WMS Registration Checklist - New Students

Needed to register:

- ☐ Birth Certificate
- ☐ Social Security Card
- ☐ Immunization Records
- ☐ Proof of Residency (e.g. current utility bill, lease, etc.). Students must live within the boundaries of Wall Independent School District or have been approved for transfer.
- ☐ Copy of Report Card or grades from previous school
- ☐ Name and Location of Last School Attended _____

The following MUST BE COMPLETED when registering:

- ☐ **UIL Athletic Forms – 7th & 8th Grade Students**
- ☐ **Completed Registration Card**
  (Specifically, make sure all information in top right-hand corner is correctly marked regarding race.)
- ☐ **Ethnicity/Race Data Questionnaire**
- ☐ **Family Survey**
- ☐ **Home Language Survey**
- ☐ **Affidavit of Residency**

Wall Lady Hawks

JH Athletics

Parents,

As most of you already know, all athletes must complete several different forms in order to participate in athletics. These include:

- Physical Evaluation for incoming 7th, 9th, and 11th Graders(paper)
- Medical History (paper)
- Emergency Information (Rank One)
- UIL Acknowledgement of Rules (Rank One)
- Concussion Acknowledgement Form (Rank One)
- Parent/Student Steroid Agreement Form (Rank One)
- Sudden Cardiac Arrest Form (Rank One)
- Drug Testing Policy/ Consent Form (Rank One)
- Wall ISD Athletic Code (Rank One)

Incoming 7th graders for the 2022-2023 school year must have this physical evaluation completed by their personal physician, PA, NP, or chiropractor. This physical must be completed before they are allowed to do ANY UIL activities. This includes practices and games. You will be receiving information soon on your Rank One account to fill out the forms for your child for the next school year. If you have any questions, please let me know.

Sincerely,
Robyn Brooks
Wall Middle School

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

2021

This **MEDICAL HISTORY FORM** must be completed ***annually*** by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____

Address _____ Phone _____

Grade _____ School _____

Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers in the box below**. Circle questions you don't know the answers to.

		Yes	No
1.	Have you had a medical illness or injury since your last check up or physical?	☐	☐
2.	Have you been hospitalized overnight in the past year?	☐	☐
	Have you ever had surgery?	☐	☐
3.	Have you ever had prior testing for the heart ordered by a physician?	☐	☐
	Have you ever passed out during or after exercise?	☐	☐
	Have you ever had chest pain during or after exercise?	☐	☐
	Do you get tired more quickly than your friends do during exercise?	☐	☐
	Have you ever had racing of your heart or skipped heartbeats?	☐	☐
	Have you had high blood pressure or high cholesterol?	☐	☐
	Have you ever been told you have a heart murmur?	☐	☐
	Has any family member or relative died of heart problems or of sudden unexplained death before age 50?	☐	☐
	Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelpathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	☐	☐
	Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	☐	☐
	Has a physician ever denied or restricted your participation in activities for any heart problems?	☐	☐
4.	Have you ever had a head injury or concussion?	☐	☐
	Have you ever been knocked out, become unconscious, or lost your memory?	☐	☐
	If yes, how many times? _____		
	When was your last concussion? _____		
	How severe was each one? (Explain below)		
	Have you ever had a seizure?	☐	☐
	Do you have frequent or severe headaches?	☐	☐
	Have you ever had numbness or tingling in your arms, hands, legs or feet?	☐	☐
	Have you ever had a stinger, burner, or pinched nerve?	☐	☐
5.	Are you missing any paired organs?	☐	☐
6.	Are you under a doctor's care?	☐	☐
7.	Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	☐	☐
8.	Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	☐	☐
9.	Have you ever been dizzy during or after exercise?	☐	☐
10.	Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	☐	☐
11.	Have you ever become ill from exercising in the heat?	☐	☐
12.	Have you had any problems with your eyes or vision?	☐	☐

		Yes	No
13.	Have you ever gotten unexpectedly short of breath with exercise?	☐	☐
	Do you have asthma?	☐	☐
	Do you have seasonal allergies that require medical treatment?	☐	☐
14.	Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	☐	☐
15.	Have you ever had a sprain, strain, or swelling after injury?	☐	☐
	Have you broken or fractured any bones or dislocated any joints?	☐	☐
	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	☐	☐

If yes, check appropriate box and explain below:

☐ Head	☐ Elbow	☐ Hip
☐ Neck	☐ Forearm	☐ Thigh
☐ Back	☐ Wrist	☐ Knee
☐ Chest	☐ Hand	☐ Shin/Calf
☐ Shoulder	☐ Finger	☐ Ankle
☐ Upper Arm	☐ Foot	

16.	Do you want to weigh more or less than you do now?	☐	☐
17.	Do you feel stressed out?	☐	☐
18.	Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	☐	☐

Females Only

19. When was your first menstrual period? _____
When was your most recent menstrual period? _____
How much time do you usually have from the start of one period to the start of another? _____
How many periods have you had in the last year? _____
What was the longest time between periods in the last year? _____

Males Only

20. Are you missing a testicle? _____

21. Do you have any testicular swelling or masses? _____

☐ An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.

EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):

It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP ___/___ (___/___, ___/___)
brachial blood pressure while sitting

Vision: R 20/_____ L 20/___ Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐ Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high participation and again prior to first and third years of high school participation. It ***must*** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. **** Local district policy may require an annual physical exam.***

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only) if indicated			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

☐ Cleared

☐ Cleared after completing evaluation/rehabilitation for: _____

_____

☐ Not cleared for: _____ Reason: _____

Recommendations: _____

_____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance/ games/matches.

WALL MIDDLE SCHOOL Registration Form for School Year 2022 - 2023

Campus Name: WALL MIDDLE SCHOOL Campus Phone: (325) 651-7790 Campus Fax: () -

STUDENT INFORMATION

Local ID _____ Student Name _____ Grade Level _____ Orig Entry Dt _____ Track _____ SSN _____

☐ Hispanic ☐ Pacific Islander ☐ White ☐ Black ☐ Asian ☐ American Indian

Gender _____ Date of Birth _____ Birth Place _____ Age (Sept 1st) _____ Texas Unique ID _____

Address: _____ Student Home Phone: _____

Mailing Address: _____ Student Cell Phone: _____

Student Email: _____ Will your child be using bus transportation to get to school? ☐ Yes ☐ No

PARENT INFORMATION

1. Guardian: _____ Relation: _____ 2. Guardian: _____ Relation: _____

Address: _____ Address: _____

City, St, Zip: _____ City, St, Zip: _____

Employer: _____ Employer: _____

Cell Ph: _____ Home Ph: _____ Bus Ph: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____

Other Ph: _____ Phone Pref: ☐ Cell ☐ Home ☐ Business ☐ Other Other Ph: _____ Phone Pref: ☐ Cell ☐ Home ☐ Business ☐ Other

Receive Mailouts: ☐ Yes ☐ No Language Pref: ☐ English ☐ Spanish Receive Mailouts: ☐ Yes ☐ No Language Pref: ☐ English ☐ Spanish

Emergency Contact: ☐ Yes ☐ No Email: _____ Emergency Contact: ☐ Yes ☐ No Email: _____

Svc Branch: _____ Rank: _____ Enrolling Person: _____ Svc Branch: _____ Rank: _____ Enrolling Person: _____

Right to Transport: ☐ Yes ☐ No Driver License #: _____ State: _____ Right to Transport: ☐ Yes ☐ No Driver License #: _____ State: _____

Vehicle Make: _____ Model: _____ Color: _____ Vehicle Make: _____ Model: _____ Color: _____

Vehicle Plate #: _____ State: _____ Vehicle Plate #: _____ State: _____

EMERGENCY CONTACT INFORMATION

1. Name: _____ Relation: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____

Other Ph: _____ Phone Pref: ☐ Cell ☐ Home ☐ Business ☐ Other Right to Transport: ☐ Yes ☐ No Driver License #: _____ State: _____

Vehicle Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____

2. Name: _____ Relation: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____

Other Ph: _____ Phone Pref: ☐ Cell ☐ Home ☐ Business ☐ Other Right to Transport: ☐ Yes ☐ No Driver License #: _____ State: _____

Vehicle Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____

Doctor: _____ Bus Ph: _____ Dentist: _____ Bus Ph: _____

Hospital: _____ Bus Ph: _____ Other Medical: _____ Bus Ph: _____

List any Allergies or Health Concerns: _____

SIBLING INFORMATION

Brothers/Sisters	Grade	School	Brothers/Sisters	Grade	School

BUS INFORMATION

Eligible: _____ Seat: _____

Route: _____ Run: _____

Pickup Stop: _____ Dropoff Stop: _____

Pickup Assigned: _____ Dropoff Assigned: _____

Pickup Route: _____ Dropoff Route: _____

Special Requirements

Transportation: _____

Special Seating: _____

Wheelchair: _____

The above information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records or information is a violation of state law and may subject you to tuition cost for your child. I certify that the information given above is correct. I authorize the school to contact the person named on this form and the above named physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physician, or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.

_____ _____ _____

Parent or Guardian Signature **Date of Birth** **Date**

(For Office Use Only)

Teacher Name: _____ Control Nbr: _____ Eligibility Code: _____

Birth Certificate on File: _____ Mil Conn: _____ Foster Care: _____ Immunization on File: _____ Title I: _____

Soc Sec Copy on File: _____ At Risk: _____ Migrant: _____ Hm Lng: _____

Gift: _____ LEP: _____ BIL: _____ ESL: _____ Par Per: _____ Econ: _____ Special Education: Prim: _____ Sec: _____ Tert: _____ Multi: _____

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:

FAMILY SURVEY

Date

Dear Parents,

In order to better serve your children, Wall ISD would like to identify students who may qualify to receive additional educational services. **The information provided below will be kept confidential.** Please answer the following questions and return this survey form to your child's school.

Or, if you prefer, for more information, call 325-651-7790.

1. Have you moved within the last 3 years?

Yes_____ No _____

2. If yes, have you done agricultural or fishing related work since your move? (e.g., field work, canneries, lumbering, dairy work, meat processing)

Yes_____ No _____

If you answered "yes" to both of the questions above, an education representative may contact you to find out whether your child is eligible for additional educational services. Please provide the following information:

Name of child: _____ Age _____ Grade _____

Name of child: _____ Age _____ Grade _____

Name of child: _____ Age _____ Grade _____

Parent/Guardian:

Telephone Number:

Best Time to Contact You:

INDEPENDENT SCHOOL DISTRICT/CHARTER SCHOOL

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

(Home Language Survey ONLY administered during initial enrollment in Texas public schools)

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.

*Prekindergarten includes any student enrolling in a 3- or 4-year-old school program.

Dear Parent or Guardian:

To determine if your child meets eligibility for identification as an English learner and would benefit from bilingual education or English as a second language (ESL) program services, please answer the two questions below.

If either of your responses indicates the normal 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 education or ESL program services are appropriate and to inform instructional 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 document: https://www.txel.org/media/p22bsjuc/english-learner-identification-reclassification-flowchart.pdf

This survey shall be kept in each student's permanent record folder.

NAME OF STUDENT: _____ **STUDENT ID#:** _____

ADDRESS: _____

TELEPHONE #: _____ **CAMPUS:** _____

NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.

1. What language is used in the child's home **most of the time**? _____

2. What language does the child use **most of the time**? _____

_____ _____
Signature of Parent/Guardian Date

_____ _____
Signature of Student if Grades 9-12 Date

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