

For BRAND NEW to GPS Students

For NEW to GPS Kindergarten/PK Students

Bring:

2 proofs of residency

Choose one:

Driver's License

Property tax statement

Rental/Lease agreement

and

Choose one:

Water bill

Electric bill

Gas bill

Parent driver's license

Student's birth certificate

Student's social security card

Student's shot records

For NEW to GPS Head Start Students

In addition to the above, please also

bring a current 1040 or W2

Call (903) 844-1950

Gladewater Primary School Registration Form for School Year 2020/2021

Campus Name: Gladewater Primary School

Campus Phone: (903) 845-2254

Campus Fax: (903) 845-5411

STUDENT INFORMATION

Local ID _____ Student Name _____ Grade Level _____ Orig Entry Dt _____ Track _____ SSN _____ Hispanic Pacific Islander
 White Black
Gender _____ Date of Birth _____ Birth Place _____ Age (Sept 1st) _____ Texas Unique ID _____ Asian American Indian
Address _____ Student Home Phone _____
Mailing Address _____ Student Cell Phone _____
Student Email _____ Will your child be using bus transportation to get to school? Yes No

PARENT INFORMATION

1 Guardian _____ Relation _____ 2 Guardian: _____ Relation _____
Address: _____ Address _____
City, St, Zip: _____ City, St, Zip: _____
Employer: _____ Employer: _____
Cell Ph: _____ Home Ph _____ Bus Ph _____ Cell Ph: _____ Home Ph _____ Bus Ph: _____
Other Ph _____ Phone Pref: Cell Home Business Other Other Ph _____ Phone Pref: Cell Home Business Other
Receive Mailouts: Yes No Language Pref: English Spanish Receive Mailouts: Yes No Language Pref: English Spanish
Emergency Contact: Yes No Email _____ Emergency Contact: Yes No Email _____
Svc Branch _____ Rank: _____ Enrolling Person: _____ Svc Branch _____ Rank _____ Enrolling Person: _____
Right to Transport: Yes No Driver License #: _____ State _____ Right to Transport: Yes No Driver License #: _____ State _____
Vehicle Make: _____ Model _____ Color _____ Vehicle Make _____ Model _____ Color _____
Vehicle Plate #: _____ State _____ Vehicle Plate #: _____ State _____

EMERGENCY CONTACT INFORMATION

1 Name _____ Relation: _____ Cell Ph: _____ Home Ph: _____ Bus Ph _____
Other Ph: _____ Phone Pref: Cell Home Business Other Right to Transport: Yes No Driver License #: _____ State _____
Vehicle Make: _____ Model _____ Color _____ Plate #: _____ State _____
2 Name: _____ Relation _____ Cell Ph _____ Home Ph _____ Bus Ph: _____
Other Ph _____ Phone Pref: Cell Home Business Other Right to Transport: Yes No Driver License # _____ State _____
Vehicle Make _____ Model _____ Color _____ Plate #: _____ State _____
Doctor: _____ Bus Ph _____ Dentist: _____ Bus Ph _____
Hospital _____ Bus Ph _____ Other Medical _____ Bus Ph _____
List any Allergies or Health Concerns: _____

SIBLING INFORMATION

Brothers/Sisters _____	Grade _____	School _____	Brothers/Sisters _____	Grade _____	School _____
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COUNTY YOU LIVE IN. (CIRCLE ONE)

GREGG-092 SMITH-212 UPSHUR-230

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 cost for your child. I certify that the information given above is correct. I authorize the school to contact the person 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.

Parent or Guardian Signature _____ Date of Birth _____ Date _____

(For Office Use Only)

Teacher Name _____ Control Nbr: _____ Eligibility Code: _____
Birth Certificate on File _____ Mil Conn _____ Foster Care _____ Immunization on File _____ Title I _____
Soc Sec Copy on File _____ At Risk _____ Migrant: _____ Hm Lng _____
Gift _____ LEP _____ BIL _____ ESL _____ Par Per _____ Econ _____ Special Education Prim _____ Sec _____ Tert _____ Multi _____

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.				

GLADEWATER INDEPENDENT SCHOOL DISTRICT/CHARTER SCHOOL

HOME LANGUAGE SURVEY-19 TAC Chapter 89, Subchapter BB, §89.1215

TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN PREKINDERGARTEN THROUGH GRADE 8 (OR BY STUDENT IN GRADES 9-12): 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. **This survey shall be kept in each student's permanent record folder.**

NAME OF STUDENT: _____ STUDENT ID#: _____

ADDRESS: _____ TELEPHONE #: _____

CAMPUS: _____

NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.

1. What language is spoken in the child's home **most of the time**? _____

2. What language does the child speak **most of the time**? _____

Signature of Parent/Guardian

Date

Signature of Student if Grades 9-12

Date

Cuestionario sobre el idioma que se habla en el hogar

19 TAC Chapter 89, Subchapter BB §89.1215

DEBE DE COMPLETARSE POR EL PADRE O TUTOR ESTUDIANTES QUE CURSEN DESDE PREKINDER HASTA EL OCTAVO GRADO: (O POR EL ESTUDIANTE SI CURSA GRADOS DEL 9-12): 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.

NOMBRE DEL ESTUDIANTE: _____ ID#: _____

DIRECCIÓN: _____ TELÉFONO: _____

ESCUELA: _____

Nota: Indique sólo un idioma por respuesta.

1. ¿Qué idioma se habla en casa la mayor parte del tiempo? _____

2. ¿Qué idioma habla su hijo(a) la mayoría del tiempo? _____

Firma del padre o tutor

Fecha

Firma del estudiante si esta en los grados 9-12

Fecha

Gladewater ISD
Certificate of Residency

To show proof of residency, please provide two documents:

Select One	Select One
<ul style="list-style-type: none"> • Driver's License • Property tax statement • Rental/lease agreement ** 	<ul style="list-style-type: none"> • Water Bill • Electric Bill • Gas Bill

**Parent/Guardian and student(s) must be listed

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 falsifies 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

**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:

FAMILY SURVEY

2020/2021

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 _____

PEIMS Homeless Status and Unaccompanied Youth Status Indicator

The information on this form is required to meet The Education for Homeless Children and Youth (EHCY) program, authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.), also known as the McKinney-Vento Act.

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. Texas Education Code Sec. 25.002(3)(d).

All of the questions below refer to the student that is enrolling.

Today's Date (MM/DD/YYYY):	
School:	
Last Name:	
First Name:	
Middle Name:	
Student Identification (ID) Number (NOT the Social Security #):	
Birth Date (MM/DD/YYYY):	
Grade:	
Last School Attended:	
Last District Attended:	
Address where the student sleeps at night (Street Address, Apartment #, City, Zip):	
How long has the student been at this address?	
Main Phone Number:	
Other Phone Number:	
Other Phone Number for Emergencies:	

"X" all boxes below that best describe the student's situation, leave those blank that do not. If **none** of the statements in 1 – 4 are marked, then either item 5 or 6 or must be "Xed". If item 5 or 6 is "Xed", then none of the items in 1 – 4 describe the student's situation.

<input type="checkbox"/>	1. Student lives with one parent or both parents every day of the school year (C192=3)
<input type="checkbox"/>	2. Student lives with a legal guardian every day of the school year (C192=3) <i>Note: A <u>legal</u> guardian is appointed by a court</i>
<input type="checkbox"/>	3. Student is <u>not</u> eligible for special education services and is 21 or older on September 1 of the applicable school year (C192=3)
<input type="checkbox"/>	4. Student <u>is</u> eligible for special education services and is 22 or older on September 1 of the applicable school year (C192=3)

OR

Do not "X" this box if any item above is "Xed"

<input type="checkbox"/>	5. Student is under 21 on September 1 of the applicable school year and does not live with a parent or legal guardian (C192=4)
<input type="checkbox"/>	6. Student <u>is</u> eligible for special education services and is under 22 on September 1 of the applicable school year and does not live with a parent or legal guardian (C192=4)

"X" all boxes below that best describe where the student sleeps at night, leave those blank that do not apply:

	<p>In a home that the student's parent or legal guardian owns or rents (C189=0)</p>
	<p>In a place that does not have windows, doors, running water, heat, electricity, or is overcrowded (C189=3)</p>
	<p>Staying with a friend or relative because of loss of housing, economic hardship, or a similar reason (C189=2) <i>(Examples: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)</i></p>
	<p>In a shelter (C189=5) <i>(Examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)</i></p>
	<p>In an unsheltered location, such as:</p> <ul style="list-style-type: none"> • a tent • a car or truck • a van • an abandoned building • on the streets • at a campground • in the park • in a bus or train station • other similar place <p>(C189=3)</p>
	<p>In a hotel or motel because of loss of housing or economic hardship (C189=4) <i>(Examples: eviction, foreclosure, cannot get deposits for permanent home, flood, fire, hurricane)</i></p>
	<p>In a transitional housing program (C189=5) <i>(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)</i></p>
	<p>The student lives here because of a natural disaster. "X" the type of disaster below and provide the requested information:</p> <p>___ Hurricane--Name of hurricane: _____</p> <p>___ Flood</p> <p>___ Tornado</p> <p>___ Wildfire</p> <p>___ Other—Please describe: _____</p> <p>Date the natural disaster took place: _____</p> <p>Where the natural disaster took place, including county: _____</p>
	<p>The student does not sleep in any of the places described above. Tell below where the student does sleep:</p>

Provide the following information for school-age siblings (brothers and/or sisters) of the student:

Last Name	First Name	Brother or Sister	Stay at the same place (X)	Grade	School	District

List all other school-aged children that stay in the same place

Last Name	First Name	Grade	School	District

Signature of Person Providing Information
Parent/Legal Guardian/Caregiver/Unaccompanied Student

Date

For School Use Only

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature

MILITARY CONNECTED STUDENT CODE 2020/2021

Is the student military connected? Yes/No

If yes place a \checkmark by the one that applies:

- 1 – Student is a dependent of a member of the Army, Navy, Air Force, Marine Corps, or Coast Guard on active duty.
- 2 – Student is a dependent of a member of the Texas National Guard (Army, Air Guard, or State Guard).
- 3 – Student is a dependent of a member of a reserve force in the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard).

FOR PRE-KINDERGARTEN ONLY:

- 4 – Pre-Kindergarten student is a dependent of: 1) an active duty uniformed member of the Army, Navy, Air Force, Marine Corps, or Coast Guard, 2) activated/mobilized uniformed member of the Texas National Guard (Army, Air Guard, or State Guard), or 3) activated/mobilized members of the Reserve components of the Army, Navy, Marine Corps, Air Force, or Coast Guard; who are currently on active duty or who were injured or killed while serving on active duty.

Student Name

Grade

Parent/Guardian Signature

Date

UNIVERSAL FOSTER CARE INDICATOR CODE 2020/2021

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

2020/2021 GLADEWATER ISD
FIELD TRIP PERMISSION FORM

Gladewater ISD students in the _____ 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 _____ 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 ISD School-Parent Compact

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 _____

**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.

Mr. 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 the Gladewater ISD Student Handbook and the Student Code of Conduct for 2020/2021

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: _____

Notice Regarding Directory Information and Parent's Response Regarding Release of Student Information Form

State law requires the district to give you the following information:

Certain information about district 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 Gladewater ISD 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 child's first day of instruction for this school year.

This means that 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 form so you can communicate your wishes about these issues.

Gladewater ISD has designated the following information as directory information:

- Student's name
- Address
- Telephone listing
- E-mail address
- Photograph
- Date and place of birth
- Major field of study
- Degrees, honors, and awards received
- Dates of attendance
- Grade level
- Most recent school previously attended
- Participation in officially recognized activities and sports
- Weight and height, if a member of an athletic team

Parent: Please circle one of the choices below:

I, parent of _____ (student's name), **(do give) (do not give)** the district permission to release the information in this list in response to a request.

Campus: _____
 SY: _____

Gladewater ISD Health Services
 Student Health History

Date: _____

Student's Name _____
 LEGAL Last name _____ First _____ Middle _____ Grade _____ Date of Birth _____ Teacher _____
PreK through 5th grade

Please list any other names your child may use or go by: _____ Parent/Guardian Name: _____

Emergency Contacts: (Names listed will also be authorized to pick up student)

Name:	Relationship	Cell	Work	Home	Place of Employment
1. parent					
2. parent					
3.					
4.					
5.					

**Please check any of the following health conditions for your student:
 IF YES IS CHECKED YOU MUST ADD COMMENTS**

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

If Allergy, Asthma, Diabetes, or Seizures is marked please be aware that an extra form will have to be filled out and signed by a physician. Forms can be picked up in your school's health office.

Plan	Date Received	Comments
Allergy/ EPI Pen		
Asthma		
Diabetic		
Seizures		

Medications brought to school must be in the original container and a medication authorization form signed and returned to school personnel before being administered
 GISD does NOT purchase over-the-counter first aid medications.
 Information on this page may be shared with teachers in a 'need to know bases' unless otherwise indicated in writing.

 Parent Signature

Gladewater Primary

Picture Permission Form

During the school year, students are recognized with special awards or participate in special activities. We would love to announce these winners/activities to our community by placing pictures in the local newspaper, on our District website or in the District Newsletter that our Administration office mails out.

Please complete the following by checking the appropriate box and signing.

YES, I give permission for my child's picture to be displayed at school, in the newsletters on the website or in the newspaper.

NO, I do not give permission for my child's picture to be displayed at school, in the newsletters on the website or in the newspaper.

GLADEWATER PRIMARY YEARBOOK

YES

NO

Student Name: _____

Date: _____

Teacher: _____

Parent Signature: _____