

LEXINGTON HIGH SCHOOL

8731 N. Hwy 77
Lexington, Texas 78947
979-773-2254

Sarah Garrison, Principal

Anna Bayer, Counselor

REQUIRED DOCUMENTATION FOR ENROLLING IN LEXINGTON HIGH SCHOOL:

- Registration Packet
- School Records – Transcript, Report Card, Etc.
- Shot Record (Out of state transfers **MUST** have a shot record before enrollment)
- Copy of Birth Certificate
- Copy of Social Security Card
- Two different forms of Proof of Residence
- Copy of enrolling person's Driver's License
- Guardianship Papers (if applicable)

**LEXINGTON INDEPENDENT SCHOOL DISTRICT
STUDENT REGISTRATION FORM**

Date: _____ **Grade:** _____

Name: _____
 First Middle Last

Date of Birth: _____ / _____ / _____ Place of Birth: _____

Social Security Number: _____ / _____ / _____ Ethnicity (Race): _____

Home Telephone Number: (_____) _____

Mailing Address: _____
(Street Number & Name, P. O. Box, County Rd #, City, Zip)

Home Address: _____
(if different from mailing address, i.e., street number & name, city, zip)

Previous School Attended: _____

Address of Previous School: _____

EMERGENCY INFORMATION:

Father's Name (or Guardian): _____

Address: _____

Work Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

Occupation: _____

Business Name and Location: _____

Service Branch:

None Active Duty (Army, Navy, Air Force, Marine Corps, Coast Guard)

Member of Reserve Force (Army, Navy, Air Force, Marine Corps, Coast Guard)

Mother's Name (or Guardian): _____

Address: _____

Work Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

Occupation: _____

Business Name and Location: _____

Service Branch:

None Active Duty (Army, Navy, Air Force, Marine Corps, Coast Guard)

Member of Reserve Force (Army, Navy, Air Force, Marine Corps, Coast Guard)

List a relative or neighbor who will assume temporary care of your child if you cannot be reached in case of emergency. Please do not give your post office box for an address.

Name: _____ Relation: _____ Phone #: (_____) _____

Address: _____

Name: _____ Relation: _____ Phone #: (_____) _____

Address: _____

Lexington Independent School District

8731 N. Hwy 77
Lexington, Texas 78947

(979) 773-2255

Fax (979) 773-4455

REQUEST FOR TRANSCRIPT AND CUMULATIVE RECORD

To Whom It May Concern:

Public Law 93-380, regarding the "Release of School Records" has been modified by SB 182m Article 5, Privacy of Pupil Records, 10947, which reads:

"A school district is not authorized to permit access to pupil records to any person without parental consent or under judicial order except that:

- (A) Access shall be permitted to the following:
Officials and employees of other public schools or school systems including local, county, or state correctional facilities where educational programs leading to high school graduation are provided. Where the pupil intends to or is directed to enroll, subject to the rights of parents as provided in Section 10939."

Pursuant to the above, we are requesting a transcript and cumulative folder for the following student:

_____	____/____/____	_____
Name of Student	Date of Birth	Grade

I give my consent to release the following information to:

Lexington High School
Office of the Registrar
8731 N. Hwy 77
Lexington, Texas 78947

_____ Grades, Standardized Achievement and Intelligence Tests
Please mail official transcript.

_____ Health Data and Medical Records

_____ Other helpful information, including psycho-educational evaluation, individual educational plan, ARD Committee decisions, etc.

_____ Number last reported to P.E.I.M.S.

Parent or Guardian Signature

Signature of School Official

Lexington High School

8731 N. Hwy 77
Lexington, Texas 78947
(979) 773-2254
www.lexingtonisd.net

Confidential

Registration Information

Please answer the following questions to the best of your ability. The information will be used to provide the best possible schedule for your child to ensure his/her continued success in high school.

1. How many schools has your child been enrolled in the last two years? _____
2. Did your child receive Gifted and Talented services in his/her last school? Yes No
3. Was your child receiving Special Education services? Yes No
4. Was your child receiving 504 services? Yes No
5. Was your child enrolled in a Discipline Alternative Placement? Yes No
6. Is your child involved in the Juvenile Justice System? Yes No
7. Are there child custody issues that are pertinent to your child's education at Lexington High School? Yes No
8. Are there guardianship issues? Yes No
9. Are there health issues that are pertinent to your child's education at Lexington High School? Yes No

Do you have your child's transcript? Yes No

Use the reverse side of this form to check off all courses in which your child has received high school credit.

Do you have your child's last report card or schedule of classes?
If not, please record your child's last schedule of classes.

_____	_____
_____	_____
_____	_____
_____	_____

This information will be destroyed after records are received.

LEXINGTON I.S.D.
DISTRICT NAME

TEXAS EDUCATION AGENCY
DIVISION OF BILINGUAL EDUCATION

Home Language Survey

Name of Child _____

Campus _____ Grade _____

TO BE FILLED IN BY PARENT OR GUARDIAN:

- 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

LEXINGTON I.S.D.
NOMBRE DEL DISTRITO

CUESTIONARIO DE IDIOMA HOGARENO
ESTADO DE TEXAS

Nombre del Wino (a) _____

Escuela _____ Grado _____

DESE DE COMPLETARSE POR EL PADRE O GUARDIAN:

- 1) Cual es el idioma que mas se habla en su hogar? _____
- 2) Cual es el idioma que mas habla su nino (a)? _____

Firma del Padre o Guardian

Fecha



REGION XIII
EDUCATION SERVICE CENTER

LEXINGTON ISD
2015-216 Employment Survey

Dear Parent(s),

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

Your information is strictly confidential. It will not be shared or distributed.

Child's name	Grade	Date of Birth
1.		
2.		
3.		
4.		

If you have worked in temporary or 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.

Within the last 3 years (36 months), did you or one of your family members move to seek or find work in agriculture or fishing?

YES (Continue completing the survey and return to the school)

NO (Stop and return the survey to the school) (School do not send to ESC)

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

Ranches and farms—Caring for animals, mending fences, etc

Fishing— work related to commercial fishing, shrimp, etc.

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

Forestry—Planting trees and plants

Other work related to agriculture _____

When is the best day and time to contact you? _____

Name of the MOTHER

Telephone

Physical Address

City

State

Zip Code

Please mail or fax to:

Felix Vazquez, Region 13 Recruiter

Fax: 512-919-5284 Phone: 512-919-5346

ESC USE ONLY	NGS History: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	QAD:	Qualify: <input type="checkbox"/> YES <input type="checkbox"/> NO



REGION XIII EDUCATION SERVICE CENTER

LEXINGTON ISD

2015-2016 Encuesta de Trabajo

Estimado padre(s),

Regrese solo una forma por familia. No es necesario llenar por separado una forma para cada uno de sus hijos.

Su información es estrictamente confidencial. No será compartida con otras agencias ó personas.

Nombre de su hijo/a	Grado	Fecha de nacimiento
1.		
2.		
3.		
4.		

Si usted trabaja temporalmente en agricultura o en ranchos, sus hijos podrían cualificar para recibir servicios adicionales en su escuela bajo el Programa de Educación Para Migrantes. Pedimos nos ayude a determinar si su hijo/a cualifica para estos servicios adicionales contestando algunas preguntas y regresando esta forma a la escuela.

¿Durante los últimos 3 años (36 meses) usted, o algún miembro de su familia se mudó para buscar o conseguir trabajo relacionado con agricultura o pescadería?

___ **SI** (Continúe llenando la forma y devuelva la misma a la escuela)

___ **NO** (Pare aquí y devuelva la forma a la escuela) (School do not send to ESC)

___ **Agricultura-Siembra** y cosecha de frutas, vegetales, algodón, etc.

___ **Ranchos y granjas-Cuidado** y alimentación de animales; poniendo cercas, etc.

___ **Pesca-** Relacionado con trabajos de pescadería

___ **Empacadoras-Empaque** de carne, huevos, frutas, vegetales, etc.

___ **Industria forestal-Siembra** de árboles y plantas

___ **Otro trabajo relacionado con agricultura** _____

¿A que hora y que día de la semana sería mejor para comunicarnos con usted?

Día _____ Hora _____

Nombre de la MADRE _____

Telefono _____

Domicilio-numero de casa y calle _____

Ciudad _____

Estado _____

Código Postal _____

Favor envíe via fax o correo a:

Félix Vázquez, Reclutador de Region 13

Fax: 512-919-5284 Tel: 512-919-5346

ESC USE ONLY	NGS History: <input type="checkbox"/> YES <input type="checkbox"/> NO
	QAD: _____ Qualify: <input type="checkbox"/> YES <input type="checkbox"/> NO

**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
 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:

Texas Education Agency –

Agencia de Educación de Texas

Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal de las Escuelas Públicas de Texas

El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).

Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.

Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).

Parte 1. Etnicidad: ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)

- Hispano/Latino – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.
No Hispano/Latino

Parte 2. Raza. ¿Cuál es la raza de la persona? (Escoja uno o más de uno)

- Indio Americano o Nativo de Alaska – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo América Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.
Asiático – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.
Negro o Africano-Americano – Una persona con orígenes de cualquier grupo racial negro de África.
Nativo de Hawai u otras islas del pacífico – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.
Blanco – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

Nombre del Estudiante/Miembro de Personal (por favor use letra de imprenta)

Firma (Padre/Representante legal) /(Miembro de personal)

Número de Identificación del Estudiante/Miembro del personal

Fecha

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:

ADMISSIONS

REQUEST FOR FOOD ALLERGY INFORMATION

(The District must request, at the time of enrollment, that the parent or guardian of each student attending the District disclose the student's food allergies. This form will satisfy this requirement. Additional information regarding food allergies, including maintaining records related to a student's food allergies, can be found at FD and FL.)

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. (See FL)

Student Name: _____ Date of Birth: _____

Grade: _____

Parent/Guardian Name: _____

Work Phone: _____ Home Phone: _____

Parent/Guardian Signature: _____ Date: _____

Date Form Received by School: _____

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: ____/____/____ Grade: _____ Social Security #: _____
Month / Day / Year (or student identification number)

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

Cuestionario Sobre la Residencia del Estudiante

La información en este formulario se requiere para cumplir con los requisitos establecidos en la ley conocida como McKinney-Vento Act 42 U.S.C. 11434a(2), la cual también se conoce como Título X, Parte C, del Acta *No Child Left Behind*. Las respuestas que usted proporciona ayudarán a que el personal de la escuela identifique los servicios que su hijo(a) puede recibir.

Es un delito reportar información falsa o falsificar documentos. Estos delitos son penalizados bajo la Sección 37.10 del Código Penal. Al inscribir a un niño con documentos falsos la persona responsable esta obligada a cubrir el pago de colegiatura o cualquier otro costo relacionado. TEC Sec. 25.002(3)(d).

Nombre del estudiante: _____ Sexo: Masc. Fem.
Apellido Nombre Inicial intermedio

Fecha de nacimiento: _____ / _____ / _____ Grado: _____ Seguro Social #: _____
Mes Día Año (o número de identificación del estudiante)

Marque la respuesta que describa mejor con quién vive el estudiante. (**Favor de notar que un guardián legal solamente puede ser nombrado por la corte. Los estudiantes que viven solos o con amigos o parientes que han sido nombrados guardianes legales pueden inscribirse y asistir a la escuela. La escuela no puede pedir prueba de guardiania legal para inscribirse o para asistencia regular a la escuela.**)

- Padre(s) de familia
- Guardián(es) legal(es)
- Proveedor de cuidado que no sea el guardián legal (*Por ejemplo: amigos, parientes, padres de amigos, etc.*)
- Otro: _____

Nombre de la persona con quien vive el estudiante: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Teléfonos: Casa #: _____ Celular #: _____ Urgencias #: _____

Tiempo de vivir en esta dirección: _____

Tiempo de vivir en la dirección anterior a la presente: _____

Escuela donde está inscrito el estudiante o donde está intentando inscribirse: _____

Última asistencia del estudiante: Distrito escolar: _____ Escuela: _____

Favor de marcar únicamente el cuadro que mejor describe donde vive el estudiante actualmente:

- En mi casa o apartamento, habitación bajo asistencia de Sección 8, en un complejo militar con mis padres, guardián(es) legal(es), o con un proveedor de cuidado (*marque uno de las siguientes, si tal es el caso*) (CODE - N)
 - Mi casa no tiene electricidad (CODE - U)
 - Mi casa no tiene agua corriente (CODE - U)
- En la casa de un amigo o pariente, porque perdí mi vivienda (*por ejemplo: incendio, inundación, pérdida de trabajo, divorcio, violencia doméstica, echado de la casa por los padres, padre es militar y ha sido enviado fuera del país, padre(s) en la cárcel, etc.*) (CODE - D)
- En un albergue, porque no tengo ninguna vivienda permanente (*por ejemplo: viviendo en un albergue familiar, albergues para víctimas de violencia doméstica, albergue infantil/juvenil, viviendas FEMA*) (CODE - S)

- En una habitación de transición (*vivienda proveída solamente por un periodo de tiempo específico, pagada parcialmente o de manera completa por una iglesia u otra organización de asistencia al público*) (CODE=S)
- En un hotel o motel (*por ejemplo: a causa de problemas económicos, desalojo, no puede obtener depósitos requeridos para instalarse en un apartamento o casa, inundación, incendio, huracán, etc.*) (CODE – HM)
- En una tienda de campaña, auto o camioneta, edificio abandonado, en la calle, en un parque de campamento, en un parque público, o en cualquier lugar que normalmente no se considera una habitación (CODE – U)
- Ninguno de los anteriores describe el tipo de vivienda donde resido *Describe su situación:* _____

Factores que han contribuido al estado actual de vivienda del estudiante:

- Desastre natural
 - Tornado
 - Huracán y el nombre del mismo: _____
 - Incendio: llanura, bosque, relámpago, etc.
- Asuntos familiares debido al divorcio, violencia doméstica, el estudiante fue echado de la casa por sus padres o salió voluntariamente de la casa por conflictos familiares, etc.
- Cuestiones del hogar, como falta de electricidad, agua, calefacción, falta de reparación de la casa por falta de dinero, atestado por muchas personas en la casa, moho, etc.
- Asuntos militares: Padre(s) o guardián(es) mandados al servicio activo fuera de su región o del país, heridos o matados en acción militar
- Encarcelación de padre(s) o guardián(es)
- Incapacidad de padres o guardianes por asuntos de salud física o mental, adicción al alcohol/drogas u otros factores
- Incendio de casa por razones no naturales: equipo que falla, aparatos eléctricos, sistemas de calefacción, estufa que falla, etc.
- Dificultades económicas:
 - Pérdida de trabajo que resulta en no poder pagar la renta, etc.
 - Ingresos por trabajo temporal o mal remunerado que no cubre las necesidades básicas
 - Pérdida de la hipoteca de la familia o del dueño de la casa, si alquila la familia
 - Récord de desalojo por falta de dinero necesario para pagar depósitos y otros servicios
- Gastos médicos tan altos que no deja dinero para rentas, etc.
- Falta de viviendas con precios razonables en el área
- Estudiante menor de edad que no puede pagar su propia renta
- Ninguno de estos describen las razones de mi vivienda actual *Describe brevemente la situación:* _____

Por favor proporcione la siguiente información para los hermanos y hermanas de edad escolar del estudiante:

Nombre	Grado Escolar	Escuela	Distrito Escolar

Firma del Padre/Guardián/Proveedor de Cuidado/ o Estudiante *–si no acompañado*

Fecha

Para Uso Exclusivo de la Escuela

Por la presente certifico que el estudiante mencionado en este formulario califica para el Programa de Nutrición en la escuela bajo los requisitos del Acta McKinney-Vento.

Firma del oficial autorizado

Fecha

Student Health Inventory

Your child's learning depends upon good health.

This information is for the school nurse, and will assist us in meeting your child's health needs.

STUDENT NAME _____ DOB _____ TEACHER _____

Parents/Guardian/Other: (List all you approve us to call in case of an illness or injury)

1 _____ PHONE: _____ PHONE: _____

2 _____ PHONE: _____ PHONE: _____

3 _____ PHONE: _____ PHONE: _____

4 _____ PHONE: _____ PHONE: _____

May we text you when needed for non-emergencies? YES NO PHONE # to TEXT: _____

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING CONDITIONS?

1. Allergies:

(Food*, Insects, Latex, Medication)

YES NO SPECIFY _____

*For Food Allergy Complete Next Page

If yes, does it require an EpiPen?

YES NO SPECIFY _____

If yes, please provide EpiPen and Emergency Action Plan from your child's physician

2. Asthma: YES NO SPECIFY _____

3. Attention Deficit Disorder: YES NO SPECIFY _____

4. Diabetes: YES NO SPECIFY _____

5. Epilepsy/Seizures: YES NO SPECIFY _____

6. Heart Condition: YES NO SPECIFY _____

7. Frequent Nose Bleeds: YES NO SPECIFY _____

8. Other: _____

DOES YOUR CHILD:

1. Wear Glasses or Contacts? YES NO

2. Have trouble hearing? YES NO

If yes, please explain: _____

3. Have a condition that prevents Participation in PE? YES NO (If yes, a note from your child's physician is required)

4. Take medication? YES NO

Please Specify ALL Medications: _____

Please list any chronic physical conditions and/or diseases that your child has had along with any history of overnight hospitalization. Please include anything you feel the nurse needs to know about your child:

Parent/Guardian Signature _____

Date _____

Student Name: _____
(Print Full Legal Name)

**Lexington Independent School District
Student Drug Testing Program
Parental Notification and Consent Form**

_____ I acknowledge that the student named above participates in school-sponsored extracurricular and/or cocurricular activity(ies) at Lexington ISD and, as such, is required to participate in the student drug testing program.

_____ The student named above does not have my consent to participate in the District's drug testing program. According to the Lexington ISD Student Drug Testing Policy I do understand that the student named above will not be able to do the following:

- Participate in extracurricular activities
- Participate in cocurricular activities

_____ The student named above does not participate in extracurricular activities at Lexington ISD. However, as parent/guardian, I give my consent for the student named above to participate in the District's drug testing program.

I acknowledge that I have received a copy of Board Policy FNF and the Administrative Procedures for the Lexington ISD Mandatory Drug Testing Program for Students Participating in extracurricular and/or cocurricular activities. I have read and understand the purposes, requirements, and consequences of the drug testing program as described in those documents. I acknowledge that the Medical Review Officer will contact the student's parent or adult student through the Lexington ISD contact person if a drug test is positive. The purpose of this contact with the Medical Review Officer is to determine if there is an acceptable reason for the positive test result, in which case the test result will be considered negative.

Parent / Guardian Signature: _____

Student Signature: _____

Date: _____