for all special events.

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

**Teacher**

As a teacher at Gladewater ISD, I take responsibility for the learning of each student. I want my students to achieve. I will do the following:

Teach grade level skills and concepts,  
Make learning engaging and enjoyable,  
Strive to address individual student needs,  
Provide homework assignments that reinforce classroom instruction,  
Correct and return work in a timely manner,  
Communicate regularly with parents,  
Provide parents with information about student progress, and  
Provide a safe, positive, and healthy learning environment.

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



**Gladewater ISD**  
**Military Connected Form**  
2023 - 2024

**Campus:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_  
Last First Middle

**Sex:** ☐ Male ☐ Female

**Military Connected Student Data Collection**

Education Code 25.006 requires the District to collect data related to students with connections to the military to submit to the Texas Education Agency. Please complete the following form, sign at the bottom, and return to your child's school.

**For students in kindergarten–grade 12:**

- ☐ Student in grade KG – 12 is a dependent of an active duty member of the U.S. military. (C197=1)
- ☐ Student in grade KG – 12 is a dependent of a current member of the Texas National Guard. (C197=2)
- ☐ Student in grade KG – 12 is a dependent of a current member of a reserve force in the U.S. military. (C197=3)
- ☐ Student in grade KG – 12 is a dependent of a former member of one of the following: (C197=5)
  - ☐ U.S. military;
  - ☐ Texas National Guard (Army, Air Guard, or State Guard); or
  - ☐ A reserve force in the U.S. military.
- ☐ Student in grade KG – 12 was a dependent of a member of the military or reserve force in the U.S. military who was killed in the line of duty. (C197=6)
- ☐ Student is not a military-connected student as defined above.

**For pre-kindergarten students:**

- ☐ 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 ordered to active duty by proper authority. (C197=4)
- ☐ 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 is injured or killed while serving on active duty. (C197=4)

**Note:** A pre-kindergarten 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 pre-kindergarten class.

**Signature of Parent/Legal Guardian** ✓ \_\_\_\_\_ **Date:** \_\_\_\_\_

UNIVERSAL FOSTER CARE INDICATOR CODE 2023-2024

Circle the Correct Responses:

Yes/No      1 - Student is currently in the conservatorship of the Department of Family and Protective Services **(Must provide school with copy of the Texas DFPS Placement Authorization Form – Form 2085 or court order that designates the student is in the conservatorship of the Texas DFPS).**

For Pre-Kindergarten only:

Yes/No      2 – Student was 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 **(Must provide school with verification letter of PK eligibility from the Texas DFPS).**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade

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

\_\_\_\_\_  
Date

## **Gladewater ISD Health Services**

Per the Texas Education Agency, it is not mandatory that children be fully potty trained before entering a state-funded, public PreK program. **However, it is strongly encouraged that families work diligently on potty training once their child is enrolled, if not before.**

Learning to use the toilet independently is a major milestone for all children, and here in Gladewater ISD we understand that each child may reach that milestone a little bit differently. Our educators partner with families to ensure that all children feel supported both at home and at school throughout the process of potty training.

As a family member, here's how you can help support your child's independence with toileting, whether at home or at school.

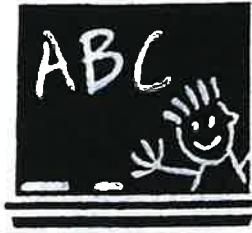
- Dress them in clothing that is easy to remove independently for toileting (no overalls or belts)
- Have children consistently practice pulling their own pants up and down
- Encourage children to wipe themselves
- Always have an extra set of clean clothes, including underwear or pullups, in your child's backpack and/or leave an extra change of clothes in the nurse's office
- Enthusiastically praise your child for all efforts and successes! Never blame or shame a child for having a potty accident.
- Be patient and consistent! They WILL get it eventually!

***\*\*Please wash and return all clothes sent home from the nurse's supply closet as soon as possible.***

*School appropriate, gently worn children's clothing and shoes donations are always appreciated for the nurse's supply closet.*

# GLADEWATER ISD

## Health Services



### Medications at School

---

We would like to ensure the safest medication administration while your child is away from home. Please note the information below.

- ❖ All medication prescription or non-prescription must be in the original container.
- ❖ Prescription medicine must have a pharmacy label for the student receiving the medication.
- ❖ If medicine is to be given during the school day a Request for Administration of Medication form must be completed and signed by a parent or guardian giving authorized school personnel directions for its administration.
- ❖ School personnel will not give any medicine, including Tylenol, unless it is provided by you, in the appropriate manner as stated above.
- ❖ All medication will be locked in the nurse's office. A record will be kept of each administration.
- ❖ The transportation of medications should not be on the school bus. All medications should be brought in to the nurse or office staff by a parent or parent representative.

---

**In accordance with the Board of Nurse Examiners, the school nurse has the responsibility and authority to refuse to administer medications that, in his or her judgment, are not in the best interest of the student.**

---

# Gladewater ISD Student Health History

Campus: \_\_\_\_\_ School Year: \_\_\_\_\_ Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*If your student has a special health need such as severe allergies, seizures, asthma, or diabetes, an extra health form will need to be filled out and signed by a physician. Forms can be picked up from the campus nurse.**

1. Does your child have any known health problems that could lead to an emergency at school?	Yes _____ No _____ If yes, please explain _____
2. Does your child have severe allergies/Epi pen?	Yes _____ No _____
3. Does your child have asthma?	Yes _____ No _____
4. Does your child have seizures?	Yes _____ No _____
5. Does your child have diabetes?	Yes _____ No _____
6. Will your child take medications at school this year?	Yes _____ No _____ If yes, what? _____

**\*\*Medications brought to school must be in the original container and a medication authorization form signed and returned to the campus nurse before being administered. Students are not allowed to bring medications to school in their backpack.**

Parent/Guardian Initials: \_\_\_\_\_

(please see back for rest of health history form)

Please check any of the following health conditions for your student. If yes, add comments.

Conditions	Yes	Comments	Conditions	Yes	Comments
Allergies (food, insects, drugs, latex)			Headaches/Migraines		
Allergies (seasonal)			Head Injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
ADD/ADHD			Heart problems		
Behavioral Disorder			Birth defects		
Developmental Disorder			Muscle problems		
Bladder/Kidney Problems			Seizures		
Incontinence			Sickle Cell Disease		
Bowel Problems			Speech Problems		
Cerebral Palsy			Spinal Injury/Scoliosis		
Cystic Fibrosis			History of Chickenpox		
Dental problems			Surgery		
Diabetes			Vision problems (glasses/contacts)		
Bleeding Disorder			Other		

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

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

Student health information may be shared with teachers and staff on a "need to know bases" unless otherwise indicated in writing.



2023-2024 GLADEWATER ISD  
FIELD TRIP PERMISSION FORM

Gladewater ISD students in the 2023-2024 school year will have various opportunities to enhance their learning, beyond the campus setting. Please note below if you do or do not wish your child to participate in the field trips we have planned for this year.

\_\_\_\_\_ (does / does not) have my  
permission to participate in Gladewater ISD field trips for the  
2023-2024 school year.

Signed \_\_\_\_\_  
Parent / Guardian

*\*Please note (Throughout the year notices will also be sent home  
to inform parents of upcoming field trips)*

**Please sign and have your child return it to his / her homeroom  
teacher.**

**GLADEWATER INDEPENDENT SCHOOL DISTRICT**

**Paul Allen**  
**Transportation Director**

**200 E Broadway**  
**Gladewater, TX 75647**

**BUS #** \_\_\_\_\_

<u>NAME OF CHILD/CHILDREN</u>	<u>ADDRESS</u>	<u>GRADE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Emergency Contact Name \_\_\_\_\_

Phone # \_\_\_\_\_

\*\*\*ATTENTION PARENTS: A student may ride a bus only to home, grandparents or licensed day care.

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

\_\_\_\_\_  
Please Print Name

## Socioeconomic Information Form (REQUIRED)

\*\*\* **CONFIDENTIAL** \*\*\*

Gladewater ISD is required to collect the socioeconomic status of each student for the annual disbursement of federal funds to the district and as a performance indicator for student achievement in the annual state accountability ratings.

### **STEP 1** (List all Gladewater ISD students living in your household)

Student ID (Office Use Only)	First Name	MI	Last Name	Date of Birth	School Name	Grade

### **STEP 2** (Please answer both questions.)

Do you receive Supplemental Nutrition Assistance (SNAP)? ☐ YES ☐ NO  
Do you receive Temporary Assistance to Needy Families (TANF)? ☐ YES ☐ NO

### **STEP 3**

How many members are in your household (including all adults and children)? \_\_\_\_\_

TOTAL YEARLY INCOME BEFORE DEDUCTIONS OF **ALL** HOUSEHOLD MEMBERS (check ONE box below). Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, and worker's compensation, unemployment, and any other income sources **before any deductions**.

☐ \$0 - 26,973      ☐ \$45,992 - 55,500      ☐ \$74,519- 84,027  
☐ \$26,974 -36,482      ☐ \$55,501- 65,009      ☐ \$84,028 - 93,536  
☐ \$36,483 - 45,991      ☐ \$65,010 - 74,518      ☐ \$93,537 and Above

### **STEP 4** (Please check the box and sign below.)

☐ I certify that the information on this form is true and that all income is reported. I understand that the school will receive federal funds and will be rated for accountability based on the information I provide.

\_\_\_\_\_  
Parent/Guardian Name (Print)

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

\_\_\_\_\_  
Date

*In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA) no student shall be required, as part of any program funded in whole or in part by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent, or legal guardian.*

Formulario de información socioeconómica - Obligatorio

**\*\*CONFIDENCIAL\*\***

*Gladewater ISD Se requiere recopilar el estado socioeconómico de cada estudiante para el desembolso anual de fondos federales al distrito y como un indicador de desempeño para el rendimiento de los estudiantes en las calificaciones anuales de responsabilidad estatal.*

**Paso 1** (Enumere todos los estudiantes de Gladewater ISD que viven en su hogar)

Student ID Office Use Only	Primer nombre	MI	apellido	fecha de nacimiento	instalaciones	Calificación

**Paso 2** (Por favor responda ambas preguntas)

Recibe Asistencia Nutricional Complementaria (SNAP) ?      ☐ Sí      ☐ No

Recibe Asistencia Temporal para Familias Necesitadas (TANF)?      ☐ Sí      ☐ No

**Paso 3**

Cuántos miembros hay en su hogar (incluidos todos los adultos y los niños)? \_\_\_\_\_

INGRESO ANUAL TOTAL ANTES DE LAS DEDUCCIONES DE **TODOS** LOS MIEMBROS DEL HOGAR (marque UNA casilla a continuación). Incluya sueldos, salarios, pagos de asistencia social, manutención de niños, pensión alimenticia, pensiones, Seguro Social y compensación del trabajador, desempleo y cualquier otra fuente de ingresos **antes de las deducciones**.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> \$0 - 26,973      | <input type="checkbox"/> \$45,992 - 55,500 | <input type="checkbox"/> \$74,519- 84,027   |
| <input type="checkbox"/> \$26,974 -36,482  | <input type="checkbox"/> \$55,501- 65,009  | <input type="checkbox"/> \$84,028 - 93,536  |
| <input type="checkbox"/> \$36,483 - 45,991 | <input type="checkbox"/> \$65,010 - 74,518 | <input type="checkbox"/> \$93,537 and Above |

**Paso 4** (Marque la casilla y firme a continuación)

☐ Certifico que la información de este formulario es verdadera y que se informan todos los ingresos. Entiendo que la escuela recibirá fondos federales y se evaluará su responsabilidad según la información que proporcione.

\_\_\_\_\_  
Nombre - impreso

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Fecha

De acuerdo con las disposiciones de la Enmienda de Protección de los Derechos del Alumno (PPRA), no se requerirá a ningún estudiante, como parte de cualquier programa financiado en el tiempo o en parte por el Departamento de Educación de EE. UU. para someterse a un análisis de encuesta o evaluación que revele información relacionada con los ingresos (que no sea la requerida por la ley para determinar la elegibilidad para participar en un programa o para recibir asistencia financiera en virtud de dicho programa), sin el consentimiento previo por escrito del estudiante adulto, padre o tutor legal.