



Creighton Elementary School Registration Information

Student's Name: _____ Grade: _____

At the time of registration, please present the following documents:

- 1. **Child's Immunization Records** – Child needs to have all the required immunizations to enroll school. *(Stop by the Nurse's office to get clearance)*
- 2. **Child's birth certificate** – Child must be 5 years of age on or before September 1 of this year or 4 years of age on or before September 1, for Pre-Kindergarten.
- 3. **Child's social security card** – Please bring your child's card so that we can make a copy of it. If your child does not have a social security number, then a state PEIMS number will be assigned until you are able to get a social security card for your child.
- 4. **Proof of residency** – A current utility bill with parent/guardian's name and address is required. Ex. Lease agreement, rental contract, utility bill (home land line, water, gas, electric or trash service). *A driver's license is not accepted.*
Special Circumstance:
If a student and parent are living with another family member, parent or custodial parent must present a notarized statement indicating with whom and where the parent and student are living. Proof of residence for the family member must be given.
- 5. **Id** – Of the parent or legal guardian who is enrolling the student.
- 6. **School Records** - Withdrawal Form and Report Card from previous school **(If any)**
- 7. **Legal Documentation** (if applicable)-Ex. Custody Papers, Divorce Decrees, Court Papers (they must be signed by judge)
- 8. **PK ONLY** – Proof of income for the last two months from both parents or a current food stamps letter from Texas Department of Human Services that confirms benefits have been **approved**.

In order to register, the attached forms need to be filled out completely.

Only the biological parent, custodial parent, or court appointed legal guardian may enroll a child in school. If you are the non-custodial parent, you must have a notarized statement from the custodial parent granting permission for the child to live with you, as well as, grant permission for you to enroll the child in school and make educational/medical decisions for the child.

If we may be of any help, please call us at 936/709-2900.

Student name

ID number

Campus

Grade

Military Connected Student Information

State law requires school districts to collect data related to students with connections to the military.

Complete and return this form only if your child meets one of the following criteria:

- Student is a dependent of an **Active Duty** member of the United States military (*Army, Navy, Air Force, Marine Corps, or Coast Guard*).
- Student is a dependent of a member of the Texas National Guard (*Army, Air Guard, or State Guard*).
- Student is a dependent of a member of the reserve force in the United States military (*Army, Navy, Marine Corps, Coast Guard*).
- Pre-kindergarten student** is a dependent of:
 1. An **active duty** uniformed member of the United States military (*Army, Navy, Air Force, Marine Corps, or Coast Guard*);
 2. An **activated/mobilized** uniformed member of the Texas National Guard (*Army, Air Guard, or State Guard*);
 3. An **activated/mobilized** member of the United States reserve (*Army, Navy, Marine Corps, Air Force, or Coast Guard*);
 4. Member of the United States military or reserve or Texas National Guard who was injured or killed while serving on active duty.

Parent/Guardian signature

Date

Foster Care Status Information

State law requires school districts to collect data related to students who currently are in or have been in foster care under certain circumstances.

Complete and return this form only if your child meets one of the following criteria:

- Student is currently in the conservatorship of the Department of Family and Protective Services.
- Pre-kindergarten student was previously in the conservatorship of the Department of Family and Protective Services following an adversary hearing held as provided by Section 262.201, Family Code.

Parent/Guardian signature

Date



CONROE

INDEPENDENT SCHOOL DISTRICT

Committed to Excellence

Parents: Please complete back of form (page 2).

Teacher: check one:

No-show first day

OR

Present first day And Teacher initials _____

CONROE INDEPENDENT SCHOOL DISTRICT

Please complete front AND BACK of this page.

Registration Form - New Students

Campus No: 170902 106

Campus: Creighton Elementary School

Office Use Only	Entry Date: _____	Homeroom: _____
	Grade: _____	Zone Reason: _____
	Zone Code: _____	

Student Name (legal): _____ last first middle

Sex: _____ Birth Date: _____ Student ID#: _____ PEIMS#: _____

Student resides with: mother father both other _____

Name: _____ Phone: (home) _____ (work) _____

Guardian Email addresses: _____

Student's Physical Address: _____ street address city zip

Student's Mailing Address: _____ street address city zip

Other parent/guardian information if applicable: Name: _____ Phone: (home) _____ (work) _____

Physical Address: _____ street address city zip

Other Parent/Guardian Email addresses: _____

Warning: It is a criminal offense pursuant to Texas Penal Code 37.10 for a person to knowingly falsify information on a form required for a student's enrollment in the District. This is such a form.

Parent/guardian signature required for enrollment of student.

Si es necesario por favor pedir la forma en español.

I am aware that in order for my child to attend school in the Conroe ISD, my child must meet the district's residency requirements or be granted an approved interdistrict transfer. I acknowledge that I have read and understand the penalties of falsified information as stated in the Texas Education Code §25.001(h) printed below. I also agree to inform the proper school authorities immediately, should I move from the address indicated. Proof of residency is required.

Texas Education Code. §25.001:

h. In addition to the penalty provided by §37.10 of the Penal Code, a person who knowingly falsifies information on a form required for enrollment of a student in a school district is liable to the district if the student is not eligible for enrollment in the district but is enrolled on the basis of the false information. The person is liable, for the period during which the ineligible student is enrolled, for the greater of:

- 1) the maximum tuition fee the district may charge under §25.038 of this code; or
- 2) the amount the district has budgeted for each student as maintenance and operating expenses.

I hereby certify one of the following: a) primary guardian is a resident (managing conservator or legal guardian/s), b) other legal parent is a resident (possessory conservator), c) student signing form is at least 18 years of age and a resident of the district, or d) student has been granted an approved interdistrict transfer. I understand that one of these conditions must be maintained in order for the student to attend the Conroe ISD. I also agree to inform the proper school authorities immediately, should I move from the address indicated above.

With my signature I acknowledge that I have read and verify the information on this registration form, and that I understand the penalties of providing falsified information as stated above.

Parent/Guardian Signature Date

In order to meet Texas Education Agency's recommended guidelines, CISD is using social security numbers for the required PEIMS Reporting Number. If you choose not to provide this information, please provide the District's Legal Department with written objection within ten days of the issuance of this notice.

The Conroe Independent School District does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in its admissions policies, or by excluding from participation in, denying access to, or denying the benefits of district services, academic and/or vocational and technology programs, or activities as required by Title VI and Title VII of the Civil Rights Act of 1964, as amended, Title IX of the Education Amendments of 1972, the First Amendment of the United States Constitution, the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1973, as amended, and Title II of the Americans with Disabilities Act.

For information about **Title IX rights**, contact the Title IX Coordinator, 3205 W Davis, Conroe, Texas 77304; (936)709-7700. For information about **Section 504/ADA rights**, contact the Section 504/ADA Coordinator, 3205 W Davis, Conroe, Texas 77304; (936)709-7670.

Parents should forward any medical information, allergies, or medical problems to the attention of the campus.

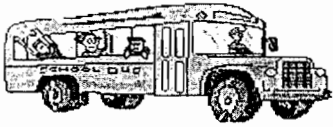
Administrative Enrollment: _____

PEIMS (4/10)

Administrator or Diagnostician/Speech Therapist's signature/title

Date

front (page 1)



School Bus Registration Form

Please complete the following information to ensure access to transportation services. Without prior registration, your student may not be able to ride the school bus until proper registration has been received by the Transportation Department.

(Please print)

Date: _____ Campus: **Creighton Elementary School**

Student's name: _____ Student ID: _____

Will student be riding the bus this year? *(Place an X in the appropriate box)*

Always Sometimes No

Complete the student information below **ONLY** if your student will need to ride the school bus.

Birthdate: _____ Age: _____ Sex: _____ Grade _____

Home address: _____

Phone (Home/Cell): _____

Parent/Guardian name: _____

Parent/Guardian work phone: _____

Emergency Contact: (when parent or guardian can not be reached)

Name: _____ Relationship to student: _____

Address: _____

Phone Numbers: _____

Parent/Guardian Signature: _____

Conroe Independent School District Student Residency Questionnaire

The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as Title X, Part C, of the No Child Left Behind Act. The answers you give will help the school determine the services the student may be eligible to receive.

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).

Name of Student: _____ Gender: Male Female
Last First Middle

Birth Date: ____/____/____ Campus: Creighton Elementary Grade: _____ Student ID#: _____
Month / Day / Year

Check the box that best describes with whom the student resides. (*Please note: legal guardianship may be granted only by a court; students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in and attend school. The school cannot require proof of guardianship for enrollment or continued attendance.*)

- Parent(s)
- Legal Guardians(s)
- Caregiver(s) who are not legal guardian(s) (*Examples: friends, relatives, parents of friends, etc.*)
- Other _____

Name of person with whom student resides: _____

Address: _____

City: _____ ZIP: _____

Home Phone #: _____ Cell Phone #: _____ Other Emergency #: _____

Length of Time at Present Address: _____

Length of Time at Previous Address: _____

Name of the school where student is enrolled or in which student is attempting to enroll: _____

Last District Attended: _____ Last School Attended: _____

Please check only one box that best describes where the student is presently living:

- In my own home or apartment, in Section 8 housing, or in military housing with parent(s), legal guardian(s), or caregiver(s) (*if you checked this box, check one or both of the boxes below, if applicable:*) (CODE=N)
 - My home has no electricity (CODE=U)
 - My home has no running water (CODE=U)
- In the home of a friend or relative because I lost my housing (*examples: fire, flood, lost job, divorce, domestic violence, kicked out by parents, parent in military and was deployed, parent(s) in jail, etc.*) (CODE=D)
- In a shelter because I do not have permanent housing (*examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing*) (CODE=S)

- In transitional housing (*housing that is available for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, or another organization*) (CODE=S)
- In a hotel or motel (*examples: because of economic hardship, eviction, cannot get deposits for permanent home, flood, fire, hurricane, etc.*) (CODE=HM)
- In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or other unsheltered location (CODE=U)
- None of the above describe my present living situation *Briefly describe your situation:* _____

Factors contributing to the student's current living situation (check all that apply):

- Natural disaster
 - Tornado, storm, flood, etc.
 - Hurricane, name: _____
 - Fire: prairie, forest, grass, lightning strike, etc.
- Family issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.
- Home issues such as lack of electricity, water, heat, adequate home repair due to lack of funds, overcrowding, mold, etc.
- Military: Parent/guardian deployed, injured or killed in action
- Incarceration of parent/guardian
- Incapacitation of parent or guardian due to health, mental health, drugs/alcohol, or other factors
- Home fire not due to natural causes (*i.e., faulty equipment/appliances/wiring, furnace, stove, fireplace, etc.*)
- Economic hardship:
 - Loss of job resulting in inability to pay rent or mortgage
 - Income from part-time or low paying job does not cover cost of housing in the area
 - Loss of mortgage, including loss of mortgage of landlord if student/student's family is renting
 - Eviction record and/or inability to produce deposits for rent or utilities
- High medical bills that leave little or no money for housing
- Lack of affordable housing in the area
- Minor student unable to afford housing on my own
- None of the above describe the main reasons for my present living situation *Briefly explain the contributing factors:* _____

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

Name	Grade Level	School	District

Signature of 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

Date



New Student Information

Conroe Independent School District

Campus: Creighton Elementary School Date: _____

Student's name: _____ Sex: _____ Age: _____

Date of birth: _____ Grade: _____ Student ID #: _____

	Yes	No
Has your child ever been enrolled in a Conroe Independent School District school before? <i>If yes, name of school(s):</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever repeated a grade? <i>If yes, which grade(s)?:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
Check Yes or No to indicate whether your child has ever received services in any of the following programs:		
Special Education, including Speech Therapy.....	<input type="checkbox"/>	<input type="checkbox"/>
Special Reading or Math program (not in Special Education).....	<input type="checkbox"/>	<input type="checkbox"/>
Migrant program.....	<input type="checkbox"/>	<input type="checkbox"/>
Bilingual/ESL program.....	<input type="checkbox"/>	<input type="checkbox"/>
Gifted and Talented program.....	<input type="checkbox"/>	<input type="checkbox"/>
Section 504.....	<input type="checkbox"/>	<input type="checkbox"/>
Dyslexia.....	<input type="checkbox"/>	<input type="checkbox"/>

Please note that official testing or other academic documentation may be required for your child to qualify in the Conroe Independent School District for any of the special programs marked "Yes".

FOR OFFICE ONLY

*
Entry Date: _____

From: _____

*
Teacher: _____

*
TRex Request _____

*
Cum Request _____

*
Info. Updated _____



Home Language Survey

Date (Fecha) _____ Campus (Escuela) Creighton Elementary School

Name of student (Nombre del estudiante) _____

Address (Domicilio) _____

ID# (Número de identificación) _____ Grade (Grado) _____

* This form should be filled in and signed by parent or guardian for pre-kindergarten-8 students, or by the student in grades 9-12. (Este formulario debe completarlo y firmarlo el padre/madre o tutor legal de los estudiantes que cursan los grados de prekindergarten a octavo o por el estudiante, en los grados superiores.)

* Refer to Chapter 89, 1215.

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

¿Cuál es el idioma que más se habla en su hogar?

What language does your child speak most of the time?

¿Cuál es el idioma que más habla su hijo/a?

What language does your child speak and understand best?

¿Qué idioma habla y entiende mejor su hijo/a?

Has your child lived outside the United States for two or more consecutive years?

¿Ha vivido su hijo/a fuera de los Estados Unidos por dos o más años consecutivos? Yes No

How long has your child lived in the United States?

¿Cuánto tiempo ha vivido su hijo/a en los Estados Unidos?

Has your son/daughter changed school districts within the last three years?

¿Se ha cambiado su hijo/a de distrito escolar durante los últimos tres años? Yes No

Did your child attend school regularly in the United States or in his/her native country?

¿Asistió su hijo/a con regularidad a la escuela en los Estados Unidos o país nativo? Yes No

Yes, my child attended school regularly in the United States or in my country of origin and finished the previous grade.

Sí, mi hijo/a asistió con regularidad a la escuela en los Estados Unidos o en mi país de origen y terminó el grado inmediato anterior.

No, my child did not attend school regularly in the United States or in my country of origin and did not finish the previous grade as stated below. (Specify the grade, month and year your child failed to attend school. Do not include if absences were less than a month.)

No, mi hijo/a no asistió con regularidad a la escuela en los Estados Unidos ni en mi país de origen y no terminó el grado inmediato anterior, según se especifica. (Especifique el grado, mes y año cuando su hijo/a no asistió a la escuela. No incluya este dato si faltó a la escuela menos de un mes.)

Signature of parent (Firma del padre/madre o tutor legal)

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

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: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Race - choose one or more: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Observer signature	Creighton Elementary Campus and Date



This free and reduced meal application is included in your Kindergarten packet to give you an opportunity to apply for free or reduced meals for your student as he/she begins the **2014-15** school year at Conroe ISD. By filling this out and submitting it, our department can determine if your student qualifies for the free or reduced lunch and if he/she qualifies, can begin eating the first day of school. **Please submit a new application next school year when you receive it, because this application after approval is only good for the first 30 days of school.** Online applications are available and can be accessed through the Child Nutrition website. We ENCOURAGE all families to apply on-line, as this takes about twenty-four hours to process unless the student is not in the system yet. The online application will open the week of August 4th. Parents can apply at www.applyforlunch.com.

Thank You,
Child Nutrition

Esta carta y la solicitud de comidas gratis o a precio reducido vienen dentro del paquete de inscripción al Jardín de Niños (*Kindergarten*) para que usted pueda solicitar comidas gratis o a precio reducido para su estudiante durante el ciclo escolar **2014-15** en Conroe ISD. Una vez que usted entregue esta solicitud llena, nuestro departamento podrá determinar si su estudiante cumple con los requisitos para recibir comidas gratis o a precio reducido. En caso de que su estudiante sea aprobado, él/ella podrá recibir comida desde el primer día de clases. **Nota: Usted deberá llenar y devolver una nueva solicitud en cuanto la reciba al inicio del siguiente ciclo escolar porque esta primera solicitud es temporal y solamente será válida durante los primeros 30 días de clase (en caso de haber sido aprobada).** También podrá llenar la solicitud en línea. Búsquela en nuestra página electrónica en el menú PARENTS y luego en CHILD NUTRITION. Invitamos a las familias a que tramiten su solicitud en línea, debido a que este trámite solamente dura 24 horas a menos que el estudiante no esté dado de alta en el sistema. La opción de presentar la solicitud en línea se abrirá durante la semana del 4 de agosto. Los padres podrán tramitar su solicitud en www.applyforlunch.com.

Atentamente,
Departamento de Nutrición Infantil



**2015 - 2016
Family Survey**
Conroe ISD – 170902

Campus name _____	Campus # _____
-------------------	----------------

Name of child _____

Grade level _____ Date _____

Dear Parents,

In order to better serve your children, the 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 to your child's school.

	Yes	No
1. Did you seek or obtain employment (for wages) in agricultural or fishing related activities within the last three years? (e.g., ranch work, field work, poultry production, canneries, lumbering, dairy work, meat processing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you and your children traveled within the last three years to find the type of work mentioned in question #1?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to both of the questions above, a school representative will contact you to find out whether your child is eligible for additional educational services.

Please provide the following information (Only if "yes" was answered to questions 1 & 2 above)

Name of child _____ Age _____ Grade _____

Father/Guardian _____

Mother/Guardian _____

Home Address _____
Street
City
State
Zip

Home Telephone Number _____

Other Phone _____

The Conroe Independent School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following persons have been designated to handle inquiries regarding these non-discrimination policies:
 Title IX Coordinator, 3205 W. Davis, Conroe, Texas 77304; (936)-709-7700 and the Section 504/ADA Coordinator, 3205 W. Davis, Conroe, Texas 77304; (936) 709-7670.



Community Outreach and Dropout Prevention
Rodrigo Chaves, Director
 3205 West Davis • Conroe, Texas 77304-2098
 936.709.7759

Acknowledgment of Electronic Distribution of Student Handbook and Student Code of Conduct

My child and I have been offered the option to receive a paper copy or to electronically access at www.conroesd.net the Conroe Independent School District Student Handbook and the Student Code of Conduct.

I have chosen to:

- Accept responsibility for accessing the Student Handbook and the Student Code of Conduct by visiting the Web address listed above.
- Receive a paper copy of the Student Handbook and the Student Code of Conduct.

I understand that the Student Handbook contains information that may affect and I agree and accept the school's policies and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences for behavior in the Student Code of Conduct. I have any questions regarding the Handbook or the Code, I should direct those questions to my child's campus principal.

Printed name of student

Signature of student

Signature of parent

Date

Acuse de recibo de la versión electrónica del Manual del Alumno y del Código de Conducta del Alumno

A mi hijo y a mí se nos ha ofrecido la opción de recibir una copia en papel o una copia electrónica en la dirección www.conroesd.net del Manual del Alumno y del Código de Conducta del Alumno del Distrito Escolar Independiente de Conroe.

La opción que he seleccionado es:

- Aceptar la responsabilidad de consultar el Manual del Alumno y el Código de Conducta del Alumno en la dirección electrónica antes mencionada.
- Recibir una copia en papel del Manual del Alumno y del Código de Conducta del Alumno.

Es de mi conocimiento que el Manual del Alumno contiene información que puede afectar y que todos los alumnos serán responsables de su conducta que presentará consecuencias según las directrices de disciplina que establece el Código de Conducta del Alumno. Si tengo preguntas sobre este manual o sobre el Código, es mi responsabilidad dirigirlas al director de la escuela de mi hijo.

Nombre del alumno (letra de molde)

Firma del alumno

Firma del padre

Fecha



CONROE

INDEPENDENT SCHOOL DISTRICT
Committed to Excellence

* I understand I will have to pick this up from the front office.
* Yo entiendo que debo de recoger esta copia de la oficina principal.

Dear Parent or Guardian,

Throughout the year, different organizations come to Creighton Elementary wanting to assist our students and families with school supplies, clothing, and other various needs. The Family Educational Rights and privacy Act, a federal law that make student educational records confidential, prohibits us from releasing student information to these agencies without your permission. To help us work with these groups in the most efficient way possible, we ask that if you are interested in such assistance, you complete and sign the form below. The form should be returned to Susan Fossler.

These assistance programs vary from year to year. Giving us permission to release your information does not automatically mean you will receive assistance. It does let us know that you would welcome such assistance and would be willing to have your information released to these organizations. In turn, these groups agree to use your information only for the purpose of their assistance program(s). It is also required that your consent for release of information be updated annually. If you have a question, feel free to contact your child's counselor.

Sincerely,

Jenny Watson, *Principal*



Estimado Padre de Familia o encargado,

Durante el año, diferentes organizaciones vienen a la escuela Creighton Elementary con el objetivo de ayudar a nuestros estudiantes y sus familiares con útiles escolares, ropa, y otras necesidades. El Acto de Privacidad y Derechos Educativos de la Familia, una ley federal que hace que los archivos e historial educativo del estudiante sean confidenciales, nos prohíbe que divulguemos información de estudiantes a tales organizaciones sin el permiso suyo. Para que nos ayude a trabajar y cooperar con esas organizaciones de la manera más eficiente, le pedimos que si Usted está interesado (a) en recibir dicho tipo de asistencia o ayuda, que complete y firme la forma abajo. Esta forma la debe de regresar a Susan Fossler.

Estos programas de asistencia varían de año a año. El que nos autorice a dar el permiso pedido no significa que recibirá ayuda automáticamente. Lo que nos indica es que Usted está dispuesto (a) a recibir dicha asistencia y que acepta que la información suya sea compartida con esas organizaciones. Esto permite a que estos grupos y organizaciones acuerden usar dicha información solamente para el propósito del program de asistencia. También se requiere que renueve este permiso de divulgación de información anualmente. Si tiene alguna pregunta contacte al consejero (a) de su hijo (a)

Sincerely,

Jenny Watson, *Principal*

Student name / Nombre del estudiante _____

Parents' names / Nombre del padre o encargado _____

Address / Dirección _____

Phone / Teléfono _____

Are there siblings? / ¿Tiene hermanitos? yes / sí no / no

If yes, names and ages of siblings / Nombre y edad de los hermanitos:

Parent signature / Firma del padre _____ Date / Fecha _____