

(Annual Notification- Compulsory Attendance Law)

Broaddus Junior High/High School  
One Bulldog Plaza  
P.O. Box 58  
Broaddus, TX 75929

08/11/21

Dear Parent/Guardian,

According to Senate Bill No. 1432 all school districts at the beginning of each school year are required to notify parents and person (s) standing in a parental relationship with a student about what is often called the Compulsory Attendance Law. This letter is to comply with that requirement, and is intended to inform parents and guardians in advance about the legal action that the Broaddus School District is required to take to enforce this law and the penalties that can result.

For your information, truancy may result in assessment of penalties by a court of law against both the student and the student's parents or guardians. A complaint against a parent or guardian for contributing to truancy may be filed in the appropriate court if the student is: One, absent from school ten (10) or more days or parts of days within a six month period in the same school year, or Two, absent from school three (3) or more days or parts of days within a four week period. A complaint may also be filed against the student for failing to attend school for the same time period, or a referral may be made to the juvenile court. Parents or guardians who commit the offense of thwarting the Compulsory Attendance Law can be ordered to pay fines and court costs.

For more detailed information, your attention is directed to Sections 25.085, 25.093, 25.094 and 25.095 of the Texas Education Code. A copy of those provisions of the law is available for your review at the High School campus.

It is our hope that by working together, we can avoid any truancy problems, and any necessity for using any of the laws mentioned above.

Thank you in advance for your attention to this letter, and for all the help we know you will provide in ensuring your child's attendance this school year.

Sincerely,

Kim Holloway  
Broaddus JH/HS Principal

Broaddus ISD  
*School Nurse's Office*

PO Box 58  
Broaddus Texas 75929

Dear Parent/ Guardian,

Please be sure your child has the required immunizations to attend school. Every child must meet the vaccine requirements before they can be officially enrolled in school. In order to ensure your child meets these requirements, please leave a current immunization record with a working phone number where you can be reached with the office or come to the nurse's office. Many insurance companies require you to go to your family doctor to get immunizations. Each year we have families that wait till the week before school starts to get vaccines. We encourage you to get your vaccines at the beginning of summer and not wait until the last week as many doctors offices/ clinics have a shortage of vaccines. **If a student does not meet the state's vaccine requirements for the current school year, BISD can not let the child attend until they are met.**

If your child has any medication that he or she will need during school hours for the upcoming year, please call the nurse's office prior to the first day of school. If at all possible, you will be asked to bring the medication in prior to the first day of school. All medication must be properly labeled, not expired, and will need to be accompanied by a signed permission slip stating when it is to be given. Permission slips are available in the nurse's office.

If your child has any food or life-threatening allergies please let us know prior to the first day of school. We will need to make sure your child's teacher and the cafeteria personnel are aware of the allergy. BISD does not have an epi-pen on hand. Each student must have their own properly labeled epi-pen that has been prescribed as well as documentation stating what they are allergic to.

Please feel free to come by the nurse's office prior to the first day of school or anytime during the school year to discuss any concerns you may have. Your child's health and safety is very important to us! Please make sure your current telephone number is always on file with the school.

Thanks for helping us provide your child with the healthiest and safest school year possible!

*Amanda Sowell, School Nurse*

**Priscilla Sanders, Medication Aide**

**936-872-3610 Ext. 376**

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# Broaddus ISD School Bus Rules and Consequences

1. Be respectful and obey the bus driver.
2. Bus riders will be courteous to each other and will use a conversational voice when talking to each other or to the bus driver.
3. There will be no profanity used while riding the bus.
4. Bus Riders will stay in their seats at all times when the bus is moving. There will be no standing or changing seats while the bus is in motion.
5. Do not leave litter or trash on the bus.
6. All rules that apply while a student is in school apply while riding a Broaddus ISD school bus. For example, no tobacco is allowed on the bus, nor are any types of weapons. Again, any rules or regulations that apply at Broaddus ISD also apply on the Broaddus ISD buses.

Consequences for misconduct are as follows:

**First Conduct Report:** The student will have a conference with the principal wherein disciplinary action may be taken. The student will retain riding privileges contingent upon the student not receiving another conduct report.

**Second Conduct Report:** Disciplinary action may be taken and the student will lose bus privileges for up to five days.

**Third Conduct Report:** Disciplinary action may be taken and the student will lose bus privileges for up to ten days.

**Fourth Conduct Report:** Disciplinary action will be taken and the student may lose bus privileges for the remainder of the year.

Bus drivers will treat all students with respect and will be courteous to Broaddus ISD students. If a student or students refuse to comply with the bus driver's directive (s), the bus driver will pull the bus off of the road at the first safe location, put the bus in park, turn on his caution lights, and either radio or call for an administrator to come to the location of the parked bus. An administrator will arrive and assess the situation.

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## **Broadus Junior High and High School Bell Schedule**

### **Junior High Bell Schedule**

#### **First Bell 7:50**

1st Period- 7:55-8:43

2nd Period- 8:47-9:35

3rd Period- 9:39-10:27

4th Period- 10:31-11:19

#### **Junior High Lunch- 11:19-11:49**

5th Period- 11:53-12:41

6th Period- 12:45-1:33

7th Period- 1:37-2:25

8th Period- 2:29-3:20

### **Early Release Schedule**

#### **Junior High**

#### **First Bell 7:50**

1st Period- 7:55-8:43

2nd Period- 8:47-9:35

3rd Period- 9:39-10:27

4th Period- 10:31-11:19

#### **Junior High Lunch- 11:19-11:49**

5th Period- 11:53-12:30

### **High School Bell Schedule**

#### **First Bell 7:50**

1st Period- 7:55-8:43

2nd Period- 8:47-9:35

3rd Period- 9:39-10:27

4th Period- 10:31-11:19

5th Period- 11:23-12:11

#### **High School Lunch- 12:11-12:42**

6th Period- 12:45-1:33

7th Period- 1:37-2:25

8th Period- 2:29-3:20

### **Early Release Schedule**

#### **High School**

#### **First Bell 7:50**

1st Period- 7:55-8:43

2nd Period- 8:47-9:35

3rd Period- 9:39-10:27

4th Period- 10:31-11:19

5th Period- 11:23-12:00

#### **High School Lunch- 12:00-12:30**

# BROADDUS ISD CALENDAR 2021-2022

JULY '21						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

JANUARY '22						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

- 3 Staff Development
- 4 Begin 4<sup>th</sup> Six Weeks
- 17 Staff Development

- 2-10 Staff Development
- 11 First Day of School  
Begin 1<sup>st</sup> Six Weeks

AUGUST '21						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

FEBRUARY '22						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

- 11 End 4<sup>th</sup> Six Weeks
- 14-18 Winter Break
- 21 Begin 5<sup>th</sup> Six Weeks

- 6 School Holiday
- 24 End 1<sup>st</sup> Six Weeks
- 27 Staff Development
- 28 Begin 2<sup>nd</sup> Six Weeks

SEPTEMBER '21						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

MARCH '22						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

- 11 School Holiday

- 11 School Holiday
- 29 Early Release

OCTOBER '21						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

APRIL '22						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

- 1 End 5<sup>th</sup> Six Weeks
- 4 Begin 6<sup>th</sup> Six Weeks
- 5-8 STAAR Testing
- 11-15 Spring Break

- 5 End of 2<sup>nd</sup> Six Weeks
- 8 Begin 3<sup>rd</sup> Six Weeks
- 19 Early Release
- 22-26 Thanksgiving Break

NOVEMBER '21						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

MAY '22						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

- 3-13 STAAR Testing
- 20 End 6<sup>th</sup> Six Weeks/  
Early Release  
Last Day of School

- 17 End 3<sup>rd</sup> Six Weeks/  
Early Release
- 20-31 Christmas Break

DECEMBER '22						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

JUNE '22						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Total Minutes 77,195 (Includes Staff Dev. Waiver Minutes) Required 75,600

1<sup>st</sup> Semester Instruction Days  
82 Full Days/3 Half Days  
2<sup>nd</sup> Semester Instruction Days  
86 Full Days/1 Half Day

Student Days 172  
Teacher Days 182  
Early Release Time: 12:30

**2021-2022  
BROADDUS JR/HIGH SCHOOL  
RETURN CHECK OFF LIST**

**THESE FORMS ARE TO BE SIGNED AND RETURNED**

- REGISTRATION
- FALSIFICATION OF DOCUMENTS
- HISTORY OF SCHOOL ATTENDANCE-SECONDARY
- ETHNICITY AND RACE DATA
- REQUIRED FAMILY SURVEY
- MILITARY CONNECTED
- FOSTER CARE
- HOME LANGUAGE SURVEY
- STUDENT EMERGENCY INSTRUCTIONS
- STUDENT MEDIA RELEASE
- HANDBOOK/STUDENT CODE OF CONDUCT  
ACKNOWLEDGEMENT
- CORPORAL PUNISHMENT
- DRUG TESTING CONSENT FORM
- DIRECTORY INFORMATION
- STUDENT DIRECTORY INFORMATION RELEASE
- FOOD ALLERGY
- MEDICATION FORM
- TB QUESTIONNAIRE
- NURSE'S LETTER
- INTERNET POLICY
- LUNCH APPLICATION
- SOCIOECONOMIC FORM
- STUDENT RESIDENCY QUESTIONNAIRE
- ANNUAL ATTENDANCE NOTICE

**Broaddus High School**  
**Student Registration 2021-2022**

GRADE: \_\_\_\_\_

Name and Address of Previous School \_\_\_\_\_

STUDENT NAME: FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ GENDER \_\_\_\_\_ ETHNICITY \_\_\_\_\_

BIRTH PLACE CITY \_\_\_\_\_ STATE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_

STUDENT ADDRESS (where student sleeps at night)

PHYSICAL 911 ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

PARENT/GUARDIAN INFORMATION:

FULL NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NUMBERS: CELL \_\_\_\_\_ HOME \_\_\_\_\_ WORK \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

PARENT EMAIL ADDRESS \_\_\_\_\_

FULL NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NUMBERS: CELL \_\_\_\_\_ HOME \_\_\_\_\_ WORK \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

EMERGENCY NUMBERS: Whom you want contacted if we CAN NOT reach you:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATION \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATION \_\_\_\_\_

ENROLLING PERSON:

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

RELATION TO THE CHILD \_\_\_\_\_

I HEREBY CERTIFY THAT ALL INFORMATION SHOWN IS CORRECT

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

Presenting false information or records for identification is a criminal offense under penal code 37.10.

Office use only:

Entry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Entry Code: \_\_\_\_ Eligibility Code: \_\_\_\_ Withdraw Date: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Bus Route: \_\_\_\_\_ Bus# \_\_\_\_\_

**DISTRICT**  
**Falsification of Documents**  
**Identity Verification of Person Enrolling Student**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Falsification of Information Texas Education Code 25.001 (h) and (i) Texas Penal Code 37.10

A person who knowingly falsifies information on a form required for enrollment of a student in a school district is liable for the greater of the maximum tuition fee or the amount the district has budgeted for each student as maintenance and operating expenses if the student is not eligible for enrollment in the district but is enrolled on the basis of false information.

**NOTE:** Enrollment in specific magnet programs does not incur out of district tuition fees. Check with your individual counseling office if your student is enrolled in a magnet program.

DAILY TUITION RATES ARE SUBJECT TO CHANGE. TUITION RATES ARE REVISED YEARLY IN OCTOBER AND ANNOUNCED BY THE TEXAS EDUCATION AGENCY. STUDENTS WHO QUALIFY FOR SPECIAL EDUCATION SERVICES DIFFER FROM GENERAL EDUCATION STUDENTS DUE TO THE ADDITIONAL SERVICES THEY RECEIVE. CHECK WITH YOUR CAMPUS COUNSELING OFFICE FOR CURRENT TUITION RATES.

**Proof of Identity of Person Enrolling Student**

Regardless of whether or not a child's parent, guardian, or other person with legal control of the child under a court order is enrolling a child, Texas Education Code as amended in 2001, a district is required to record the name, address, and date of birth, of the person enrolling a child. TEC Section 25.002(f). Providing a copy of your government issued ID with photo satisfies this request.

I UNDERSTAND THAT I MUST PROVIDE MY CURRENT ADDRESS, AND PROOF OF IDENTITY. I ALSO UNDERSTAND THAT IF I HAVE KNOWINGLY FALSIFIED INFORMATION ON FORMS REQUIRED FOR ENROLLMENT, I AM LIABLE FOR TUITION FEES AS DESCRIBED ABOVE.

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

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



## DISTRICT HISTORY OF SCHOOL ATTENDANCE – SECONDARY

Has your child ever been retained?  Yes  No

If YES, indicate which grade: \_\_\_\_\_

Has your child lived outside the U.S. for two or more consecutive years?  Yes  No

If YES, indicate when: \_\_\_\_\_

If YES, indicate where: \_\_\_\_\_

When your child lived outside the U.S., did he/she attend school regularly?

- No, my child missed significant portions of one or more school years as specified.  
 Yes, my child attended school in all previous grades outside the U.S.

Where has your child attended school? \_\_\_\_\_

Grade: \_\_\_\_\_

Year: \_\_\_\_\_

Name of School: \_\_\_\_\_

City and State of School: \_\_\_\_\_

Has your child participated in any of the following programs? (Any other program may be added at the bottom of the list)

Program	Yes	No	If Yes, When	If Yes, Where
Bilingual				
ESL				
Dyslexia				
504				
Gifted and Talented				
Remedial Math				
Remedial Reading				
Speech Therapy				
Special Education				

Other: \_\_\_\_\_

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

Print Name of Parent/Guardian: \_\_\_\_\_

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

**DISTRICT**  
**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?

**Not Hispanic/Latino**

**Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**PART 2. RACE:** What is the person's race? (Choose one or more)

**American Indian/Alaskan Native 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/African American Black or African American** - A person having origins in any of the black racial groups of Africa.

**Hawaiian/Pacific Islander 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.

**Name of Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

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

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

## DISTRICT MIGRANT EDUCATION PROGRAM - FAMILY SURVEY

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Dear Parent:

In order to better serve your children, our school district is helping the State of Texas identify students who may qualify to receive additional educational services.

The information below will be kept confidential. **Please answer the following questions:**

1. Within the past 3 years have you, or your child, moved from one school district, city or state to another?  Yes  No
2. If yes, did you, or your child, move so you could work or look for work in agriculture or fishing?  
 Yes  No

If your answer above is NO. STOP here and submit form.

If your answer is YES, please check all that apply below.



- Worked on farm, ranch, field or vineyard. Working in fruit, vegetable, sunflower, cotton, wheat, grain, farms or ranches, fields & vineyards



- Working in cannery



- Working on a dairy farm



Working in fishery



Working on a poultry farm



Working in a plant nursery, orchard, tree growing or harvesting



Working in slaughter house

Other similar work, please explain: \_\_\_\_\_

Please complete the following information:

Best time to contact you:
Telephone Number:
Home address/apt, city and zip
Mailing address, city and zip

Print Name of Parent/Guardian: \_\_\_\_\_

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

## DISTRICT Military Connected Student Data

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

The Texas Education Agency is mandated by Texas State Law to collect data on military connected students enrolled in Texas public schools.

Section 25 006, Texas Education Code. The agency shall collect data each year from school districts and open-enrollment charter schools through the Public Education Information Management System (PEIMS) relating to the enrollment of military-connected students.

Please check appropriate box, if applicable:

- Student in grade KG – 12 is a dependent of an active duty member of the United States military.
- Student in grade KG – 12 is a dependent of a current member of the Texas National Guard (Army, Air Guard, or State Guard).
- Student in grade KG – 12 is a dependent of a current member of a reserve force in the United States military.
- Pre-kindergarten student is a dependent of an active duty member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who is ordered to active duty by proper authority OR is the child of a member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who was injured or killed while serving on active duty.
- Student in grade KG – 12 is a dependent of a former member of one of the following: the United States military, the Texas National Guard (Army, Air Guard, or State Guard), or a reserve force in the United States military.
- Student in grade KG – 12 was a dependent of a member of a military or reserve force in the United States military who was killed in the line of duty.
- None of the above.

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

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

# TEA Required

## Universal Foster Care Indicator Code Data Collection

Beginning in the 2013-2014 school year, the Texas legislature has passed a bill requiring that school districts report all students who are currently in the conservatorship of the Department of Family and Protective Services (Foster Care). The Foster parent must provide a copy of the Texas DFPS Placement Authorization Form (Form 2035) or a court order that designates the student is in the conservatorship of the Department of Family and Protective Services.

For Pre-kindergarten students enrolling under this eligibility criteria, the parent or caregiver must provide a copy of the Texas Department of Family and Protective Services stating that this child was previously in their conservatorship.

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

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Student Name

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Grade

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Parent/Guardian Signature

---

Date

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

(Home Language Survey applicable ONLY if administered for students enrolling in pre-kindergarten through grade 12)

TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN  
PREKINDERGARTEN THROUGH GRADE 8 (OR BY STUDENT IN GRADES 9-12):

The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

To determine if your child would benefit from Bilingual and/or English as a Second Language program services, please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if Bilingual and/or English as a Second Language program services are appropriate and to inform instructional and program placement recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

For more information on the process that must be followed, please visit the following website:

[https://projects.esc20.net/upload/page/0084/docs/EL%20Identification\\_ReclassificationFlowchart%202018.pdf](https://projects.esc20.net/upload/page/0084/docs/EL%20Identification_ReclassificationFlowchart%202018.pdf)

**The district will maintain this form as part of your child's student record.**

**Name of Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

What language is spoken in the child's home most of the time? \_\_\_\_\_

What language does the child speak most of the time? \_\_\_\_\_

What is the student's country of birth? \_\_\_\_\_

**NOTE:** If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if: 1) your child has not yet been assessed for English proficiency; and 2) your written correction request is made within two calendar weeks of your child's enrollment date.

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

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

# Broadus Jr/High School

2021-2022

## Office Student Emergency Form

Student: \_\_\_\_\_ Cell number \_\_\_\_\_

Address: \_\_\_\_\_  
Street, Route, Box City State Zip

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

To the Parents or Guardians: To serve your child in case of an emergency or illness it is necessary that you furnish us with the following information. Only the person whose name is listed on this emergency form will be allowed to pick your child from school.

Mother: \_\_\_\_\_  
Name Phone Work Phone

Father: \_\_\_\_\_  
Name Phone Work Phone

List neighbors, friends, and relatives who will assume temporary care of your child if you cannot be reached. Please list six if possible.

Name: \_\_\_\_\_ (Relation) \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ (Relation) \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ (Relation) \_\_\_\_\_ Phone: \_\_\_\_\_

Will your child be a:

Bus rider

Parent pick-up

Health Information: List all health conditions that your child may have, such as health conditions involving the heart, lungs, liver, kidney, muscle, eyes, ears, throat, diabetes. List all allergies to food, grass, pollen, poison, allergic reaction to medication, etc. List all prescription medication that your child takes, what it is given for, directions, and strength of medication.

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

Doctor 1st Choice: \_\_\_\_\_ Phone: \_\_\_\_\_  
2nd Choice: \_\_\_\_\_ Phone: \_\_\_\_\_

I, the undersigned, do hereby authorize officials of the Broadus I.S.D. to contact directly the persons named on this form and do authorize the named Physicians to render such treatments as may be necessary in an emergency for the health of said child. In the event that parents, Physicians, or other person listed on this form cannot be reached the school officials are hereby authorized to take whatever action deemed necessary in their judgement for the health care of this child. I will not hold the school district financially responsible for the emergency care and/or transportation for this child.

Parent or Guardian Signature: \_\_\_\_\_



## DISTRICT STUDENT MEDIA RELEASE

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

During the school year, opportunities arise to provide positive information and publicity about our programs and events to the general public or specific audiences. In some cases, we may receive requests from the news media or professional persons to interview, photograph, and/or film students for news or non-profit publications, television or radio broadcasts, or for educational information and training or various publications and brochures printed by DISTRICT and parent-teacher organizations.

Permission is needed for your child to be the subject of any news media publicity or to be included in district publications. Your selection will be kept on file for future reference and will remain in effect unless revoked in writing by the parent/guardian.

I give permission for my child to be interviewed, photographed, and/or filmed for public news media, professional education information, or any other non-profit publication for public use (e.g. newsletters).

Yes     No

In addition, I give permission for my child's name, work and likeness to appear on the Internet.

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

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

## REQUIRED FORMS

### Acknowledgement Form

My child and I have received a copy of the Broaddus ISD Student Handbook and the Student Code of Conduct for 2020-2021. I understand that the handbook contains information that my child and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Student Code of Conduct. If you have any questions regarding this handbook or the Code, Please direct those questions to the principal of your student's campus.

The Broaddus ISD Student Handbook and the Student Code of Conduct may be electronically accessed at [www.broaddusisd.com](http://www.broaddusisd.com) or you may opt to receive a paper copy of the handbook.

Kim Holloway - Broaddus High School Principal (936) 872-3610  
Karianna Grant- Broaddus Elementary Principal (936) 872-3315

Printed name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of parent: \_\_\_\_\_

Date: \_\_\_\_\_

## Corporal Punishment Permission Form

Please check one of the following:

\_\_\_\_ I have read the discipline policies and give teachers and administrators permission to use corporal punishment as a discipline technique.

\_\_\_\_ I have read the discipline policies and give administrators permission to use corporal punishment as a discipline technique.

\_\_\_\_ I have read the discipline policies and do not give teachers and administrators permission to use corporal punishment as a discipline technique.

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

# BROADDUS INDEPENDENT SCHOOL DISTRICT

P.O. Box 58 • 215 Buchanan • Broaddus, Texas 75929 • Phone: 936.872.3041 • Fax: 936.872.3699

## DRUG TESTING REGULATIONS

Drugs to be tested for:

Amphetamines, Cocaine, Opiates, Phencyclidine (PCP), Tetrahydrocannabinoides (Marijuana), Steroids, and Alcohol.

### Testing Procedures and Protocol:

1. Any student in grades 7-12 representing Broaddus ISD in any school activity will be initially tested at the beginning of the school year.
2. Students not tested at the beginning of the year must be tested prior to participation in a school-sponsored activity, including new students.
3. Each student in grades 7-12 will be eligible for random testing during the school year. A predetermined number of students will be selected for random testing at least 4 times a year.
4. The method of screening is by a certified SAMHSA laboratory using urinalysis and/or hair samples.
5. The method of screening is by a certified collection technician.
6. Failure to produce a sample in the allotted time period will be considered a positive screening.
7. Non-compliance by any student will be considered a violation of policy and grounds for removal from the program(s).
8. Students refusing to be tested will be subject to sanctions as if testing positive. Readmission to the program will be contingent upon the student agreeing to participate in the drug testing program and a negative result.
9. A confirmation test shall be administered by the certified lab to confirm the initial test results.
10. All specimens will be identified by the student's social security number.
11. All offenses are cumulative for the student's career.
12. A parent/student consent form must be signed prior to testing.
13. Students who test positive and/or who are reported by law officials to have been involved with the selling, buying, use or possession of an illegal drug or paraphernalia will be subject to the sanctions listed below.

### Sanctions for Positive Testing

First Offense:

1. Notification of parent or guardian
2. Students must complete a drug education program at the expense of the student.
3. Suspension from extracurricular activities for 30 calendar days.
4. Student must be retested at the end of 30 days and their system clear of any drugs before reinstatement.
5. A letter of intent to remain in extracurricular programs must be signed by the student and parent. Students will remain in school programs to practice but will not be allowed to participate in any competition until a student has met all guidelines for reinstatement.

Second Offense:

1. Notification of parent or guardian
2. Students must complete a drug education program at the expense of the student.
3. Suspension from extracurricular activities for 60 days and parking for students who applied for a parking permit.

Third Offense:

1. Notification of parent or guardian
2. Suspension from extracurricular activities for the remainder of year and suspension of parking for students who applied for a parking permit for the remainder of year.

Confidentiality

1. The collection and coding of specimen samples are done by an independent lab technician and are executed in a manner ensuring total confidentiality and proper identification.
2. Test results are known only by the student, the parent/guardian, administrator, and head coach/sponsor
3. All test results shall be destroyed when the student is no longer in school.

Appeal

1. A parent or guardian may appeal a positive test result by following the procedures described in board policy FNG(local).

*A TRADITION OF EXCELLENCE*

# BROADDUS INDEPENDENT SCHOOL DISTRICT

P.O. Box 58 • 215 Buchanan • Broaddus, Texas 75929 • Phone: 936.872.3041 • Fax: 936.872.3699

## BROADDUS INDEPENDENT SCHOOL DISTRICT DRUG TESTING CONSENT FORM

Name of Student: \_\_\_\_\_

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

Parent Guardian Phone Numbers: Cell \_\_\_\_\_ Home: \_\_\_\_\_

### Student Consent:

I understand that by electing to participate in school-sponsored extracurricular activities I hereby agree to accept and abide by the standards, rules, and regulations of the Drug Testing Policy adopted by the Broaddus ISD Board of Trustees.  
I have received, read, and understand the policy concerning student drug and alcohol testing that Broaddus ISD will enforce out of concern for my safety and health.

Signature of Student: \_\_\_\_\_ Date \_\_\_\_\_

### Parent Consent:

I have received, read, and understand the policy concerning student drug and alcohol testing that Broaddus ISD will enforce out of concern for the safety and health of my child. I authorize Broaddus ISD to have a certified individual perform a urine test for drugs and alcohol as outlined in the drug testing policy. I authorize the drug testing entity to release the information regarding the test results to Broaddus ISD. I authorize Broaddus ISD to release my child's name, social security number, and biological specimens to the Vendor chosen by Broaddus ISD to perform the drug testing. I authorize the officers, employees of the Vendor and Broaddus ISD to communicate for official purposes, the results of my child's drug test.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

*A TRADITION OF EXCELLENCE*

# DISTRICT

## NOTICE OF PARENT AND STUDENT RIGHTS FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) and DIRECTORY INFORMATION

DISTRICT maintains general education records which are available to the parent, guardian, or person standing in lawful control of the student under a court order. Both parents/guardians have access to the records unless the school is in possession of a court order limiting access.

Federal law provides that student "educational records" are confidential. School records are defined as being directly related to a student and maintained by the school including, but not limited to: attendance, grades, discipline, test scores, health and immunization, and psychological or counseling records. Directory information is not confidential under FERPA.

Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about the student. If you do not want DISTRICT to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing by the tenth (10th) day of the school year.

DISTRICT has designated the following information as directory information: student's name, address, telephone listing, electronic mail address, photograph, date and place of birth, major field of study, degrees, honors and awards received, dates of attendance, grade level, most recent educational institution attended, participation in officially recognized activities and sports, and weight and height of members of athletic teams. Student directory information is available to the public unless the parent/guardian restricts the release of the information.

1. According to the Texas Public Information Act (TPIA), DISTRICT must release directory information promptly upon request and may not ask requestors the reason for the requested information.
2. Parents/guardians have the right to restrict the release of directory information, but must do so in writing within the first ten (10) days of the school year or enrollment or see number 4 below.
3. Parents/guardians may alter their choice regarding directory information at any time by completing and submitting the Student Directory Release form found in the list on the left of this webpage to their child's school. Decisions regarding directory information will remain until a subsequent written request is made to alter the previous decision.
4. Parents with a Parent Portal account may review their child's privacy status and make changes if wanted. Privacy codes may also be changed any time by completing a Student Directory Information Release form (found in the list on the left of this webpage) and submitting it to their child's school.
5. Schools must notify parents and eligible students of their FERPA rights annually. In addition to this form, FERPA information is found in the Student/Parent Handbook available in both English and Spanish online at the district website or a paper copy, by request, from your child's school.

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

Print Name of Parent/Guardian: \_\_\_\_\_

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

## DISTRICT STUDENT DIRECTORY INFORMATION RELEASE

Please review the information below to indicate your current wishes regarding the privacy of your child's directory information. Select YES or NO for each statement. By submitting this form you are signing, dating and indicating your preferences to the school district. Forms that are not signed will result in the release of your child's directory information when requested.

Selecting **NO** below will result in blocking the release of directory information in the designated categories.

### **DISTRICT PUBLICATION:**

DISTRICT has my permission to release directory information for limited school sponsored purposes including, but not limited to: selected photography companies supporting campus pictures, and publicity (name and picture in yearbook, newsletters, awards, honors, PTA/PTO, booster clubs, etc.). Example: If you select NO, your child's name will NOT appear in the district's newsletter, the school's yearbook, etc.

Yes  No

### **PRIVATE REQUESTERS:**

DISTRICT has my permission to release directory information (name, address, phone number, etc.) to any requestor in accordance with the Texas Publication Information Act (TPIA). The TPIA requires DISTRICT to release this type of information to any company, individual, or group that requests it unless the parent/guardian requests the information not to be released. **Example: If you select NO, your child's directory information will NOT be released to vendors or others who may be soliciting products and services.**

Yes  No

### **HIGHER EDUCATION:**

The No Child Left Behind Act of 2001 requires schools to provide military recruiters and institutions of higher education student directory information unless the parent/guardian objects. DISTRICT has my permission to release directory information to a military recruiter.

Yes  No

DISTRICT has my permission to provide the name, address, and telephone number of my secondary student to an institution of higher education.

Yes  No

Please consider your responses carefully prior to making final decisions. Should you have questions or need further assistance for a complete understanding, see your campus administrator.

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

Print Name of Parent/Guardian: \_\_\_\_\_

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

All information obtained for this purpose will remain confidential. One form per student enrolled is required.

# BROADDUS INDEPENDENT SCHOOL DISTRICT

P.O. Box 58 • 215 Buchanan • Broaddus, Texas 75929 • Phone: 936.872.3041 • Fax: 936.872.3699

Dear Parent / Guardian:

**Food allergies can be life threatening. Broaddus ISD does not have an epi—pen (epinephrine auto-injector).** If your child is prescribed an epi-pen for allergic anaphylactic reaction you must provide the properly labeled, not expired medication. Throughout the year, the cafeteria receives different types of foods and classes may have parties and snacks. If at any time during a school year, your child develops a food allergy notify the school nurse. The safety and well being of our students is very important to us.

Please list only food that your child is allergic to and the reaction. Please do not list foods that your child does not like.

List Food Allergies with Reaction:

---

Please check below if your child has **no** allergies.

My child has no known food allergies. My child is not allergic to any nuts, peanut butter, soy, soybeans, or sunflower seeds, etc.

Comments:

---

Student's Name

Grade

---

Parent's Signature

Date

Phone Number

*"A TRADITION OF EXCELLENCE"*



Broadus Independent School District

Kim Holloway  
High School Principal

Lucas Holloway  
Superintendent

Karianna Grant  
Elementary Principal

Dear Parent or Guardian,  
Please complete and sign the following instructions.

Students Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
Family Doctor name and phone number \_\_\_\_\_

Does your child have **seizures**? Yes/No **Bleeding/Blood disorder**? Yes/No **Asthma**? Yes/No **Diabetes**? Yes/No  
Has your child ever had **Chickenpox**? Yes/ No **If yes, when?** \_\_\_\_\_  
Has your child been prescribed an **EPIPEN OR INHALER** that they will bring to school? YES NO (If yes, contact nurse)  
Please list any other health conditions or problems. \_\_\_\_\_  
Please list the current medication your child is taking. Please include strength, directions, and reason medication is given.  
\_\_\_\_\_

Please list any **allergies** your child has to medication, food, insect bites, or stings with known side effects.  
\_\_\_\_\_

Has your child been prescribed prescription **glasses or contact lenses**? \_\_\_\_\_  
Does your child have any **hearing problems**? \_\_\_\_\_

In order to give your child medication at school, in an **emergency situation**, we need to know which of the following medications you allow the school to give your child. BISD will attempt to contact parents prior to giving oral medication. **Please initial or sign by the medications your child may receive at school.**

- \_\_\_\_\_ Tylenol
- \_\_\_\_\_ Ibuprofen
- \_\_\_\_\_ Benadryl
- \_\_\_\_\_ Triple antibiotic ointment
- \_\_\_\_\_ I do not wish my child to have any medication while at school.

Above medications may be given in name brand or generic form depending on availability. Any child with a temperature of 100.0 or over must be sent home.

Any over the counter medication sent to the school, must be in the properly labeled container, not expired, and accompanied with a written note from the parent stating the time the medication is to be given and why it is being given.

Prescription medication must be accompanied with written permission from the Doctor and parent/guardian stating the time to be given, properly labeled, and have a current date on the bottle.

Medications that do not meet the school's guidelines will not be given at school. Please do not send medication to school with your child. **Please bring the medication to school or give the medication to the bus driver.**

In case of an emergency, please list three contacts with **name, number (#), and the relationship of who will assume temporary care of your child if you cannot be reached.**

Name _____	Name _____	Name _____
Relationship _____	Relationship _____	Relationship _____
Home# _____	Home# _____	Home# _____
Cell# _____	Cell _____	Cell _____
Wk _____	Wk _____	Wk _____

I, the undersigned, do hereby authorize officials of BISD to contact directly the persons named on this paper to authorize a physician to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event physician and other persons named on this paper, 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 said child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child. I also give my permission to BISD to render simple first aid to said child. I will not hold BISD liable for allergy or drug reactions to medication taken at my request while said child is at school.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Home Number \_\_\_\_\_ Mobile Number \_\_\_\_\_ Work Number \_\_\_\_\_

**TB Questionnaire**

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Organization administering questionnaire \_\_\_\_\_ Date \_\_\_\_\_

Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed in by the child.

Adults who have active TB disease usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills and night sweats.

A person can have TB germs in his or her body but not have active TB disease (this is called latent TB infection or LTBI).

Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) is used to see if your child has been infected with TB germs. No vaccine is recommended for use in the United States to prevent tuberculosis. The skin test is not a vaccination against TB.

We need your help to find out if your child has been exposed to tuberculosis.

Place a mark in the appropriate box:	Yes	No	Don't Know
TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know: has your child been around anyone with any of these symptoms or problems? or has your child had any of these symptoms or problems? or has your child been around anyone sick with TB?			
Was your child born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?			
Has your child traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks?  If so, specify which country/countries?			
To your knowledge, has your child spent time (longer than 3 weeks) with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?			

Has your child been tested for TB? Yes \_\_\_ (if yes, specify date \_\_\_/\_\_\_/\_\_\_) No \_\_\_

Has your child ever had a positive TB skin test? Yes \_\_\_ (if yes, specify date \_\_\_/\_\_\_/\_\_\_) No \_\_\_

For school/healthcare provider use only

\*\*\*\*\*

PPD administered Yes \_\_\_ No \_\_\_

If yes,

Date administered \_\_\_/\_\_\_/\_\_\_ Date read \_\_\_/\_\_\_/\_\_\_ Result of PPD test \_\_\_\_\_ mm response

Type of service provider (i.e. school, Health Steps, other clinics) \_\_\_\_\_

PPD provider \_\_\_\_\_ signature \_\_\_\_\_ printed name \_\_\_\_\_

Provider phone number \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

If positive, referral to healthcare provider Yes \_\_\_ No \_\_\_

If yes, name of provider \_\_\_\_\_



# Broaddus Independent School District

## Electronic Communications Acceptable Use Policy

This page must be signed and returned to your campus and department!

Users of the Broaddus Independent School District internet or technology devices will be prohibited from playing internet games, downloading or streaming music or movies. If a Broaddus Independent School District student violates any of these provisions, his or her account may be terminated and or limited, and future access could possibly be denied. Violations will be dealt with according to District, State and/or Federal policies and laws.

First Offense: 2 weeks ban

Second Offense: Principal

### Student

I understand and voluntarily abide by the Broaddus Independent School District Use Policy. I further understand that violation of this policy is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school action may be taken and/or appropriate legal action may be taken. Signature(s) at the end of this document indicate that I/we have read the Broaddus Independent School District Network/Internet Use Policy carefully, understand its significance, and agree to comply fully with all forms and conditions therein.

User Name (printed): \_\_\_\_\_

Date \_\_\_\_\_

User

Signature: \_\_\_\_\_

Grade: \_\_\_\_\_

### Parent or Guardian

As the parent or guardian of this student, I have read the Internet Use Policy. I understand that this access is designed for educational purposes. However, I also recognize it is impossible for the Broaddus Independent School District to restrict access to all controversial materials, and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to issue an account for my child and certify that the information contained on this form is correct.

Parent or Guardian's Name (please print):

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# BROADDUS INDEPENDENT SCHOOL DISTRICT

P.O. Box 58 • 215 Buchanan • Broadbuss, Texas 75929 • Phone: 936 872 3041 • Fax: 936 872 3699

## Letter to Households, Community Eligibility Provision (CEP)

June 1, 2021

Dear Parent or Guardian

We are pleased to inform you that *Broadbuss Independent School District* will be implementing the Community Eligibility Provision (CEP) under the National School Lunch and School Breakfast Programs for School Year 2021-2022. In CEP schools, applications are no longer required. (Please remember that you will receive The Socioeconomic Information Form. Fill it out and send it back. This form is a great help to our District!)

Schools that participate in CEP provide healthy breakfasts and lunches each day at no charge for ALL students enrolled in that CEP school during the 2021-2022 School Year

If you need more information, please contact us at:

*Ms. Sheila Williams, Food Service Director  
215 Buchanan Street  
Broadbuss, Texas 75929  
(936) 872-3041 EXT. 305*

Sincerely,



*Sheila Williams,  
Food Service Director*

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form*, (AFD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

**Broaddus ISD**  
**Socioeconomic Information Form**

**\*CONFIDENTIAL\***

Student Name \_\_\_\_\_ Student Grade \_\_\_\_\_ Student Date of Birth \_\_\_\_\_

*Broaddus ISD is required to collect and report the socioeconomic status of each student to the Texas Education Agency for purposes of the annual state accountability ratings and for federal reporting. Please note that this form is not sent to the Texas Education Agency and that the income levels indicated for your family are not reported to the Texas Education Agency. Only the Economic Disadvantaged status of each student as determined by the information provided is reported to the Texas Education Agency.*

**SECTION A**

Do you receive Supplemental Nutrition Assistance (SNAP)?  Yes  No

Do you receive Temporary Assistance to Needy Families (TANF)?  Yes  No

*If you answered YES on either of the above, skip SECTION B and continue to the SIGNATURE section.*

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

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

TOTAL YEARLY INCOME BEFORE DEDUCTIONS OF **ALL** HOUSEHOLD MEMBERS (check one box below):

Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$0 – 21,590      | <input type="checkbox"/> \$44,124 – 51,634 | <input type="checkbox"/> \$74,168 – 81,678  | <input type="checkbox"/> \$104,212 – 111,722 |
| <input type="checkbox"/> \$21,591 – 29,101 | <input type="checkbox"/> \$51,635 – 59,145 | <input type="checkbox"/> \$81,679 – 89,189  | <input type="checkbox"/> \$111,723 – 119,233 |
| <input type="checkbox"/> \$29,102 – 36,612 | <input type="checkbox"/> \$59,146 – 66,656 | <input type="checkbox"/> \$89,190 – 96,700  | <input type="checkbox"/> \$119,234 – 126,744 |
| <input type="checkbox"/> \$36,613 – 44,123 | <input type="checkbox"/> \$66,657 – 74,167 | <input type="checkbox"/> \$96,701 – 104,211 | <input type="checkbox"/> \$126,745 and above |

compensation, unemployment and all other sources of income (**before any type of deductions**)

**SIGNATURE** Please check one of the following two boxes as appropriate.

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

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

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

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

All information obtained for this purpose will remain confidential. One form per student enrolled is required.

**DISTRICT  
STUDENT RESIDENCY QUESTIONNAIRE  
Page 1 of 2**

Name of student: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Campus Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Yes  No Is your current address a temporary living arrangement?

Yes  No Is your temporary living arrangement due to loss of housing or economic hardship?

If you answered **NO** to both of the questions above, **DO NOT** complete the rest of the form. Sign and submit the form.

If you answered **YES** to either of the questions above, proceed to Section A, complete the rest of the form.

**Section A – Student Living Situation (Check all that apply)**

<input type="checkbox"/>	Live with parent/legal guardian in a home, apartment, or housing and does not share home with any other family
<input type="checkbox"/>	Live in a shelter because I do not have permanent housing (family shelter, domestic violence shelter, children/youth shelter, FEMA housing), includes living in transitional housing (housing available for a specific length of time only and partly paid by a Church or other organization).
<input type="checkbox"/>	Live in the home of a friend or relative because I lost my housing (doubled up due to economic hardship, fire, flood, lost job, divorce, domestic violence, parent in military and was deployed, parent in jail, etc.)
<input type="checkbox"/>	Live in a tent, car, van, abandoned building (living on the streets, campground, park, or unsheltered location), includes living without electricity, heat, and/or running water in a home/apartment.
<input type="checkbox"/>	Live in hotel or motel (due to economic hardship, eviction, flood, fire, hurricane, etc.)
<input type="checkbox"/>	Unaccompanied Youth (student is not living in the home of a parent or legal guardian)
<input type="checkbox"/>	Child or youth placed by DFPS with a temporary guardian (DFPS provided a Parental Child Safety Plan or Authorization for Non-Parent or Voluntary Caregiver)
<input type="checkbox"/>	None of these describe my present living situation. Briefly describe your situation:

**Section B – Factors contributing to the student’s current living situation (Check all that apply):**

<input type="checkbox"/>	Natural disaster
	<input type="checkbox"/> Tornado, storm, flood, etc.
	<input type="checkbox"/> Hurricane, name: _____
	<input type="checkbox"/> Fire: prairie, forest, grass, lightning strike, etc.

## DISTRICT STUDENT RESIDENCY QUESTIONNAIRE

Page 2 of 2

**Section B – Factors contributing to the student’s current living situation (Check all that apply):**

	Family issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.								
	Home issue 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								
	Incarceration 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: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 5%;"></td> <td>Loss of job resulting in inability to pay rent or mortgage</td> </tr> <tr> <td></td> <td>Income from part-time or low paying job does not cover cost of housing in the area</td> </tr> <tr> <td></td> <td>Loss of mortgage, including loss of mortgage of landlord is student/student’s family is renting</td> </tr> <tr> <td></td> <td>Eviction record and/or inability to produce deposits for rent or utilities</td> </tr> </table>		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 is student/student’s family is renting		Eviction record and/or inability to produce deposits for rent or utilities
	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 is 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 reason for my present living situation. Briefly explain the contributing factors:								

**Section C: Parent/Legal Guardian/Caregiver/Unaccompanied Youth**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**Student’s length of time at present address:**

\_\_\_\_ Years \_\_\_\_ Months \_\_\_\_ Days    Number of children enrolled in district: \_\_\_\_\_

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

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
 Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
 Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
 Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_