

Student Registration Requirements

2020 - 2021

- ___ 1. Proof of Residency - ***This must be presented before enrollment***
- ___ 2. Parent/Guardian must be with the student and provide D.L or I.D.
- ___ 3. Withdrawal Form
- ___ 4. Copy of birth certificate
- ___ 5. Shot Records
- ___ 7. Copy of Social Security Card
- ___ 6. Guardianship papers if student does not live with parents
- ___ 8. Transcript and last report card from previous school
- ___ 9. Has the student ever been retained
- ___ 10. Is the Student enrolled in any special programs
(Speech, Special Education; ESL/Bilingual; Gifted and Talented; Remedial Reading, Math; etc.)

2020 - 2021 STUDENT ENROLLMENT
Please Print

Date _____

2020-2021 Grade _____

Student's Full Name _____
Last First Middle Suffix

Home Address _____ ZIP _____

Date of Birth _____ Age _____ Gender: _____ Female _____ Male Social Security # _____ - _____ - _____

Birthplace City _____ County & State _____ Country _____

Race: _____ Black _____ Hispanic _____ White Other: _____

Has the student ever been enrolled in Palestine School District? _____ Yes _____ No If yes, what grade? _____

If no, please list most recent school attended: _____

List any Special Programs/Needs _____ Has student ever been retained? _____ Yes _____ No
(Speech; Special Education; ESU/bilingual; Gifted-Talented; Remedial Reading; Math; etc.)

**Birth Father's Name _____ Date of Birth _____/_____/_____
Last First Middle Suffix

Home Address _____ ZIP _____

Home Phone # (_____) _____ Cell # (_____) _____

Name of Employer _____ Work # (_____) _____

**Birth Mother's Name _____ Date of Birth _____/_____/_____
Last First Middle

Home Address _____ ZIP _____

Home Phone # (_____) _____ Cell # (_____) _____

Name of Employer _____ Work # (_____) _____

**Child Resides With: _____ Relationship to Child _____

Address _____ Phone _____

Please list names of brothers and sisters:

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact / Permission To Pick Up: ONLY THE PERSONS LISTED BELOW WILL BE ALLOWED TO PICK UP YOUR CHILD!

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

List any physical defects or handicaps _____

Doctor Preferred _____ Phone # _____

Emergency Medical Treatment

_____ Yes _____ No I do hereby authorize officials of Palestine ISD to contact directly the persons named on this card, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child, in case I cannot be reached.

Administering Medication

_____ Yes _____ No Palestine ISD personnel may administer medication brought from home in accordance with the instruction in the district's medication policy.

Signature of Parent/Guardian _____ Date _____

_____ INDEPENDENT SCHOOL DISTRICT/CHARTER SCHOOL

HOME LANGUAGE SURVEY-19TAC Chapter 89, Subchapter BB §89.1215

TO BE COMPLETED BY PARENT OR GUARDIAN (OR STUDENT IF GRADES 9-12): The state of Texas requires that the following information be completed for each student that enrolls for the first time in Texas public schools. This survey shall be kept in each student's record folder.

NAME OF STUDENT _____ STUDENT ID# _____

ADDRESS _____ TELEPHONE # _____

CAMPUS _____

1. What language is spoken in your home most of the time? _____

2. What language does your child speak most of the time? _____

Signature of Parent/Guardian Date

Signature of Student if Grades 9-12 Date

Cuestionario del idioma que se habla en el hogar

DEBE DE COMPLETARSE POR EL PADRE/MADRE/ O REPRESENTANTE LEGAL: (O POR EL ESTUDIANTE SI ESTA EN LOS GRADOS 9-12): El estado de Texas requiere que la siguiente información se complete para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Este cuestionario se archivará en el expediente del estudiante.

NOMBRE DEL ESTUDIANTE _____ #ID _____

DIRECCION _____ TELEFONO _____

ESCUELA _____

1. ¿Qué idioma se habla en su hogar la mayoría del tiempo? _____

2. ¿Qué idioma habla su hijo/a la mayoría del tiempo? _____

Firma del Padre/Madre/ o Representante Legal Fecha

Firma del estudiante si está en los grados 9-12 Fecha

Palestine ISD
Student Enrollment Information

Date: _____

Student Name: _____ Grade: _____

Date of Birth: _____ Age: _____

Please help us place your child in the correct classes and receive the proper services by answering the following questions to the best of your knowledge.

____ YES ____ NO

Has your child ever been retained or repeated a grade?
If yes, what grade? _____

____ YES ____ NO
____ YES ____ NO

Does your child speak a language other than English? If yes,
was your child in an **ESL/Bilingual** class at the previous school?

____ YES ____ NO

Does your child receive **Special Education** services?

- ____ SPEECH
- ____ OT (OCCUPATIONAL THERAPY)
- ____ PT (PHYSICAL THERAPY)
- ____ ACADEMIC ACCOMMODATIONS
- ____ LIFE SKILLS
- ____ BEHAVIOR UNIT
- ____ OTHER HEALTH IMPAIRMENT

____ YES ____ NO

Does your child receive accommodations under **Section 504**?

- ____ DYSLEXIA
- ____ ADHD (ATTENTION DEFICIT HYPERACTIVITY DISORDER)
- ____ ADD (ATTENTION DEFICIT DISORDER)
- ____ OTHER HEALTH IMPAIRMENT

____ YES ____ NO

Is your child identified GT or in Accelerated Classes?

Comments/Other important information about your child:

Thank you for your help! If you have questions or concerns, please let us know.

Palestine Independent School District

Texas Education Agency Texas Public School Student/Staff Ethnicity and Race Data Questionnaire

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

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

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

_____ Student/Staff Name (please print)

_____ (Parent/Guardian)/(Staff) Signature

_____ Date

Student/Staff Identification Number

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.	
Ethnicity – choose only one: _____ Hispanic / Latino _____ Not Hispanic/Latino	Race – choose one or more: _____ American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White
Observer signature:	Campus and Date:

Palestine Independent School District

1007 E Park Ave
Palestine, TX 75801

Military Connected Student Data Collection 2020 - 2021

Beginning in the 2013-2014 school year, the Texas legislature has passed a bill requiring that school districts report all military-connected students—not just Pre-Kindergarten as in previous years for an eligibility criteria for PK.

Yes / No Is the Student a dependent of a member of the Army, Navy, Air Force, Marine Corps, or Coast Guard on active duty?

Yes / No Is the Student a dependent of a member of the Texas National Guard (Army, Air Guard or State Guard)?

Yes / No Is the Student a dependent of a member of the Reserve force in the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard)?

Student Name

Grade

Parent/Guardian Signature

Date

Colección de Datos de Estudiantes Conectados a Militares 2020 - 2020

A partir del año escolar 2013-2014, la legislatura de Texas aprobó una ley que requiere que los distritos escolares informen de todos los estudiantes conectados a militares, no sólo Pre-Kindergarten, como en años anteriores por un criterio de elegibilidad para el PK.

Sí / No ¿El estudiante es dependiente de un miembro del Ejército, Armada, Fuerza Aérea, Infantería de Marina o Guardacostas en servicio activo?

Sí / No ¿El estudiante es un dependiente de un miembro de la Guardia Nacional de Texas (Ejército, Guardia Aérea o Guardia del Estado)?

Sí / No ¿El estudiante es un dependiente de un miembro de la fuerza de reserva en los militares de Estados Unidos (Ejército, Armada, Fuerza Aérea, Infantería de Marina o Guardacostas)?

Nombre del Estudiante

Grado

Padre / Tutor

Fecha

Positive Attitudes *Integrity* *Shared Responsibility* *Dedication to Excellence*

Palestine Independent School District

1007 E Park Ave
Palestine, Tx 75801

Universal Foster Care Indicator Code Data Collection 2020 -2021

Beginning in the 2019 -2020 school year, the Texas legislature passed a bill requiring that school districts report all students who are currently in the conservatorship of the Department of Family and Protective Services (Foster Care). The Foster parent must provide a copy of the Texas DFPS Placement Authorization Form (Form 2085) or a court order that designates the student is in the conservatorship of the Department of Family and Protective Services.

YES / NO Is Student currently in conservatorship of the Department of Family and Protective Services (Foster Care)?

Student Name

Grade

Parent/Guardian Signature

Date

Universal Foster Care Indicador Colección Código de datos 2020 - 2021

A partir del año escolar 2019 -2020, la legislatura de Texas aprobó una ley que requiere que los distritos escolares informan de todos los estudiantes que se encuentran actualmente bajo la custodia del Departamento de Familia y Servicios de Protección (Foster Care). El padre de crianza debe proporcionar una copia del Formulario de Autorización de la Colocación de Texas DFPS (Formulario 2085) o una orden judicial que designa que el estudiante está bajo la custodia del Departamento de Familia y de Protección.

SI / NO ¿El estudiante actualmente está bajo la tutela del Departamento de la Familia y de Servicios de Protección (Foster Care)?

Nombre del Estudiante

Grado

Padre / Guardián

Fecha

*P*ositive Attitudes *I*ntegrity *S*hared Responsibility *D*edication to Excellence

Palestine Independent School District

Letter to parent requesting food allergy information

Dear Parent,

The bottom of this letter allows you to disclose whether your child has a food allergy that you believe should be disclosed to the District in order to enable us to take the necessary precautions for your child's safety.

A "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 food to which your child is allergic or severely allergic, as well as how your child reacts when exposed to the food that is listed.

A Doctor's note is required for the cafeteria to make food substitutions and for the nurse's office to administer prescribed medications.

The District will maintain the confidentiality of the information provided and will only disclose the information within the limitations of the Family Educational Rights and Privacy Act and District Policy.

Please contact your campus nurse at 903-731-8008 ext. 2759 if you have any questions.

No information to report

Student Name: _____ DOB: _____

Campus: _____ Grade: _____

Parent/Guardian Name: _____

Day time phone number: _____

Food	Reaction	Diagnosed by Doctor



FAMILY SURVEY

2020-2021

Dear Parents,

In order to better serve your children, the Palestine Independent 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.

For more information, call: Carol Herring at 903-731-800

1. Have you moved within the last 3 years?

Yes No

2. Have you moved in order to do temporary or seasonal work?

Yes No

3. Check the temporary or seasonal work that applies:

- | | | |
|--|--|--|
| <input type="checkbox"/> chickens | <input type="checkbox"/> picking fruits and vegetables | <input type="checkbox"/> lumber |
| <input type="checkbox"/> eggs | <input type="checkbox"/> moves to work in the summer | <input type="checkbox"/> dairy work |
| <input type="checkbox"/> plant nurseries | <input type="checkbox"/> field work | <input type="checkbox"/> meat processing |
| <input type="checkbox"/> ranching | <input type="checkbox"/> canneries | <input type="checkbox"/> fencing |

Please provide the following information:

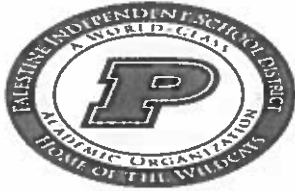
Name of Child _____

Date of Birth _____ Grade _____

Parent/Guardian Name _____ Telephone number _____

Best time to contact you _____

If you answered "yes" to questions 1 and 2 above, Marisol Mancha from the Region 7 Education Service Center may contact you to find out whether your child is eligible for additional educational services.



Palestine Junior High School

Campus Parent Compact

The mission of Palestine Junior High School is to create an environment that promotes lifelong learning for students and faculty to reach their highest potential of academic, vocational, and social achievement. As determined by state and national standards, PJHS will maintain a collaborative environment to facilitate student success and provide struggling students additional learning opportunities.

This school-parent compact outlines the shared responsibilities of parents, the school staff, and students for improved achievements. The compact describes the means by which the school, students, and parents will build and develop a partnership to help students achieve at the state's high standards.

The school shall provide:

1. An atmosphere that is conducive to learning.
2. Instruction that meets the needs of individual students in achieving expected levels of academic performance.
3. Communication with parents which indicates the student's progress.
4. Communication with students which addresses individual academic progress and allows opportunities for the student to address his/her needs.
5. Encourage students to accept others and their individual abilities.

Joseph Mason, Principal

Date

The parents shall provide:

1. Support of the school's attendance guidelines by having the student at school regularly and promptly.
2. A scheduled time and place for study and completion of assignments and homework, with assistance as needed.
3. Communication with school staff through parent-teacher conferences, various written communications, and attendance at school functions/activities.
4. Behavioral guidelines for the student which support a safe and positive learning environment.

Parent Signature

Date

The student shall:

1. Obey and follow the rules of proper conduct established in the Student Handbook and Code of Conduct.
2. Assume responsibility for his/her learning. This includes completing assignments, participating in the learning process appropriately, and requesting assistance as needed.
3. Respect the rights of other individuals and their property. This includes students and staff.

Student Signature

Date

PISD
PALESTINE JUNIOR HIGH SCHOOL
233 BEN MILAM ◊ PALESTINE, TX 75801
OFFICE (903) 731-8008 ◊ FAX (877) 655-0731

Please initial on the line beside each statement, make a choice where needed, sign and date at the bottom and return this document to your child's school.

_____ My student and I have read, understand and agree to abide by the PISD Code of Conduct for the 2020-2021 school year.

_____ My student and I have read, understand and agree to abide by the Palestine Junior High Handbook for the 2020-2021 school year.

_____ My student and I have read, understand and agree to abide by the PISD Transportation Reminder Tardy/Early Pick-Up Policy.

_____ My student and I have read, understand and agree to abide by the Palestine Junior High Parent/Student/Teacher Compact.

_____ I (GIVE) (DO NOT GIVE) PISD permission to release district information concerning my child's name, address, telephone #, e-mail address, photograph, date-place of birth, awards received, attendance, grade, recent school attended, participation in officially recognized activities and sports, weight-height.

_____ I (GIVE) (DO NOT GIVE) PISD permission to display or publish original student work, voice recordings and/or video recordings of my child.

_____ I have read, understand and (GIVE) (DO NOT GIVE) PISD permission to use corporal punishment with my child.

Printed name of student: _____ Grade: _____

Home Room teacher: _____

Signature of student: _____

Signature of parent: _____

Date: _____

Student Name: _____ Grade Level : _____

Bullying Acknowledgment Form

My child and I have reviewed the information in the student handbook regarding bullying. If I have any questions regarding bullying, I should direct those questions to the principal at wstewart@palestineschools.org or (903) 731-8005.

Bullying is defined in Section 37.0832 of the Education Code as a single significant act or a pattern of acts by one or more students directed at another student that exploits an imbalance of power and involves engaging in written or verbal expression, expression through electronic means, or physical conduct that:

- Has the effect or will have the effect of physically harming a student, damaging a student's property, or placing a student in reasonable fear of harm to the student's person or of damage to the student's property;
- Is sufficiently severe, persistent, or pervasive enough that the action or threat creates an intimidating, threatening, or abusive educational environment for a student;
- Materially and substantially disrupts the educational process or the orderly operation of a classroom or school; or
- Infringes on the rights of the victim at school.

If a student believes that he or she has experienced bullying or has witnessed bullying of another student, it is important for the student or parent to notify a teacher, school counselor, principal, or another district employee as soon as possible to obtain assistance and intervention. The administration will investigate any allegations of bullying or other related misconduct. The district will also provide notice to the parent of the alleged victim and the parent of the student alleged to have engaged in bullying. A student may anonymously report an alleged incident of bullying by utilizing the **StopIt** application, which can be uploaded to a mobile device, tablet, or laptop.

Printed name of student: _____

Signature of student: _____

Signature of parent: _____

Date: _____

AUTHORIZATION OF EMERGENCY MEDICAL TREATMENT/ STUDENT HEALTH INFORMATION

In an effort to provide safe, informed care for your child at school the following information is required to complete your child's enrollment. The medical information you provide about your child is a confidential education record. PISD keeps all medical information about your child confidential as required by the Family Educational Rights and Privacy Act and other applicable law. However, health information about your child will be communicated to PISD school personnel who require the information to better serve your child. If your child has an acute chronic medical condition, or any medical changes occur during the school year, it is your responsibility as the parent/guardian to notify the school nurse and update this information.

Student Name: _____ Date of Birth: _____ Gender: _____ Grade: _____

(Last) (First) (Middle)

Parent/ Guardian Name: _____ Home #: _____ Cell #: _____

Work #: _____ Email: _____

Health conditions: Please answer **ALL** questions below that are associated with your child's condition(s). If your child has a significant health condition, requires medication or any special procedures at school please contact your school nurse. All medication brought to the school must be brought in the original container, checked in at the nurses office by the parent, and must be accompanied by a signed Doctor's order (you can acquire these from the school nurse) even if the student carries an inhaler on him/herself.

Abdominal Issues: <input type="checkbox"/> Colitis <input type="checkbox"/> Constipation <input type="checkbox"/> IBS <input type="checkbox"/> G-Tube <input type="checkbox"/> Gastric Reflux <input type="checkbox"/> Crohn's Disease <input type="checkbox"/> Kidney/Bladder <input type="checkbox"/> Other: _____ Explain: _____	Emotional Issues: <input type="checkbox"/> Bipolar <input type="checkbox"/> Depression <input type="checkbox"/> OCD <input type="checkbox"/> School Phobia <input type="checkbox"/> Other: _____ Is your child under medical care at this time for this condition? YES NO Medications taken : _____
ADD/ADHD: When was your child diagnosed? _____ Is your child under medical care at this time for this condition? YES NO Medications taken : _____	Heart: <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Irregular Heart Rate <input type="checkbox"/> Long Q/T Synd. <input type="checkbox"/> Defibrillator <input type="checkbox"/> Pacemaker <input type="checkbox"/> Other: _____ <input type="checkbox"/> Heart Defect , Type _____ Medications taken : _____
Medication needed during school day ? YES NO Allergies: <input type="checkbox"/> Animals <input type="checkbox"/> Food <input type="checkbox"/> Insect <input type="checkbox"/> Latex <input type="checkbox"/> Medicine <input type="checkbox"/> Seasonal Allergic to _____ Symptoms of reaction : _____ Medications taken for this conditions at home and/ or at school: _____ Is allergy severe enough to need an EPI-PEN at home and/ or at school? YES NO (It is the parents responsibility to supply one for school) Asthma: When was your child diagnosed? _____ Is your child under medical care at this time for this condition? YES NO Medications taken : _____ Medication needed during school day ? YES NO Will your child be carrying an inhaler on his/her person? YES NO Does your Child Need a Nebulizer ? YES NO	Muscle, Bone , Joint Disorders: <input type="checkbox"/> Arthritis <input type="checkbox"/> Scoliosis <input type="checkbox"/> Other/Explain _____ Is your child currently under medical care for this condition? YES NO Medications taken for this condition : _____ Does your child require any P.E. restrictions? YES NO If YES please explain : _____
Blood Disorders: <input type="checkbox"/> Clotting disorders (such as hemophilia) <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Sickle Cell Trait Other: _____ Diabetes: When was your child diagnosed ? _____ Insulin Dependent ? YES NO Self Administers ? YES NO Medications taken for diabetes ? _____	Neurological: <input type="checkbox"/> Autism <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Headaches <input type="checkbox"/> Migraines <input type="checkbox"/> Spine Bifida <input type="checkbox"/> VNS <input type="checkbox"/> Other: _____ Seizures (TYPE): _____ Last seizure date : _____ Medications taken for this condition : _____
Ears, Eyes, Nose: <input type="checkbox"/> Frequent ear Infections <input type="checkbox"/> Hearing Loss : R/L Does your child wear hearing aid ? YES NO Does your child wear : <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts Does your child have a vision loss that CAN'T be corrected ? YES NO Explain: _____ <input type="checkbox"/> Frequent Nose bleeds caused by ? _____	Respiratory OTHER THAN Asthma: <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> COPD <input type="checkbox"/> Other: _____ Medications taken for this condition : _____
OTHER HEALTH CONDITIONS: _____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____

PALESTINE INDEPENDENT SCHOOL DISTRICT

SOCIOECONOMIC INFORMATION FORM

CONFIDENTIAL

Complete and return one form to each school where you have a child enrolled. PLEASE PRINT

Palestine ISD is required to collect the socioeconomic status of each student as a performance indicator for student achievement (TEC 39 for Texas state requirements and ESEA sections 1111 and 1116 for U.S. Department of Education requirements) and for use in disbursement of federal funds (ESEA section 1113).

It is very important that families complete this socioeconomic form in order for schools to receive Title I and State Compensatory Education funding. This funding will directly benefit your child's school. Title I and State Compensatory Education funding can be used to hire personnel, provide tutoring services, order technology, and provide professional development for teachers. We want to continue to provide these necessary learning supports, but without your assistance, we may not be able to.

SECTION A—List all Palestine ISD students in the household

<u>Student ID</u>	<u>First Name</u>	<u>Last Name</u>	<u>MI</u>	<u>Date of Birth</u>	<u>Campus</u>	<u>Grade Level</u>

SECTION B

Do you receive Supplemental Nutrition Assistance (SNAP)? YES NO

Do you receive Temporary Assistance to Needy Families (TANF)? YES NO

If you answered YES on either of the above, skip SECTION C and continue to SECTION D.

SECTION C (Complete only if all answers in SECTION B are NO)

How many total members are in the household (include all adults and children)? _____

TOTAL YEARLY INCOME BEFORE DEDUCTIONS OF ALL HOUSEHOLD MEMBERS _____

Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's compensation, unemployment and all other sources of income (*before any type of deductions*)

SECTION D (Check one of the following two boxes as appropriate and sign below.)

In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA) no student shall be required, as part of any program funded in whole or in part by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent or legal guardian.

I certify that all the information on this form is true. I understand the school will receive federal funds and will be rated for accountability based on the information I provide.

I choose not to provide this information. I understand that the school's disbursement of federal funds and accountability rating may be affected by my choice.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Palestine Independent School District

Standardized Dress and Grooming

Student dress and grooming conveys the expectations of the school and community and influences how others respond to and judge the Palestine ISD and its students. Appropriate student dress and grooming is that which is deemed in good taste, reflecting the standards of our community and contributing to the school climate.

While it is impractical to address every possibility of dress and grooming, a Standardized Dress and Grooming Code has been established in order to assist students in appropriate choices for dress at school. It is necessary for all students to understand that styles or clothing with visual or written messages which are likely to disrupt the school environment are prohibited. Examples of such prohibited messages include, but are not limited to, drugs, alcohol, tobacco, weapons, violence, vulgar or obscene language, and insults to race, religion, gender, or ethnicity. The guidelines and administrative decisions will reflect concern for health and safety of students and the influence of students' dress or grooming on the overall educational climate of the school.

The administrators of each campus shall apply the Standardized Dress and Grooming Code and make all final decisions regarding what is acceptable and appropriate.

General Guidelines:

(These guidelines are expectations for student dress and grooming for all instruction class days upon arrival on the campus until departure from the campus and while participating as a student of Palestine ISD in extracurricular events.)

All Clothing:

- Must be clean and free from holes or tears.
- Must be free from logos, pictures, objects or other symbols that exhibit suggestive or controversial subjects or that would distract from the learning process.
- Logos, pictures, objects or other symbols must be sized small enough so that it can be completely covered by the student's school identification card. (A credit card or Texas driver's license will cover the same sized area.)
- Must be sized to fit. (No sagging, no oversized clothing, no tight-fitting garments.)
- Must be worn as designed for wear (i.e. suspenders worn over the shoulder, no backward or inside out wear).

Dress Code for Students Grades HeadStart/Pre-K through 12th

School issued identification badges at PHS & PJHS must be worn on a lanyard around the student's neck, must be visible at all times, and must not be decorated or marred/destroyed so that it is no longer readable.

Tops (All Students)

- Only solid color, pullover, collared, Polo style shirts with button plackets are allowed. The shirt must be made with buttons on the placket up to the collar and may be long or short sleeved. The shirts must be worn with no more than 3 top buttons unbuttoned.
- Undershirts, such as turtlenecks, camisoles, and tank tops, in any solid color may be worn BENEATH the Polo style shirt.
- Boys' shirts must be tucked into the waistband and the belt must be visible.
- Girls' shirts must be long enough so that the midriff skin is not exposed when arms are raised.
- No sleeveless tops are allowed.
- No crew neck T-shirts are permitted except on campus designated spirit days. On such designated days, the crew neck T-shirt must be school related (i.e. school clubs and organizations, campus/spirit shirts.)
- No undergarments (i.e. bras) are to be exposed.
- Cleavage shall not be exposed.