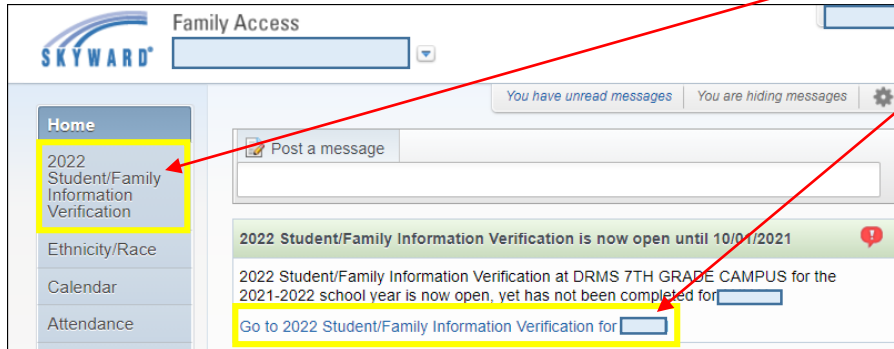
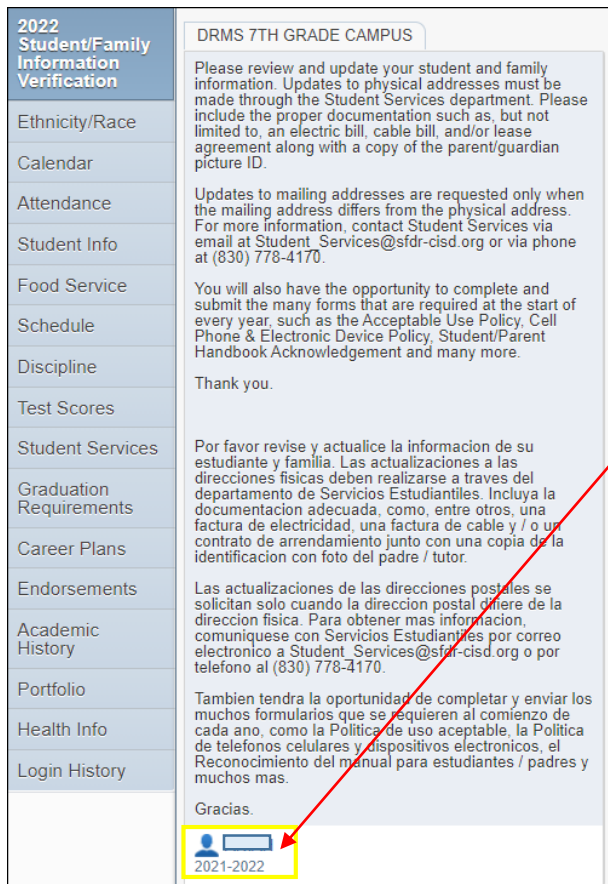


## Guide to Completing 2023 Student/Family Information Verification Forms

**Step 1.** Parent may select the 2023 Student/Family Information Verification Tab or Link for the student.



**NOTE:** If the tab option is selected, a display screen will appear to select the student.



# Guide to Completing 2023 Student/Family Information Verification Forms

(NSLP Form Applies to Campuses: 001, 004, and 005)

**Step 2.** Parent will read the message displayed, and select the next button to begin.

**2022 Student/Family Information Verification**

Home

**2022 Student/Family Information Verification**

Online Forms

Ethnicity/Race

Calendar

Gradebook

Attendance

Student Info

Food Service

Schedule

Discipline

Test Scores

**Welcome to the 2021 - 2022 school year!**

Please review and update your student and family information. Updates to physical addresses must be made through the Student Services department. Please include the proper documentation such as, but not limited to, an electric bill, cable bill, and/or lease agreement along with a copy of the parent/guardian picture ID.

Updates to mailing addresses are requested only when the mailing address differs from the physical address. For more information, contact Student Services via email at Student\_Services@sfdrcisd.org or via phone at (830) 778-4170.

You will also have the opportunity to complete and submit the many forms that are required at the start of every year, such as the Acceptable Use Policy, Cell Phone & Electronic Device Policy, Student/Parent Handbook Acknowledgement and many more.

Thank you.

Por favor revise y actualice la informacion de su estudiante y familia. Las actualizaciones a las direcciones fisicas deben realizarse a traves del departamento de Servicios Estudiantiles. Incluya la documentacion adecuada, como, entre otros, una factura de electricidad, una factura de cable y / o un contrato de arrendamiento junto con una copia de la identificacion con foto del padre / tutor.

Las actualizaciones de las direcciones postales se solicitan solo cuando la direccion postal difiere de la direccion fisica. Para obtener mas informacion, comuniquese con Servicios Estudiantiles por correo electronico a Student\_Services@sfdrcisd.org o por telefono al (830) 778-4170.

Tambien tendra la oportunidad de completar y enviar los muchos formularios que se requieren al comienzo de cada ano, como la Politica de uso aceptable, la Politica de telefonos celulares y dispositivos electronicos, el Reconocimiento del manual para estudiantes / padres y muchos mas.

Gracias.

Welcome to the 2021 - 2022 school year!

1. National School Lunch Program Application
2. Student Code of Conduct Acknowledgement
3. Acceptable Use Policy
4. Notice of Release of Directory Information
5. Consent for Non-Emergency Mass Communication
6. Military Connected
7. Verify Student Information

Next

Close and Finish Later

**NOTE:** To view the forms in full screen select the  [View Full Screen](#) link.

**FORM 1.** Read the message listed under Step 1 of the National School Lunch Program Application.

**Step 1. National School Lunch Program Application (Required)**

Breakfast and lunch are available for free at all district campuses. However, by completing the National School Lunch Program Application your student may qualify for other benefits such as college application fee waivers; SAT/ACT testing fee waivers; NCAA fee waivers, eligibility for programs administered by the Texas Workforce Commission, and much more!

Remember to click "Submit" after completing the application.

Thank you.

**Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.**

**Income Eligibility Reduced-Price Guidelines**  
July 1, 2021 - June 30, 2022

| Family Size                                   | Annually | Twice Per Month |       |                 | Weekly |
|---|----------|-----------------|-------|-----------------|--------|
|   |          | Monthly         | Month | Every Two Weeks |        |
| 1   | 23,828   | 1,986           | 993   | 917             | 459    |
| 2   | 32,227   | 2,686           | 1,343 | 1,240           | 620    |
| 3   | 40,626   | 3,386           | 1,693 | 1,563           | 782    |
| 4   | 49,025   | 4,086           | 2,043 | 1,886           | 943    |
| 5   | 57,424   | 4,786           | 2,393 | 2,209           | 1,105  |
| 6   | 65,823   | 5,486           | 2,743 | 2,532           | 1,266  |
| 7   | 74,222   | 6,186           | 3,093 | 2,855           | 1,428  |
| 8   | 82,621   | 6,886           | 3,443 | 3,178           | 1,589  |
| <b>For each additional family member add:</b> |          |                 |       |                 |        |
|   | 8,399    | 700             | 350   | 324             | 162    |

**FORM 1 Cont.** Parent will choose one of the options provided.

Choose one of the following options:

[National School Lunch Program Application](#)

---OR---

I do not qualify for benefits or do not wish to complete an application

If parent selects the link National School Lunch Program Application, they will be directed to the page below to complete the application.

| Multi-Child Application for Free and Reduced-Price School Meals   |   |
|---|---|
| Steps   | Multi-Child Application for Free and Reduced-Price School Meals <span>Next</span> <span>Print</span> <span>Back</span>  |
| ➔ Letter to Parents<br>Directions for Applying<br>Federal Income Chart<br><a href="#">Privacy Act Statement</a><br>Non-discrimination Statement<br><b>Application</b> <ul style="list-style-type: none"><li>• <b>Step 1:</b> Child Names</li><li>• <b>Step 2:</b> Benefits</li><li>• <b>Step 3:</b> Gross Income</li><li>• <b>Step 4:</b> Signature</li></ul> Review and Submit | <b>Letter to Parents</b><br><br>Dear Parent/Guardian:<br>Children need healthy meals to learn. SAN FELIPE-DEL RIO CISD offers healthy meals every school day. Breakfast costs are free at all district campuses; lunch costs are free at all district campuses.. <b>Your children may qualify for free meals or for reduced-price meals.</b> Reduced-price is free at all district campuses for breakfast and free at all district campuses. for lunch. If you received a notification letter that a child is directly certified for free meals, do not complete an application. Let the school know if any children in the household attending school are not listed in the letter.<br>The questions and answers that follow and attached directions provide additional information on how to complete the application. Complete only <u>one application</u> for all the students in the household and return the completed application to SFDRCSID Food Service Department. Call (830) 778-4187 or (830) 778-4181 to schedule your appointment. If you have questions about applying for free or reduced-price meals, please call (830) 778-4187 or (830) 778-4181.<br><b>1. Who can get free meals?</b> <ul style="list-style-type: none"><li>◦ <b>Income</b> - Children can get free or reduced-price meals if a household's gross income is within the limits described in the Federal Income Eligibility Guidelines.</li><li>◦ <b>Special Assistance Program Participants</b> - Children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF), are eligible for free meals.</li><li>◦ <b>Foster</b> - Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.</li><li>◦ <b>Head Start or Early Head Start</b> - Children participating in these programs are eligible for free meals.</li><li>◦ <b>Homeless, Runaway, and Migrant</b> - Children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told about a child's status as homeless, runaway, or migrant or you feel a child may qualify for one of these programs, please call or email Ms. Ruby Adams, Federal &amp; State Program Director, at (830) 778-4152 or email <a href="mailto:rufina.adams@sfdrcisd.org">rufina.adams@sfdrcisd.org</a>.</li><li>◦ <b>WIC Recipient</b> - Children in households participating in WIC may be eligible for free or reduced-price meals.</li></ul> <b>2. What If I Disagree With the School's Decision About My Application?</b> Talk to school officials. You also may ask for a hearing by calling or writing to Amy Childress, Chief Financial Officer, SFDRCSID, PO Box 428002, Del Rio, TX 78842, (830) 778-4005, or email <a href="mailto:amy.childress@sfdrcisd.org">amy.childress@sfdrcisd.org</a> .<br><b>3. My Child's Application Was Approved Last Year. Do I Need To Fill Out A New One?</b> Yes. An application is only good for that school year and for the first few days of this school year. Send in a new application unless the school has told you that your child is eligible for the new school year.<br><b>4. If I Don't Qualify Now, May I Apply Later?</b> Yes. Apply at any time during the school year. A child with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.<br><b>5. What If My Income Is Not Always the Same?</b> List the amount normally received. If a household member lost a job or had hours/wages reduced, use current income.<br><b>6. We Are in The Military. Do We Report Our Income Differently?</b> Basic pay and cash bonuses must be reported as income. Any cash value allowances for off-base housing, food, or clothing, or Family Subsistence Supplemental Allowance payments count as income. If housing is part of the Military Housing Privatization Initiative, do not include the housing allowance as income. Any additional combat pay resulting from deployment is excluded from income.<br><b>7. May I Apply If Someone in My Household Is Not a U.S. Citizen?</b> Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.<br><b>8. Will Application Information Be Checked?</b> Yes. We may also ask you to send written proof of the reported household income. |

If parent chooses to check the box not to complete the lunch application, they will click the Complete Step 1 and move to Step 2 button.

I do not qualify for benefits or do not wish to complete an application

[Complete Step 1 and move to Step 2](#)

**STEPS TO COMPLETE LUNCH APPLICATION CAN BE FOUND BELOW**

**Step 1.** Parent will review letter addressed to parents. Once read, click the Next button.

Multi-Child Application for Free and Reduced-Price School Meals Next Print Back

**Letter to Parents**

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Dear Parent/Guardian:

Children need healthy meals to learn. SAN FELIPE-DEL RIO CISD offers healthy meals every school day. Breakfast costs are free at all district campuses; lunch costs are free at all district campuses. **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is free at all district campuses for breakfast and free at all district campuses for lunch. If you received a notification letter that a child is directly certified for free meals, do not complete an application. Let the school know if any children in the household attending school are not listed in the letter.

The questions and answers that follow and attached directions provide additional information on how to complete the application. Complete only one application for all the students in the household and return the completed application to SFDR/CISD Food Service Department. Call (830) 778-4187 or (830) 778-4181 to schedule your appointment. If you have questions about applying for free or reduced-price meals, please call (830) 778-4187 or (830) 778-4181.

- Who can get free meals?**
  - Income** - Children can get free or reduced-price meals if a household's gross income is within the limits described in the Federal Income Eligibility Guidelines.
  - Special Assistance Program Participants** - Children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPRI), or Temporary Assistance for Needy Families (TANF), are eligible for free meals.
  - Foster** - Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
  - Head Start or Early Head Start** - Children participating in these programs are eligible for free meals.
  - Homeless, Runaway, and Migrant** - Children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told about a child's status as homeless, runaway, or migrant or you feel a child may qualify for one of these programs, please call or email Ms. Ruby Adams, Federal & State Program Director, at (830) 778-4152 or email [rufina.adams@sfdrcisd.org](mailto:rufina.adams@sfdrcisd.org).
  - WIC Recipient** - Children in households participating in WIC may be eligible for free or reduced-price meals.
- What If I Disagree With the School's Decision About My Application?** Talk to school officials. You also may ask for a hearing by calling or writing to Amy Childress, Chief Financial Officer, SFDR/CISD, PO Box 428002, Del Rio, TX 78842, (830) 778-4005, or email [amy.childress@sfdrcisd.org](mailto:amy.childress@sfdrcisd.org).
- My Child's Application Was Approved Last Year. Do I Need To Fill Out A New One?** Yes. An application is only good for that school year and for the first few days of this school year. Send in a new application unless the school has told you that your child is eligible for the new school year.
- If I Don't Qualify Now, May I Apply Later?** Yes. Apply at any time during the school year. A child with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
- What If My Income Is Not Always the Same?** List the amount normally received. If a household member lost a job or had hours/wages reduced, use current income.
- We Are in The Military. Do We Report Our Income Differently?** Basic pay and cash bonuses must be reported as income. Any cash value allowances for off-base housing, food, or clothing, or Family Subsistence Supplemental Allowance payments count as income. If housing is part of the Military Housing Privatization Initiative, do not include the housing allowance as income. Any additional combat pay resulting from deployment is excluded from income.
- May I Apply If Someone in My Household Is Not a U.S. Citizen?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
- Will Application Information Be Checked?** Yes. We may also ask you to send written proof of the reported household income.

**Step 2.** Parent will review all information listed and check the box indicating parent reviewed information provided and would like to continue the application. Once checked, parent will click Next button.

Multi-Child Application for Free and Reduced-Price School Meals Previous Next Print Back

**Directions for Applying.** Please select the option below after reviewing all information. Questions can be directed to contact information supplied in the Letter to Parents.

I have read the Directions for Applying and would like to continue the application

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Please use these instructions to complete the free or reduced-price school meals application. Submit one application per household, even if the children in the household attend more than one school in SAN FELIPE-DEL RIO CISD. Please use a **pen** (not a pencil) when completing the paper application.

The application must be filled out completely in order for the school to make a determination if the children in your household qualify for free or reduced-price school meals. An incomplete application cannot be approved. Please contact please call (830) 778-4187 or (830) 778-4181 with your questions.

**Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.**

**Reduced-Price Meal Income Eligibility Guidelines**  
July 1, 2021 - June 30, 2022

| Family Size | Annually |        | Twice Per Month |        | Every Two Weeks | Weekly |
|-------------|----------|--------|-----------------|--------|-----------------|--------|
|             | Monthly  | Yearly | Month           | Yearly | Weeks           | Weekly |
| 1           | 23,828   | 1,986  | 993             | 917    | 459             |        |
| 2           | 32,227   | 2,686  | 1,343           | 1,240  | 620             |        |
| 3           | 40,626   | 3,386  | 1,693           | 1,563  | 782             |        |
| 4           | 49,025   | 4,086  | 2,043           | 1,886  | 943             |        |
| 5           | 57,424   | 4,786  | 2,393           | 2,209  | 1,105           |        |
| 6           | 65,823   | 5,486  | 2,743           | 2,532  | 1,266           |        |
| 7           | 74,222   | 6,186  | 3,093           | 2,855  | 1,428           |        |
| 8           | 82,621   | 6,886  | 3,443           | 3,178  | 1,589           |        |

**For each additional family member add:**

|       |     |     |     |     |
|-------|-----|-----|-----|-----|
| 8,399 | 700 | 350 | 324 | 162 |
|-------|-----|-----|-----|-----|

**Step 1: List All Household Members Who Are Infants, Children, And Students Up To and Including Grade 12.**

- List each child's name.
  - Print the first name, middle initial, and last name for each child in the household in the spaces provided. If there are more children in the household than lines on the application, use the back of the application to record additional names.

**Step 3.** Parent will review the Income Eligibility Guidelines and determine if they wish to continue with completing the application.

| Reduced-Price Meal Income Eligibility Guidelines |          |         |                 |                 |        |
|--|----------|---------|-----------------|-----------------|--------|
| July 1, 2021 - June 30, 2022                     |          |         |                 |                 |        |
| Family Size                                      | Annually | Monthly | Twice Per Month | Every Two Weeks | Weekly |
| 1  | 23,828   | 1,986   | 993             | 917             | 459    |
| 2  | 32,227   | 2,686   | 1,343           | 1,240           | 620    |
| 3  | 40,626   | 3,386   | 1,693           | 1,563           | 782    |
| 4  | 49,025   | 4,086   | 2,043           | 1,886           | 943    |
| 5  | 57,424   | 4,786   | 2,393           | 2,209           | 1,105  |
| 6  | 65,823   | 5,486   | 2,743           | 2,532           | 1,266  |
| 7  | 74,222   | 6,186   | 3,093           | 2,855           | 1,428  |
| 8  | 82,621   | 6,886   | 3,443           | 3,178           | 1,589  |
| <b>For each additional family member add:</b>    |          |         |                 |                 |        |
|  | 8,399    | 700     | 350             | 324             | 162    |

If parent does not wish to further complete the application, check the box I do not qualify or wish to complete application.

**Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.**  
 If you do not qualify for benefits or do not wish to complete an application, check the option below.

I do not qualify for benefits or do not wish to complete an application

If parent wishes to continue check the Next button.

Multi-Child Application for Free and Reduced-Price School Meals Previous **Next** Print Back

**Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.**  
 If you do not qualify for benefits or do not wish to complete an application, check the option below.

I do not qualify for benefits or do not wish to complete an application

---

**Reduced-Price Meal Income Eligibility Guidelines**  
 July 1, 2021 - June 30, 2022

| Family Size                                   | Annually | Monthly | Twice Per Month | Every Two Weeks | Weekly |
|---|----------|---------|-----------------|-----------------|--------|
| 1   | 23,828   | 1,986   | 993             | 917             | 459    |
| 2   | 32,227   | 2,686   | 1,343           | 1,240           | 620    |
| 3   | 40,626   | 3,386   | 1,693           | 1,563           | 782    |
| 4   | 49,025   | 4,086   | 2,043           | 1,886           | 943    |
| 5   | 57,424   | 4,786   | 2,393           | 2,209           | 1,105  |
| 6   | 65,823   | 5,486   | 2,743           | 2,532           | 1,266  |
| 7   | 74,222   | 6,186   | 3,093           | 2,855           | 1,428  |
| 8   | 82,621   | 6,886   | 3,443           | 3,178           | 1,589  |
| <b>For each additional family member add:</b> |          |         |                 |                 |        |
|   | 8,399    | 700     | 350             | 324             | 162    |

**Step 4.** Parent will read the Privacy Act Statement and click the Next button.

Multi-Child Application for Free and Reduced-Price School Meals Previous **Next** Print Back

**Privacy Act Statement: This explains how we will use the information you give us.**

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**Step 5.** Parent will read the Non-discrimination Statement and click the Next button.

Multi-Child Application for Free and Reduced-Price School Meals Previous **Next** Print Back

**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.**

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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

The above address is for discrimination complaint purposes only.  
Return this complete application to your school, not USDA.

**Step 6.** Parent will list ALL members of the household with the requested information, if applicable. Once completed, click Next button.

Multi-Child Application for Free and Reduced-Price School Meals Previous **Next** Print Back

**Step 1.** List ALL Household Members who are infants, children, and students up to and including grade 12. If more spaces are needed, use the Additional Household Member Sheet. **If every child** listed in Step 1 is a participant in one of the programs listed above, skip Steps 2 and 3 and go to Step 4.

Add More Names to Application

**Definition of Household Member:** Anyone who is living with you and shares income and expenses, even if not related. Please read the directions for more information. Children in **Foster care** and children who meet the definition of **Homeless, Migrant, or Runaway** or who participate in **Head Start** are eligible for free meals.

|    | List each child's name<br>(First, Middle Initial, Last) | Student Attends<br>School in District? | Grade | Optional:<br>Student ID Number | Check all that apply     |                          |                          |                          |                          |
|----|---|--|-------|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|    |   |  |       |                                | Foster                   | Head Start               | Homeless                 | Migrant                  | Runaway                  |
|    | (Example) Student A. Smith                              | ✓                                      | 04    |                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. |   | <input type="checkbox"/>               |       |                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. |   | <input type="checkbox"/>               |       |                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. |   | <input type="checkbox"/>               |       |                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. |   | <input type="checkbox"/>               |       |                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. |   | <input type="checkbox"/>               |       |                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. |   | <input type="checkbox"/>               |       |                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Step 7.** Parent will read question shown and select the box of assistance programs, if applicable. Once step is completed, click Next button.

Multi-Child Application for Free and Reduced-Price School Meals Previous **Next** Print Back

**Step 2.** Do any Household Members (including you) currently participate in one or more of the following assistance programs?

SNAP, TANF, or FDIPIR

**If you didn't check the box:** Go to Step 3.

**If you checked the box:** Write the Eligibility Determination Group Number (EDG) in this space, skip Step 3, and go to Step 4.  
EDG:

**Step 8.** Parent will enter income for household members. Once completed, click Next button.

Multi-Child Application for Free and Reduced-Price School Meals Previous **Next** Print Back

**Step 3.** Report Income for ALL Household Members (Skip this step if you entered an EDG number in Step 2).

Add More Names to Application

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Please read **Directions for Applying** for more information. The **Sources of Income for Children** section will help you with the **Child Income** question. The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

**A. Income for Children in the Household**  
 Record total income by frequency for all children listed in Step 1.  
**Gross Income and How Often It Was Received** ?  
 Child Income:

**B. Income for Adult Household Members (Including Yourself)**  
 List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income (without deductions) for each source in whole dollars only. Indicate the frequency of income: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. If they do not receive income from any source, enter '0.' If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

|    | Name of Adult Household Members<br>First Name, Middle Initial, Last Name | Gross Income and How Often It Was Received ? |   |   |   |   |   |           |   |
|----|--|--|---|---|---|---|---|-----------|---|
|    |  | Work Earnings                                |   | Public Assistance,<br>Child Support,<br>Alimony |   | Pensions, Retirement,<br>Social Security,<br>Supplemental Security Income |   | All Other |   |
|    | (Example) Jane A. Smith  | \$200  | W | \$150   | E | \$100   | M | \$50      | M |
| 1. |  | \$0  | v | \$0   | v | \$0   | v | \$0       | v |
| 2. |  | \$0  | v | \$0   | v | \$0   | v | \$0       | v |
| 3. |  | \$0  | v | \$0   | v | \$0   | v | \$0       | v |
| 4. |  | \$0  | v | \$0   | v | \$0   | v | \$0       | v |
| 5. |  | \$0  | v | \$0   | v | \$0   | v | \$0       | v |
| 6. |  | \$0  | v | \$0   | v | \$0   | v | \$0       | v |

\* Total Household Members (Children and Adults):

\* Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: \*\*\*\*-\*\*-  Check if no SSN

**Step 9.** Parent will provide contact information and signature. Select Click to Sign. Parent will see a pop up with an electronic signature agreement. Once read, click I Agree.

After signature has been provided, click Next button.

Multi-Child Application for Free and Reduced-Price School Meals Previous **Next** Print Back

**Step 4.** Provide Contact Information and Adult Signature.

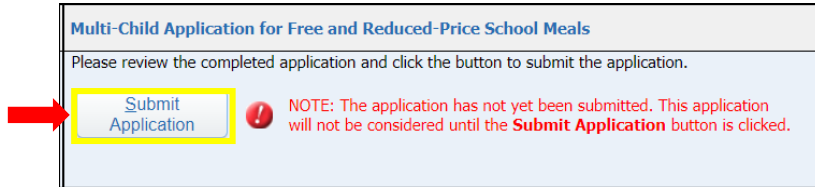
---

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

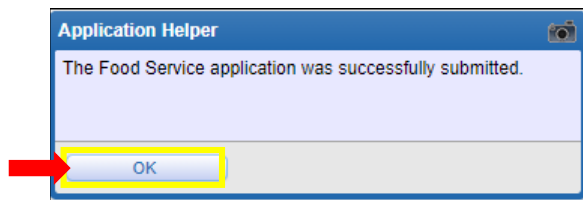
Street Address/Apt # (if available):  Daytime Phone:   Ext:   
 City:  State:  Zip Code:

\* Printed name of adult completing the form:  \* Signature of adult completing the form:    
 Today's Date:  Email (optional):

Step 10. Parent will select Submit Application.



Step 11. Once application is submitted, parent will see a message indicating application was successfully submitted. Click Ok.






## CEP Form Applies to Campuses: Elementary, 104, 043, & 044.

**Step 2.** Parent will read the message displayed, and select the next button to begin.

The screenshot shows the Skyward Family Access portal. The main heading is "2022 Student/Family Information Verification". A red arrow points to the "Next" button at the bottom right of the page. The page contains a welcome message for the 2021-2022 school year, instructions for updating student and family information, and a list of 16 items to be completed, including surveys and forms. The "Next" button is highlighted with a red box and a red arrow.

**NOTE:** To view the forms in full screen select the  link.

**FORM 1.** Complete Step 1 (if applicable) on the CEP Survey form.

The screenshot shows the San Felipe Del Rio Consolidated Independent School District Community Eligibility Provision (CEP) Survey form for 2021-2022. The form is marked as **\*CONFIDENTIAL\***. It includes fields for Student Name, Grade, DOB, Campus, and Student ID. Step 1 asks if household members currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR. If the user did not check the box, they are directed to Step 2. If they checked the box, they are asked to write the Eligibility Determination Group Number (EDG) in the space below.

**FORM 1. Cont.** Complete Step 2 and 3 of CEP Survey form.

**Step 2:**  
*How many total members are in the household (include ALL adults and children)?*

*Total Yearly Income (BEFORE DEDUCTIONS) of ALL Household Members* - Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's compensation, unemployment, and all other sources of income.  
Total \$

---

**Step 3:**  
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.

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

I choose not to provide this information. I understand that the school's disbursement of federal funds and accountability ratings may be affected by my choice.

Parent/Guardian Name:  Parent/Guardian Signature:  Date:

**STOP HERE**

**FORM 1 Cont.** Once all steps have been completed select the Complete Step 1 and move to Step 2 button.

*San Felipe Del Rio Consolidated Independent School District*  
Community Eligibility Provision (CEP) Survey  
2021 - 2022  
\*CONFIDENTIAL\*

**NOTE: If this Step is not taken the form will not be officially completed.**

---

**IMPORTANT INFORMATION:**

Parents can confirm if the form is completed by viewing the green check mark shown next to the form. If there is not a green check mark, the form has not been fully completed.

Welcome to the 2021 - 2022 school year!

1 Community Eligibility Survey

Completed 08/04/2021 8:32am

**FORM 2.** Parent will read and acknowledge the SFDR CISD Student Code of Conduct (SCOC), and select which method to receive the SCOC.

Print Complete Step 2 and move to S

**SFDR CISD STUDENT CODE OF CONDUCT (SCOC)  
ACKNOWLEDGEMENT  
2021 - 2022**

Dear Student and Parent:

As required by state law, the San Felipe Del Rio CISD 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 to 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 campus administrator.

Sincerely,  
Dr. Carlos Rios Superintendent of Schools

We acknowledge that we have been offered the option to access and read the 2021-2022 SFDR CISD Student Code of Conduct online or request to receive a paper copy, and understand 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.

I choose to access and read the electronic copy of the 2021-2022 SFDR CISD Student Code of Conduct online on the District's website at <https://www.sfdrcisd.org/>

I request to receive a printed hard copy of the 2021-2022 SFDR CISD Student Code of Conduct. I understand that the campus will forward a copy to me as quickly as possible upon receipt of this request.

Failure to sign and return this form does not exempt me/us from compliance of with the laws, policies, rules and regulations of the State of Texas or of the San Felipe Del Rio Consolidated Independent School District.

**FORM 2 Cont.** The parent will sign/date the form, and click the Complete Step 2 and move to Step 3 button.

Print Complete Step 2 and move to Step 3

**SFDR CISD STUDENT CODE OF CONDUCT (SCOC)  
ACKNOWLEDGEMENT  
2021 - 2022**

Dear Student and Parent:

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I request to receive a printed hard copy of the 2021-2022 SFDR CISD Student Code of Conduct. I understand that the campus will forward a copy to me as quickly as possible upon receipt of this request.

Failure to sign and return this form does not exempt me/us from compliance of with the laws, policies, rules and regulations of the State of Texas or of the San Felipe Del Rio Consolidated Independent School District.

Campus: DRMS 7TH GRADE CAMPUS

Student's Name: \_\_\_\_\_ GR: 07 Other ID: \_\_\_\_\_

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

**FORM 3.** The parent will read and acknowledge the SFDRCID Cell Phone and Electronic Device Policy, and sign/date the form.

Print

**SAN FELIPE DEL RIO CISD**  
**Cell Phone and Electronic Device Policy**  
**Acknowledgment Form**  
**(Regulation of Cell Phones and Other Electronic Communication Devices)**  
**2021 - 2022**

---

Electronic communications at school and at school-related functions are subject to regulation by the District.

This Cell Phone and Electronic Device Policy Acknowledgement Form grants authority and permission to the District to regulate electronic communication devices when these devices are brought to and/or used while on school property or when attending school-related functions and events. Such communication devices include but are not limited to cellular phones and other hand-held electronic devices.

These regulations are made necessary in light of the unique opportunities these devices create for violations of law, school policies and to perpetrate conduct disruptive of an educational environment essential to the District's educational program. These concerns are exacerbated by electronic security protections and the personal size of these devices, which are often carried concealed in pockets and purses.

**All students and parents/guardians who allow their child to possess or use such devices on school property or at school-related activities are required to review the established regulations and sign this form in acknowledgment of the District's Cell Phone and Electronic Devices Policy.**

Regulations to the student use of cell phones or other hand-held electronic devices include the following:

- The District prohibits the use of cell phones during the instructional day for all elementary and middle school students. High school students may be permitted to use their cell phones under certain conditions.
- The District prohibits the use of cell phones in locker rooms or restroom areas while at school, in the hallways during passing periods, and in the library.

Student's Name:  OtherID:  Campus: DRMS 7TH GRADE CAMPUS

Parent/Guardian Name:  or

Signature:  Date:

**FORM 3. Cont.** After signing/dating the form, click the Complete Step 3 and move to Step 4 button.

Print

**SAN FELIPE DEL RIO CISD**  
**Cell Phone and Electronic Device Policy**  
**Acknowledgment Form**  
**(Regulation of Cell Phones and Other Electronic Communication Devices)**  
**2021 - 2022**

Complete Step 3 and move to Step 4

**FORM 4.** Parent will read and acknowledge the Notice of Release of Directory Information.

Print

**SAN FELIPE DEL RIO CISD**  
**Family Educational Rights and Privacy Act (FERPA)**  
**Notice of Release of Directory Information**  
**2021 - 2022**

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The Family Educational Rights and Privacy Act, or FERPA, permits the district to disclose appropriately designated "directory information" from a student's education records without written consent.

"Directory information" means information contained in an educational record of a student that would generally be considered harmful or an invasion of privacy if disclosed. the law permits the District to designate certain personal information as "directory information."

Examples include:

- A student's photograph (for publication in the school yearbook);
- A student's name and grade level (for communicating class and teacher assignments);
- The name, weight, and height of an athlete (for publication in a school athletic program);
- A list of student birthdays (for generating school-wide or classroom recognition);
- A student's name and photograph (posted on a district-approved and managed social media platform); and
- The names and grade levels of students submitted by the district to a local newspaper or other community publication (to recognize the A/B honor roll for a specific grading period.)

I acknowledge that I have received information on the District's directory information and how to opt-out of the release of such information during the Student/Family Information Verification.

**FORM 4 Cont.** Parent will sign/date the form.

I acknowledge that I have received information on the District's directory information and how to opt-out of the release of such information during the *Student/Family Information Verification*.

---

Student's Name: \_\_\_\_\_, Grade \_\_\_\_\_


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

Parent/Guardian Signature: \_\_\_\_\_ Date: 08/04/2021

**FORM 4 Cont.** After signing/dating the form, click the *Complete Step 4 and move to Step 5* button.

SAN FELIPE DEL RIO CISD  
*Family Educational Rights and Privacy Act (FERPA)*  
Notice of Release of Directory Information  
2021 - 2022

**FORM 5.** Parent will review and select the areas to which they agree/consent regarding the Parent Consent Form for District Non-Emergency Mass Communications.

  
**PARENT CONSENT FORM FOR**  
**DISTRICT NON-EMERGENCY MASS COMMUNICATIONS**

I have been offered the option to receive non-emergency calls or texts from an automatic telephone dialing system or an artificial or prerecorded voice to my wireless telephone number.

I consent to receive non-emergency calls or texts from an automatic telephone dialing system or an artificial or prerecorded voice to my wireless telephone number and accept responsibility for notifying the District immediately when my wireless telephone number has changed.


If I have any questions regarding the automatic telephone dialing system or an artificial or prerecorded voice mass communications system, I should direct those questions to the principal at my child's campus.

**FORM 5 Cont.** Parent will enter Phone/Mobile Phone Number and Sign/Date the form.

| Parent's Name                                   | Phone/Mobile Phone Number                     |
|---|---|
| <input type="text"/>                            | <input type="text"/>                          |
| Parent/Guardian Signature: <input type="text"/> | Date: <input type="text" value="08/04/2021"/> |

**FORM 5 Cont.** After signing and dating the form, click the Complete Step 5 and move to Step 6 button.

Print Complete Step 5 and move to Step 6



**PARENT CONSENT FORM FOR  
DISTRICT NON-EMERGENCY MASS COMMUNICATIONS**

**FORM 6.** The parent will read and Sign/Date the Cell Phone and Electronic Device Policy.

Print

***SAN FELIPE DEL RIO CISD  
Cell Phone and Electronic Device Policy  
Acknowledgment Form  
(Regulation of Cell Phones and Other Electronic Communication Devices)  
2021 - 2022***

---

Electronic communications at school and at school-related functions are subject to regulation by the District.

This Cell Phone and Electronic Device Policy Acknowledgement Form grants authority and permission to the District to regulate electronic communication devices when these devices are brought to and/or used while on school property or when attending school-related functions and events. Such communication devices include but are not limited to cellular phones and other hand-held electronic devices.

These regulations are made necessary in light of the unique opportunities these devices create for violations of law, school policies and to perpetrate conduct disruptive of an educational environment essential to the District's educational program. These concerns are exacerbated by electronic security protections and the personal size of these devices, which are often carried concealed in pockets and purses.

All students and parents/guardians who allow their child to possess or use such devices on school property or at school-related activities are required to review the established regulations and sign this form in acknowledgment of the District's Cell Phone and Electronic Devices Policy.

Student's Name:  OtherID:  Campus:

Parent/Guardian Name:  or

Signature:  Date:

**FORM 6 Cont.** After signing/dating the form, click the *Complete Step 6 and move to Step 7* button.

Print Complete Step 6 and move to Step 7

**SAN FELIPE DEL RIO CISD**  
**Cell Phone and Electronic Device Policy**  
**Acknowledgment Form**  
***(Regulation of Cell Phones and Other Electronic Communication Devices)***  
**2021 - 2022**

**FORM 7.** Parent will read and select the Military Connected coding that applies for student.

Print

**SAN FELIPE DEL RIO CISD**  
**Military Indicator Form**  
**2021 - 2022**

---

In accordance with HB 525 Military Connected Student, the following information is required of all students for the 2021-2022 school year.

*Please read carefully and check the appropriate response for your student.*

- Not a military connected student (code 0)
- Prekindergarten (PK)** student is: 1) 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, or 2) 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 (code 4)
- Student in grade **KG - 12** is a dependent of an **active duty member** of the United States military (code 1)
- Student in grade **KG - 12** is a dependent of a **current member of the Texas National Guard** (Army, Air Guard, or State Guard) (code 2)
- Student in grade **KG - 12** is a dependent of a **current member of a reserve force in the US military** (code 3)
- 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 (code 5)
- 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 (code 6)

**FORM 7 Cont.** Once the Military Connected coding has been selected, the parent will sign and date the form.

Student's Name: \_\_\_\_\_, \_\_\_\_\_, Grade: \_\_\_\_\_

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

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

**FORM 7 Cont.** After signing/dating the form, click the Complete Step 7 and move to Step 8 button.


Print

**SAN FELIPE DEL RIO CISD**  
*Military Indicator Form*  
2021 - 2022

Complete Step 7 and move to Step 8

**FORM 8.** Parent will read and complete the Food Allergy & Anaphylaxis Emergency Care Plan for student, if applicable.

Print

  
**FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN**  
**2020 - 2021**

*(The District must request, annually and at the time of enrollment, that the parent or guardian of each student attending the District disclose the student's food allergies. This form will satisfy this requirement. Additional information provided by the student's health care provider may be submitted with this form. [See policies FD and FL])*

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

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

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food.

| Food | Nature of allergic reaction to the food |
|------|---|
|      |   |
|      |   |
|      |   |

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy. [See FL]

**FORM 8 Cont.** After reviewing and completing the Care Plan fields, parent will sign and date the form.

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy. [See FL]

Student Name: , , DOB , Grade

Parent/Guardian Name:  or

Home Phone:  Phone 2:

Parent/Guardian Signature:  Date:



**FORM 8 Cont.** After signing/dating the form, click the Complete Step 8 and move to Step 9 button.

Print Complete Step 8 and move to Step 9



**FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN**  
**2020 - 2021**

**FORM 9.** Parent will read and complete the Health & Emergency Information form.

*Ensure to enter parent/guardian contact information, including those who may be reached in the event the campus cannot make contact with parent/guardian.*

DEAR PARENTS:

THE FACULTY OF YOUR CHILD'S SCHOOL IS DEDICATED TO PROVIDING THE BEST CARE POSSIBLE FOR YOUR CHILD WHILE HE/SHE IS AT SCHOOL. YOU CAN HELP US DO THIS BY PROVIDING THE FOLLOWING INFORMATION FOR EMERGENCY MEDICAL CARE SHOULD YOUR CHILD BECOME ILL OR BE INJURED WHILE AT SCHOOL.

**HOW MAY WE CONTACT YOU DURING SCHOOL HOURS?**

PARENT/GUARDIAN 1:  EMPLOYER:  PHONE:

PARENT/GUARDIAN 2:  EMPLOYER:  PHONE:

*If we are unable to reach you, who may we contact to take responsibility for your child?*

NAME:  RELATIONSHIP:  PHONE:

NAME:  RELATIONSHIP:  PHONE:

NAME:  RELATIONSHIP:  PHONE:

---

**PLEASE COMPLETE THE FOLLOWING HEALTH INFORMATION**  
**DOES YOUR CHILD HAVE OR EVER HAD ANY OF THE FOLLOWING CONDITIONS?**

| CONDITION             | YR                   | CONDITION     | YR                   | CONDITION                           | YR                   |
|-----------------------|----------------------|---------------|----------------------|-------------------------------------|----------------------|
| HEART PROBLEMS        | <input type="text"/> | LIVER DISEASE | <input type="text"/> | SEVERE ALLERGY REQUIRING AN EPI PEN | <input type="text"/> |
| ASTHMA                | <input type="text"/> | HEARING LOSS  | <input type="text"/> | OTHER HEALTH PROBLEMS               | <input type="text"/> |
| ARTHRITIS             | <input type="text"/> | DIABETES      | <input type="text"/> | <input type="text"/>                | <input type="text"/> |
| KIDNEY/URINE PROBLEMS | <input type="text"/> | SEIZURES      | <input type="text"/> | <input type="text"/>                | <input type="text"/> |

*If you checked a condition above, please visit with the school nurse to provide further documentation.*

CHILD'S DOCTOR/HEALTH CARE PROVIDER:  PHONE:

PLEASE LIST ANY MEDICATIONS YOUR CHILD TAKES AT HOME ON A REGULAR OR ON AN AS-NEEDED BASIS

1.  2.

3.  4.


**IF YOUR CHILD HAS ANY SPECIAL PRECAUTIONS, RESTRICTIONS/LIMITATIONS, PLEASE VISIT WITH THE SCHOOL NURSE AND PROVIDE UPDATED MEDICAL DOCUMENTATION.**

**FORM 9 Cont.** Once form has been completed, parent will sign/date the form.

THE INFORMATION ABOVE IS CONSIDERED CONFIDENTIAL AND WILL BE KEPT IN YOUR CHILD'S HEALTH RECORD IN THE SCHOOL NURSE'S OFFICE. SCHOOL PERSONNEL WILL BE INFORMED ON A "**NEED TO KNOW**" BASIS FOR THE CARE AND WELL-BEING OF YOUR CHILD. IF THERE ARE ANY CHANGES TO THE ABOVE INFORMATION DURING THE SCHOOL YEAR, PLEASE CONTACT THE SCHOOL NURSE. CURRENT INFORMATION IS IMPORTANT TO ASSURE PROMPT CARE OF YOUR CHILD.

IN THE EVENT SCHOOL OFFICIALS ARE UNABLE TO CONTACT ME (THE PARENT/LEGAL GUARDIAN) OR PERSONS LISTED ABOVE AS EMERGENCY CONTACTS, THE SCHOOL OFFICIALS ARE HEREBY AUTHORIZED TO TAKE ACTION, WHICH IN THEIR JUDGEMENT IS DEEMED NECESSARY FOR THE HEALTH OF MY CHILD. I WILL NOT HOLD THE SCHOOL DISTRICT OR PERSONNEL RESPONSIBLE FOR THE EMERGENCY CARE AND/OR TRANSPORTATION OF MY CHILD.

PARENT/GUARDIAN:

 SIGNATURE:  DATE:  PHONE:

**FORM 9. Cont.** After signing/dating form, click the Complete Step 9 and move to Step 10 button.

I do not wish to fill out this optional form

**SAN FELIPE DEL RIO CISD  
HEALTH SERVICES  
HEALTH & EMERGENCY INFORMATION  
2021 - 2022**

**FORM 10.** Parent will read the Ethnicity/Race message and click the continue button.

**Step 10. Verify Ethnicity and Race (Required)**

Dear Parent or Guardian:


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).

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 ethnicity and race.  
United States Federal Register (71 FR 44866)

Thank you.



**FORM 10 Cont.** Parent will answer BOTH questions 1 and 2.

**Step 10. Verify Ethnicity and Race (Required)**

Please answer BOTH questions 1 and 2.

1. Is [redacted] Hispanic or Latino?

No, My Child is not Hispanic or Latino

Yes, My Child is Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

2. What is [redacted] race? (Please mark all that apply)

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 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, e.g., 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

[Complete Step 10 and move to Step 11a](#)

**FORM 10 Cont.** After answering questions 1 and 2, parent will click the *Complete Step 10 and move to Step 11a* button.

**2022 Student/Family Information Verification**

[redacted] 2021-2022)

**Step 10. Verify Ethnicity and Race (Required)**

Please answer BOTH questions 1 and 2.

1. Is [redacted] Hispanic or Latino?

No, My Child is not Hispanic or Latino

Yes, My Child is Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

2. What is [redacted] race? (Please mark all that apply)


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 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, e.g., 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

 [Complete Step 10 and move to Step 11a](#)

**FORM 11a.** Parent will verify and update Student Information, if needed.

Y 2021-2022)

**Step 11a. Verify Student Information: Student Information** (Required) Undo

**General Information**

\* First:  Middle:   
\* Last:  Suffix:   
\* Birthday:   Gender:    
Language:   
 Do you have internet access?  
 Do you have a device to access eLearning material?  
Home Phone:  Ext:   
Cell   Ext:   
  Ext:   
School Email:  Home Email:   
Birth State:    
Birth Country:

**Allow Publication of Student's Name for: ?**

Public Request\_FOIA:   District Use/Media:   Yearbook:    
Local Media/Press:   Fed Funded Surveys:

Complete Step 11a and move to Step 11b

(\*) Indicates a required field.

**FORM 11a Cont.** Once information has been reviewed and verified, parent will click the *Complete Step 11a and move to Step 11b* button.



**FORM 11b.** Parent will verify and update Family Address, if needed. Once reviewed and verified parent will click Complete Step 11b and move to Step 11c button.

**Step 11b. Verify Student Information: Family Address** (Required) Undo

**Address Preview Address**

Street Number:  Street Dir:  Street Name:

SUD:  #  P.O. Box:

Address 2:

Zip Code:  Plus 4:  City/State:

**Mailing Address**  Same as Address

Street Number:  Street Dir:  Street Name:

SUD:  #  P.O. Box:

Address 2:

Zip Code:  Plus 4:  City/State:

Complete Step 11b and move to Step 11c

**FORM 11c.** Parent will verify and update Family Information, if needed. Once reviewed and verified parent will click the Complete Step 11c and move to Step 11d button.

**Step 11c. Verify Student Information: Family Information** (Required) Undo

**Guardian Number: 1**

Name:  Primary Phone:  Ext:

Custodial  Confidential

Relationship:  Work  Ext:

Employer:

Home Email:   Ext:

**Guardian Number: 2**

Name:  Cell  Ext:

Custodial

Relationship:  Work  Ext:

Employer:

Home Email:

Complete Step 11c and move to Step 11d

**FORM 11d.** Parent will verify and update Emergency Information, if needed. Once reviewed and verified, parent will click the Complete Step 11d and move to Step 11e button.

**Step 11d. Verify Student Information: Emergency Information** (Required) Undo

Critical Alert Information

Last Name, First

Physician:

Dentist:

Hospital:

Insurance:

Policy:

 **Complete Step 11d and move to Step 11e**

**FORM 11e.** Parent will verify and update Emergency Contacts, if needed.

**Step 11e. Verify Student Information: Emergency Contacts** (Required) Undo

Change Emergency Contact Order

Delete this Emergency Contact

Contact Number:

First:

Middle:

Last:

Relationship:

Primary Phone:  Ext:

Work  Ext:

Ext:

Pick Up:

Comment:

**FORM 11e Cont.** Once parent has verified Emergency Contacts click the Complete Step 11e and move to Step 11f button.

Contact Number:

First:

Middle:

Last:

Relationship:


Primary Phone:  Ext:

Ext:

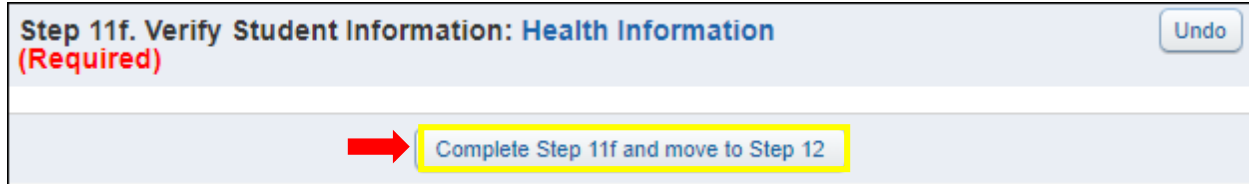
Ext:

Pick Up:

Comment:

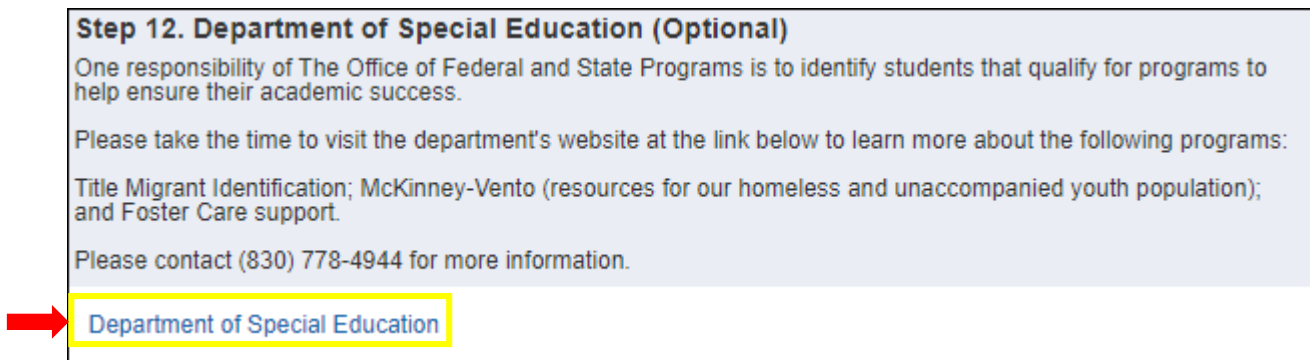
 **Complete Step 11e and move to Step 11f**

**FORM 11f.** Parent will verify *Student Health Information*. Once verified, click the *Complete Step 11f and move to Step 12* button.



The screenshot shows a light blue header bar with the text "Step 11f. Verify Student Information: Health Information (Required)" on the left and an "Undo" button on the right. Below the header is a white content area. At the bottom of the content area, there is a button labeled "Complete Step 11f and move to Step 12" which is highlighted with a yellow border. A red arrow points to this button from the left.

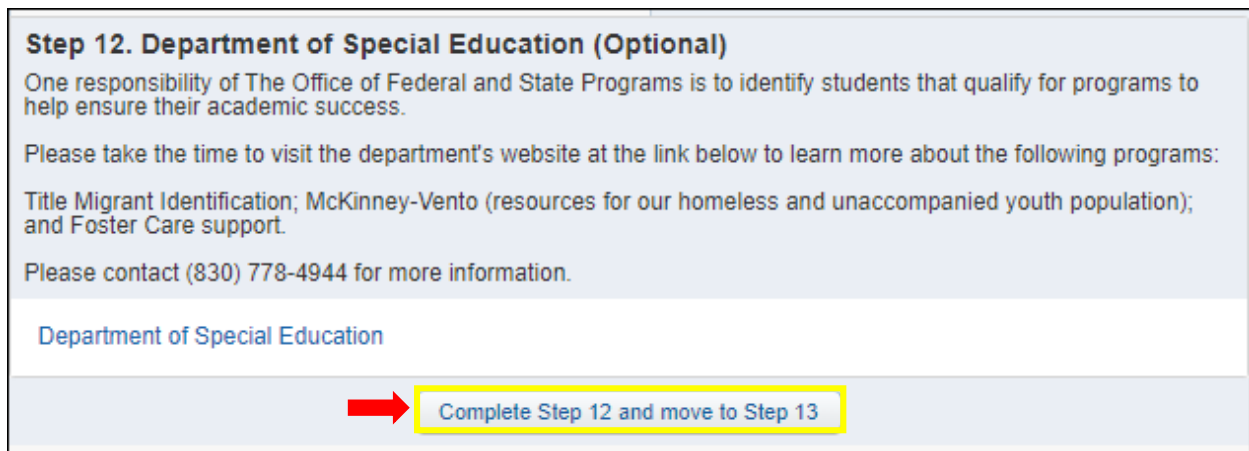
**FORM 12.** Parent will read the *Department of Special Education* message and click the link titled: **Department of Special Education.**



The screenshot shows a light blue header bar with the text "Step 12. Department of Special Education (Optional)". Below the header, the text reads: "One responsibility of The Office of Federal and State Programs is to identify students that qualify for programs to help ensure their academic success." followed by "Please take the time to visit the department's website at the link below to learn more about the following programs: Title Migrant Identification; McKinney-Vento (resources for our homeless and unaccompanied youth population); and Foster Care support." and "Please contact (830) 778-4944 for more information." Below this text is a button labeled "Department of Special Education" which is highlighted with a yellow border. A red arrow points to this button from the left.

**FORM 12 Cont.** Parent will view a pop up screen from the SFDRICISD webpage for the Special Ed department. Parent may exit page at their convenience.

**FORM 12 Cont.** After reviewing information parent will click the *Complete Step 12 and move to Step 13* button.



This screenshot is identical to the previous one, showing the "Step 12. Department of Special Education (Optional)" message. However, the "Department of Special Education" link is now a plain text link. Below the link, there is a button labeled "Complete Step 12 and move to Step 13" which is highlighted with a yellow border. A red arrow points to this button from the left.

**FORM 13.** Parent will read the *Department of Federal and State Programs* message and click the link titled: **Department of Federal and State Programs.**

**Step 13. Department of Federal and State Programs (Optional)**

One responsibility of The Office of Federal and State Programs is to identify students that qualify for programs to help ensure their academic success.

Please take the time to visit the department's website at the link below to learn more about the following programs:

Title Migrant Identification; McKinney-Vento (resources for our homeless and unaccompanied youth population); and Foster Care support.

Please contact (830) 778-4944 for more information.

[Department of Federal and State Programs](#)

**FORM 13 Cont.** Parent will view a pop up screen from the SFDRCSID webpage for the Federal and State Programs department. Parent may exit page at their convenience.

**FORM 13 Cont.** After reviewing information parent will click the *Complete Step 13 and move to Step 14* button.

**Step 13. Department of Federal and State Programs (Optional)**

One responsibility of The Office of Federal and State Programs is to identify students that qualify for programs to help ensure their academic success.

Please take the time to visit the department's website at the link below to learn more about the following programs:

Title Migrant Identification; McKinney-Vento (resources for our homeless and unaccompanied youth population); and Foster Care support.

Please contact (830) 778-4944 for more information.

[Department of Federal and State Programs](#)

[Complete Step 13 and move to Step 14](#)

**FORM 14.** Parent will read the *McKinney-Vento Family Survey message* and click the link titled: **McKinney-Vento Family Survey.**

**Step 14. McKinney-Vento Family Survey (Optional)**

Students from Families in Transition are those who lack a fixed, adequate or regular nighttime residence due to economic hardship.

If the circumstances above apply to you, please complete the survey and visit with Ruby Adams, McKinney-Vento Liaison at 830-778-4124, 902 Cantu Rd, Annex II

[McKinney-Vento Family Survey](#)



**FORM 14 Cont.** Parent will view a pop up screen of the 2022-2023 McKinney-Vento Parent Survey. Parent may exit screen at their convenience.


**FORM 14 Cont.** After reviewing information parent will click the Complete Step 14 and move to Step 15 button.

**Step 14. McKinney-Vento Family Survey (Optional)**

Students from Families in Transition are those who lack a fixed, adequate or regular nighttime residence due to economic hardship.

If the circumstances above apply to you, please complete the survey and visit with Ruby Adams, McKinney-Vento Liaison at 830-778-4124, 902 Cantu Rd, Annex II

McKinney-Vento Family Survey

 [Complete Step 14 and move to Step 15](#)

**FORM 15.** Parent will click and review the link titled: **Migrant Occupational Survey**.

**Step 15. Migrant Occupational Survey (Optional)**


[Migrant Occupational Survey](#)

**FORM 15 Cont.** Parent will view a pop up screen of the Migrant Occupational Survey. Parent may exit screen at their convenience.

**FORM 15 Cont.** After reviewing information parent will click the Complete Step 15 and move to Step 16 button.

**Step 15. Migrant Occupational Survey (Optional)**

[Migrant Occupational Survey](#)

 [Complete Step 15 and move to Step 16](#)

**FORM 16.** Parents will click on the link titled: **(Child's School Name).**

**Step 16. North Heights Elementary Campus (Optional)**

[North Heights Elementary Campus](#)

**FORM 16 Cont.** Parent will view a pop up screen from the SFDRCIDSD webpage for the Campus. Parent may exit page at their convenience.

**FORM 16 Cont.** After reviewing information parent will click on the *Complete Step 16 and move to Step 17* button.

**Step 16. North Heights Elementary Campus (Optional)**

[North Heights Elementary Campus](#)

[Complete Step 16 and move to Step 17](#)

FORM 17. Parent will be prompted to Complete 2023 Student Family Information Verification. All steps listed **must** reflect as Completed before submitting.

**Step 17. Complete 2022 Student/Family Information Verification (Required)**

By completing 2022 Student/Family Information Verification, you are confirming that the Steps below have been finished.

Are you sure you want to complete 2022 Student/Family Information Verification for DOMINIC?

**Review 2022 Student/Family Information Verification Steps**

|  |  |                              |
|--|--|------------------------------|
| Step 1)  | Community Eligibility Survey                 | Completed 08/31/2021 4:16pm  |
| Step 2)  | Student Code of Conduct Acknowledgement      | Completed 08/31/2021 4:10pm  |
| Step 3)  | Acceptable Use Policy                        | Completed 08/31/2021 4:11pm  |
| Step 4)  | Notice of Release of Directory Informaton    | Completed 08/31/2021 4:12pm  |
| Step 5)  | Consent for Non-Emergency Mass Communication | Completed 08/31/2021 4:12pm  |
| Step 6)  | Cell Phone & Electronic Device Policy        | Completed 08/31/2021 4:12pm  |
| Step 7)  | Military Indicator Form                      | Completed 08/31/2021 4:13pm  |
| Step 8)  | Food Allergy & Anaphylaxis Emergency Care    | Completed 08/31/2021 4:13pm  |
| Step 9)  | Health & Emergency Information               | Completed 08/31/2021 4:15pm  |
| Step 10)                                       | Verify Ethnicity and Race                    | Completed 08/26/2021 10:21am |
| <i>No Requested Changes exist for Step 10.</i> |  |                              |
| Step 11)                                       | Verify Student Information                   | Completed 08/31/2021 4:16pm  |
| <i>No Requested Changes exist for Step 11.</i> |  |                              |
| Step 12)                                       | Department of Special Education              | Completed 08/31/2021 3:42pm  |
| Step 13)                                       | Department of Federal and State Programs     | Completed 08/31/2021 3:49pm  |
| Step 14)                                       | McKinney-Vento Family Survey                 | Completed 08/31/2021 3:55pm  |
| Step 15)                                       | Migrant Occupational Survey                  | Completed 08/31/2021 3:59pm  |
| Step 16)                                       | North Heights Elementary Campus              | Completed 08/31/2021 4:17pm  |

Guardian Name:

Guardian Address:

[Submit 2022 Student/Family Information Verification](#)