



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 edtudiente 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)

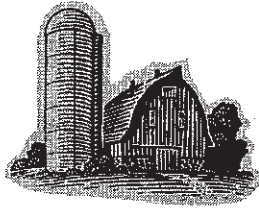
Número de identificación del
Estudiante

Fecha

Flour Bluff Independent School District

2505 Waldron Road
Corpus Christi, Texas 78418

FAMILY SURVEY



Date: _____

Dear Parents,

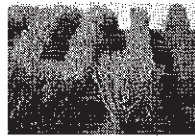
In order to better serve your children, the Flour Bluff school district would like to identify students who may qualify to receive additional educational services. **The information provided below will be kept confidential.** Please answer the following questions and return this survey form to your child's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

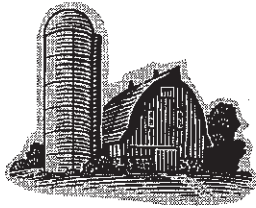
Best Time to Contact You: _____

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.flourbluffschoools.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: _____

