

****ATTENTION PARENTS - READ EACH PAGE****
(STUDENT AND PARENT SIGNATURES REQUIRED)

FORSAN INDEPENDENT SCHOOL DISTRICT

Acknowledgment of Electronic Distribution of Student Handbook

My child and I have been offered the option to receive a paper copy or to electronically access at www.forsan.esc18.net the Forsan Junior/Senior High School Student Handbook and the Forsan Independent School District Student Code of Conduct and Computer Use Policy for 2020-2021.

I have chosen to:

- ➡ ☐ Receive a paper copy of the Student Handbook, the ***Student Code of Conduct*** and the Computer Use Policy.
- ➡ ☐ Accept responsibility for accessing the Student Handbook by visiting the Web address listed above.

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 I have any questions regarding this handbook (or the Code), I should direct those questions to Mrs. Hanna Carter, Principal, at (432) 457-2223 or hcarter@forsan.esc18.net, or Mrs. Rebecca Medina, Assistant Principal, at (432) 457-2223 or rmedina@forsan.esc18.net.

Printed name of student: ➡ _____

Signature of student: ➡ _____

Signature of parent: ➡ _____

Date: ➡ _____

Notice Regarding Directory Information and
Parent's Response Regarding Release of Student Information

State law requires the district to give you the following information:

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 Forsan ISD to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing within ten (10) school days of child's first day of instruction for this school year.

This means that the district must give certain personal information (called "directory information") about your child to any person who requests it, unless you have told the district in writing not to do so. In addition, you have the right to tell the district that it may, or may not, use certain personal information about your child for specific school-sponsored purposes. The district is providing you this form so you can communicate your wishes about these issues. [See **Directory Information** on page 20 of the Student Handbook for more information.]

Forsan ISD has designated the following information as directory information:

- Student's name
- Address
- Telephone listing
- E-mail address
- Photograph
- Date and place of birth
- Major field of study
- Student identification numbers or identifiers that cannot be used alone to gain access to electronic education records
- Degrees, honors, and awards received
- Dates of attendance
- Grade level
- Most recent school previously attended
- Participation in officially recognized activities & sports
- Weight and height, if a member of an athletic team
- Enrollment status

Parent: Please circle one of the choices below:

I, parent of ➡ _____ (student's name), (DO GIVE) (DO NOT GIVE)
the district permission to release the information in this list in response to a request.

Parent signature ➡ _____ **Date** ➡ _____

**Parent's Response Regarding Release of Student Information to Military Recruiters
and Institutions of Higher Education**

Federal law requires that the district release to military recruiters and institutions of higher education, upon request, the name, address, and phone number of secondary school students enrolled in the district, unless the parent or eligible student directs the district not to release information to these types of requestors without prior written consent. [See **Release of Student Information to Military Recruiters and Institution of Higher Education** on page 20 of the Student Handbook for more information.

Parent: Please complete the following ONLY IF YOU DO NOT WANT your child's information released to a military recruiter or an institution of higher education without your prior consent.

I, parent of ➡ _____ (student's name), request that the district **NOT** release my child's name, address, and telephone number to a military recruiter or institutions of higher education upon their request without my prior written consent.

Parent signature ➡ _____ **Date** ➡ _____

Consent/Opt-Out Form

Dear Parent:

The district is required by federal law to notify you and obtain your consent for or denial of (opt-out) for your child's participation in certain school activities. The activities include any student survey, analysis, or evaluation, known as "protected information survey" that concerns one or more of the following eight areas:

1. Political affiliation or beliefs of the student or student's parents;
2. Mental or psychological problems of the student or student's family;
3. Sexual behavior or attitudes;
4. Illegal, antisocial, self-incriminating, or demeaning behavior;
5. Critical appraisals of others with whom the student has a close family relationship;
6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
7. Religious practices, affiliations, or beliefs of the student or parents; or
8. Income, other than as required by law to determine program eligibility or to receive financial assistance under such a program.

This notice and consent/opt-out requirement also applies to the collection, disclosure, or use of student information for marketing purposes ("marketing surveys"), and to certain physical exams and screenings.

PICTURE AND VIDEOTAPING RELEASE

Throughout the year, photographs are taken of students for use in district and community publications this includes yearbook and possibly the local newspaper. Students may also be occasionally videotaped/audiotaped to record instructional or extracurricular events at school or to allow news media to cover such events. Please circle the appropriate response if you give permission for Forsan I.S.D. to photograph/videotape/audiotape your child. (Signature required on Page 5.)

PERMISSION FOR PARTICIPATION IN FIELD TRIPS AND/OR EXTRACURRICULAR ACTIVITIES

Please read and complete the permission statement. Before we allow your child to participate in a field trip and/or extra curricular activity, we **require** your signature giving your child permission to participate. (Signature required on Page 5.)

INSURANCE REJECTION FORM

The Forsan Independent School District chooses to make available to parents a low cost insurance policy. The policy is made available because many parents have desired this type of coverage which is not generally available on an individual basis. The district nor any employee has any financial interest in the insurance. **The policy covers only accidents and only those costs not covered by other medical insurance the family might have.**

The decision to purchase is strictly a parental one. Questions of what is covered and claims information or complaints are a matter between the parent and the company. If you are interested in purchasing the insurance, a brochure is included in the packet.

If a parent should decide NOT to purchase the insurance, the parent is required by school board policy to sign the Insurance Rejection form before your child may participate in an out of district field trip or extra curricular activity.

(Signature required on Page 5.)

DRUG FREE SCHOOLS

The Forsan Independent School District believes that student use of alcohol and illicit drugs is both wrong and harmful. Consequently, the district has established a code of student conduct that prohibits the use, sale, possession, and distribution of alcohol and illicit drugs by students on school premises or as part of any school activity, regardless of its location. Compliance with this code of conduct is mandatory, and students shall be disciplined if they are found to have violated this code of conduct. (See **Student Code of Conduct**.) (Signature required on Page 5.)

VEHICLE INFORMATION

If your child will be driving to school please list the following information for the vehicle your child be will driving:

Vehicle Make ➡ _____ Vehicle Model ➡ _____

Year ➡ _____ Color ➡ _____ License Plate # ➡ _____

Name of Registered Owner of vehicle _____

LETTER FOR PUBLICATION OF INFORMATION ON AN ELECTRONIC COMMUNICATION SYSTEM(S)

Dear Parents,

The internet is a vast and rapidly growing worldwide network of over two million computers. No individual or group runs the Internet. It is a collective effort of thousands of information providers - schools, governments, nonprofit groups, commercial groups, and individuals. Internet users now number in the tens of millions.

Forsan I.S.D. is able to use the Internet's rich resources and also to publish information on the Internet. As part of many technology applications employed across the curriculum, the school may wish to publish a variety of teacher and student products on the Internet. The types of products may include, but are not limited to creative writing, honor roll names lists, student awards, artwork, slide presentations, and audio/visual productions.

We will not publish grades or student test scores, home addresses, phone numbers, or materials protected by federal regulations.

In the event that your child's photograph, name or work is selected to be published, we would like to have your permission to publish and possibly identify your child.

**PARENT AGREEMENT FORM FOR PUBLICATION OF INFORMATION ON AN
ELECTRONIC COMMUNICATION SYSTEM**

1. My child's work may be electronically displayed and published by the Forsan Independent School District.

➡ ☐ Yes ☐ No

2. Photographs of my child may be electronically displayed and published by the Forsan Independent School District.

➡ ☐ Yes ☐ No

3. I approve of the name that I have listed below to be used in association with the photograph or published work.

➡ Use this name _____

➡ NOT AT ALL ☐

I hereby give the above permissions and release the Forsan Independent School District from any liability resulting from or connected with the publication of such work and information.

EDMODO - ONLINE EDUCATIONAL TOOL

Forsan Independent School District is joining schools all over the country in using Edmodo.

Edmodo helps teachers make their classroom a community.

Edmodo provides teachers and students a secure place to connect and collaborate, share content and educational applications, and access homework, grades, class discussions and notifications. Our goal is to help educators harness the power of social media to customize the classroom for each and every learner.

Edmodo is a social networking site for teachers and students - and it's so much more.

This free resource allows teachers and students a safe environment to communicate, collaborate, and have fun. Many features, such as posting assignments and quizzes, populating a library of content, online storage of student's files/folders, and even awarding recognition to students is available inside Edmodo.

Please go to www.edmodo.com to learn more information and read through the terms and conditions/privacy policy of Edmodo.

Required Student and Parent/Guardian Signatures on Page 5

FORSAN HIGH SCHOOL - SIGNATURE PAGE

Student & Parent/Guardian Signatures and Date Signed Required

CORPORAL PUNISHMENT AGREEMENT (please circle choice)

I DO DO NOT hereby give permission to the administration of Forsan Junior/Senior High School to use corporal punishment in disciplining my child at Forsan Junior/Senior High School. I understand and agree to the guidelines and conditions as set forth in Forsan Independent School District Board Policy FOB (Local) *STUDENT DISCIPLINE: Corporal Punishment* (See page 19 of the Student Handbook).

PICTURE AND VIDEOTAPING RELEASE (please circle choice)

I DO DO NOT give permission to Forsan I.S.D. to photograph/videotape/audiotape my child.

PERMISSION FOR PARTICIPATION IN FIELD TRIPS AND/OR EXTRA CURRICULAR ACTIVITIES (please circle choice)

I DO DO NOT give my permission for my child to attend school-sponsored field trips and/or participate in extra curricular activities and accept full responsibility for medical costs for my child while a participant in any of the above activities.

INSURANCE FORM (please circle choice)

I DECLINE CHOOSE to participate in the student accident insurance plan provided by the Forsan Independent School District. I understand that the District is not responsible for any medical expenses or other costs of treating injuries. I will accept responsibility for any medical expenses incurred while my child is at school or is on any school-sponsored trip or activity.

DRUG FREE SCHOOLS

I, and my child(ren), have read the district's notice regarding drug-free schools and understand that my child(ren) will be subject to school discipline and possibly to criminal prosecution if they are found to have violated the district's code of student conduct, which prohibits the use, possession, sale, or distribution of illicit drugs and alcohol on school premises or at any school activity.

FORSAN I.S.D. Technology Acceptable Use Policy

I have read the Forsan Technology Acceptable Use Policy and agree to abide by its provisions. I understand that violation of the use provision stated in the policy may constitute suspension or revocation of computer privileges.

EDMOD - Online Educational Tool

My child has permission to create an account and use the online educational tool, Edmodo.

➡

Printed student name

➡

Student Signature

➡

Parent Signature

➡

Date Signed

➡

Date Signed

FORSAN JR/SR HIGH SCHOOL

PARENT CONSENT FORM FOR DISTRICT NONEMERGENCY MASS COMMUNICATIONS

Due to Telephone Consumer Protection Act (TCPA) rules, Forsan ISD must obtain a consent to send Nonemergency calls to the number and parent listed below. Please read and complete form.

I have been offered the option to receive nonemergency calls or texts from an automatic telephone dialing system or an artificial or prerecorded voice to my wireless telephone number.

I consent to receive nonemergency calls or texts from an automatic telephone dialing system or an artificial or prerecorded voice to my wireless telephone number, and accept responsibility for notifying the District immediately when my wireless telephone number has changed.

If I have any questions regarding the automatic telephone dialing system or an artificial or prerecorded voice mass communications system, I should direct those questions to Hanna Carter, Principal at 432-457-2223 or email to klowery@forsan.esc18.net.

➔

Print Student Name

➔

Print Parent Name

Parent's Name	Mobile Phone

➔

Parent Signature

➔

Date Signed

FORSAN I.S.D. - MEDICAL INFORMATION

IMPORTANT - Please fill out as completely as possible:

STUDENT NAME ➡ _____

Parent/Guardian to contact in case of emergency: ➡ _____

Cell # ➡ _____ Home # ➡ _____ Work # ➡ _____

Other Relative to contact: ➡ _____ Daytime Phone: ➡ _____

Insurance Company ➡ _____ Policy Holder ➡ _____

Insurance Policy Number ➡ _____

Check any conditions that apply to this student:



<input type="checkbox"/> ADHD	<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Muscular/Orthopedic Disorder
<input type="checkbox"/> Allergies to Bees/Wasps	<input type="checkbox"/> Dyslexia/Learning Disorder	<input type="checkbox"/> Pervasive Developmental Disorder
<input type="checkbox"/> Allergies to Foods	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Psychiatric Psychological Disorder
<input type="checkbox"/> Allergies - Seasonal	<input type="checkbox"/> Epilepsy/Seizure Disorder	<input type="checkbox"/> Scoliosis
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Serious Accident
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Stomach Disorder/Ulcers
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Kidney Disorder	<input type="checkbox"/> Surgery (give year and procedure)
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Lupus	_____
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Migraine Headache	<input type="checkbox"/> Vision Problems/Glasses

Does your child have an EPI-PEN prescribed? _____ Yes _____ No

Does your child take any medications daily for a condition above? _____ Yes _____ No

If "Yes", please list _____

Attach an additional sheet to describe any physical or medical problems of this student and list any medications this student is taking (include dosage, frequency, & reason for medication).

Family Doctor: ➡ _____ Phone # ➡ _____

Family Dentist: ➡ _____ Phone # ➡ _____

In case of high fever or a medical emergency an attempt will first be made to contact the parent or guardian. In the event I cannot be reached, my child may be picked up by one of the individuals I have listed above or on my child's enrollment form.

If I am unable to be reached in the case of a serious accident or illness to my child, I authorize a representative of the Forsan ISD to consent for medical treatment or to refer my child to the Doctor/Dentist I have specified above or to Scenic Mountain Medical Center. I will not hold the school district financially responsible for emergency care and/or transportation.

I authorize the above information to be shared with school personnel on a need-to-know basis. I will discuss any confidential medical conditions with the campus nurse. I certify that the information given on this form is true and correct.

➡ _____
Signature of Adult Enrolling Student

➡ _____
Relationship

➡ _____
Your Date of Birth

Does this student live with you? YES / NO

(CONTINUE ON BACK) ➡

Forsan ISD Health Services
REQUEST FOR FOOD ALLERGY INFORMATION

Student Name: ➡ _____

Grade: ➡ _____

Student's Date of Birth: ➡ _____

In your child's health records you noted your child has a food allergy. Due to new requirements from the state of Texas we ask you to complete this additional form so that we can better serve your child's health care needs while at school. As you know, good management of your child's allergy is important to his/her success and safety at school. Clear communication between you and your child, your health care provider and school staff is the key to managing life threatening allergies. A written emergency plan developed by your health care provider and shared with the school will help keep your child safe at school. Following the emergency plan will enable your child to participate safely in school activities. If your child has an emergency plan, please send a copy to the school nurse. If your child does not have an emergency plan, please talk to your health care provider about developing one that can be shared with the school staff. It can be faxed directly to the school nurse.

Please list each food 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 Food	*Life Threatening?*

***NOTE* LIFE THREATENING diagnosis must be confirmed by physician documentation.**

also

You must have physician's documentation with alternative food choices to request special diet or meal modifications.

Please answer the following questions regarding your child's allergy:

Does your child have an emergency plan written already? _____ Yes _____ No

Has your child had formal allergy testing? _____ Yes _____ No

Does your child have an EPI-PEN prescribed? _____ Yes _____ No

Does your child take a daily allergy medication? _____ Yes _____ No

Does your child have an allergy specialist? If yes, Name _____

May we contact physician listed above for concerns/questions regarding allergy? _____ Yes _____ No

DOES YOUR CHILD NEED MEDICATION AT SCHOOL? _____ Yes _____ No

_____ I will bring/send my child's non-prescription antihistamine medication to administer in case of an allergic reaction with the Medication request filled out and signed.

_____ I will send an EpiPen or EpiPen and antihistamine with the filled out and signed Parent/Physician form to school completed by my child's physician and myself.

_____ I do not wish to keep medication at school for my child in case of an allergic reaction. I will not hold Forsan ISD responsible for any adverse event that occurs to my child because of not having provided the appropriate medication for this allergy.

Please sign and return this information with enrollment packet.

District Nurse

Elementary 432-457-0091

Elementary FAX: 432-457-0040

Forsan 432-457-2223 ext 821

Forsan FAX: 432-457-0008

Parent/Guardian Name (printed) _____

Signature _____

Date _____

Forsan Independent School District

411 W. 6th Street - PO Box 689

Forsan, TX 79733

(432) 457-2223

RESIDENCY QUESTIONNAIRE

Name of Parent(s) / Legal Guardian(s) _____

Address: _____ City, State, Zip _____

Campus	Student's Name(s) as shown on Birth Certificate(s)			Gender		Date of Birth (MM, DD, YYYY)
	Last Name	First Name	Middle Name	M	F	

Student(s) live(s) with _____
Name, Relationship to Student, Address (if different from above)

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.

1. **Is your current address a temporary living arrangement?** ___ Yes ___ No

2. **If so, is the temporary living arrangement due to loss of housing or economic hardship?** ___ Yes ___ No

If you answered **YES** to both questions, please answer the following: **Where are students presently living?** (Check one box.)

<input type="checkbox"/>	In a motel/hotel/campground
<input type="checkbox"/>	In a shelter
<input type="checkbox"/>	With more than one family in a house or apartment

<input type="checkbox"/>	Moving from place to place
<input type="checkbox"/>	In a place not designated for ordinary sleeping accommodations such as a car, park, or campsite

Signature of Parent / Legal Guardian _____

Parent / Guardian Date of Birth _____







Today's Date _____

FOR OFFICE USE ONLY - FISD Notes:

Family eligible for services: YES NO **Signature:** _____ **Date:** _____

MIGRANT SURVEY

In order to better serve your children, Forsan 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 from to your child's school.

	Yes	No
Have you moved within the last 3 years		
Was the move due to economic necessity?		
Do you have a high school aged child under the age of 22 who lacks a U.S. issued high school diploma or Certificate of High School Equivalency and is currently not enrolled in school?		
If yes, have you done agricultural or fishing related work since your move? (e.g., field work, canneries, lumbering, dairy work, meat processing)		
     		

If you answered yes to any of the questions above, an education representative may contact you to find out whether you child is eligible for additional educational services.

Signature of Parent / Legal Guardian _____

Parent / Guardian Date of Birth _____

Today's Date _____

FOR OFFICE USE ONLY:

FISD - Referral sent to ESC 18? Yes No **Signature:** _____ **Date:** _____

HANNA CARTER
Principal

REBECCA MEDINA
Assistant Principal

JASON PHILLIPS
Athletic Director,
Dean of Students

Forsan Independent School District

Forsan Junior and Senior High School

P. O. Box 689 - 411 West 6th
Forsan, Texas 79733
Phone (432) 457-2223
FAX (432) 457-0008
<http://forsan.esc18.net>

SHAUN MCVICARS
Technology
Administrator

MYSTI MIMS
Counselor

Annual Forsan ISD Online GradeBook Access Form

Please complete this **ENTIRE** form (one per family) return the completed form to your child's Forsan ISD campus. After completing this form and returning it, **NEW STUDENTS** will be given the appropriate information to access child's information via mail. **RETURNING STUDENTS** will need to contact campus registrar if they need information sent to them. By signing this form, you are indicating that you have legal rights to access the student's grades and attendance listed below. If asked, you will need to present legal documentation as proof of your rights. Forsan ISD is not liable for any information you may give to a third party.

You will need the Student Portal ID to sign up for access to the student's grades and attendance. Online parent instructions for accessing grades and attendance are available on our website at www.forsan.esc18.net.

INFORMATION OF PERSON REQUESTING ACCESS TO THE PARENT PORTAL TxCONNECT (PARENT/GUARDIAN OR STUDENT):

Name of person requesting access to the Parent Portal		Email address
Mailing Address		City, State, Zip Code
Physical Address		City, State, Zip Code
Home Phone Number	Cell Phone Number	Work Phone Number

Student's Name(s):

Student Name/Grade	Relationship to you
Student Name/Grade	Relationship to you
Student Name/Grade	Relationship to you
Student Name/Grade	Relationship to you

Parent/Guardian or Student Signature and Date Signed:

Signature	Date Signed
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FORSAN INDEPENDENT SCHOOL DISTRICT

Forsan ISD Student Drug Testing Authorization

Student Name _____

Parent/Guardian Name _____

Date _____

I acknowledge that I have received a copy of the Forsan Independent School District student drug testing policy for students in grades 6-12 who choose to participate in any extracurricular activity (any non-required activity including but not limited to athletics, cheerleading, band, dances, etc.) or who choose to drive and park on campus. I recognize and understand that I could be asked to provide a hair sample, urine sample, oral swab or breath sample for drug and alcohol analysis. I consent to any such testing conducted as part of this policy.

Listed below are the prescription drugs and dosages my son/daughter takes on a regular/permanent basis:

_____	_____
Drug Name	Dosage

_____	_____
Drug Name	Dosage

_____	_____
Drug Name	Dosage

_____	_____
Drug Name	Dosage

_____ **My Son/Daughter does not take any prescription medication on a regular/permanent basis.**



Student Signature

Date



Parent/Guardian Signature

Date

Note: This authorization will be valid throughout the student's enrollment at Forsan ISD unless authorization is withdrawn by submitting the request in writing to the superintendent.