



# FLOUR BLUFF INDEPENDENT SCHOOL DISTRICT ENROLLMENT FORM

\* = REQUIRED INFORMATION · DO NOT LEAVE BLANK.

<b>I. STUDENT DEMOGRAPHIC INFORMATION</b>	*STUDENT'S LEGAL NAME (Last, First, Middle)			<b>OFFICE USE ONLY</b>																														
	*GRADE	*SEX	For parents - This information is to be used for federal impact aid funding only. Please mark the appropriate box:  <input type="checkbox"/> I am a parent who is on active duty military status. (either parent/guardian) <input type="checkbox"/> I am a parent who is not on active duty military status, but I am employed on base or federal property. (either parent/guardian) <input type="checkbox"/> As a parent none of the above apply to me	Local ID #:																														
	*DATE OF BIRTH  (Month, Day, Year)				State #:																													
	*PLACE OF BIRTH (City, State)			*STUDENT'S SOCIAL SECURITY NUMBER	Entry Code:																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td colspan="3">*HOME PHONE NUMBER</td> <td colspan="2">*CURRENT ADDRESS (Street, Zip Code)</td> <td colspan="2">APT#</td> </tr> <tr> <td colspan="6">MAILING ADDRESS (if different from above)</td> <td>APT#</td> </tr> <tr> <td colspan="3">*PREVIOUSLY ATTENDED FLOUR BLUFF SCHOOLS <input type="checkbox"/> YES      <input type="checkbox"/> NO</td> <td colspan="2">IF YES, WHEN?</td> <td colspan="2">LAST GRADE ATTENDED</td> </tr> </table>														*HOME PHONE NUMBER			*CURRENT ADDRESS (Street, Zip Code)		APT#		MAILING ADDRESS (if different from above)						APT#	*PREVIOUSLY ATTENDED FLOUR BLUFF SCHOOLS <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHEN?		LAST GRADE ATTENDED	
*HOME PHONE NUMBER			*CURRENT ADDRESS (Street, Zip Code)		APT#																													
MAILING ADDRESS (if different from above)						APT#																												
*PREVIOUSLY ATTENDED FLOUR BLUFF SCHOOLS <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHEN?		LAST GRADE ATTENDED																													
<b>III. HEAD OF HOUSEHOLD INFORMATION</b>	*NAME (Last, First)			*PLACE OF EMPLOYMENT																														
	*WORK PHONE NUMBER	*RELATIONSHIP TO STUDENT <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Brother <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Sister <input type="checkbox"/> Aunt <input type="checkbox"/> Spouse <input type="checkbox"/> Friend																																
	*EMAIL ADDRESS																																	
<b>IV. OTHER PARENT OR GUARDIAN</b>	*NAME (Last, First)			*PLACE OF EMPLOYMENT																														
	*WORK PHONE NUMBER	*RELATIONSHIP TO STUDENT <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Brother <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Sister <input type="checkbox"/> Aunt <input type="checkbox"/> Spouse <input type="checkbox"/> Friend																																
	*EMAIL ADDRESS																																	
<b>V. NEW STUDENTS ONLY</b>	*ATTENDED ANOTHER TEXAS PUBLIC SCHOOL <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN?		WHERE?																													
	LAST SCHOOL ATTENDED	ADDRESS OF SCHOOL (if not FBISD)			LAST DAY ATTENDED																													

Students/parents are required to provide proof of accreditation status for prior schools attended for high school credit, other than public schools, upon enrollment into the District.

**VERY IMPORTANT - Please read the back and sign**

· I certify that the above information is true and correct.

The Students of the Flour Bluff ISD will have the opportunity to go on a number of educational field trips during the year.

\_\_\_\_\_ has permission to attend educational field trips during the school year.

· I, the undersigned parent, release the Flour Bluff Independent School District and its personnel from damages or injury that might be sustained by my child other than that resulting from gross negligence on the part of the school employee. It is understood that the classroom teacher has full custody of the child with all the authority of a prudent parent at all times during the field trip.

· I understand that student **accident insurance** is available for purchase for either school time or 24-hour coverage. I understand that the District shall not be responsible for cost of treating injuries or assume liability for any other costs with an injury.

· If I cannot be contacted **in case of emergency**, I hereby authorize the individuals listed on the Emergency Health and Medical History to be notified at the school's discretion.

· FBISD is committed to being a DRUG-FREE, WEAPON-FREE, VIOLENCE-FREE school. I understand the District and Campus Student/Parent Handbooks and FBISD Student Code of Conduct, which explain District policies and procedures, are available on the District website at [www.flourbluffschoools.net](http://www.flourbluffschoools.net). I understand my child and I are responsible for complying with these policies and procedures. I understand I may ask for a paper copy of these handbooks at registration or through the campus office. I understand that my child will be subject to school discipline and possibly to criminal prosecution if he/she is found to have violated the District's Code of Student Conduct, which prohibits the use, possession, sale or distribution of illicit drugs and alcohol, possession of weapons, and involvement in any violent act on school premises or at any school activity.

Failure to sign this form does not exempt your child from compliance with the laws, policies, rules, and regulations of the state and school district.

\_\_\_\_\_  
\*Parent, Guardian Signature

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

\_\_\_\_\_  
\*Date

\_\_\_\_\_  
\*Parent, Guardian Address

\_\_\_\_\_  
\*Parent/Guardian D.O.B. (month/day/year)

\*New Requirement for enrollment  
Texas Education Code 25.002(f)



# Student Residency Questionnaire 2011-2012

## Flour Bluff Independent School District

School/Campus: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_  Male  Female  
Last First Middle

This questionnaire is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act 42 U.S.C. 11435. **The answers to this residency information help determine the services the student may be eligible to receive.**

1. Is your current address a temporary living arrangement?  Yes  No
2. If you answered yes, is this temporary living arrangement due to loss of housing or economic hardship?  
 Yes  No

**If you answered YES to either of the questions above, please complete the remainder of this form. If you answered NO to both questions, you may stop here.**

Where is the student presently living? (Check one Box.)

- In a motel     In a shelter     With more than one family in a house or apartment  
 Moving from place to place     In a place not designed for ordinary sleeping accommodations such as a car, park or campsite

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Month Day Year

Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

### School Use Only

#### Campus Administrator's determination of Section A circumstances:

- Student lives apart from parent/guardian for school purposes.
- Student and parent live with another family - by choice - not by homeless.
- Student comes under the McKinney Act.

#### Campus Administrator determines the most appropriate instructions for your campus/district.

Instructions for Registrars:

1. Mark in PEIMS as appropriate
2. Send questionnaire to Director of Special Programs
3. Keep a file of all questionnaires of homeless students
4. File questionnaire of non-homeless students according to Records Management
5. Contact District Homeless Liaison: Administration office Director of Special Programs

\_\_\_\_\_  
Campus Admin Signature

\_\_\_\_\_  
Date

**Texas Education Agency**  
**Texas Public School Student 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 America.

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
(Parent/Guardian) Signature

\_\_\_\_\_  
Student Identification Number

\_\_\_\_\_  
Date

**Agencia de Educación de Texas**  
**Cuestionario de información de Datos Raciales y de Etnicidad de**  
**Estudiantes 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 rehusa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como ultimo recurso para obtener estos datos utilizados para reportes federales.

Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del edudiante asi 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
- Not 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, Japon, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.
- Negro o Africo-Americano** - Una persona con orígenes de cualquier grupo racial negro de África.
- Nativo de Hawai u otras islas del pacifico** - Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacifico.
- Blanco** - Una persona con orígenes con personas originarias de Europa, el Medio Este o el Norte de África.

---

**Nombre del Estudiante**  
(por favor use letra de imprenta)

---

**Firma (Padre/Representante legal)**

---

**Número de identificación del**  
**Estudiante**

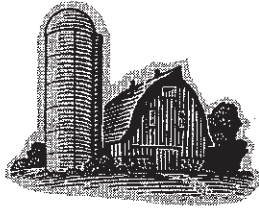
---

**Fecha**

# Flour Bluff Independent School District

2505 Waldron Road  
Corpus Christi, Texas 78418

## FAMILY SURVEY



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

Dear Parents,

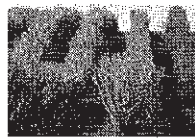
In order to better serve your children, the Flour Bluff school district would like to identify students who may qualify to receive additional educational services. **The information provided below will be kept confidential.** Please answer the following questions and return this survey form to your child's school.

Or, if you prefer, for more information, call: 694-9230

Name of child: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

1. Have you moved within the last 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_

2. If yes, have you done agricultural or fishing related work since your move? (e.g., field work, canneries, lumbering, dairy work, meat processing) Yes \_\_\_\_\_ No \_\_\_\_\_



*If you answered "yes" to both of the questions above, an education representative may contact you to find out whether your child is eligible for additional educational services. Please provide the following information:*

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

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

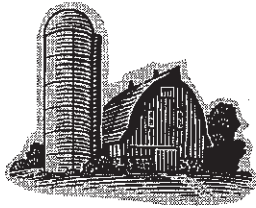
Best Time to Contact You: \_\_\_\_\_

Please return to Dr. Linda Barganski, FBISD Central Office

# Flour Bluff Independent School District

2505 Waldron Road  
Corpus Christi, Texas 78418

## ENCUESTA DE FAMILIA



Fecha: \_\_\_\_\_

Estimados padres,

Para mejorar los servicios educativos de sus hijos, el distrito escolar de Flour Bluff quisiera identificar estudiantes que puedan calificar para recibir servicios educativos adicionales. **Toda la información proporcionada será mantenida confidencial.** Favor de responder a las siguientes preguntas y devolver esta forma a la escuela de su niño/a.

O, si prefiere, para más información, llame a: 694-9230

Nombre de su Niño/a: \_\_\_\_\_ Edad \_\_\_\_\_ Grado \_\_\_\_\_

Fecha de Nacimiento: \_\_\_\_\_

1. ¿Ha cambiado de residencia usted o alguien en su familia dentro de los últimos tres años?  
Sí \_\_\_\_\_ No \_\_\_\_\_

2. Si usted contesto "sí" en la pregunta anterior, ¿ha trabajado usted en la agricultura o en la pesca? (por ejemplo, la labor, fábrica de conservas, explotación de bosques, trabajo en la lechería, el proceso de carne)

Sí \_\_\_\_\_ No \_\_\_\_\_



Si usted contestó "Sí," en las dos preguntas anteriores, un representante del distrito escolar quizás se vaya a comunicar con usted para averiguar si su niño/a califica para servicios educativos adicionales. Favor de completar la siguiente información:

Nombre del Padre/Guardián:

Número de teléfono:

Número Alterno:

Dirección:

Dirección de correo electrónico:

La mejor hora para localizarlo:

Please return to Dr. Linda Barganski, FBISD Central Office

**FLOUR BLUFF INDEPENDENT SCHOOL DISTRICT STUDENT AGREEMENT FOR  
ACCEPTABLE USE OF THE ELECTRONIC COMMUNICATIONS SYSTEM**

**The student agreement must be renewed each academic year.**

**STUDENT** (Print) Name \_\_\_\_\_ Grade in 2011-2012: \_\_\_\_\_

Campus: \_\_\_\_\_ ID# \_\_\_\_\_

I understand that my computer use is not private and that the District will monitor my activity on the computer system. I have read the District's electronic communications system policy and administrative regulations and agree to abide by their provisions. I understand that violation of these provisions may result in suspension or revocation of system access.

I have read the District's electronic communications system policy and administrative regulations. In consideration for the privilege of my child using the District's electronic communications system, and in consideration for having access to the public networks, I hereby release the District, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system, including, without limitation, the type of damage identified in the District's policy and administrative regulations.

**PARENT or GUARDIAN:**

\_\_\_ I do **not** give permission for my child to participate in the District's electronic communications system.

\_\_\_ I give permission for my child to participate in the District's electronic communications system and certify that the information contained on this form is correct.

**Print** parent or guardian name: \_\_\_\_\_

Parent or guardian signature: \_\_\_\_\_

Student's signature \_\_\_\_\_

Home address \_\_\_\_\_

Date \_\_\_\_\_ Phone number \_\_\_\_\_

**NOTICES REGARDING DIRECTORY INFORMATION  
AND PARENT’S RESPONSE REGARDING  
RELEASE OF STUDENT INFORMATION**

Parent: Please mark your choices below:

**Release for School-Sponsored Purposes:**

I, the parent of \_\_\_\_\_  do give  do not give  
*(print student’s name)*

the district permission to use directory information for my child, for specified **school-sponsored purposes**. (Examples: school newspaper, yearbook, The Latest Buzz, HiveKeeper, athletic programs, academic programs, campus newsletters, district website, etc. This includes photographs, video, articles, etc.)



**Release to Organizations Unrelated to School-Sponsored Purposes:**

I, the parent of \_\_\_\_\_  do give  do not give  
*(print student’s name)*

the district permission to release directory information in response to a request **unrelated to school-sponsored purposes**. (Examples: Caller Times, Padre Moon, TV stations – KIII – KRIS – KZTV- KORO – KEDT, South Texas Football Magazine, etc. This includes photographs, video, articles, etc.)



**Release to Military Recruiters and Institutions of Higher Education:**

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 requestors without prior written consent.

I, the parent of \_\_\_\_\_  do give  do not give  
*(print student’s name)*

the district permission to release my child’s name, address, and telephone number to a military recruiter or institutions of higher education upon their request.

Parent signature: \_\_\_\_\_ Parent name: (print) \_\_\_\_\_

Student’s Grade level 2011-2012: \_\_\_\_\_ Student’s Campus: \_\_\_\_\_

**Flour Bluff Independent School District  
Use of Student Work in District Publications**

Occasionally, the Flour Bluff Independent School District wishes to display or publish artwork or special projects on the district's Website and in district publications. The district agrees to only use these student projects in this manner.

I, parent of \_\_\_\_\_ (student's name), \_\_\_do \_\_\_do not give the district permission to use my child's artwork or special project on the district's Website or in district publications.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Grade in 2011-2012

\_\_\_\_\_  
Campus

**FLOUR BLUFF INDEPENDENT SCHOOL DISTRICT  
ACKNOWLEDGMENT OF DISTRIBUTION OF THE STUDENT/PARENT HANDBOOKS AND  
STUDENT CODE OF CONDUCT  
2011-2012**

My child and I have been offered the option to receive a paper copy or to electronically access the 2011-2012 District and Campus handbooks and FBISD Student Code of Conduct (SCOC) at [www.flourbluffschools.net](http://www.flourbluffschools.net).

**I have chosen to:** (select one)

Receive a paper copy of the Student Handbooks and Student Code of Conduct.

Accept responsibility for accessing the Student Handbooks and Student Code of Conduct by visiting the Web address listed above.

I understand that the district and campus handbooks and FBISD SCOC contain 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 the handbooks or SCOC, I should direct those questions to the principal at my campus.

Student Name: \_\_\_\_\_ (please print)

Student Signature: \_\_\_\_\_

Campus of Attendance in 2011-2012: \_\_\_\_\_

Grade Level in 2011-2012: \_\_\_\_\_

Parent Name: \_\_\_\_\_ (please print)

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

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

