

The information below reflects current information for your child.  
 Please complete the appropriate fields and return this form to your child's school.  
**PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION**

|  |  |
|--|--|
| <b>Name (Legal):</b> _____<br>Last, First Middle | <b>Homeroom: :</b> _____                       |
| <b>Address:</b> _____                            | <b>Previous School:</b> _____                  |
| <b>City, State, ZIP:</b> _____                   | <b>Grade:</b> _____ <b>Grad Year:</b> _____    |
| <b>Primary Phone*:</b> _____                     | <b>Student ID:</b> _____ <b>Gender: M or F</b> |
|  | <b>Home Language:</b> _____                    |
|  | <b>Birth Place:</b> _____                      |
|  | <b>Date of Birth:</b> _____ <b>SS#:</b> _____  |
|  | Retained: Yes No                               |

**Special Programs: LEP:                      GIFTED:                      HOMELESS:                      MIGRANT:                      SPED:**

\_\_\_\_\_ There is a restraining order in effect regarding an individual making contact with this student. I understand I must provide the name and written documentation in order for school personnel to have authority to abide by this request.

**FAMILY # 1 (Where the student resides.)**

|                               |                            |
|-------------------------------|----------------------------|
| <b>Guardian:</b> _____        | <b>Guardian:</b> _____     |
| <b>Relationship:</b> _____    | <b>Relationship:</b> _____ |
| <b>Address:</b> _____         | <b>Work Phone:</b> _____   |
| <b>City, State Zip:</b> _____ | <b>Cell Phone:</b> _____   |
| <b>Primary Phone:</b> _____   | <b>E-mail:</b> _____       |
| <b>Work Phone:</b> _____      |                            |
| <b>Cell Phone:</b> _____      |                            |
| <b>E-mail:</b> _____          |                            |

**FAMILY # 2**

|                               |                            |
|-------------------------------|----------------------------|
| <b>Guardian:</b> _____        | <b>Guardian:</b> _____     |
| <b>Relationship:</b> _____    | <b>Relationship:</b> _____ |
| <b>Address:</b> _____         | <b>Work Phone:</b> _____   |
| <b>City, State Zip:</b> _____ | <b>Cell Phone:</b> _____   |
| <b>Primary Phone:</b> _____   | <b>E-mail:</b> _____       |
| <b>Work Phone:</b> _____      |                            |
| <b>Cell Phone:</b> _____      |                            |
| <b>E-mail:</b> _____          |                            |

**EMERGENCY INFORMATION**

**\*ONLY INDIVIDUALS LISTED HERE ARE ABLE TO PICK UP THE STUDENT\***

| Name | Relationship | Primary Phone | Work Phone | Cell Phone |
|------|--------------|---------------|------------|------------|
|      |              |               |            |            |
|      |              |               |            |            |
|      |              |               |            |            |

**SIBLING INFORMATION (ACTIVE IN GISD)**

| Sibling | Grade | School |
|---------|-------|--------|
|         |       |        |
|         |       |        |
|         |       |        |
|         |       |        |
|         |       |        |
|         |       |        |

**MEDICAL INFORMATION**

**MEDICAL INFORMATION**  
**\*\*THIS INFORMATION IS RESTRICTED\*\***

Does student have any physician diagnosed medical conditions? Yes \_\_\_\_\_ No \_\_\_\_\_

**This student has a history of:**

DIABETES     EPILEPSY     SEIZURES     HEART CONDITION     HEMOPHILIA     ADD     ADHD  
 SPEECH IMPAIRMENT     ORTHOPEDIC PROBLEMS     LOSS OF VISION     LOSS OF HEARING     ASTHMA  
 OTHER (PLEASE SPECIFY) \_\_\_\_\_

**This student has a serious or life threatening allergy to:**

MEDICATIONS     FOODS     INSECT STINGS     OTHER

PLEASE EXPLAIN: \_\_\_\_\_

**Please list any daily medication the student takes at home or at school.**

|                        |             |                  |
|------------------------|-------------|------------------|
| Medication name: _____ | Dose: _____ | Frequency: _____ |
| Medication name: _____ | Dose: _____ | Frequency: _____ |
| Medication name: _____ | Dose: _____ | Frequency: _____ |
| Medication name: _____ | Dose: _____ | Frequency: _____ |
| Medication name: _____ | Dose: _____ | Frequency: _____ |
| Medication name: _____ | Dose: _____ | Frequency: _____ |

**DOCTOR TO NOTIFY:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

If in the judgment of any representative of the school, the above student should need care and treatment by any doctor, teacher, nurse, or school representative, I do hereby agree to indemnify and save harmless the doctor, school, and any school representative from any claim by any person whomsoever on account of such care and treatment of said child.

**\*PLEASE FEEL FREE TO CONTACT THE SCHOOL NURSE AT ANY TIME\***

**By signing below, I acknowledge the following:**

**I have read the electronic and/or hard copy version of the parent-student handbook and code of conduct and understand the contents.**

I give permission for my child's information to be distributed to military recruiters: Yes      No

I give permission for my child's information to be given to higher education personnel: Yes      No

I give permission for my child's information to be shared within the school district and for school sponsored activities. **(District):** Yes      No

I give permission for my child to attend school field trips **(Field Trips):** Yes      No

I have read and understand the district Responsible Use Policy and the Student Handbook. Yes      No

**Parent/Guardian Driver's License #:** \_\_\_\_\_ **Birthdate of Parent / Guardian:** \_\_\_\_\_

**Name of Parent / Guardian (Print):** \_\_\_\_\_

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

**Signing this form indicates that all information is correct and that you agree to the terms in the SPECIAL INSTRUCTIONS section. Presenting false information or false records when enrolling a child is a criminal offense under penal code 37.10. A person who knowingly falsifies information on a form required of a student will be liable for tuition or other costs under TEXAS EDUCATION CODE 21.031 (G).**

**GRANBURY INDEPENDENT SCHOOL DISTRICT**  
**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 permanent record folder.

|  |             |
|--|-------------|
| <b>Student Information:</b>                          |             |
| Student Name:  | Student ID: |
| Address:   | Phone:      |
| Campus   |             |
| What Language is used in your home most of the time? |             |
| What language does your child use most of the time?  |             |
| Parent Signature:                                    | Date:       |



**Granbury Independent School District  
Military Connected/Foster Student Form  
2021-2022**

House Bill 525 and Senate Bill 833 make is necessary for Granbury ISD to collect the state of students in regards to military connectedness and foster care. This information must be reported to the Texas Education Agency in our District PEIMS submissions.

|                                       |  |             |
|---------------------------------------|--|-------------|
| Student Name:                         |  | Student ID: |
| Student Date of Birth:                | Campus:  |             |
| Please mark one box in each section:  |  |             |
| <b>Military Connected Information</b> |  |             |
| <input type="checkbox"/>              | Active Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard (includes MIA)  |             |
| <input type="checkbox"/>              | Texas Nation Guard on active duty  |             |
| <input type="checkbox"/>              | Reserve Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard  |             |
| <b>Pre-K Students Only</b>            |  |             |
| <input type="checkbox"/>              | Armed forces or reserved forces of the United States (Army, Navy, Air Force, Marine Corps, or Coast Guard) or Texas National Guard who has been injured or killed while on active duty |             |
| <b>Foster Care Information</b>        |  |             |
| <input type="checkbox"/>              | Yes, Student is currently receiving Foster Care Services   |             |
| <input type="checkbox"/>              | No, Student is not receiving Foster Care Services  |             |
| <b>Pre-K Students Only</b>            |  |             |
| <input type="checkbox"/>              | Yes, Pre-K student is currently or has ever received Foster Care Services  |             |
| <b>Signature</b>                      |  |             |
| Parent Signature:                     |  | Date:       |



**2020-2021 MEDICAL EMERGENCY INFORMATION CARD**

|                 |             |                |      |
|-----------------|-------------|----------------|------|
| Student's Name: |             | Date of Birth: |      |
| Address:        |             |                |      |
| City:           |             | State:         | Zip: |
| Cell Phone:     | Work Phone: | Other Phone:   |      |

**STUDENT MEDICAL HISTORY**

*Check and explain any area that applies to your child.*

**ALLERGIES**

Allergies to Medications:

Allergies to:

|           |          |       |        |
|-----------|----------|-------|--------|
| Seasonal: | Insects: | Food: | Other: |
|-----------|----------|-------|--------|

Explain:

**HEALTH PROBLEMS**

|                           |                |                   |                     |
|---------------------------|----------------|-------------------|---------------------|
| Asthma (doctor diagnosed) | Inhalers Used: | Other:            |                     |
| Diabetes                  | Epilepsy       | Seizures          | Heart Disease       |
| Vision Loss               | Hearing Loss   | Speech Impairment | Orthopedic Problems |
| Surgeries                 | ADD            | ADHD              | Hemophilia          |

**DOES THE STUDENT WEAR:**

|         |              |             |  |
|---------|--------------|-------------|--|
| Glasses | Contact Lens | Hearing Aid |  |
|---------|--------------|-------------|--|

**MEDICATIONS**

*Does the student require any daily medications (at home or at school)? Please be specific.*

|               |               |
|---------------|---------------|
| Medication 1: | Medication 2: |
|---------------|---------------|

*All medications must be brought to school by an adult and must be in the original container. No medication will be dispensed at school without a Medication Permit Form signed by the parent or legal guardian. Medication shall never be sent on the school bus.*


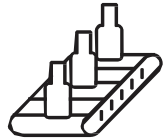
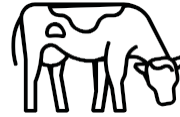





**PHYSICIAN INFORMATION**

*If in the judgement of any representative of the school, the above student should need care and treatment by any doctor, teacher, nurse, or school representative, I do hereby agree to indemnify and save harmless the doctor, school, and any school representative from any claim by any person whomever on account of such care and treatment of said child.*

|                   |                 |
|-------------------|-----------------|
| Doctor to Notify  | Doctor's Phone: |
| Parent Signature: | Date:           |



# 2021-2022 GISD Occupational Survey

|  |  |   |  |
|--|--|---|--|
| Student Name:  |  | Student ID:   |  |
| Student Date of Birth:   |  | Campus:   | Grade:   |
| Our school district is helping the state of Texas identify students who may qualify to receive additional educational services, because someone in your family has engaged in temporary, agriculture work. |  |   |  |
| In the past three years, did you live/stay somewhere temporarily (for the weekend or longer) in order to work or look for work in <b>AGRICULTURE</b> ? (Example: picking pecans or hauling hay)            |  |   |  |
| No   |  | Yes   |  |
| Have you performed any of the jobs listed below ( <b>temporarily or seasonally</b> ) within the U.S.?  |  |   |  |
| No   |  | Yes, please check all that apply in the boxes below   |  |
|  <p>Working with fruit, vegetables, grain, peanuts, cotton, wheat, sugar beets, farms, ranches, fields, vineyards</p>     |  <p>Working in a cannery, granary, or packing plant</p> |  <p>Working on a dairy, temporarily</p>                                    |  <p>Baling and hauling hay</p>                                      |
|  <p>Working in a slaughter house</p>   |  <p>Working on a poultry farm or fishery</p>          |  <p>Working in a plant nursery or orchard; growing or harvesting trees</p> |  <p>Building fence, farm/ranch welding, or other similar work</p> |
| Other Similar Work, please explain:  |  |   |  |
| Parent/Guardian 1 Name:  |  | Parent/Guardian 2 Name:   |  |
| Home Address:  |  |   |  |
| City:  |  | State:  | Zip:   |
| Mailing ( <i>Leave blank if same as above</i> ):   |  |   |  |
| City:  |  | State:  | Zip:   |
| Cell Phone:  | Work Phone:  | Other Phone:  |  |
| Email address:   |  | Best time to contact you?   |  |



Texas Education Agency  
Texas Public School Student Ethnicity & Race Data Questionnaire

|               |             |
|---------------|-------------|
| Student Name: | Student ID: |
|---------------|-------------|

|                        |         |
|------------------------|---------|
| Student Date of Birth: | Campus: |
|------------------------|---------|

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.*)

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

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

|  |  |
|--|--|
|  | <b>American Indian or Alaska Native</b> - 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.   |
|  | <b>Asian</b> - 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. |
|  | <b>Black or African American</b> - A person having origins in any of the black racial groups of Africa.  |
|  | <b>Native Hawaiian or Other Pacific Islander</b> - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  |
|  | <b>White</b> - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.   |

|                                  |       |
|----------------------------------|-------|
| Parent/Guardian/Staff Signature: | Date: |
|----------------------------------|-------|

**Office Use Only**

| <b>Ethnicity:</b>   | <b>Race:</b>                              |
|---------------------|---|
| Hispanic/Latino     | American Indian or Alaska Native          |
| Not Hispanic/Latino | Asian                                     |
|                     | Black or African American                 |
|                     | Native Hawaiian or Other Pacific Islander |
|                     | White                                     |

|                     |       |
|---------------------|-------|
| Observer Signature: | Date: |
|---------------------|-------|



## 2021-2022 STUDENT RESIDENCY QUESTIONNAIRE GRANBURY ISD

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).*

|               |         |                |  |
|---------------|---------|----------------|--|
| Campus:       |         | Date:          |  |
| Student Name: |         | Date of Birth: |  |
| Student ID:   | Gender: | Grade:         |  |
| Cell Phone:   |         | Other Phone:   |  |

### ADDRESS INFORMATION

*Address where the student sleeps at night.*

|          |        |      |
|----------|--------|------|
| Address: |        |      |
| City:    | State: | Zip: |

How long has the student lived at this address?

Check the boxes below that best describe where the student sleeps at night, more than one box may be checked.

|                          |  |                          |          |                          |         |                          |          |
|--------------------------|--|--------------------------|----------|--------------------------|---------|--------------------------|----------|
| <input type="checkbox"/> | In a home that the student's parent or legal guardian owns or rents (C189=0)   |                          |          |                          |         |                          |          |
| <input type="checkbox"/> | In a place that does not have windows, doors, running water, heat, electricity, or is overcrowded (C189=3)   |                          |          |                          |         |                          |          |
| <input type="checkbox"/> | Staying with a friend or relative because of loss of housing, economic hardship, or a similar reason (C189=2)<br><i>(Examples: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)</i>  |                          |          |                          |         |                          |          |
| <input type="checkbox"/> | In a shelter (C189=5)<br><i>(Examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)</i>  |                          |          |                          |         |                          |          |
| <input type="checkbox"/> | In an unsheltered location, such as: (C189=3) <ul style="list-style-type: none"> <li>• a tent</li> <li>• a car or truck</li> <li>• a van</li> <li>• an abandoned building</li> <li>• on the streets</li> <li>• at a campground</li> <li>• in the park</li> <li>• in a bus or train station</li> <li>• other similar place</li> </ul> |                          |          |                          |         |                          |          |
| <input type="checkbox"/> | In a hotel or motel because of loss of housing or economic hardship (C189=4)<br><i>(Examples: eviction, foreclosure, cannot get deposits for permanent home, flood, fire, hurricane)</i>   |                          |          |                          |         |                          |          |
| <input type="checkbox"/> | In a transitional housing program (C189=5)<br><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>  |                          |          |                          |         |                          |          |
| <input type="checkbox"/> | The student lives here because of a natural disaster. "X" the type of disaster below and provide the requested information:  |                          |          |                          |         |                          |          |
| <input type="checkbox"/> | Hurricane  | <input type="checkbox"/> | Flood    | <input type="checkbox"/> | Tornado | <input type="checkbox"/> | Wildfire |
| <input type="checkbox"/> | Other:   | <input type="checkbox"/> | Explain: |                          |         |                          |          |
| <input type="checkbox"/> | The student does not sleep in any of the places described above. Tell below where the student does sleep:  |                          |          |                          |         |                          |          |



**ADDITIONAL INFORMATION**

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

| Last Name | First Name | Brother or Sister | Stays at the same place | Grade | School | District |
|-----------|------------|-------------------|-------------------------|-------|--------|----------|
|           |            |                   |                         |       |        |          |
|           |            |                   |                         |       |        |          |
|           |            |                   |                         |       |        |          |
|           |            |                   |                         |       |        |          |

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

| Last Name | First Name | Grade | School | District |
|-----------|------------|-------|--------|----------|
|           |            |       |        |          |
|           |            |       |        |          |
|           |            |       |        |          |
|           |            |       |        |          |
|           |            |       |        |          |

**VERIFICATION**

|   |      |
|---|------|
|   |      |
| Signature of Person Providing Information<br><i>Parent/Legal Guardian/Caregiver/Unaccompanied Student</i> | 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.*

|                           |      |
|---------------------------|------|
|                           |      |
| Signature of GISD Liaison | Date |

Return all forms to  
Patricia Yelverton  
Granbury ISD Program Liaison  
[Patricia.yelverton@granburyisd.org](mailto:Patricia.yelverton@granburyisd.org)  
Fax: 817-408-4045