








Safety & Security: Types of Action

School Messenger - Parent Contact System



District Website: www.calcoisd.org

 <p>HOLD! IN your room or area. Clear the halls.</p> <p>Clear the hallways and remain in room or area until "All Clear" is announced.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Close and lock the door • Account for students and adults <p>ACTION: Monitoring</p> <p>How will you know? School Messenger Contact (if needed) Further communication as needed if the situation impacts daily operations. <u>Parents and visitors will not be able to enter. Doors will be locked.</u></p>	 <p>SECURE "Get Inside. Lock outside doors"</p> <p>Building is locked and students are brought inside as a precautionary measure based on activity in the area.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Concern outside of the school • Campus investigation • Drills • Law enforcement activity such as serving warrants in a nearby location • Report of dangerous wildlife in area <p>ACTION: Monitoring</p> <p>How will you know? School Messenger Contact Further communication as needed if the situation impacts daily operations. <u>Parents and visitors will not be able to enter. Doors will be locked.</u></p>	 <p>LOCKDOWN Building is put on LOCKDOWN due to danger inside or very near the building. All students and staff are in LOCKDOWN – Locks, Lights, Out of Sight.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Concern inside of the school • Campus Investigation • Drills • Threat inside the school • Emergency or dangerous situation very <p>ACTION: Active with district and emergency responders</p> <p>How will you know? School Messenger Contact Updated communication as situation progresses and as needed. <u>Parents and visitors will not be able to enter. Doors will be locked.</u></p>	 <p>EVACUATE "To a Location"</p> <p>Students and staff are moved to a new or safe location due to a situation in or near the school building.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Drills • Gas leak in the school • Unsafe situation near school affecting release times <p>ACTION: Active with district and emergency responders</p> <p>How will you know? School Messenger Contact Updated communication as situation progresses and as needed. <u>Parents and visitors will not be able to enter. Doors will be locked.</u></p>	 <p>SHELTER "State Hazard and Safety Strategy"</p> <p>Students and staff are instructed to take safe shelter due to a situation in or near the school.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Drills • Tornado, earthquake or other natural events <p>ACTION: Active with district and emergency responders as needed</p> <p>How will you know? School Messenger Contact Further communication as needed if the situation impacts daily operations. <u>Parents and visitors will not be able to enter. Doors will be locked.</u></p>
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Reunification

As a result of any of the above scenarios, students may need to be reunified with parents through a controlled release at the school or a reunification at a new location. Locations could include but are not limited to: Students home campus, CCISD Football Stadium, or any neighboring campus. If reunification is necessary, CCISD will make contact.

We want to reunite students with parents as soon as possible during an emergency situation. We will work with law enforcement and fire agencies to determine when it is safe to reunite students and parents. These situations often take time and planning to ensure you and your child are reunited safely. Parents, guardians or emergency contacts must have picture identification.



Here are some tips for your role in a reunification:

- 1) Stay Home
- 2) Stay Informed (website, School Messenger)
- 3) Be Ready (with picture ID)



Info will be sent to you on where you can pick up your student.

SEESOMETHING SAY SOMETHING

If there is anything that you would like to report anonymously, please visit our online reporting at

http://www.calcoisd.org/parents_students/bully_reporting

OR Scan the QR



The safety of your child is our top priority. To have a successful learning environment, it is absolutely necessary that students and staff of Calhoun County ISD are safe. The following is a guide for parents to understand CCISD safe guards and procedures to maintain campus safety.

CCISD Safety

- Visitors: Please use the call buttons at the front doors. Be prepared with ID.
- Visitors: All visitors must check-in and receive a visitor badge prior to entering an instructional area. Screening software is utilized.
- All students must be checked out during the instructional day and after school programs through the main office. ID must be present.
- All campus doors are locked during the instructional day.
- CCISD campuses have perimeter fencing.
- CCISD Police and Local Law Enforcement train teachers using safety protocols.
- Teachers and students participate in school safety drills.
- Make a report:
See-Something Say-Something
An incident report can be sent to CCISD 24 hours a day at www.calcoisd.org under the parent drop-down menu. Alert your campus if there is a potential issue, problem, concern or bully report.
- CCISD Emergency Operations Plans are approved by the Texas School Safety Center.
- Partnerships with local first responders: The National Incident Management System (NIMS) guides all levels of government, nongovernmental organizations and the private sector to work together to prevent, protect against, mitigate, respond to and recover from incidents.
- CCISD is under the jurisdiction of the CCISD Police Department. Chief Randy Duke can be reached at duker@calcoisd.org or 361-552-9728 ext 2122.
- During an emergency, please visit www.calcoisd.org for up-to-date information. School Messenger will be utilized to contact parents.
- Campus Contact Information:
HJM (361)552-5253
JR (361)552-3317
POC (361)983-2341
SEA (361)785-3511
TMS (361)552-3784
HHS (361)552-7084
CHS (361)552-3775
District Alternative Education Program (DAEP)~FLEX(361)552-7084

Decision Makers

Emergency Management: CCISD works in partnership with first responders, local leaders, government agencies and businesses to ensure a community approach to public safety. In the event of a school emergency, many partners, including parents, play a critical role ensuring the safety of our students.

CCISD: The CCISD Safety Plans are approved by the Texas School Safety Center. District and campus leaders participate in training and planning exercises with local partners. All employees receive training annually regarding campus doors, campus drills and what to do in an emergency. Safety drills are scheduled each year. In an emergency, CCISD employees will work with district staff and local agencies. Parents will be updated as soon as possible through School Messenger, the CCISD Webpage and social media platforms. CCISD will investigate all reports that impact safety for students, staff and campuses.

Law Enforcement and Fire Services: CCISD is under the jurisdiction of the CCISD Police Department. We also have written agreements with local law enforcement agencies. All agencies work collaboratively with CCISD police and district personnel. In the event of an emergency, CCISD Police or a partner agency may be in charge of particular situations and call for any safety protocol. Outside agencies may also service in an advisory role with district personnel depending on the situation or emergency event.

District Personnel: District safety and security members, as well as the district administration, may manage an emergency or call for any safety protocol. District personnel are members of a crisis management team that are prepared to assist when needed. A Public Information Officer will communicate necessary information or updates to parents and guardians through School Messenger, www.calcoisd.org and social media platforms.

School Personnel: Principals or staff may initiate any safety protocol due to a safety concern, a need for investigation or an immediate threat. School staff will work with district safety and security personnel in order to ensure student and campus safety. School personnel will inform parents via School Messenger.

Students: Students are an important partner that keeps campuses safe. Students must remember to See-Something-Say-Something. Parents, teachers, coaches, counselors and administrators can help if they know about issues, concerns or threats. Students may also use the reporting system below to make a report.

Parents and Community Members: Any parent or community member should contact the school, district, or CCISD police to report any suspicious activity or perceived threat to the school or district. CCISD provides a safe, easy way to report information about anything that is a concern to school or community safety.

To anonymously report a safety concern please go online to:
http://www.calcoisd.org/parents_students/bully_reporting.



Student Name: _____

Grade: _____

Student Health Information & Authorization Form

If your child has a medical condition, or medical changes occur during the school year, it is the parent/guardian's responsibility to notify the school nurse and update this information.

Student Name: _____ DOB: _____ Gender: M F Grade: _____

1st Contact – Parent/Guardian Name: _____ Email: _____

Cell #: _____ Home #: _____ Work/Other #: _____

2nd Contact – Parent/Guardian Name: _____ Email: _____

Cell #: _____ Home #: _____ Work/Other #: _____

Siblings Living in Home

1. Name: _____ School: _____ Grade: _____

2. Name: _____ School: _____ Grade: _____

3. Name: _____ School: _____ Grade: _____

4. Name: _____ School: _____ Grade: _____

Friend or relative who can pick up child in event parent cannot be located:

1. Name: _____ Relationship: _____ Phone #: _____

2. Name: _____ Relationship: _____ Phone #: _____

3. Name: _____ Relationship: _____ Phone #: _____

Physician Name: _____ Phone #: _____ Fax #: _____

My child has a **LIFE-THREATENING ILLNESS/ALLERGY** that may require treatment at school: YES NO

If YES, an Action Plan is required. You **MUST** see the school nurse & list life threatening illness/allergy below.

- _____
- _____

I give consent for the District's designee, including District medical professionals, to share/obtain my students health related information from ImmTrac2, the medical health professional or health care provider identified above, in order to plan, implement or clarify actions necessary in the administration of school related health services such as but not limited to: emergency care, care for any documented diagnosis, medical treatments as outlined in a student's IHP, 504 plan, IEP, or other CCISD form requesting school health care services. I understand that school related health services will not be provided to my student without my required consent, as outlined herein.

In case of customary student illness or discomfort: I give my permission for the school to administer treatment such as ointment, antiseptics, eyewash and bandages per standing orders. I also give my permission for the school nurse and/or designated school personnel to administer a medication sent from home in the original container with a note signed by the parent or guardian.

This is to certify that I authorize the Superintendent of Calhoun County ISD, or a designated representative to secure any and all emergency medical care and treatment at a licensed hospital, clinic or medical facility, or by a licensed physician or dentist. I understand the cost of services provided by ambulance, private physician, clinic, hospital or dentist remain the responsibility of the parent or guardian and shall not be assumed by the Superintendent, the designee, or Calhoun County Independent School District. Copies of this authorization may be presented to the admissions office of a hospital or clinic or to a physician or dentist. Other distribution shall be only within the limitations of the Family Educational Rights and Privacy Act.

Parent/Legal Guardian Signature

Date

FOR OFFICE USE ONLY

Action Plan Given: _____ Date: _____ IHP: _____ Staffing: _____
Medical Alert: _____ ID: _____ Notes: _____

Nombre del Estudiante: _____

Grado: _____

Información de Salud y Autorización de Estudiante

Si su hijo tiene una condición médica o si se producen cambios médicos durante el año escolar, es responsabilidad del padre / guardián notificar a la enfermera de la escuela y actualizar esta información.

Nombre del Estudiante: _____ DOB: _____ Género: M F Grado: _____

1st Contact –Padre/Guardián Nombre: _____ Correo Electrónico: _____

Cell #: _____ Casa #: _____ Trabajo/Otro #: _____

2nd Contacto–Padre/Guardián Nombre: _____ Correo Electrónico: _____

Cell #: _____ Casa #: _____ Trabajo/Otro #: _____

Hermanos viviendo en casa

1. Nombre: _____ escuela: _____ Grado: _____

2. Nombre: _____ escuela: _____ Grado: _____

3. Nombre: _____ escuela: _____ Grado: _____

4. Nombre: _____ escuela: _____ Grado: _____

Amigo o Pariente que pueda levantar a su niño en caso que los padres no puedan ser localizados:

1. Nombre: _____ Relación: _____ Teléfono #: _____

2. Nombre: _____ Relación: _____ Teléfono #: _____

3. Nombre: _____ Relación: _____ Teléfono #: _____

Nombre del Médico: _____ Teléfono #: _____ Fax #: _____

Mi hijo tiene una **ALERGIAS/ENFERMEDAD QUE PONE EN PELIGRO LA VIDA** y puede requerir tratamiento en la escuela: YES NO

Si es **SÍ**, se requiere un Plan de Acción. **DEBE** ver a la enfermera de la escuela enumerar las enfermedades / alergias que amenazan la vida a continuación

- _____
- _____
- _____
- _____

Doy mi consentimiento para que la persona designada por el Distrito, incluyendo los profesionales médicos del Distrito, comparta / obtenga información relacionada con la salud de mis estudiantes con Immtrac 2, el profesional de la salud o el proveedor de atención médica identificado anteriormente, con el fin de planificar, implementar o aclarar las acciones necesarias en el administración de servicios de salud relacionados con la escuela, tales como, entre otros: atención de emergencia, atención de cualquier diagnóstico documentado, tratamientos médicos como se describe en el IHP del estudiante, plan 504, IEP u otra forma de CCISD que solicite servicios de atención médica escolar. Entiendo que los servicios de salud relacionados con la escuela no se proporcionarán a mi estudiante sin mi consentimiento requerido, como se describe en este documento.

En caso de enfermedad o incomodidad habitual del estudiante: Yo doy permiso a la escuela para administrar tratamiento como ungüento antiséptico, lavado de los ojos, venda por orden de pedido. También doy permiso a la enfermera de la escuela o persona representante de la escuela de administrar medicación mandada de la casa en el contenedor original con una nota firmada por el padre o guardián.

Yo afirmo autorizar al Director del Condado de Calhoun ISD o al representante nombrado para conseguir todo o alguna ayuda médica y tratamiento en un hospital licenciado, clínica o edificio médico o por un médico licenciado o dentista. Entiendo que el costo de los servicios proveídos por ambulancia, médico privado, clínica, hospital, o dentista son la responsabilidad del padre/guardián y no debo suponer que son del Director o el nombrado representante del Distrito Escolar Independiente del Condado De Calhoun. Copias de ésta autorización pueden ser presentadas en la oficina de admisión, de un hospital, la clínica o dentista. Otra distribución puede ser solo dentro de las limitaciones de los Derechos Educativos de Familia y el Acto Privado.

Firma Padre/Guardián Legal

Fecha

FOR OFFICE USE ONLY (PARA USO DE OFICINA SOLO)

Action Plan Given: _____ Date: _____ IHP: _____ Staffing: _____
Medical Alert: _____ ID: _____ Notes: _____

2023-2024 Confidential Household Income Form

Calhoun County ISD is required to collect and report the socioeconomic status of enrolled students to the Texas Education Agency for purposes of the annual state accountability ratings and federal reporting. Income information is kept confidential and is for general reporting purposes that impact district and campus accountability as well as campus funding.

Complete one form for the campus and return it to the school.

Section 1: Student Information

Instructions: List all students in the household that are enrolled in school. If any child you are listing is a foster child; homeless, migrant, or runaway; or attends Head Start, please check the appropriate box.

Student's First Name	Student's Last Name	Grade	School Child Attends	Foster	Homeless, Migrant, or Runaway	SANP or TANF	Head Start
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: Household Income

Instructions: Your household size is the total number of people, including all children and adults, related and unrelated, that live in a single dwelling and share income and expenses. Please mark your household size and then select the applicable income range under the number of people in the household. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

Household Size and Income Range Please check correct box.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	\$0 up to \$18,954.00	\$0 up to \$25,636.00	\$0 up to \$32,318.00	\$0 up to \$39,000.00	\$0 up to \$45,682.00	\$0 up to \$52,364.00	\$0 up to \$59,046.00	\$0 up to \$65,728.00
Please circle one income.	\$18,955.01 up to \$26,973.00	\$25,636.01 up to \$36,482.00	\$32,318.01 up to \$45,991.00	\$39,000.01 up to \$55,500.00	\$45,682.01 up to \$65,009.00	\$52,364.01 up to \$74,518.00	\$59,046.01 up to \$84,027.00	\$65,728.01 up to \$93,536.00
	\$26,973.01 or more	\$36,482.01 or more	\$45,991.01 or more	\$55,500.01 or more	\$65,009.01 or more	\$74,518.01 or more	\$84,027.01 or more	\$93,536.01 or more

If your household has 9 or more people, please enter your information here. Household Size: _____ Household Income: \$ _____

Printed Name of Adult Household Member
Phone Number:

Signature of Adult Household Member
Date:

DO NOT COMPLETE THIS SECTION. FOR SCHOOL USE ONLY.

Economic Status				To be complete by school or district staff member	
EDS- State criteria	<input type="checkbox"/>	F	R	I have reviewed the household income on this page and have concluded that it is property and completely filled out to the best of my knowledge. I understand that as an employee I am subject to district policy regarding confidentiality.	
EDI-Income criteria	<input type="checkbox"/>	F	R		
DNQ-Does not meet criteria	<input type="checkbox"/>			School or District Staff Signature:	
				Print Name:	Date:

2023-2024 Formulario de ingresos familiares confidenciales

Calhoun County ISD esta obligado a recopilar e informar el estado socioeconómico de los estudiantes matriculados a la Agencia de Educación de Texas para fines de las calificaciones anuales de responsabilidad estatal y los informes federales. La información de ingresos se mantiene confidencial y es para fines de informes generales que afectan la responsabilidad del distrito y del campus, así como la financiación del campus.

Completa un formulario para el campus y devuélvalo a la escuela.

Sección 1: Información del estudiante

Instrucciones: Haga una lista de todos los estudiantes en el hogar que están inscritos en la escuela. Si algún niño que está enumerando es un niño de crianza; sin hogar, migrante o fugitivo; o asiste a Head Start, marque la casilla correspondiente

Nombre del estudiante	Apellido del estudiante	Calificación	El niño de la escuela asiste	Alentar	Sin hogar, migrante o fugitiva/fugitivo	SANP or TANF	Inicio
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sección 2: Ingresos del hogar

Instrucciones: El tamaño de su hogar es el número total de personas, incluidos todos los niños y adultos, relacionados y no relacionados, que viven en una sola vivienda y comparten ingresos y gastos. Marque el tamaño de su hogar y luego seleccione el rango de ingresos aplicable debajo del número de personas en el hogar. Asegúrese de incluir todas las siguientes fuentes de ingresos: trabajo, asistencia social, manutención de los hijos, pensión alimenticia, pensiones, jubilación, Seguro Social, SSI, beneficios de VA, ingresos de los hijos y/o todos los demás ingresos. La cantidad debe ser antes de cualquier deducción por impuestos, seguros, gastos médicos, manutención de niños, etc.

Tamaño del hogar y rango de ingresos Marque la casilla correcta.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	\$0 up to \$18,954.00	\$0 up to \$25,636.00	\$0 up to \$32,318.00	\$0 up to \$39,000.00	\$0 up to \$45,682.00	\$0 up to \$52,364.00	\$0 up to \$59,046.00	\$0 up to \$65,728.00
Por favor circule un ingreso.	\$18,955.01 up to \$26,973.00	\$25,636.01 up to \$36,482.00	\$32,318.01 up to \$45,991.00	\$39,000.01 up to \$55,500.00	\$45,682.01 up to \$65,009.00	\$52,364.01 up to \$74,518.00	\$59,046.01 up to \$84,027.00	\$65,728.01 up to \$93,536.00
	\$26,973.01 or more	\$36,482.01 or more	\$45,991.01 or more	\$55,500.01 or more	\$65,009.01 or more	\$74,518.01 or more	\$84,027.01 or more	\$93,536.01 or more

Si su hogar tiene 9 o más personas, ingrese su información aquí. Tamaño del hogar : _____ Ingresos del hogar: \$ _____

Nombre impreso del miembro adulto del hogar _____

Firma del miembro adulto del hogar _____

Numero de telefono: _____

Fecha: _____

NO COMPLETA ESTA SECCIÓN. SOLO PARA USO ESCOLAR.

Economic Status					To be complete by school or district staff member	
EDS- State criteria	<input type="checkbox"/>	F	R	I have reviewed the household income on this page and have concluded that it is properly and completely filled out to the best of my knowledge. I understand that as an employee I am subject to district policy regarding confidentiality.		
EDI-Income criteria	<input type="checkbox"/>	F	R			
DNQ-Does not meet criteria	<input type="checkbox"/>			School or District Staff Signature: _____		
				Print Name: _____	Date: _____	

Student Name: _____

Grade: _____

Notice Regarding FERPA and Directory Information

“Directory information” is information that, if released, is generally not considered harmful or an invasion of privacy. Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about this student. Calhoun County ISD has designated the following information as student directory information, per CCISD Policy FL, Local: name, address and grade level.

If you do not want CCISD to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing by August 24, 2023. The Parent OPT-OUT below serves as notice to the district.

Calhoun County ISD OPT-OUT Section

The items below are covered in the Calhoun County ISD (CCISD) Handbook. These subjects are "Opt-Out" and will be kept on your child's campus for reference. Please refer to the Handbook for further explanation of the subject. Please complete the form below, sign the bottom of the page and return this document to your child's school.

	Parent Initials or Response
Directory Information: May CCISD release your student’s directory information which is limited to name, address and grade level in the event of a request?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional student information: Information that is generally published and a common practice in Calhoun County ISD includes: <ul style="list-style-type: none"> ● 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,; 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. 	Yes <input type="checkbox"/> No <input type="checkbox"/>
Photographs and Video: May your child be photographed or videotaped for publication purposes such as yearbook, newspaper, newsletters, CCISD website/social media sites? This may include the publication of A/B honor roll, perfect attendance recognition and photographs.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Student Work: May CCISD display your child's artwork or special projects on the district's website and in district publications?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Partners in Education: Does your child have permission to participate in the CCISD Partners in Education Program including the mentor program? If a mentor is requested a parent permission form will be sent home.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Student Counseling Program: The required CCISD Comprehensive Counseling Plan serves students through responsive services, consultation, individual planning and crisis management. The counseling program provides a proactive approach to enhance academic success; social, emotional and personal growth; and post-secondary, career and college development. All CCISD counselors will ensure that written consent is obtained from the parent or legal guardian prior to participation in optional activities.	CCISD is required to implement a Comprehensive Counseling Plan. As a parent, I will be asked to provide written permission before my student may participate in optional activities.

<p>TEA Attendance Requirements: I have read and understand the Texas attendance requirements found in the CCISD Student Handbook. A minimum of 90% attendance is required in order to earn credit in a high school course or to be promoted to the next grade level in kindergarten through 8th grade. Both attendance and grading/testing requirements must be met. I understand that the principal will develop a plan for my child in the event of excessive absences. A plan may include Saturday School.</p>	<input type="checkbox"/> I understand a minimum of 90% attendance is a state requirement.
<p>Safe Schools Program: Drug Free Schools~ CCISD has a policy in the Student Code of Conduct, supporting Drug-Free Schools. Items prohibited include controlled substances, prescription and over the counter drugs and all tobacco/vaping products. Consequences for violations may include ISS, Suspension, DAEP-FLEX, Expulsion and/or a referral to law enforcement.</p>	<input type="checkbox"/> I understand CCISD supports Drug Free Schools.
<p>From the 88th TX Legislature and signed by the TX Governor. New: Vaping "a student shall be removed from class and placed in a disciplinary alternative education program" if a student "possesses, uses, sells, gives, or delivers to another person an <u>e-cigarette</u>". This is a new mandatory requirement for all Texas schools. New: Texas Drug Awareness Campaign (One Pill Kills for grades 6-12). New: All CCISD campuses have NARCAN to use in any potential OPIOID emergency.</p>	<input type="checkbox"/> New Texas laws will be added to the student code of conduct for 2023-2024.
<p>Drug, alcohol and tobacco surveys are sometimes requested by partner agencies. May your child participate in the informational surveys designed to support Drug Free Schools?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Secondary Student Information: Federal law requires that the district release to military recruiters and institutions of higher education, upon request, the name, address and phone number of secondary school students enrolled in the district, unless the parent or eligible student directs the district not to release information to these types of requesters without prior written consent. Parent: Please complete the following only if you do not want your child's information released to a military recruiter or an institution of higher education without your prior consent. May we release this information to colleges, universities and military recruiters?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

The 2023-2024 Student Handbook and Student Code of Conduct will be delayed due to the special session of the 88th Texas Legislature.

Parent signature: _____ **Date:** _____

Nombre del estudiante: _____

Fecha: _____

Aviso sobre FERPA y la información del directorio

La "información del directorio" es información que, si se divulga, generalmente no se considera dañina o una invasión de la privacidad. Cierta información sobre los estudiantes del distrito se considera información de directorio y se divulgará a cualquier persona que siga los procedimientos para solicitar la información, a menos que el padre o tutor se oponga a la divulgación de la información del directorio sobre este estudiante. El ISD del condado de Calhoun ha designado la siguiente información como información del directorio de estudiantes, según la Política FL de CCISD, Local: nombre, dirección y nivel de grado.

Si no desea que CCISD divulgue información de directorio de los registros educativos de su hijo sin su consentimiento previo por escrito, debe notificar al distrito por escrito antes del 24 de agosto de 2023. La OPT-OUT de los padres a continuación sirve como notificación al distrito.

Sección de exclusión voluntaria del ISD del condado de Calhoun

Los artículos a continuación están cubiertos en el Manual del Distrito Escolar Independiente del Condado de Calhoun (CCISD). Estos temas son de "exclusión voluntaria" y se mantendrán en el campus de su hijo como referencia. Consulte el Manual para obtener más información sobre el tema. Complete el formulario a continuación, firme la parte inferior de la página y devuelva este documento a la escuela de su hijo.

	Iniciales de los padres o respuesta
Información del directorio: ¿Puede CCISD divulgar la información del directorio de su estudiante, que se limita al nombre, la dirección y el nivel de grado en caso de que se solicite?	Sí <input type="checkbox"/> No <input type="checkbox"/>
Información adicional del estudiante: La información que generalmente se publica y es una práctica común en el ISD del condado de Calhoun incluye: <ul style="list-style-type: none"> ● El nombre de un estudiante y el nivel de grado ~para comunicar las tareas de la clase y del maestro; ● El nombre, peso y altura de un atleta ~para publicación en un programa atlético escolar; ● Una lista de los cumpleaños de los estudiantes ~para generar reconocimiento en toda la escuela o en el salón de clases, y ● Los nombres y niveles de grado de los estudiantes presentados por el distrito a un periódico local u otra publicación comunitaria ~ para reconocer el cuadro de honor A/B para un período de calificación específico 	Sí <input type="checkbox"/> No <input type="checkbox"/>
Fotografías y video: ¿Se puede fotografiar o grabar en video a su hijo para fines de publicación, como anuario, periódico, boletines, sitio web de CCISD/sitios de redes sociales? Esto puede incluir la publicación del cuadro de honor A/B y el reconocimiento y fotografías de asistencia perfecta.	Sí <input type="checkbox"/> No <input type="checkbox"/>
Trabajo estudiantil: ¿Puede CCISD exhibir las obras de arte o proyectos especiales de su hijo en el sitio web del distrito y en las publicaciones del distrito?	Sí <input type="checkbox"/> No <input type="checkbox"/>
Socios en la Educación: ¿Tiene su hijo permiso para participar en el Programa Socios en la Educación de CCISD, incluido el programa de mentores? Si se solicita un mentor, se enviará a casa un formulario de permiso de los padres.	Sí <input type="checkbox"/> No <input type="checkbox"/>

<p>Programa de Consejería Estudiantil: El Plan de Consejería Integral requerido por CCISD atiende a los estudiantes a través de servicios receptivos, consultas, planificación individual y manejo de crisis. El programa de consejería proporciona un enfoque proactivo para mejorar el éxito académico; crecimiento social, emocional y personal; y desarrollo postsecundario, profesional y universitario. Todos los consejeros de CCISD se asegurarán de obtener el consentimiento por escrito del padre o tutor legal antes de participar en actividades opcionales.</p>	<p>Se requiere que CCISD implemente un Plan Integral de Consejería. Como padre, se me pedirá que proporcione un permiso por escrito antes de que mi estudiante pueda participar en actividades opcionales.</p>
<p>Requisitos de asistencia de TEA: He leído y comprendo los requisitos de asistencia de Texas que se encuentran en el Manual del estudiante de CCISD. Se requiere un mínimo del 90 % de asistencia para obtener crédito en un curso de la escuela secundaria o para pasar al siguiente nivel de grado desde jardín de infantes hasta octavo grado. Deben cumplirse los requisitos de asistencia y calificación/exámenes. Entiendo que el director desarrollará un plan para mi hijo en caso de ausencias excesivas. Un plan puede incluir Escuela de Sábado.</p>	<p><input type="checkbox"/> Entiendo que un mínimo de 90% de asistencia es un requisito estatal.</p>
<p>Programa de Escuelas Seguras: Escuelas Libres de Drogas~ CCISD tiene una política en el Código de Conducta Estudiantil, apoyando las Escuelas Libres de Drogas. Los artículos prohibidos incluyen sustancias controladas, medicamentos recetados y de venta libre, y todos los productos de tabaco/vapeo. Las consecuencias por violaciones pueden incluir ISS, Suspensión, DAEP-FLEX, Expulsión y/o una remisión a la policía.</p>	<p><input type="checkbox"/> Entiendo que CCISD apoya las Escuelas Libres de Drogas.</p>
<p>De la Legislatura 88 de TX y firmado por el Gobernador de TX. Nuevo: Vapeo "un estudiante será retirado de la clase y colocado en un programa disciplinario de educación alternativa" si un estudiante "posee, usa, vende, da o entrega a otra persona un <u>e- cigarrillo</u>". Este es un nuevo requisito obligatorio para todas las escuelas de Texas. Nuevo: Campaña de Concientización sobre las Drogas en Texas (One Pill Kills para los grados 6-12). Nuevo: Todos los campus de CCISD tienen NARCAN para usar en cualquier emergencia potencial de OPIOIDES.</p>	<p><input type="checkbox"/> Se agregarán nuevas leyes de Texas al código de conducta estudiantil para 2023-2024.</p>
<p>En ocasiones, las agencias asociadas solicitan encuestas sobre drogas, alcohol y tabaco. ¿Puede su hijo participar en las encuestas informativas diseñadas para apoyar las Escuelas Libres de Drogas?</p>	<p>Si <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Información del estudiante secundario: La ley federal exige que el distrito proporcione a los reclutadores militares y a las instituciones de educación superior, previa solicitud, el nombre, la dirección y el número de teléfono de los estudiantes de escuela secundaria matriculados en el distrito, a menos que el padre o el estudiante elegible indique al distrito que no divulgar información a este tipo de solicitantes sin consentimiento previo por escrito. Padre: complete lo siguiente solo si no desea que la información de su hijo se divulgue a un reclutador militar o una institución de educación superior sin su consentimiento previo.</p>	<p>Si <input type="checkbox"/> No <input type="checkbox"/></p>

El Manual del Estudiante y el Código de Conducta del Estudiante 2023-2024 se retrasarán debido a la sesión especial de la Legislatura 88 de Texas.

Firma de los padres: _____

Fecha: _____

Safe and Supportive Schools Plan Behavior and Discipline Management

Parent Information and Permission Form

Student Name _____ Grade _____

CCISD has a Safe and Supportive Schools Plan that includes the following:

- Positive Behavior Supports such as attendance incentives, age appropriate assemblies, school counselors, a student support counselor and a mentoring program.
- See Something, Say Something is a critical message for all Calhoun students, faculty and community members.
- CCISD is a bully-free zone. Bullying prevention is reinforced on all campuses. CCISD has a 24 hour incident report located at:
https://www.calcoisd.org/parents_students/report_an_incident_or_bullying
- All CCISD students are eligible for free online counseling services through UTMB. Information and a parent request is available through the school nurse or counselor.
- Vaping prevention is an important program to ensure the safety of our students. The Vape-Prevention campaign is visible throughout CCISD.
- **NEW:** Possessing, Using, Sharing or Selling an E-Cigarette on a school campus or at a school function will result in an off-campus discipline placement, per HB 114.

Corporal Punishment

In CCISD, a campus administrator may use corporal punishment to discipline a student unless the student's parent or guardian has provided a written, signed statement prohibiting the use of corporal punishment.

The student's parent or guardian may revoke the statement provided to the campus administrator during the school year by submitting a written, signed revocation.

_____ CCISD HAS MY PERMISSION to administer corporal punishment to my child.

_____ CCISD DOES NOT HAVE MY PERMISSION to administer corporal punishment to my child.

Parent's Printed Name and Signature

Student Signature

Parent Phone Number

Date

Safe and Supportive Schools Plan Behavior and Discipline Management

Parent Information and Permission Form

Nombre del estudiante _____ calificación _____

CCISD tiene un Plan de Escuelas Seguras y de Apoyo que incluye lo siguiente:

- Apoyos de comportamiento positivo, como incentivos de asistencia, asambleas apropiadas para la edad, consejeros escolares, un consejero de apoyo estudiantil y un programa de tutoría.
- Ver algo, decir algo es un mensaje crítico para todos los estudiantes, profesores y miembros de la comunidad de Calhoun.
- CCISD es una zona libre de intimidación. La prevención de la intimidación se refuerza en todos los campus. CCISD tiene un informe de incidentes de 24 horas ubicado en:
https://www.calcoisd.org/parents__students/report_an_incident_or_bullying
- Todos los estudiantes de CCISD son elegibles para recibir servicios gratuitos de asesoramiento en línea a través de UTMB. La información y la solicitud de los padres están disponibles a través de la enfermera o el consejero de la escuela.
- La prevención del vapeo es un programa importante para garantizar la seguridad de nuestros estudiantes. La campaña de prevención de vapeo es visible en todo CCISD.
- NUEVO: Poseer, usar, compartir o vender un cigarrillo electrónico en un campus escolar o en una función escolar resultará en una colocación disciplinaria fuera del campus, según HB 114.

El castigo corporal

En CCISD, un administrador del campus puede usar el castigo corporal para disciplinar a un estudiante a menos que el padre o tutor del estudiante haya proporcionado una declaración escrita y firmada que prohíba el uso del castigo corporal.

El padre o tutor del estudiante puede revocar la declaración proporcionada al administrador del campus durante el año escolar presentando una revocación por escrito y firmada.

_____ CCISD TIENE MI PERMISO para administrar el castigo corporal a mi hija/hijo.

_____ CCISD NO TIENE MI PERMISO para administrar castigos corporales a mi hija/hijo.

Nombre impreso y firma de los padres

Firma del alumno

Número de teléfono de los padres

Fecha



Calhoun County I.S.D – Student Residency Questionnaire Information Form

This information will help determine if the student meets eligibility requirements for services and funding under the McKinney-Vento Act and Title I.

Student _____ Grade _____ School _____
Parent/Guardian _____
Current Address _____

Name, Age, Grade and Campus of school-age brothers and/or sisters of the student:

Name _____	Age _____	Grade _____	Campus _____
Name _____	Age _____	Grade _____	Campus _____
Name _____	Age _____	Grade _____	Campus _____
Name _____	Age _____	Grade _____	Campus _____

Is your current address a temporary living arrangement?

Yes No

Is this a temporary living arrangement due to the loss of housing, economic hardship or financial difficulties?

Yes No

Were you displaced from your home due to a Natural Disaster? (Hurricane, fire, flood, tornado)

Yes No

Type of Natural Disaster

Hurricane: _____ (Please name)
 Other: _____ (Please describe)

Please chose which of the following situation the student currently resides in (choose all that apply):

- House or apartment with parent or guardian
- Sharing housing with friends or family members (other than or in addition to parent/guardian)
- Motels/Hotels
- Shelter or other transitions housing
- Unsheltered – in a car, park, substandard housing, etc.

If you are living in a shared housing, please check all the following reasons that apply:

- Loss of housing
- Economic hardship
- Loss of employment
- Parent/Guardian is currently on active duty in the U.S. Military
- Other (Please explain; i.e. substandard housing) _____

Are you a student living apart from your parents or guardians? Yes No

Signature of Parent/Guardian/Unaccompanied Youth/School Representative

Date



Calhoun County I.S.D – Cuestionario de Residencia Estudiantil Forma de información

Esta información ayudará a determinar si el estudiante cumple con los requisitos de elegibilidad para servicios y fondos según la Ley McKinney-Vento y el Título I.

Estudiante _____ Grado _____ Escuela _____
 Padre/Guardian _____
 Dirección actual _____

Nombre, anos, grado y escuela hermanos y/o hermanas del estudiante:

Nombre _____	Anos _____	Grado _____	Escuela _____
_____	Nombre _____	Anos _____	Grado _____
_____	Escuela _____	Nombre _____	Anos _____
_____	Grado _____	Escuela _____	Nombre _____
_____	Anos _____	Grado _____	Escuela _____
_____	_____	_____	_____

¿Es su dirección actual un arreglo de vivienda temporal?

? Si No

¿Es este un arreglo de vivienda temporal a la pérdida dificultades económicas por dificultades financieras?

Si No

¿Fuiste desplazado de tu hogar debido a un desastre natural? (Huracán, fuego, inundación, tornado)

Si No

Tipo de desastre

- Huracán : _____ (nombre)
- Orta razón : _____ (describe)

Elija en cuál de las siguientes situaciones el estudiante reside actualmente (elija todas las que correspondan)

- Casa or apartamento con padres or guardian
- Compartir vivienda con amigos o familiares (que no sean o además de los padres/guardián)
- Motels/Hotels
- Albergue o en un programa de vivienda transitan
- Sin alojamiento otras vivienda

Si vive en una vivienda compartida, compruebe todos las siguientes razones que se aplican

- Pérdida de vivienda
- Por razones de falta económica
- Pérdida de empleo
- Padre/guardián se encuentra actualmente en servicio activo en el ejército de los Estados
- Orto (Por favor explique _____)

Eres un estudiante que vive separado de tus padres/guardián? Si No

 Firma de Padre/Guardián/jóvenes no acompañados/Representante de la escuela

 Fecha

Student Name _____ Grade _____

Student Handbook: Calhoun County Independent School District

Parental Acknowledgement

As a parent or guardian of a CCISD student I have been informed that, I have options on how to access to the student handbook. I can receive the most current version online at www.calcoisd.org or choose to receive a paper copy. The option I choose is marked below. **The 2023-2024 Student Handbook and Student Code of Conduct will be delayed due to the special session of the 88th Texas Legislature.**

I have chosen to (check one):

- I would prefer to access the most current version of the CCISD's Student Handbook and Student Code of Conduct online at www.calcoisd.org**
- I would prefer to receive a paper copy of the CCISD's Student Handbook and Student Code of Conduct from my child's campus.

I understand that the student handbook may be updated during the school year at www.calcoisd.org. The student handbook contains information that my child and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Student Code of Conduct. If I have any questions regarding this handbook or the Student Code of Conduct, I should direct those questions to the campus principal.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Manuel del Estudiante: Distrito Escolar Independiente del Condado de Calhoun

Reconocimiento de los Padres

Mi hijo y yo hemos ofrecido la opción de recibir una copia impresa del Manual del Escolar Independiente del Condado Calhoun Manual del Estudiante del Distrito y el Código de Conducta del Estudiante para el nuevo año escolar o acceder electrónicamente a www.calcoisd.org. **El Manual del Estudiante y el Código de Conducta del Estudiante 2023-2024 se retrasaran debido a la sesión especial de la Legislatura 88 de Texas.**

He elegido (marque uno:)

- Aceptar la responsabilidad de acceder al Manual del Estudiante y Código de Conducta Estudiantil del Distrito Escolar Independiente del Condado Calhoun en www.calcoisd.org.**
- Recibir una copia impresa del Manual del Estudiante y Código de Conducta Estudiantil del Distrito Escolar Independiente del Condado Calhoun de la escuela de mi hijo.

Entiendo que mi niño/a será responsable por el comportamiento y consecuencias resumidas en el manual del estudiante/código de conducta en la escuela y en actividades relacionadas y patrocinadas por la escuela, incluyendo viajes patrocinados por la escuela o cualquier mala conducta relacionada con la escuela. Entiendo que cualquier estudiante que infringe las reglas de la escuela, puede ser sometido a acción disciplinaria incluso llegar hasta someterlo a proceso criminal por violar la ley. Yo entiendo, que si tengo cualquier pregunta sobre este manual, debo dirigir esas preguntas al Director de la escuela de mi niño/a.

Firma del estudiante _____ Fecha _____

Firma de los padres _____ Fecha _____

Student Name _____ Grade _____

Student Safety / Seguridad de los Estudiantes

List of persons with whom your child may leave school. **A VALID ID will be REQUIRED.**

Personas con quien me niño /a puede irse de la escuela.

NAME / NOMBRE	RELATION / RELACIÓN	PHONE NUMBER / NÚMERO DE TELEFONO

List of persons who legally may not pick up your child. The office **MUST** have a **COPY OF LEGAL DOCUMENT** to verify this.

Lista de quien no puede levantar a su niño / a legalmente la oficina debe tener un documento legal para verificar esto.

NAME / NOMBRE	RELATION / RELACIÓN	DOCUMENT TYPE & EXPIRATION / TIPO DE DOCUMENTO Y EXPIRACIÓN

PARENT/GUARDIAN SIGNATURE: _____

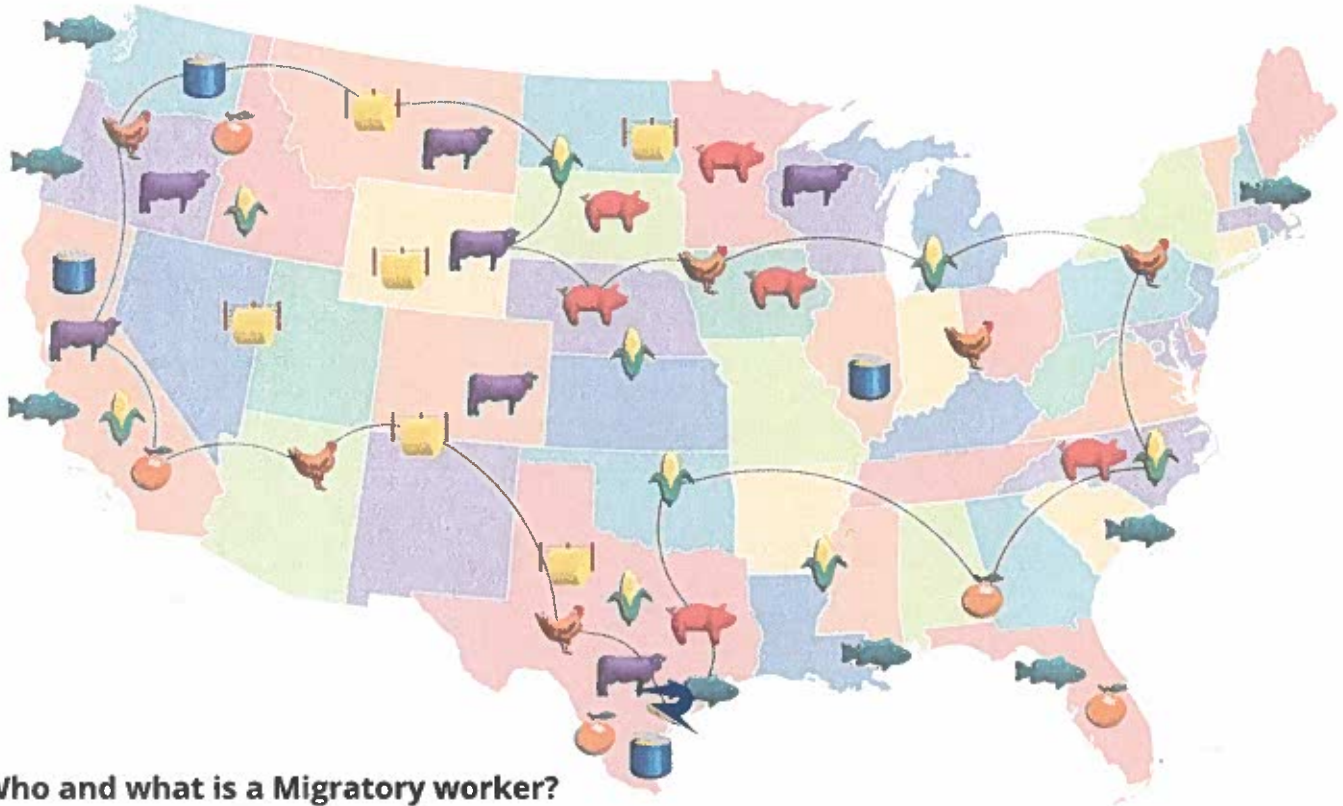
Date: _____ Phone Number: _____

FIRMA DEL LOS PADRES/GUARDIÁN: _____

Fecha: _____ Teléfono: _____

2023-2024 OCCUPATIONAL SURVEY

To better serve your child/children, our Migrant Education Program is helping the State of Texas identify students who may qualify to receive additional education services if someone in your family has engaged in temporary or seasonal agricultural/fishery work. **The information provided below will be kept confidential.**



Who and what is a Migratory worker?

- A person that travels within the US to search for work (examples pictured)
- Is not tied to any country of origin; work must be done only in the US
- **Migratory families are not necessarily "immigrants or undocumented"**
- Migratory worker works a seasonal or temporary agricultural/fishing job

Date: _____ District: _____ Campus: _____


Name of child: _____ Date of Birth: _____ Age: _____ Grade: _____

Parent/Guardian Name: _____ Telephone Number: _____

Address: _____ City: _____ State: _____ ZIP: _____

Best time to contact you: Anytime AM PM Evening

Have you done **temporary or seasonal agricultural or fishing-related work within the last three (3) years** in any part of the **United States**? YES NO Please check all that apply.


Work with fruit, vegetables, grain, peanuts, pecans, wheat or cotton: fields or turf farm


Work in a cannery, granary or packing plant


Work on a dairy farm or ranch, temporarily


Work on farm or ranch, baling hay, building or mending fences, welding or caring for animals


Work in a slaughterhouse, meat processing


Work on a poultry or egg farm

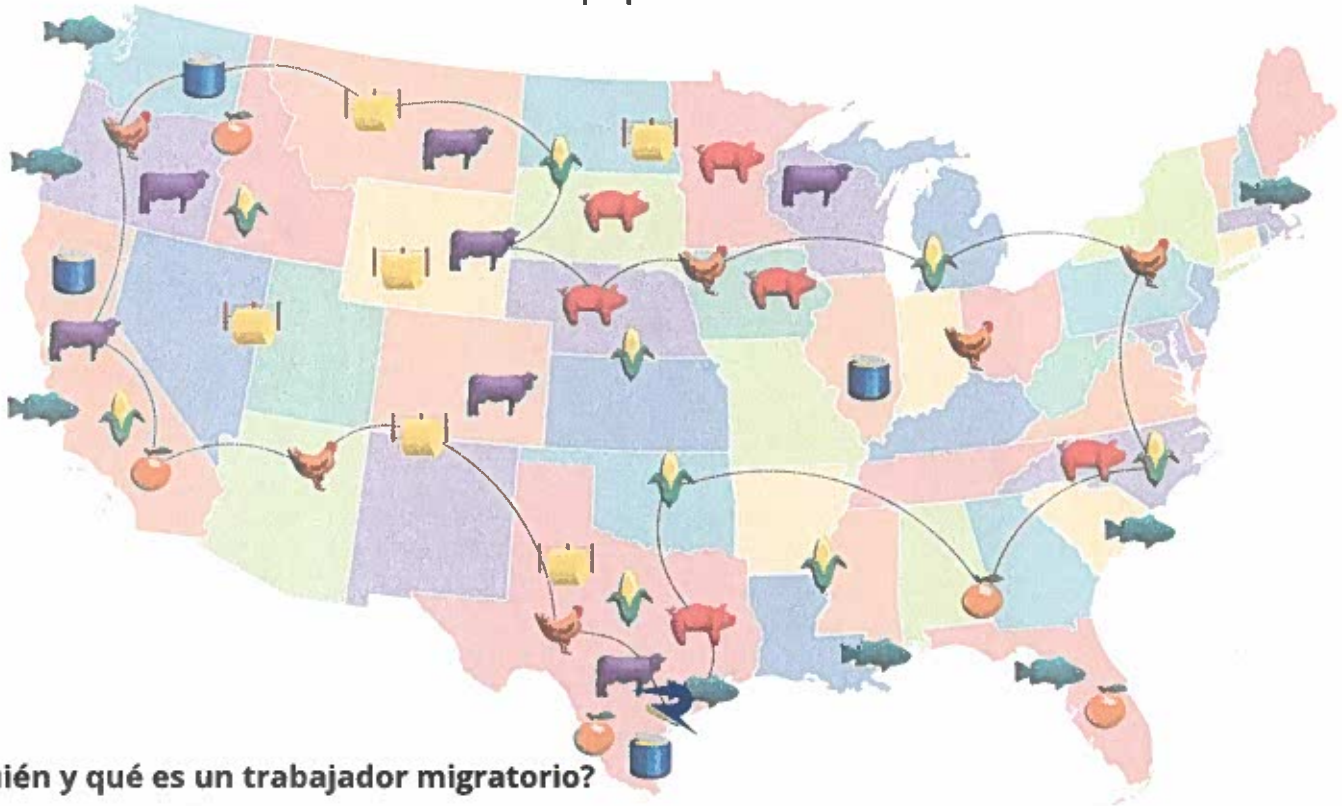

Work in a plant nursery, orchard, or vineyard; planting, growing, or harvesting trees


Work on a fish farm or oystering

2023-2024 ENCUESTA OCUPACIONAL

Para servir mejor a su hijo/a, nuestro Programa de Educación Migrante está ayudando al Estado de Texas a identificar a los estudiantes que pueden calificar para recibir servicios educativos adicionales si alguien en su familia ha participado en trabajos agrícolas/pesqueros temporales o estacionales.

La información proporcionada a continuación se mantendrá confidencial.



¿Quién y qué es un trabajador migratorio?

- Una persona que viaja dentro de los EE.UU. para buscar trabajo (ejemplos en la foto)
- NO está asociado con ningún país de origen; el trabajo debe hacerse solo en los EE.UU.
- **Las familias migratorias no son necesariamente "inmigrantes o indocumentados"**
- Trabajador migratorio trabaja en un trabajo agrícola/pesquero temporal o estacional

Fecha: _____ Distrito: _____ Escuela: _____

Nombre de niño(a): _____ Fecha de nacimiento: _____ Edad: _____ Grado: _____

Nombre de padre(s): _____ Numero telefónico: _____

Dirección: _____ Ciudad: _____ Estado: _____ código postal: _____

Mejor hora para hablar: Cualquiera AM PM Noche

¿Ha hecho **trabajos agrícolas o pesqueros, temporales o estacionales, en los últimos tres (3) años** en alguna parte de los **Estados Unidos**? SI NO Por favor, marque todos que le aplican.

<input type="checkbox"/> Cosecha de frutas, verduras, granos, cacahuetes, nueces, trigo o algodón; en granjas, ranchos, campos o césped	<input type="checkbox"/> Trabajo en una fábrica de conservas, graneros o emparadoras	<input type="checkbox"/> Trabajo en una granja, lechera o rancho, temporalmente	<input type="checkbox"/> Trabajo en una granja o rancho, en heno de pacas, construyendo o remodelando cercas, soldadura agrícola o cuidar a los animales
<input type="checkbox"/> Trabajar en un matadero o procesamiento de carne	<input type="checkbox"/> Trabajar en una granja de pollo/avícola	<input type="checkbox"/> Trabajar en un vivero de plantas o huerto; Sembrar, cultivar o cosechar árboles	<input type="checkbox"/> Trabajar en pescaduría o pescando ostras

**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.
- NotHispanic/Latino**

Part 2. Race: What is the person's race? (Choose one or more)

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Student/Staff Name (please print)

(Parent/Guardian)/(Staff) Signature

Student/Staff Identification Number

Date

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:

_____ Hispanic / Latino

_____ NotHispanic/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:

Texas Education Agency – March 2018

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 America 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 Africano-Americano** – Una persona con orígenes de cualquier grupo racial negro de África.
- Nativo de Hawái u otras islas del pacífico** – Una persona con orígenes o de personas originarias de Hawái, 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/Miembro de Personal legal (por favor use letra de imprenta)

Firma (Padre/Representante/Miembro de Personal legal)

Número de Identificación del Estudiante/Miembro del personal

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.

<p>Ethnicity – choose only one:</p> <p><input type="checkbox"/> Hispanic / Latino</p> <p><input type="checkbox"/> Not Hispanic / Latino</p>	<p>Race – choose one or more:</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p>
Observer signature:	Campus and Date:
Agencia de Educación de Texas – Marzo 2018	

**Cơ Quan Giáo Dục Texas (Texas Education Agency)
Điều Tra Sắc Dân và Chúng Tộc của Học Sinh/Nhân Viên Trường Công ở Texas**

Bộ Giáo Dục Hoa Kỳ (USDE) đòi hỏi tất cả các tổ chức giáo dục bang và địa phương thu thập các tài liệu về sắc dân và chủng tộc của học sinh và nhân viên. Dữ kiện này được bang và liên bang dùng để báo cáo cũng như tường trình lên Văn Phòng Dân Quyền (OCR) và Ủy Ban Về Bình Đẳng Tuyển Dụng Nhân Viên (EEOC).

Bộ phận nhân viên học khu và phụ huynh hoặc người bảo hộ học sinh đăng ký trong trường phải cung cấp tư liệu này. Nếu quý vị từ chối cung cấp tư liệu này, nên cảnh giác rằng USDE yêu cầu học khu sử dụng lý lịch ghi nhận được như một cách cuối cùng cho việc thu thập tư liệu.

Xin trả lời cả hai phần những câu hỏi dưới đây của học sinh hoặc nhân viên về sắc dân và chủng tộc. *United States Federal Register (71 FR 44866)*

Phần 1. Sắc Dân: Có phải là người Hispanic/Latino không? (Chỉ chọn một)

- Hispanic/Latino** - Là người Cuban, Mexican, Puerto Rican, Nam và Trung American, hoặc nguồn gốc và văn hóa khác của Spanish, bất kể chủng tộc..
- Không là Hispanic/Latino**

Phần 2. Chúng Tộc: Thuộc chủng tộc nào? (Chọn một hoặc nhiều hơn)

- Mỹ Da Đỏ hoặc Bản Xứ Alaska** – Người có nguồn gốc thuộc bất cứ nhóm dân nào có nguồn cội ở Bắc và Nam Mỹ Châu (kể cả Trung Mỹ)), và những người còn giữ nguồn gốc bộ lạc hoặc gắn bó với cộng đồng gốc.
- Á Châu** – Người có nguồn gốc thuộc những chủng tộc Viễn Đông, Đông Nam Á, hoặc tiểu lục địa Ấn, thí dụ, Cam Bốt, Trung Hoa, Ấn Độ, Nhật, Hàn Quốc, Mã Lai, Hồi Quốc, Phi Luật Tân, Thái Lan và Việt Nam.
- Da Đen hoặc Mỹ Gốc Phi Châu** – Người có nguồn gốc thuộc bất cứ chủng tộc da đen nào ở Phi Châu.
- Bản Xứ Hạ Uy Di hoặc Đảo Khác Ở Thái Bình Dương** – Người có nguồn gốc từ các dân tộc của Hạ Uy Di, Guam, Samoa, và các đảo khác trên Thái Bình Dương.
- Da Trắng** – Người có nguồn gốc từ các dân tộc của Âu Châu, Trung Đông, hoặc Bắc Phi Châu.

Tên Học Sinh/Nhân Viên (chữ in)

(Phụ Huynh/Giám Hộ)/(Nhân Viên) Ký Tên

Số ID Học Sinh/Nhân Viên

Ngày

(Phần này dành cho quan sát viên trường địa phương) This space reserved for Local school observer – upon completion and entering data in student software

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:



Texas Kids First

Individual Accident-Only Insurance for Students

Texas Kids First offers Accident-Only Insurance to students. These plans provide benefits for loss due to a covered injury up to \$25,000. The plans are designed to help offset deductibles and co-insurance. They are affordable limited-benefit plans that are renewable annually. There are several options for you to choose from:

- The **At-School Accident** Plan covers accidents occurring at school, during school hours. (Excludes participation in High School Varsity Football activities). At-School coverage may be purchased with or without sports.

\$30.00 per school year without sports

\$90.00 per school year with sports

- The **24-Hour Accident** Plan covers accidents anywhere, around the clock. (Excludes participation in High School Varsity Football activities). 24-Hour coverage may be purchased with or without sports.

\$ 80.00 per school year without sports

\$180.00 per school year with sports

- The **Football Accident** Plan covers only High School Varsity Football accidents that occur during practice or during a game. The Plan has a \$250 deductible.

\$325.00 per school year.

See back of page for Schedule of Benefits and Exclusions for all Accident-Only Plans.

Please pick up a brochure from the school for more information regarding these plans. You may also view or purchase plans online at www.texaskidsfirst.com.

To receive a brochure in the mail or for more information, call us toll-free at 1-800-366-8354.

Plans are underwritten by Universal Fidelity Life Insurance Company. This is a brief illustration of the coverage offered through the Texas Kids First K-12 Student Accident Insurance Program. The Policy issued will be the contract and will govern and control the payment of benefits subject to the exclusions and limitations in the Policy.

SCHEDULE OF BENEFITS FOR ALL INDIVIDUAL ACCIDENT-ONLY PLANS

Medical Maximum:	\$25,000 for each Injury
Policy Term:	1-Year – Renewable
Benefit Period:	52 Weeks from the date of Injury
Initial treatment Period:	90 days from the date of Injury
Deductible:	At-School/24 Hour Plans - \$0.00 Varsity Football Plan - \$250.00

Inpatient

Inpatient Hospital:	Usual & Customary Charges up to \$750.00 per day/ 6 days maximum (includes facility and services)
Doctor Visits:	Usual & Customary Charges up to \$40.00 per day

Outpatient

Ambulatory Surgical Center:	Usual & Customary Charges up to \$2,000.00 (facility charge)
Doctor Visits:	Usual & Customary Charges up to \$40.00 per day
Physiotherapy:	\$50.00 1 st visit/\$25.00 per visit thereafter up to 5 visits total ((limited to 1 visit per day)
Medical Emergency:	Usual & Customary Charges up to \$175.00 (for use of emergency room facility and services within 72 hours of Injury)
Medical Emergency Doctor:	Usual & Customary Charges up to \$40.00
Shots and Injections	Usual & Customary Charges up to \$60 (within 24 hours of an Injury)
Diagnostic X-ray:	Usual & Customary Charges up to \$200.00 and \$50.00 for reading
CAT Scan/MRI:	Usual & Customary Charges up to \$500.00 and \$50.00 for reading
Laboratory Procedures:	Usual & Customary Charges up to \$50.00

Other (Inpatient and/or Outpatient)

Surgeon:	75% of Usual & Customary Charges up to \$2,000.00 (limited to primary procedure including removal of surgical Implanted pins within two years of Injury)
Anesthetist:	25% of surgeon benefit
Assistant Surgeon:	25% of surgeon benefit
Ambulance:	Usual & Customary Charges up to \$1,000.00
Dental Treatment:	Usual & Customary Charges up to \$5,000.00 (benefits paid on Injury to Sound, Natural Teeth only)
Post Surgical Durable Medical Equipment:	Usual & Customary Charges up to \$150.00
Eye Glasses, Contact Lenses and and Hearing Aid Replacement:	Usual & Customary Charges (as a result of a covered Injury only)
Prescription Drugs:	\$15 per prescription
Prosthetic Devices, Orthotic Devices and Related Services:	Usual & Customary Charges up to \$500.00 (Post Surgical Only)
Expanded Medical Benefit:	Pays for services per the Schedule of Benefits up to \$350 maximum

POLICY EXCLUSIONS AND LIMITATIONS FOR ALL INDIVIDUAL ACCIDENT-ONLY PLANS

Benefits will not be paid for: a) loss or expense caused by, contributed to, or resulting from: or b) treatment, services or supplies for, at, or related to:

- Acupuncture.
- Air travel except while as a fare-paying passenger on a regularly scheduled commercial air carrier; travel in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including, but not limited to, two or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; snowmobile or off-road motorized vehicle not requiring licensing as a motor vehicle.
- Artificial aids such as eyeglasses, contact lenses, hearing aids, or examinations or prescriptions therefore unless specifically provided for in the Schedule of Benefits.
- Cosmetic surgery of any kind, except reconstructive surgery as a direct result of a covered Injury.
- Dental treatment, except for accidental Injury to Sound, Natural Teeth.
- Elective Surgery or Elective Treatment.
- Food poisoning or bacterial infections (except an infection occurring through an open visible wound); cysts or skin lesions such as blisters or boils; tumors; over-exerting (not to include heat stroke); fainting; neuritis, lumbago, hernia, regardless of how caused; illness or disease in any form.
- Chronic or degenerative conditions, treatment for osteochondritis due to overuse and occurring during periods of rapid growth, including but not limited to Osgood-Schlatter Disease, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, and injuries from overuse, bursitis, tendonitis, muscle tears, repetitive motion injuries, shin splints, sprains, strains, tennis elbow aggravation, neuritis, lumbago, and stress fractures unless specifically provided for in the Schedule of Benefits.
- Immunizations, preventive medicines or vaccines, except where required for treatment of a covered Injury.
- Intoxicants and narcotics. The Company is not liable for any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless the narcotic is administered on the advice of a Doctor.
- Injury for which benefits are paid or payable by workers' compensation or employer's liability or occupational disease law.
- Injury where the Insured is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program).
- Injury where the Insured is riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway, or proving ground.
- War, declared or undeclared (a pro-rata premium will be refunded upon request for such period not covered); participation in a riot or civil disorder; or while a member of the Armed Services.
- Orthodontics (braces) for any reason, damage to, or loss of orthodontics.
- Orthopedic appliances used to protect an injury to allow an Insured to participate in athletic activities.
- Play or practice of interscholastic High School Football; except where the coverage is elected.
- Participating in or attending any School-Sponsored overnight activities, except where 24-Hour coverage is elected.
- Pre-existing Conditions or aggravation of a Pre-existing Condition, as defined. A Pre-existing Condition is a disease or physical condition for which the Insured received medical advice or treatment during the six months before the Insured's Effective Date of Coverage.
- Stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
- Skiing, scuba diving, surfing, roller skating, ice skating, or riding in a rodeo.
- Skydiving, parachuting, hang gliding, glider flying, flight in an ultra light aircraft, parasailing, sail planing, bungee jumping, bob-sledding, or ballooning.
- Suicide or attempt thereof, while sane or insane (including drug overdose); intentionally self-inflicted Injuries; fighting.
- Supplies, except as specifically provided in the Policy.
- While committing or attempting to commit an assault or felony, or to which a contributory cause was the Insured being engaged in an illegal occupation.
- Participation in terrorism.



Texas Kids First

Seguro Costeable solo para Accidentes para los Estudiantes

Estos planes proporcionan beneficios por pérdidas debidas a una lesión cubierta de hasta \$25,000. Los planes están diseñados para ayudar a compensar deducibles y coaseguros. **ESTA ES UNA PÓLIZA DE BENEFICIOS LIMITADOS.** La cobertura puede renovarse cada año.

Opciones de Planes Solo de Accidentes:

- **Accidentes dentro de la Escuela** - Dentro de las instalaciones de la escuela si se encuentra participando en o asistiendo Actividades organizadas por la Escuela, **excluyendo actividades de Futbol Americano de Primer Equipo de Preparatoria y actividades durante toda la noche.** Fuera de las instalaciones de la Escuela si se encuentra participando en o asistiendo Actividades organizadas por la Escuela **excluyendo actividades de Futbol Americano de Primer Equipo de Preparatoria y actividades durante toda la noche.** Dentro de la Escuela con Actividades Atléticas cubre todos los deportes hasta el Grado 12 excepto Futbol Americano de Primer Equipo de Preparatoria.

	<u>Sin Actividades Atléticas</u>	<u>Con Actividades Atléticas</u>
Prima por Asegurado	\$30.00	\$90.00

- **Accidentes de 24-Horas** - A cualquier hora. Antes, durante y después de la Escuela. Fines de semana, vacaciones, y todo el verano incluyendo escuela de verano. Actividades organizadas por la Escuela **excepto Futbol Americano de Primer Equipo de Preparatoria** 24-Horas con Actividades Atléticas cubre todos los deportes hasta Grado 12 excepto Futbol Americano de Primer Equipo de Preparatoria.

	<u>Sin Actividades Atléticas</u>	<u>Con Actividades Atléticas</u>
Prima por Asegurado	\$80.00	\$180.00

Puedes ver o comprar planes en línea en www.texaskidsfirst.com. Para recibir más información sobre las opciones del plan o para solicitar un folleto, llame al 800-366-8354 sin costo.

Los planes están suscritos por la Universal Fidelity Life Insurance Company. Esta es una breve ilustración de la cobertura ofrecida a través del Programa de Seguro de Accidentes de Texas Kids First. La Póliza emitida será el contrato y regirá y controlará el pago de beneficios sujeto a las exclusiones y limitaciones de la Póliza.

CATÁLOGO DE BENEFICIOS

Plan Lone Star

Universal Fidelity Life Insurance Company

Beneficios Máximos:	\$25,000.00 por cada Lesión
Plazo de la Póliza:	1 Año – Renovable
Período de los Beneficios:	52 semanas a partir de la fecha de la Lesión
Período de Tratamiento Inicial:	90 días a partir de la fecha de la Lesión
Deducible en la escuela/24 horas:	\$0.00 Deducible en Fútbol Americano: \$250
Lesión en Vehículo de Motor:	\$5,000.00 máximo

Los Beneficios que se pagan se especifican a continuación.

Paciente hospitalizado

Paciente hospitalizado:	Cargos regulares y habituales hasta \$750.00 diarios/ 6 días máximo (incluye instalaciones y servicios)
Consultas con Doctor:	Cargos regulares y habituales hasta \$40.00 diarios

Paciente Externo

Centro de Cirugía Ambulatoria:	Cargos regulares y habituales hasta \$2,000.00 (cargos por las instalaciones)
Consultas con Doctor:	Cargos regulares y habituales hasta \$40.00 diarios
Fisioterapia:	\$50.00 1era consulta// \$25.00 por consulta luego hasta 5 consultas en total (límite de 1 consulta diaria)
Emergencias Médicas:	Cargos regulares y habituales hasta \$175.00 (para el uso de las instalaciones de la sala de emergencias y servicios dentro de 72 horas a partir de la lesión)
Doctor de Emergencias Médicas:	Cargos regulares y habituales hasta \$40.00
Vacunas e Inyecciones:	Cargos regulares y habituales hasta \$60.00 (dentro de 24 horas de la lesión)
Rayos X de diagnóstico:	Cargos regulares y habituales hasta \$200.00 y \$50.00 para su lectura
Tomografía Axial Computarizada/ Imágenes por Resonancia Magnética:	Cargos regulares y habituales hasta \$500.00 y \$50.00 para su lectura
Procedimientos de Laboratorio:	Cargos regulares y habituales hasta \$50.00

Otros (Paciente Interno o Externo)

Cirujano:	75% de los cargos regulares y habituales hasta \$2,000.00 (limitado al procedimiento primario incluyendo la extracción de pines implantados quirúrgicamente dentro de dos años a partir de la lesión)
Anestesista:	25% de los beneficios del cirujano
Asistente del Cirujano:	25% de los beneficios del cirujano
Ambulancia:	Cargos regulares y habituales hasta \$1,000.00
Tratamiento Dental:	Cargos regulares y habituales hasta \$5,000.00 (los beneficios se pagan en lesiones solo en dientes sanos, naturales)
Equipo Médico Post Quirúrgico Durable:	Cargos regulares y habituales hasta \$150.00
Reemplazo de Anteojos, Lentes de Contacto y Audífonos:	Cargos regulares y habituales (solamente como resultado de una lesión cubierta)
Medicamentos de receta médica:	\$15 por prescripción
Aparatos ortopédicos, dispositivos Ortóticos y servicios relacionados:	Cargos regulares y habituales hasta \$500.00 (solo postquirúrgico)
Beneficio Médico Extendido:	Paga los servicios de la Lista de Beneficios hasta \$350.00

EXCLUSIONES Y LIMITACIONES DE LA PÓLIZA PARA TODOS LOS PLANES DE ACCIDENTES

No se pagarán beneficios por: a) pérdida o gasto causado por, atribuido a, o resultante de: o b) tratamiento, servicios o suministros para, en, o relacionados con:

- Acupuntura.
- Viaje aéreo excepto mientras sea pasajero con boleto pagado en una línea aérea comercial regularmente programado, que viajen en sobre, sentado en o sobre, bajar a o de, o trabajando en o cerca de cualquier motocicleta o vehículo recreativo incluyendo, sin limitarse a, vehículo motor de dos o tres ruedas; vehículo todo terreno de cuatro ruedas (ATV [por sus siglas en Inglés]); jet ski; ski cycle; vehículo de nieve o vehículo motorizado todo terreno que no requiera licencia para vehículo de motor.
- Asistencias artificiales tales como anteojos, lentes de contacto, audífonos, o exámenes o prescripciones por consiguiente a menos que se estipule específicamente en el Catálogo de Beneficios.
- Cirugía cosmética de cualquier tipo, excepto cirugía reconstructiva como resultado directo de una lesión cubierta.
- Tratamiento dental, excepto por lesión accidental en dientes sanos, naturales.
- Cirugía Opcional o Tratamiento Opcional.
- Intoxicación alimenticia o infecciones bacteriales (excepto una infección ocurrida a través de una herida abierta visible); quistes o lesiones de la piel como ampollas o granos; tumores; esfuerzo excesivo (sin incluir insolación); desmayo; neuritis, lumbago, hernia, sin importar la causa; la enfermedad o el padecimiento en cualquier forma.
- Condiciones crónicas o degenerativas, tratamiento para osteocondritis debido al sobreuso y que ocurra durante periodos de rápido crecimiento incluyendo pero no limitándose a enfermedad de Osgood-Schlatter, osteocondritis disecante, osteomielitis, espondilólisis, deslizamiento de la epífisis femoral, y lesiones debido a sobreuso, bursitis, tendinitis, desgarramiento muscular, lesiones por movimiento repetitivo, periostitis, esquinces, molestia del codo del tenista y tratamiento de fracturas por esfuerzo a menos que se estipule específicamente en el Catálogo de Beneficios.
- Vacunas, medicamentos o vacunas preventivas, excepto cuando se requieran para el tratamiento de una lesión cubierta.
- Drogas y narcóticos. La Compañía no se responsabiliza por pérdida alguna sufrida o contraída como consecuencia de que el asegurado se encuentre intoxicado o bajo la influencia de algún narcótico a menos que el narcótico sea administrado bajo el asesoramiento de un Médico.
- Lesiones en las que los beneficios son pagados o pagaderos por indemnización laboral, responsabilidad patronal o la ley de enfermedades ocupacionales.
- Las lesiones donde el asegurado es el operador de un vehículo motor y no posee una licencia de operador vigente y válida para vehículo de motor (excepto en un programa de Educación del Conductor).
- Lesiones donde el asegurado está viajando o conduciendo cualquier tipo de vehículo motor como parte de una competencia de velocidad o una carrera programada, incluyendo la prueba de tal vehículo en una pista, circuito o pista de pruebas.
- Guerra, declarada o sin declarar (se reembolsará una prima prorrateada bajo solicitud por tal período no cubierto); participación en un disturbio o desorden civil; o mientras es miembro de las Fuerzas Armadas.
- Ortodoncia (frenos dentales) por cualquier razón, daño a, o pérdida de ortodoncia.
- Aparatos ortopédicos para proteger alguna lesión para permitir que el asegurado participe en actividades atléticas
- Juego o práctica de Fútbol Interescolar de Primera División en Preparatoria; excepto cuando se elige la cobertura.
- Participar o asistir a cualquier actividad organizada por la escuela durante la noche, excepto cuando se elige cobertura por 24 horas.
- Condiciones preexistentes o agravamiento de una condición preexistente, tal como se define. Una condición preexistente es una enfermedad o condición física por la que el Asegurado recibe asesoramiento o tratamiento médico durante los tres meses antes de la fecha efectiva de cobertura.
- Derrame cerebral o accidente o evento cerebro vascular; accidente o evento cardiovascular; infarto al miocardio o ataque al corazón; trombosis coronaria; aneurisma.
- Esquiar, bucear, surfear, patinar con ruedas, patina en hielo, o montar en el rodeo.
- Vuelo con paracaídas, paracaidismo, vuelo libre, vuelo con planeador, vuelo en una aeronave ultra ligera, paravelismo, vuelo a vela, puentismo, bobsled, o viaje en globo aerostático.
- Suicidio o su intento, estando sano o demente (incluyendo sobredosis de droga); lesiones intencionalmente auto infligidas, peleas.
- Suministros, excepto lo estipulado específicamente en la póliza
- Al cometer o intentar cometer una agresión o un delito, o por la que una causa contributiva fue que el Asegurado se encontraba involucrado en una ocupación ilegal.
- Participación en terrorismo.