

# MOULTON ISD REGISTRATION BLANK

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last Middle First

DOB: \_\_\_\_\_ Sex: M F SSN: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Based on: \_\_\_\_\_

.....  
Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

.....  
Father: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Guardian: (If applicable) \_\_\_\_\_

.....  
School last attended: \_\_\_\_\_ Yrs attended: \_\_\_\_\_

Address: \_\_\_\_\_

List names, birthdates and ages of any other children in your family:

Name	Birthdate	Age

**Moulton ISD**  
**P.O. Drawer C**  
**Moulton, Texas 77975**

Texas Education Agency/Division of Bilingual Education

To be completed by Parent or Guardian. The state of Texas requires that the following information to 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. Please complete a separate form for each student in your household.

**Home Language Survey**  
**Grades K-12**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Campus: \_\_\_\_\_

Student Address: \_\_\_\_\_

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 or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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*Cuestionario del idioma que se habla en el hogar*

*Debe de Completarse por el Padre/Madre/O Representante Legal. El estado de Texas require que la siguiente información se complete para **cada estudiante** que se matricula por primera vez en una escuela publica de Texas. Este cuestionario se archivara en el expediente del estudiante. Por Favor complete un formulario separado por cada estudiante en su hogar.*

Nombre del Estudiante: \_\_\_\_\_ Nivel: \_\_\_\_\_ Escuela: \_\_\_\_\_

Direccion: \_\_\_\_\_

1. Que idioma se habla en su hogar la mayoría del tiempo? \_\_\_\_\_

2. Que idioma habla su hijo/a la mayoría del tiempo? \_\_\_\_\_

Firma del Padre/Madre: \_\_\_\_\_ Date: \_\_\_\_\_

# Moulton ISD 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 services that the student may be eligible to receive.

Name of Student: \_\_\_\_\_ Gender:  Male  Female  
 Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Check the box that best describes with whom the student resides. (*Please note: legal guardianship may only be granted by a court.*)

- Parent(s)
- Legal Guardian(s)
- Caregiver(s) who are not legal guardian(s) (Ex: friends, relatives, parents of friends, etc.)
- Other: \_\_\_\_\_

Check only **ONE** box that best describes where the student is presently living:

- In my own home or apartment
- In the home of a friend or relative by choice (ex: new to the area and currently looking for housing, doubling up to save money, staying with an elderly parent for caregiving purposes, etc.)
- In the home of a friend or relative because I lost my housing due to a hardship (ex: fire, flood, lost job, divorce, domestic violence, kicked out by parents, parents in jail, etc.)
- In a shelter because I do not have permanent housing
- In transitional housing (housing that is available for a specific length of time only and is partly or completely paid for by a church, nonprofit organization, or another organization)
- In a hotel or motel
- In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or other unsheltered location
- In a RV because I do not have a permanent home
- In a home that has no electricity
- In a home that has no running water
- None of the above describe my current living situation. *Briefly explain:*

\_\_\_\_\_

\_\_\_\_\_

Please provide the following information for school age siblings of the student:

Name	Grade Level	School

Signature \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Date \_\_\_\_\_

For School Use Only:  Student Qualifies  Student Does Not Qualify

# Moulton ISD

## 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:

# Request for Food Allergy Information

## MOULTON INDEPENDENT SCHOOL DISTRICT

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe 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 is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food.

FOOD:	NATURE OF ALLERGIC REACTION TO THE FOOD:

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: \_\_\_\_\_

Grade: \_\_\_\_\_ No Known Food Allergies: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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### School Use Only:

Date form was received by the school: \_\_\_\_\_

**Moulton Independent School District**

**Employment Survey**

Parents: If you have worked in temporary, seasonal jobs in agriculture or ranching, your child/children may qualify for supplemental services at school through the Migrant Education Program. Help us determine if your children are eligible for these additional services by answering a few questions and returning this completed survey to the school.

Only one completed survey per family is needed. It is not necessary to return a separate form for each child.

<b>CHILD'S NAME and AGE</b>	<b>CHILD'S NAME and AGE</b>
1.	5.
2.	6.
3.	7.
4.	8.

Within the last 3 years (36 months), did you or one of your family members seek or find work in any of the following:

Agriculture-Planting, harvesting fruits, vegetables, cotton, etc.

Ranches and Farms-Caring for animals, mending fences, etc.

Fishing (not for recreation)-work related to fishing, shrimping, etc.

Processing plants-packing and processing meat, eggs, fruits, vegetables, etc.

Forestry-Planting trees and plants

Other work related to agriculture

If you checked any of the above, where did you move from? \_\_\_\_\_  
City, State, Country

Where did you move to? \_\_\_\_\_  
City, State, Country

None of the above apply \_\_\_\_\_

When is the best time to contact you? \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

# MOULTON I.S.D. IMMUNIZATION RECORD

NAME \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Form to be filled out by the nurse. We will make a copy of the immunization record.

<b>IMMUNIZATIONS</b>					
	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>
<b>DTP</b>					
<b>Tdap</b>					
<b>Polio</b>					
<b>Hib</b>					
<b>MMR</b>					
<b>Hep B</b>					
<b>Hep A</b>					
<b>Pneumococcal</b>					
<b>Varicella</b>					
<b>Meningococcal</b>					
<b>TB Test</b>					



Student Emergency Card

Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ 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:

Mother's Name \_\_\_\_\_ Work Number \_\_\_\_\_ Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Number \_\_\_\_\_ Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_

LIST TWO NEIGHBORS OR NEARBY RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH INFORMATION:** List any health conditions such as allergies (insect bites, medications, food, etc.), asthma, seizure disorders, heart disease, diabetes, eye or ear problems, or any chronic condition, etc.

Explanation: \_\_\_\_\_

List any medications that your child takes at home or at school: \_\_\_\_\_

DOCTOR: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

HOSPITAL CHOICE: Address \_\_\_\_\_ Phone \_\_\_\_\_

I, the undersigned, do hereby authorize officials of Moulton Independent School District to contact directly the person 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 the event physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and / or transportation for said child.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Any additional health conditions or comments:

## STUDENT'S HEALTH HISTORY

Parents and Guardians:

The information requested on this form is needed to maintain a school health record for your child and will be helpful to the school authorities in determining the health status of your child and in assisting him/her to receive maximum benefits from his/her educational opportunity.

NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

### STUDENT'S MEDICAL HISTORY

Please circle if your child has had any of the following:

Asthma	Migraine Headaches
Blood Disorder	Neurological Disorder
Cancer	Orthopedic Handicap
Diabetes	Pneumonia
Frequent Ear Infections	Psychiatric Disorder
Frequent Sinus Infections	Seizure Disorder
Frequent headaches	Serious injury/illness
Hearing loss	Scoliosis
Heart Disease	Speech Difficulty
Hepatitis	Surgery
HIV/AIDS	TB Contact
Hypertension	Urinary Problem
Kidney Disease	Vision Loss

### ALLERGIC TO:

1. Medications: \_\_\_\_\_
2. Foods: \_\_\_\_\_
3. Enviromental: \_\_\_\_\_
4. Wasp or bee sting: \_\_\_\_\_

### SURGICAL PROCEDURES \_\_\_\_\_

Any other health conditions which you feel the school personnel should know to serve your child better.

\_\_\_\_\_

### CURRENT MEDICATIONS:

Drug: \_\_\_\_\_ Dose: \_\_\_\_\_ Reason: \_\_\_\_\_

Administration of medication which is required to be given during school hours must be in it's original labeled container whether it is prescription or over the counter. A note giving written permission to administer the medication must accompany the medication.