

STUDENT INFORMATION CARD

I.D.# _____

YEAR: *2020-2021*

TEACHER _____

STUDENTS LEGAL NAME _____
LAST FIRST MI

SEX _____

SCHOOL _____ ENTRY CODE _____

ENTRY DATE _____

GRADE _____ DATE OF BIRTH _____ AGE ON SEP 1, 2020 _____

BIRTH PLACE _____

HISPANIC/LATINO _____ RACE _____

CITY STATE

TSDS UNIQUE ID _____

STUDENT'S
MAILING ADDRESS

STREET NUMBER STREET NAME RT BOX OR P.O. BOX CITY STATE ZIP

HOME ADDRESS

HOME PHONE _____

STREET NUMBER STREET NAME

PARENT'S OR
GUARDIAN'S NAME

LAST FIRST MI EMPLOYER BUSINESS PHONE

PARENT'S OR
GUARDIAN'S NAME

LAST FIRST MI EMPLOYER BUSINESS PHONE

LAST DEL RIO SCHOOL ATTENDED

DATE SCHOOL

LAST OTHER SCHOOL ATTENDED

DATE SCHOOL CITY STATE

IS STUDENT MEDICAID ELIGIBLE? YES _____ NO _____

DOES THE STUDENT HAVE A PHYSICAL PROBLEM THE SCHOOL SHOULD BE AWARE OF? YES _____ NO _____

IF ANSWER IS "YES", WHAT IS THE PROBLEM? _____

IN CASE OF ACCIDENT OR SUDDEN ILLNESS TO MY CHILD, AND IN THE EVENT I CANNOT BE REACHED

AUTHORIZE A REPRESENTATIVE OF THIS SCHOOL TO REFER MY CHILD TO DR. _____ IN CASE OF ACCIDENT

OR SUDDEN ILLNESS TO MY CHILD, AND IN THE EVENT THE FAMILY DOCTOR CANNOT BE REACHED, I THEREBY AUTHORIZE THE

DOCTOR ON DUTY AT THE EMERGENCY ROOM TO ATTEND TO MY CHILD. IN CASE OF EMERGENCY AND I CANNOT BE REACHED

PLEASE CALL A RELATIVE OR FRIEND _____ PHONE# _____

NOTE: THE ADULT WHOSE SIGNATURE APPEARS ON THIS STUDENT INFORMATION CARD MUST BE THE NATURAL PARENT, BE THE COURT-APPOINTED LEGAL
GUARDIAN OR HAVE A CURRENT NON-PARENT APPLICATION ON FILE.

SIGNATURE OF PARENT OR GUARDIAN

DATE

RELATIONSHIP TO STUDENT

INITIALS OF CLERK _____

ADDRESS ZONE _____

Student's Name: _____ Date of Birth: _____

EMERGENCY CONTACT(S) and Student Release:

The persons listed below will be considered emergency contacts.

Parents listed as Parent/Guardian 1 and Parent/Guardian 2 for either Family 1 or 2 need not be listed here.

NAME	RELATIONSHIP TO STUDENT	CELL PHONE	HOME PHONE	ALLOW PICK-UP

OTHER SCHOOL AGE CHILDREN IN HOME

NAME	DOB	GENDER	CAMPUS

Signature of Parent or Guardian

Date

Nombre Del Estudiante: _____ Fecha de Nacimiento: _____

CONTACTOS DE EMERGENCIA y entrega de estudiantes:

Las personas que indiquen en la lista de abajo serán considerados contactos de emergencia.

Los padres en la lista como el Padre/Tutor 1 y el Padre/Tutor 2 de la Familia 1 o de 2 no tiene que estar en esta lista.

NOMBRE	RELACIÓN CON EL ESTUDIANTE	TELÉFONO CELULAR	TELÉFONO DE CASA	PERMITIR RECOGER

OTROS ESTUDIANTES DE EDAD ESCOLAR QUE VIVEN EN CASA

NOMBRE	FDN	GENERO	ESCUELA

Firma de Padre o tutor

Fecha

San Felipe Del Rio CISD

STUDENT ENROLLMENT QUESTIONNAIRE

Student Name: _____
(Last) (First) (Middle)

Social Security #: _____

The academic progress of your child is very important to us. As your son/daughter begins his/her educational endeavors with the San Felipe Del Rio CISD, it is important that he/she be placed in classes appropriate for his/her needs. If you have information that would help in working with your child, please share the information with us by completing this questionnaire .

The responses on this questionnaire will remain confidential and will be viewed only by the school administrators, counselors, your child's teacher(s), and special educational personnel if necessary.

On all questions, please select YES or NO and answer in the space provided if applicable.

1. Has your child ever been in an above grade level program (example: gifted/talented and/or honors program)? ☐ YES ☐ NO
If yes, indicate grade(s). _____

2. Has your child ever been retained? If yes, indicate grade(s) in which student was retained? ☐ YES ☐ NO

3. Has your child ever been advanced a grade either by Credit by Examination or another method? ☐ YES ☐ NO
If yes, indicate the grade(s). _____

4. Is your child currently enrolled in a Discipline Alternative Education Program campus? ☐ YES ☐ NO

5. Has your child attended another public school? If yes, please list name(s) of school(s) and grade level(s): ☐ YES ☐ NO

6. Has your child ever been in a special program? If yes, indicate grade level(s) in which student was in the program in the space provided:

Special Education Program	_____
504 Program	_____
Speech Therapy Program	_____
Physical Therapy Program	_____
ESL or Bilingual Program	_____
Remedial or Below Grade Level Program	_____
Assisted Reading Program	_____
Headstart or Everstart Program	_____
Migrant Services	_____
Allergies and/or Other Medical Issues	_____

7. Is there any other information that you feel might be useful to us and aid us in the placement and safety of your child? ☐ YES ☐ NO

Parent Signature: _____

Date: _____

San Felipe Del Rio CISD

CUESTIONARIO DE INSCRIPCIÓN

Nombre del alumno(a): _____
(Apellido) (Nombre) (Segundo Nombre)

de Seguro Social: _____

El progreso académico de su hijo(a) es muy importante para nosotros. A medida de que su hijo(a) se vaya introduciendo en el plan de estudio del Distrito Escolar de San Felipe Del Rio, es importante que él (ella) sea colocado(a) en las clases más apropiadas en donde logre un mejor aprovechamiento de acuerdo a sus necesidades. Si Ud. tiene información que nos pudiese ayudar al trabajar con su hijo(a) le pedimos que nos la comparta al llenar este cuestionario.

Las respuestas permanecerán confidencial y estarán disponibles únicamente para uso administrativo, como en el caso de directores, consejeros, los maestros de su hijo(a) y el personal del departamento de educación especial, en caso de ser necesario.

Favor de seleccionar SI o NO en TODAS las preguntas que siguen:

1. ¿Alguna vez, ha participado su hijo(a) en algún programa por ser súper dotado, de honor, o de inteligencia extrema? En caso de ser **SI**, indique el año escolar _____ ☐ SI ☐ NO

2. ¿Alguna vez, su hijo(a) ha reprobado año? En caso de ser **SI**, indique el año _____ ☐ SI ☐ NO

3. ¿Alguna vez, su hijo(a) ha sido promovido o se ha brincado un año debido a algún *crédito por examen, calificaciones, o por algún otro motivo/método*? En caso de ser **SI** indique el año escolar _____ ☐ SI ☐ NO

4. ¿Esta su hijo(a) inscrito(a) en algún Plantel Escolar de Disciplina Alterna en la actualidad? ☐ SI ☐ NO

5. ¿Ha asistido su hijo(a) a alguna otra escuela pública? En case de ser **SI**, indique el(los) años y fecha(s) ☐ SI ☐ NO

6. ¿Su hijo(a) ha participado en algún programa especial? En caso de ser **SI**, indique el año en el espacio proporcionado.

Programa de Educación Especial _____

Programa 504 _____

Programa de Terapia del Habla _____

Programa de Terapia Física _____

Programa de Inglés como Segundo Idioma o Bilingue _____

Programa de Refuerzo (para materia(s) que no haya pasado) _____

Programa de Apoyo en la Lectura _____

Programa Headstart o Evenstart (Pre-K) _____

Servicios Migrantes _____

Alergias y/o otros problemas médicos _____

7. ¿Tiene Ud. alguna otra información que podría ayudar en la colocación y la seguridad de su hijo(a)? ☐ SI ☐ NO

Firma del Padre/Madre: _____

Fecha: _____

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 Name: _____

Student ID Number: _____ Teacher: _____

Parent/Guardian Signature _____ 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:

Agencia de Educación de Texas
Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal de las Escuelas Públicas de Texas

El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).

Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.

Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. *Registro Federal de Estados Unidos (71 FR 44866).*

Parte 1. Etnicidad: ¿Es la persona Hispana/Latina? *(Escoja solo una respuesta)*

- ☐ **Hispano/Latino** – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.
- ☐ **No Hispano/Latino**

Parte 2. Raza. ¿Cuál es la raza de la persona? *(Escoja uno o más de uno)*

- ☐ **Indio Americano o Nativo de Alaska** – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo América Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.
- ☐ **Asiático** – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.
- ☐ **Negro o Afríco-Americano** – Una persona con orígenes de cualquier grupo racial negro de África.
- ☐ **Nativo de Hawaii u otras islas del pacífico** – Una persona con orígenes o de personas originarias de Hawaii, Guam, Samoa u otras Islas del Pacífico.
- ☐ **Blanco** – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

Nombre del Estudiante: _____

Número de Identificación: _____ Maestro(a): _____

Firma de Padre/Guardia legal: _____ Fecha: _____

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:

San Felipe Del Rio
Consolidated Independent School District



P.O. Drawer 428002

Del Rio, Texas 78842

HOME LANGUAGE SURVEY-19 TAC Chapter 89, Subchapter BB, §89.1215
(Home Language Survey applicable ONLY if administered for students enrolling in pre-kindergarten through grade 12)

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.

Dear Parent or Guardian:

To determine if your child would benefit from Bilingual and/or English as a Second Language program services, please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if Bilingual and/or English as a Second Language program services are appropriate and to inform instructional and program placement recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

For more information on the process that must be followed, please visit the following website:

<https://projects.esc20.net/upload/page/0084/docs/EL%20Identification%20ReclassificationFlowchart%202018.pdf>

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

NOTE: If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if: 1) your child has not yet been assessed for English proficiency; and 2) your written correction request is made within two calendar weeks of your child's enrollment date.

Texas Education Agency

EQUAL OPPORTUNITY EMPLOYER
Telephone (830) 778-4000

San Felipe Del Rio
Consolidated Independent School District



P.O. Drawer 428002

Del Rio, Texas 78842

Cuestionario sobre el idioma que se habla en el hogar-19 TAC Chapter 89, Subchapter BB, §89.1215
(Encuesta de idioma en casa es solo aplicable a estudiantes que se inscriben en pre-kinder hasta grado 12)

DEBE DE COMPLETARSE POR EL PADRE O TUTOR PARA 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 sea completada 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.

Querido padre o tutor:

Para determinar si su hijo(a) se beneficiara de los servicios de los programas bilingües y/o de inglés como segundo idioma, por favor responda las dos preguntas siguientes.

Si cualquiera de sus respuestas indica el uso de un idioma que no sea inglés, entonces el distrito escolar debe realizar una evaluación para determinar que tanto se comunica su hijo(a) en inglés. Esta información resultante de la evaluación se usará para determinar si los servicios de programas bilingües y/o de inglés como segundo idioma son apropiados e informará las recomendaciones en cuanto a la instrucción y la asignación del programa. Una vez completada la evaluación de su hijo(a), no se permitirán cambios a las respuestas en el cuestionario. Si tiene preguntas sobre el propósito y el uso del cuestionario sobre el idioma que se habla en el hogar, o si necesita ayuda para completar el cuestionario, por favor comuníquese con el personal del distrito escolar.

Para más información sobre el proceso que debe seguirse, por favor visite el siguiente sitio web:
https://projects.esc20.net/upload/page/0084/docs/EL%20Identification_ReclassificationFlowchart%202018.pdf

Este cuestionario se deberá archivar en el expediente permanente del estudiante.

NOMBRE DEL ESTUDIANTE: _____ ID#: _____
DIRECCIÓN: _____ TELÉFONO #: _____
ESCUELA: _____

Nota: Indique sólo un idioma por respuesta

1. ¿Qué idioma se habla en la casa de su hijo(a) **la mayoría 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 Date

NOTA: Si cree que cometió un error al completar este cuestionario sobre el idioma que se habla en el hogar, puede solicitar una corrección, por escrito, solo si: 1) su hijo(a) aún no ha sido evaluado para el dominio del inglés; y 2) su solicitud de corrección por escrito se realiza dentro de las dos semanas calendario posteriores a la fecha de inscripción de su hijo(a).

San Felipe Del Rio
Consolidated Independent School District



P.O. Drawer 428002

Del Rio, Texas 78842

KHẢO SÁT VỀ NGÔN NGỮ Ở NHÀ-19 TAC Chương 89, Chương phụ BB, §89.1215
(Khảo sát về ngôn ngữ ở nhà CHỈ áp dụng nếu quản lý cho học sinh đăng ký vào mầm non đến lớp 12)

CẦN ĐƯỢC HOÀN THÀNH BỞI PHỤ HUYNH HOẶC NGƯỜI GIÁM HỘ CỦA HỌC SINH ĐĂNG KÝ VÀO MẦM NON ĐẾN LỚP 8 (HOẶC BỞI HỌC SINH LỚP 9-12): Bang Texas yêu cầu cung cấp thông tin sau đây với mỗi học sinh lần đầu tiên đăng ký vào một trường công Texas. Phụ huynh hoặc người giám hộ, chứ không phải nhà trường, có trách nhiệm cung cấp thông tin về ngôn ngữ được yêu cầu trong các câu hỏi dưới đây.

Kính gửi Phụ huynh hoặc Người giám hộ!

Để xác định xem con quý vị có được hưởng lợi từ các dịch vụ của chương trình Song ngữ và/hoặc tiếng Anh như Ngôn ngữ Thứ hai hay không, vui lòng trả lời hai câu hỏi dưới đây.

Nếu có một trong hai câu trả lời của quý vị cho thấy việc sử dụng một ngôn ngữ khác ngoài tiếng Anh, thì khu học chánh phải tiến hành đánh giá để xác định khả năng giao tiếp tiếng Anh của con quý vị. Thông tin đánh giá này sẽ được sử dụng để xác định xem các dịch vụ của chương trình Song ngữ và/hoặc tiếng Anh như Ngôn ngữ Thứ hai có thích hợp hay không, đồng thời để cung cấp thông tin cho việc đề xuất sắp xếp chương trình và giảng dạy. Khi con quý vị được đánh giá, quý vị sẽ không thể thay đổi các câu trả lời cho Khảo sát về Ngôn ngữ Ở nhà. Nếu quý vị có thắc mắc về mục đích và cách sử dụng Khảo sát về Ngôn ngữ Ở nhà hoặc quý vị cần được giúp đỡ hoàn thành biểu mẫu, vui lòng liên hệ với nhân viên khu học chánh của mình.

Để biết thêm thông tin về quy trình cần tuân thủ, vui lòng truy cập:

<https://projects.esc20.net/upload/page/0084/docs/EL%20Identification%20ReclassificationFlowchart%202018.pdf>

Bản khảo sát này sẽ được lưu giữ trong hồ sơ lâu dài của mỗi học sinh.

TÊN HỌC SINH: _____

ID HỌC SINH #: _____

ĐỊA CHỈ: _____

SỐ ĐIỆN THOẠI #: _____

CƠ SỞ TRƯỜNG: _____

LƯU Ý: VUI LÒNG CHỈ NÊU MỘT NGÔN NGỮ TRONG MỖI CÂU TRẢ LỜI

1. Trong phần lớn thời gian ở nhà, trẻ nói ngôn ngữ gì? _____

2. Trong phần lớn thời gian, trẻ nói ngôn ngữ gì? _____

Chữ ký của Phụ huynh/Người giám hộ _____ Ngày _____

Chữ ký của học sinh, nếu là học sinh lớp 9-12 _____ Ngày _____

LƯU Ý: Nếu quý vị cho rằng mình đã nhầm lẫn khi làm Khảo sát Ngôn ngữ tại nhà, quý vị có thể gửi yêu cầu sửa đổi bằng văn bản, chỉ khi: 1) con của quý vị chưa được đánh giá về trình độ tiếng Anh; và 2) quý vị gửi yêu cầu chỉnh sửa bằng văn bản trong vòng hai tuần kể từ ngày đăng ký của con quý vị. tiếng Anh; và 2) quý vị gửi yêu cầu chỉnh sửa bằng văn bản trong vòng hai tuần kể từ ngày đăng ký của con quý vị.

SAN FELIPE DEL RIO
Consolidated Independent School District

P.O. DRAWER 428002

DEL RIO, TEXAS 78842-8002

Dear Parent/Guardian:

In accordance with HB 525 Military Connected Student, the following information is required of all students for the 2020-2021 school year.

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

____ Not a military connected student (code 0)

____ 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)

____ Prekindergarten 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 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)

Student name: _____

ID: _____ Grade: _____ Teacher: _____

Parent Signature: _____

Date: _____

SAN FELIPE DEL RIO
Consolidated Independent School District

P.O. DRAWER 428002

DEL RIO, TEXAS 78842-8002

Estimados padres/tutores:

Según HB 525, la siguiente información se requiere de todos los estudiantes conectados al militar para el año 2020-2021.

Por favor, lea detenidamente y compruebe la respuesta apropiada para su estudiante.

____ El estudiante no está asociado con el militar (code 0)

____ El estudiante está en el grado de Kinder a 12 es un dependiente de un miembro del ejército, armada, fuerza aérea, marina o guardacostas en servicio activo de Los Estados Unidos (code 1)

____ El estudiante está en el grado de Kinder a 12 es un dependiente de un miembro actual de la Guardia Nacional de Texas (ejército, guardia aérea o la guardia del estado) (code 2)

____ El estudiante está en el grado de Kinder a 12 es un dependiente de un miembro actual de una fuerza de reserva en el ejército de Estados Unidos (ejército, marina, guardia aérea, infantería de marina o guardia del estado) (code 3)

____ El estudiante de PreKinder es: 1) un dependiente del miembro en servicio activo de las fuerzas armadas de los Estados Unidos a quien la autoridad competente le ordena realizar el servicio activo, 2) Es hijo de un miembro de las fuerzas armadas de los Estados Unidos, incluidas las fuerzas militares estatales o un componente reservado de las fuerzas armadas que resultaron heridas o asesinadas mientras prestaban servicio activo. Nota: un estudiante sigue siendo elegible para la inscripción si el padre del niño deja las fuerzas armadas o no está en servicio activo después de que el niño comience su clase de Prekínder. (code 4)

____ El estudiante está en el grado de Kinder a 12 es un dependiente de un miembro

- en el Ejército de Estados Unidos
- la Guardia Nacional de Texas (ejército, guardia aérea o la guardia del estado)
- de la fuerza de reserva en el ejército de Los Estados Unidos (code 5)

____ El estudiante está en el grado de Kinder a 12 es un dependiente de un miembro del Ejército de los Estados Unidos ó de la fuerza de reserva que hubiera sido asesinado en el cumplimiento de deber (code 6)

Nombre del estudiante: _____

ID: _____ Grado: _____ Maestro(a): _____

Firma de padre: _____

Fecha: _____

PARENT EMAIL INFORMATION

In San Felipe Del Rio C.I.S.D, parents/guardians are able to use Skyward Parent Portal to look up their student's school information, including grades, attendance and discipline.

Once a new student is added to the database, the parent/guardian will be emailed a login and password information.

San Felipe Del Rio C.I.S.D request your current e-mail address so the district is able to setup the account. Once the account is setup in the system, the parent/guardian will be able to log in at any time and update their email address.

If a user forgets their Family Access username or password, it can be retrieved as long as there is a current email address in the system.

PLEASE PRINT THE FOLLOWING INFORMATION CLEARLY

STUDENT NAME: _____

PRIMARY PARENT/GUARDIAN WITH WHOM THE CHILD LIVES: _____

E-MAIL ADDRESS: _____

OTHER PARENT/GUARDIAN NAME: _____

E-MAIL ADDRESS: _____

INFORMACIÓN DE CORREO ELECTRÓNICO DEL PADRE DE FAMILIA

En el distrito escolar independiente de San Felipe Del Rio C.I.S.D, los padres de familia/tutores legales pueden usar el Sistema de acceso Skyward Family Access para buscar la información escolar del estudiante, incluyendo calificaciones, asistencia y disciplina.

Una vez que se haya añadido la información del nuevo estudiante a la base de datos, se enviará por correo electrónico su login y contraseña al padre de familia /tutor legal la información para entrar al sistema y la contraseña.

San Felipe Del Rio C.I.S.D le pide su correo electrónico actual con el fin de que el distrito pueda establecer el archivo inicial del estudiante correctamente en el sistema. Una vez que el estudiante se haya establecido en el sistema, el padre de familia/tutor legal podrá entrar al sistema en cualquier momento y actualizar su correo electrónico.

Si a algún usuario se le olvida su nombre de usuario o contraseña de Family Access, lo(la) puede recuperar siempre y cuando haya un correo electrónico actual en el sistema.

POR FAVOR ESCRIBA CLARAMENTE EN LETRA DE IMPRENTA LA INFORMACIÓN A CONTINUACIÓN

NOMBRE DEL ESTUDIANTE: _____

PADRE DE FAMILIA/TUTOR LEGAL PRINCIPAL: _____

CORREO ELECTRÓNICO: _____

NOMBRE DEL PADRE DE FAMILIA/TUTOR LEGAL ADICIONAL: _____

CORREO ELECTRÓNICO: _____