

Dear Parent/Guardian:

This packet contains important forms for the 2020-2021 school year. These forms must be filled out and signed by the student's parent/guardian and we ask that you use BLACK or BLUE PEN ; NO PENCIL. Please fill them out as accurately as possible and return the entire packet to the Jr. High with your student by Friday, April 24th. We are trying to get as many of these done at this time because we know the amount of paper work that goes out at the beginning of the new school year.

If you have any questions, you may call the Jr. High office at (806)592-5940. You may scan and email forms back at celina.hernandez@dcisd.org

Thank you,
Billy Moore, Principal

Note: Please keep forms stapled.

Estimado Padre o Tutor:

Este paquete contiene formularios importantes para el año escolar 2020-2021. Estos formularios deben ser llenados y firmados por el padre o tutor del estudiante y le pedimos que utilice PLUMA NEGRO o AZUL; NO LAPIZ. El favor de llenarlos con la mayor precisión posible y enviarlos de vuelta a la escuela con su hijo(a) antes del Viernes 24 de April. Estamos tratando de obtener el mayor número de estas formas hechas en este momento porque sabemos la cantidad de formas que salen al principio del año escolar.

Si usted tiene alguna pregunta, puede llamar a la oficina al 806-592-5940.

Gracias,
Billy Moore, Principal

Nota: Los formularios deben mantenerse grapadas.

DENVER CITY PUBLIC SCHOOLS

WILLIAM G. GRAVITT JUNIOR HIGH

Enrollment Sheet 2020-2021

Student's Name (Legal Name) Last Name First Name Middle Name

Date Enrolled 8-17-20 Age September 1, 2020 Gender Grade 8

Date of Birth Birthplace (City) (State)

Home Phone Cell Phone Email

Mailing Address City State Zip

Physical Address (If different from mailing address)

Bus Student Yes No Bus #

Is Denver City Independent School District your legal residence? Yes No If not, which school district is?

School last attended School phone no.

School address City State Zip Code

Have you ever been retained? Yes No If yes, what grade?

Have you previously attended Denver City schools? Yes No If yes, which grade/s?

Was your child previously enrolled in Speech or Special Education classes? Yes No

Was your child previously enrolled in an ESL/LEP program? Yes No

Does your child have a current 504 Plan? Yes No

Student Lives With:

- Both Parents, Mother Only, Father Only, Legal Guardian, Each Parent Alternately, Parent & Step Parent, Foster Parents, Grandparent, Other

Father or Guardian (Circle one)

Name

Race Date of Birth

Work # Work Cell #

Employer

Mother or Guardian (Circle one)

Name

Race Date of Birth

Work # Work Cell #

Employer

Have you moved within the past three (3) years, even for a short time? Yes No

When you moved, did you move from one school district to another? Yes No

Did you move so that a member of your family could find work in agriculture or fishing? Yes No

List names of other children in the DC schools:

Table with 2 columns: Name, Grade

Is there a court order or divorce decree for your child/children involving parental rights? Yes No

If yes, please provide an official document with a raised seal for your child's records.

I understand that all of the above information is true and correct and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature Date

Student Residency Questionnaire

The information on this form is required to meet The Education for Homeless Children and Youth (EHCY) program, authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.), also known as the McKinney-Vento Act.

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. Texas Education Code Sec. 25.002(3)(d).

All of the questions below refer to the student that is enrolling.

Date _____ Student _____ Grade _____

Name of person completing this form: _____ Relationship to student _____

Address (Where the student sleeps at night) _____

Main Phone (_____) _____ Other Phone (_____) _____

"X" all boxes below that best describe where the student sleeps at night, leave those blank that do not apply:

	In a home that the student's parent or legal guardian owns or rents (C189=0)
	In a place that does not have windows, doors, running water, heat, electricity, or is overcrowded (C189=3)
	Staying with a friend or relative because of loss of housing, economic hardship, or a similar reason (C189=2) <i>(Examples: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)</i>
	In a shelter (C189=5) <i>(Examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)</i>
	In an unsheltered location, such as: <ul style="list-style-type: none"> • a tent • a car, truck or van • an abandoned building • on the streets • in the park (C189=3)
	In a hotel or motel because of loss of housing or economic hardship (C189=4) <i>(Examples: eviction, foreclosure, cannot get deposits for permanent home, flood, fire, hurricane)</i>
	In a transitional housing program (C189=5) <i>(Housing that is available as part of a program for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, governmental agency, or another organization)</i>
	The student lives here because of a natural disaster. "X" the type of disaster below and provide the requested information: ___ Hurricane--Name of hurricane: _____ ___ Flood ___ Tornado ___ Wildfire ___ Other – Please describe: _____ Date of natural disaster: _____
	The student does not sleep in any of the places described above. Tell below where the student does sleep:

Provide the following information for school-age siblings (brothers and/or sisters) of the student:

Last Name	First Name	Brother or Sister	Stay at the same place (X)	Grade

List all other school-aged children that stay in the same place:

Last Name	First Name	Grade

Signature of Person Providing Information
 Parent/Legal Guardian/Caregiver/Unaccompanied Student

Date

For School Use Only

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature

STUDENT EMERGENCY CARD

Student's Name _____
 (Last) (First) (Middle)

Birth Date _____ Grade 8 Home Phone _____ Cell Phone _____

Mailing Address _____ Physical Address _____

City _____ State _____ Zip _____

TO PARENT OR GUARDIAN: To serve your child in case of ACCIDENT OR SUDDEN ILLNESS, it is necessary that you furnish the following information for emergency calls.

Business Address Business Telephone

Father/Guardian _____

Mother/Guardian _____

LIST TWO NEARBY RELATIVES OR NEIGHORS WITH A TELEPHONE AND TRANSPORTATION WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED.

Name _____ Name _____

Home Phone _____ Cell Phone _____ Home Phone _____ Cell Phone _____

STUDENT PHYSICAL HISTORY

	Year		Year		Year
Accident-Serious		Hypertension		Seizure Disorder	
Allergy-Drug/Other		Illness-Serious		Speech Disorder	
Asthma		Orthopedic Handicap		Surgery – Serious	
Cardiac Disease/Problem		Congenital Deformity		Urinary Problem	
Diabetes		Hearing Loss		Vision Loss	

HEALTH INFORMATION: List any other health conditions or chronic conditions. (Health information will be shared on a "need to know" basis) Please explain _____

Doctor: 1st Choice _____ 2nd Choice _____

If your child has had any of the above conditions did he/she receive medical care? Yes _____ No _____

Is he/she under any treatment now? Yes _____ No _____

Has your child had a complete physical in the last 12 months? Yes _____ No _____

Is your child on any kind of medication? Yes _____ No _____

If so, what? _____

For what conditions? _____

Is your child under medical care at this time? _____

Name a physician or clinic? _____

Further comment _____

PLEASE FEEL FREE TO CONSULT WITH THE SCHOOL STAFF ON THE HEALTH PROBLEMS OF YOUR CHILD.

Parent/Guardian Signature _____

Date _____

**REQUEST FOR "LIFE THREATENING"
FOOD ALLERGY INFORMATION**

Dear Parent:

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

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

Please list any foods to which your child has a life-threatening allergy. In order to provide adequate care for your child during school hours, please check if the following are available.

No information to report (check box if applicable & fill out student information)

Food	Doctor's Note	Epi-pen

***NOTE* LIFE THREATING diagnosis must be confirmed by physician documentation.**

Also:

You must have physician's documentation with alternative food choices to request special diet or meal modifications.

TO REQUEST A SPECIAL DIET OR MODIFICATION OF A MEAL PLAN, OR TO PROVIDE INFORMATION FROM YOUR DOCTOR ABOUT YOUR CHILD'S FOOD ALLERGY, YOU MUST CONTACT THE SCHOOL NURSE OR SCHOOL ADMINSTRATOR WHERE YOUR CHILD ATTENDS SCHOOL.

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

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian Name: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form received by Campus: _____