

Welcome to Walnut Springs ISD



We are pleased to welcome students back for the 2019-2020 school year. Below are some notes for parents.



The school hours will change only slightly. Classes will begin at 7:50 and the day will end at 3:35. Students in PK - 5 are in self contained classrooms with limited changes in rooms throughout the school day. Students 6-12 will follow an 8 period bell schedule.



Lunch prices for the 2019-2020 school year will be:

Student			Adult	
Breakfast			Breakfast	
Regular free	Reduced free		TBA	
Lunch			Lunch	
Regular free	Reduced free		TBA	

We welcome parents who wish to eat lunch with their students but request that advance notice be given so that they are included in the lunch count.

Lunch times vary by classes.



PK-11:00-11:30	3 rd - 11:35-12:05	High School
K-11:10-11:40	4 th - 11:40-12:10	12:25- 12:55
1 st - 11:20-11:50	5 th - 11:45-12:15	6 th - 8 th
2 nd - 11:25-11:55		12:35-1:05

Walnut Springs ISD will again have the AlertNow system for improving communication with parents. Notices will be sent via AlertNow for early dismissals and end of six weeks notices. Should there be inclement weather; AlertNow will send messages for that also. Please remember to update contact information if it has changed since last year. This contact information includes phone and email contacts.



Walnut Springs Independent School District

Pre-K students will be on campus until 12:30 on Monday, Tuesday, and Wednesday of the first week. This will allow for an easier transition into school. Please be sure that arrangements are made to pick up your child at that time.

Drop off and pick-up procedures will be the same as last year. All students being dropped off between 7:05am-7:30am need to be dropped off at the door near the cafeteria. Students arriving at school after 7:30am need to enter through the main entrance by the office. There is no change in the high school drop off or parking procedures.



Morning Arrival:

All students arriving to school before 7:20am must report to the cafeteria. Student breakfast will be served between 7:10-7:40am. Students may report to their assigned classrooms at 7:20am. All students need to be in the cafeteria or in their assigned classrooms – no loitering in the hallways. Parents taking students to breakfast or classroom must first sign in at the office.

Absence / Attendance:

State rules require that a student be counted absent if they are not sitting at their desk in the class room by the official attendance-taking time established by WSISD- 9:00 am.

*The exception to this rule is when the student sees a health care professional (doctor, dentist, optometrist, nurse practitioner, etc.) and is on campus for some portion of the day on which they have the appointment AND bring a medical note documenting the visit to the health care professional.



Students grades 6-12 are counted absent from each class period, in which, they are not in attendance when the tardy bell rings.

Students who are Juniors or Seniors may also have 2 college days each year to visit a college campus.

These visits should be prearranged and documentation, on college letterhead, of the visit must be turned in to the office.

Registration:

All parents need to complete a registration packet for their student each year. This will ensure that we have accurate contact information on file. We have included many of the required signatures on one form. Please remember to complete all forms and return to school by Friday, August 30. Forms such as the Student, Parent, Staff compact and the form stating the parent and student received and read the student hand book will be sent home the first week of school with a return date.

Walnut Springs ISD participates in a district-wide Title 1 improvement program. Services are provided to students to assist in improving skills in basic academic areas. These areas include reading, language arts, math, science and social studies. Some of the strategies utilized include computer programs to enhance classroom learning and providing instruction through small group activities for more individualized, self paced activities.

Students attending Walnut Springs ISD must complete registration forms each year. Attached please find the documents that must be completed for a student to be enrolled at Walnut Springs ISD. The State of Texas has imposed some requirements which the district must follow.

<i>Required Documents</i>	<i>New Students</i>	<i>All Students</i>
Proof of residency All students must bring proof of residency in the district. Parents / guardians may use a current electric or water bill or a photo id with a physical address. Bill must show a physical address/not a PO box number.	√	√
Identification information of person enrolling student. The state requires that each adult who is registering a student in school must show a photo id. The address must match the item submitted for #1 above.	√	√
Completed registration form	√	√
Completed Home Language Survey	√	
Completed Parent Compact	√	√
Copy of Birth Certificate *	√	
Copy of Social Security Number *	√	
Copy of Immunization Record *	√	

* a photocopy will be made and maintained in the student’s permanent record

High School Students who want to bring a vehicle on campus.

Valid TX Driver's License: Each high school student who wishes to park on campus is required to provide a valid TX driver's license to the office prior to bringing a vehicle on campus. Students will be assigned a parking space when they bring the valid driver's license.

AND

Current Proof of Insurance

Thanks,

Christy Halbert,
Lonnie Flippen,
Principals, Walnut Springs ISD

Walnut Springs Independent School District

Walnut Springs Independent School District

Please PRINT in BLUE ink.

WALNUT SPRINGS ISD Registration Form for School Year 2019 - 2020

Campus Name: WALNUT SPRINGS ISD Campus Phone: (254) 797-2133 Campus Fax: (254) 797-2191

STUDENT INFORMATION

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

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

- Hispanic Pacific Islander
- White Black
- Asian American Indian

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

Receive Mailouts: Yes No Language Pref: English Spanish

Emergency Contact: Yes No Email: _____

Svc Branch: _____ Rank: _____ Enrolling Person: _____

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

Vehicle Make: _____ Model: _____ Color: _____

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: _____ Special Requirements _____

Route: _____ Run: _____ Transportation: _____

Pickup Stop: _____ Dropoff Stop: _____ Special Seating: _____

Pickup Assigned: _____ Dropoff Assigned: _____ Wheelchair: _____

Pickup Route: _____ Dropoff Route: _____

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: _____

Walnut Springs Independent School District

Please PRINT in BLUE ink.

The following contacts are **ALLOWED** to pickup student **WITHOUT** prior written or verbal notice from enrolling parent or guardian:

Parent/Guardian Signature _____ Date _____

Name	Phone	Relationship	Student may leave with emergency contact	
1.			Y	N
2.			Y	N

Siblings Attending Walnut Springs ISD

Name	Grade	Student may leave with sibling		Notes
1.		Y	N	
2.		Y	N	
3.		Y	N	
4.		Y	N	
5.		Y	N	
6.		Y	N	

Persons NOT ALLOWED to pickup student:

Name	Relationship	Court Order on File
1.		
2.		
3.		
4.		

Medical Information:

Name of Physician	Address	Phone #

The above information is required for a permanent school record for 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 costs for your child.

I certify that the information given above is correct. I authorize the school to contact persons 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.

Signature of Parent or guardian _____ Date of Birth _____ Driver's License # _____ Current Date _____

Additional Information Parents would like school to have: _____

Prior School Information:

Name and Address	Address	Phone #

★ ONLY complete for students enrolling for the first time in Texas public schools.

Walnut Springs ISD

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. Once your child is assessed, changes to the Home Language Survey responses are not permissible.

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: <http://web.esc20.net/LPAC-Interactive/InteractiveFlowchart-EN.htm>.

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 spoken in the child's home **most of the time**? _____

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

Signature of Parent/Guardian

Date

Signature of Student if Grades 9-12

Date

★ Sólo completa para los estudiantes que se matriculan por primera vez en las escuelas públicas de Texas

Walnut Springs ISD

Cuestionario sobre el idioma que se habla en el hogar
19 TAC Chapter 89, Subchapter BB §89.1215

DEBE DE COMPLETARSE POR EL PADRE O TUTOR ESTUDIANTES QUE CURSEN DESDE PREKINDER HASTA EL OCTAVO GRADO: (O POR EL ESTUDIANTE SI CURSA

GRADOS DEL 9-12): El estado de Texas requiere que la siguiente información se complete para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Es la responsabilidad del padre o tutor, no de la escuela, proporcionar la información del idioma requerida por las siguientes preguntas.

Querido padre o guardián:

Para determinar si su hijo(a) se beneficiara de los servicios de los programas bilingües y/o de inglés como segundo idioma, por favor responda las dos preguntas siguientes.

Si cualquiera de sus respuestas indica el uso de un idioma que no sea inglés, entonces el distrito escolar debe realizar una evaluación para determinar que tanto se comunica su hijo(a) en inglés. Esta información de evaluación se usará para determinar si los servicios de programas bilingües y/o de inglés como segundo idioma son apropiados e informarán las recomendaciones en cuanto a la instrucción y la asignación del programa. Una vez completada la evaluación de su hijo(a), no se permitirán cambios a las respuestas en el cuestionario.

Si tiene preguntas sobre el propósito y el uso del cuestionario sobre el idioma que se habla en el hogar, o si necesita ayuda para completar el cuestionario, por favor comuníquese con el personal del distrito escolar.

Para más información sobre el proceso que debe seguirse, por favor visite el siguiente sitio web: https://projects.esc20.net/upload/page/0081/docs/LPAC-TrainingFlowchartSpanish-Accessible.pdf.

Este cuestionario se archivará en el expediente del estudiante.

NOMBRE DEL ESTUDIANTE _____ ID#: _____

DIRECCIÓN: _____ TELÉFONO: _____

ESCUELA: _____

Nota: Indique sólo un idioma por respuesta.

1. ¿Qué idioma se habla en casa la mayor parte del tiempo? _____

2. ¿Qué idioma habla su hijo(a) la mayoría del tiempo? _____

Firma del padre o tutor _____

Fecha _____

Firma del estudiante si esta en los grados 9-12 _____

Fecha _____

Texas Education Agency
 Texas Public School Student/Staff Ethnicity and Race Data Questionnaire

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

Part 2. Race: What is the person's race? (Choose one or more)

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

 Student/Staff Name (please print)

 (Parent/Guardian)/(Staff) Signature

 Student/Staff Identification Number

 Date

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.	
Ethnicity – choose only one: _____ Hispanic / Latino _____ Not Hispanic/Latino	Race – choose one or more: _____ American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White
Observer signature:	Campus and Date:

Texas Education Agency – March 2010

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

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

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

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

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

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

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

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

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

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

Número de Identificación del
Estudiante/Miembro del personal

Fecha

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student’s permanent folder.

Ethnicity – choose only one:
 Hispanic / Latino
 Not Hispanic/Latino

Race – choose one or more:
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Observer signature:

Campus and Date:

Agencia de Educación de Texas – Marzo 2009

Student Health Information Nurse's Office Copy

Student's Name _____ ID# _____ Grade _____

Date of Birth _____ Teacher _____

Contact Information:

Mother's Name: _____

Work Number _____ Home Number _____

Other (Beeper, Cellular, etc.) _____

Father's Name: _____

Work Number _____ Home Number _____

Other (Beeper, Cellular, etc.) _____

Other Person to notify in an emergency if unable to reach parent:

Name _____ Relationship _____

Work Number _____ Home Number _____

Other (Beeper, Cellular, etc.) _____

I, the undersigned, do hereby authorize Walnut Springs ISD to contact directly the person named on this form, and authorize the named physician to render treatment as may be deemed necessary in an emergency, for the health of said child. I also give permission for the School Nurse to contact the Doctor listed below with any questions regarding the health care of my child, and for the School Nurse to share the following information with classroom teachers, or others who will be caring for my child while he/she is in school attendance.

Parent/Guardian

Signature _____ Date _____

Name of preferred Physician: _____ Clinic _____

Contact Phone for Physician: _____

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

Asthma: ___ Mild ___ Moderate Allergies (Insect bites, food, etc.) _____

Seizure disorder: Y N If yes, Type of seizures _____ Date of last seizure _____

Vision problems: _____ Hearing problems: _____

Other significant health problems that you feel we should know about: _____

Please list additional information: _____

REQUEST FOR ADMINISTRATION OF MEDICATION BY SCHOOL HEALTH CARE PROVIDER

Name of Student: _____ Grade/Teacher _____

Date of Request	Name of Medicine	Amount to be given	Time to be given	Condition for which medicine is given	Picked Up

Special Instructions: _____

*All medicines to be picked up by the parent/guardian at *the end of the school year*. Health Care Personnel will properly dispose of medication after the end of *the school year*.

Signature of Parent/Guardian: _____

Day time contact Information: _____

Medication Procedures

1. All medications must be supplied and brought to school by the parent, sent in the original container and be properly labeled. It is suggested that for prescription medications the pharmacist supply an extra container for school.
2. Medication sent in baggies or other unlabeled containers **WILL NOT BE GIVEN**. Do not send medicine on the bus with the student
3. *The first dose must be given at home in case of unexpected reaction*. Medication should be given by the parent outside of school hours, If at all possible. Medication that is to be given once, twice or three times a day should be given at home unless specified by a doctor.
4. *Sample medication* from a doctor’s office must have a note from the doctor with Instructions on administration of medication.
5. Herbal medications, dietary supplements, and other nutritional aids not approved as medications by the FDA *may* not be administered at school.
6. All medications must be kept in the school clinic.
7. All medications must have a note from the parent or legal guardian designating times and conditions for administration.
8. *A student may be allowed to self-administer inhaled asthma medication.*

Please complete and return this form even if your child has no known food allergies at this time. (1 form per child)

Students Name _____

Date of Birth _____

Food Allergy (ies) _____

Guidelines for Students with Food Allergies

(Adapted from The Food Allergy & Anaphylaxis Networks' Guidelines for Managing Students with Food Allergies, www.foodallergy.org/school_guidelines/SchoolGuidelines.pdf)

Family's Responsibility

- Notify the school of the child's allergies.
- Work with the school team to develop a plan that accommodates the child's needs throughout the school including in the classroom, in the cafeteria, in after-care programs, during school-sponsored activities, and on the school bus, as well as a Food Allergy Action Plan.
- Provide written medical documentation, instructions, and medications as directed by a physician, using the Food Allergy Action Plan as a guide. Include a photo of the child on written form.
- Provide properly labeled medications and replace medications after use or upon expiration.
- Educate the child in the self-management of their food allergy including:
 - safe and unsafe foods
 - strategies for avoiding exposure to unsafe foods
 - symptoms of allergic reactions
 - how and when to tell an adult they may be having an allergy-related problem
 - how to read food labels (age appropriate)
- Review policies/procedures with the school staff, the child's physician, and the child (if age appropriate) after a reaction has occurred.
 - Provide emergency contact information.

Student's Responsibility

- Refrain from trading food with other students.
- Refrain from eating anything with unknown ingredients or ingredients known to contain any allergen.
- Be proactive in the care and management of their food allergies and reactions based on their developmental level.
- Notify an adult immediately if they eat something they believe may contain the food to which they are allergic, or if they feel as though they are having allergy-related symptoms.

Student's Responsibility

- Review the health records submitted by parents and physicians.
- Include food-allergic students in school activities. Students should not be excluded from school activities solely based on their food
- **Work with families to establish a prevention/action plan.**
- Assure that all staff who interact with the student on a regular basis understands the student's action plan for prevention and in the case of a reaction.
- Ensure the proper Storage and accessibility of medications.
- Ensure that staff members are prepared to handle a reaction and are able to administer emergency medications during school hours.
- Review policies/procedures with families and the student's physician after a reaction has occurred.
 - Have policies in place to minimize risk to food-allergic, student (i.e. ingredient cards, no trading food policy, and parent notification of food in classroom.

By signing below I am indicating that I understand my responsibilities as outlined above. I further understand that I am expected to work diligently to ensure that anyone at the School (defined as AHB Community School, its staff, officers, agents and representatives) who works directly with my child understand my child's food allergy and has the appropriate plan of action in place to minimize food-allergy risks to my child. I hereby release the School from liability and shall indemnify and hold the School harmless for any injuries, accidents, or other harm that may result from my child's food allergy while in the care of the School.

Date: _____ Parent Signature: _____

Por favor complete y regrese esta forma incluso si su hijo no tiene alergias conocidas en este momento. ____ (1 formulario por niño) estudiantes nombre fecha de nacimiento la alergia alimentaria (ies) directrices para los estudiantes con alergias alimentarias (adaptado de la Food Allergy & anafilaxia redes " directrices para la gestión de estudiantes con alergias a los alimentos,

Nombre del Estudiante

Fecha

Alergia femenino

Directrices para los estudiantes con alergias alimentarias

(Adaptado de la alergia alimentaria & anafilaxia redes " directrices para la gestión de los estudiantes con alergias a los alimentos, www.foodallergy.org/school_guidelines/SchoolGuidelines.pdf)

Familia's**Responsabilidad Femenino**

- Notificar a la escuela de las alergias del niño.
- Trabajar con el equipo de la escuela para desarrollar un plan que se adapta a las necesidades del niño a lo largo de la escuela incluyendo en el aula, en la cafetería, en programas de asistencia, durante actividades patrocinadas por la escuela y en el autobús escolar, así como un Plan de acción de la alergia alimentaria.
- Proporcionar documentación médica escrita, instrucciones y medicamentos según lo indicado por un médico, guiándose por el Plan de acción de la alergia alimentaria. Incluir una foto del niño en forma escrita.
- Proporcionar medicamentos debidamente etiquetados y reemplace los medicamentos después de su uso o al vencimiento.
- Educar a los niños en la autogestión de su alergia alimentaria incluyendo:
 - safe y
 - strategies de alimentos inseguros para evitar la exposición a alimentos inseguros
 - symptoms de
 - how de las reacciones alérgicas y cuando decirle a un adulto que pueden tener un problema relacionado con alergias
 - how alimentos leer etiquetas (edad)
- Revisar las políticas y procedimientos con el personal de la escuela, el niño del médico y el niño (si la edad adecuada) después Se ha presentado una reacción.
- Proporcionar información de contacto en caso de emergencia.

**Nombre del Estudiante's
Responsabilidad Femenino**

- Abstenerse de comerciar alimentos con otros estudiantes.
- Abstenerse de comer cualquier cosa con ingredientes desconocidos o ingredientes que contienen cualquier alérgeno.
 - Be proactivo en el cuidado y manejo de sus alergias y reacciones basadas en su nivel de desarrollo.
- Avisar a un adulto inmediatamente si comen algo creen que pueden contener los alimentos a los que son alérgicos, o si se sienten como si tienen síntomas relacionados con la alergia.

**Nombre del Estudiante's
Responsabilidad Femenino**

- Revisar los registros de salud presentados por los padres y médicos. • Incluir alimentos alérgicos estudiantes en las actividades escolares. Estudiantes no deben ser excluidos de las actividades escolares basadas únicamente en sus alimentos
- trabajo con las familias para establecer un plan de prevención y acción.
- Se asegurará de que todo el personal que interactúa con el estudiante sobre una base regular comprende el plan de acción de los estudiantes para la prevención y en el caso de una reacción.
- Garantizar el adecuado almacenamiento y accesibilidad de los medicamentos.
- Asegúrese de que el personal de los miembros están preparados para manejar una reacción y son capaces de administrar medicamentos de emergencias durante las horas escolares.
- Las políticas/procedimientos de revisión con las familias y el médico del estudiante después de que se ha producido una reacción.
- Tienen políticas para minimizar el riesgo de alimentos alérgicos, estudiante (por ejemplo, tarjetas de ingrediente, ninguna negociación política alimentaria y notificación a los padres de los alimentos en el aula.

Al firmar abajo yo soy indicación que entiendo mis responsabilidades como se indicó anteriormente. Además, entiendo que me esperan a trabajar diligentemente para asegurar que nadie en la escuela (definida como escuela de la comunidad AHB, su personal, funcionarios, agentes y representantes) que trabaja directamente con mi niño entender la alergia alimentaria de mi hijo y tiene el correspondiente plan de acción para minimizar los riesgos de alergias alimentarias a mi hijo. Por la presente suelte la escuela de responsabilidad y debería indemnizar y eximir de responsabilidad por cualquier lesión, accidentes u otros daños que puedan derivarse de la alergia alimentaria de mi hijo en el cuidado de la escuela.

Fecha: _____ Firma (Padre/Representante legal): _____

Walnut Springs Independent School District

Please PRINT in BLUE ink.

Walnut Springs ISD is required to keep certain parent acknowledgments and permissions on file during the school year. Please read the notices below and complete the permissions, acceptable use, acknowledgment form and return to the school.

Notice 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 Institutions of Higher Education** in the handbook for more information.]

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 Walnut Springs ISD to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing September 9, 2019.

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** in the handbook for more information.]

Walnut Springs ISD has designated the following information as directory information for school related purposes, and all other purposes:

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

Walnut Springs ISD Acceptable Use Policy

Internet access is now available to students and teachers in the Walnut Springs ISD through access to EDLINK12. Walnut Springs ISD is pleased to bring this access to its teachers and students. We believe that the Internet offers vast, diverse, and unique resources to both students and teachers. Our goal in providing this service to teachers and students is to promote educational excellence in schools by facilitating resource sharing, innovation, and communications.

The Internet is an electronic highway connecting thousands of computers all over the world and millions of individual subscribers. Students and teachers have access to acceptable sites on the World Wide Web.

With access to computers and people all over the world also comes the availability of material that may not be considered to be of educational value in the context of the school setting. Walnut Springs ISD has taken precautions to restrict access to controversial material; however, on a global network it is impossible to control all materials. We firmly believe that the valuable information and interaction available on this worldwide network far outweighs the possibility that users may procure material that is not consistent with the educational goals of the district.

Walnut Springs Independent School District

Please PRINT in BLUE ink.

Internet access is coordinated through a complex association of government agencies, and regional and state networks. In addition, the smooth operation of the network relies upon the proper conduct of the end users who must adhere to strict guidelines. These guidelines are provided so that you are aware of the responsibilities of using the network at Walnut Springs ISD. In general, this requires efficient, ethical, and legal utilization of the network resources. If a user violates any of the guidelines outlined below, his or her account will be terminated and future access could possibly be denied. The signature(s) at the end of this document is/are legally binding and indicates the party(ies) signature's has/have read the terms and conditions carefully and understand their significance.

Walnut Springs users will avoid inappropriate and illegal interaction.

Internet / Network – Terms and Conditions

1. **Acceptable Use** – The purpose of the network is to support research and education in and among academic institutions in the U.S. by providing access to unique resources and opportunity for collaborative work. The use must be in support of education and research and consistent with the educational objectives of the district. Use of other organization's network or computing resources must comply with the rules appropriate for that network. Transmission of any material in violation of any US or state regulation is prohibited. This includes, but is not limited to: copyrighted material, threatening or obscene material, or material protected by trade secret. Use for commercial is not acceptable. Use for product advertisement or political lobbying is also prohibited.

2. **Privileges** – The use of the Internet is a privilege, not a right, and inappropriate use may result in a cancellation of those privileges. The system administrators will deem what is inappropriate use. Also, the system administrators may close an account at any time as required. The administration, faculty, and / or staff of Walnut Springs ISD may request the system administrator to deny, revoke, or suspend specific user accounts.

3. **Network Etiquette** – You are expected to abide by the generally accepted rules of network etiquette. These include (but are not limited to) the following:

- a Be polite. Do not get abusive in your messages to others
- b Use appropriate language. Do not swear, use vulgarities or any other inappropriate language.
- c Illegal activities are strictly forbidden.
- d Do not reveal your personal address or phone numbers of other students.
- e Students are not allowed access to electronic mail at this time.
- f Do not use the network in such a way that you would disrupt the use of the network by other users.
- g All communications and information accessible via the network should be assumed to be private property.

4. **Disclaimer** – Walnut Springs ISD does not make warranties of any kind, whether expressed or implied, for the services provided. The district will not be responsible for any damages you suffer. This includes loss of data resulting from delays, non-deliveries, misdeliveries, or service interruptions caused by it's own negligence or your errors or omissions. Use of any information obtained via the Internet is at your own risk. Walnut Springs ISD specifically deny any responsibility for the accuracy or quality of information obtained through its services.

5. **Security** – Security on any computer system is a high priority, especially when the system involves many users. If you feel you can identify a security problem on the Internet, you must notify a system administrator. Do not demonstrate the problem to other users. Do not use the account of another person. Attempts to logon to the Internet as a system administrator or teacher will result in cancellation of privileges. Any user identified as a security risk will be denied access to the Internet. Please be aware that use of the district's network may be monitored and that this is not a violation of the user's privacy.

6. **Vandalism** – Vandalism may result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm or destroy data of another user, Internet, or any of the above listed agencies or other networks that are connected to the district's network. This includes, but is not limited to, the uploading or creation of computer viruses.

RELEASE FORM FOR ELECTRONIC DISPLAY OF PERSONAL INFORMATION

Walnut Springs ISD has a web page for Internet publication. Please return this form as soon as possible to the school. Not only does it affect your student, it will also affect the publication of a group photo that your student may be in. Without this form no information about your student will be placed on the web site.

Walnut Springs Independent School District Please PRINT in BLUE ink.
Permissions / Acceptable Use / Acknowledgment Form

Student Name: _____ **Grade:** _____

Walnut Springs ISD is required to keep certain parent acknowledgment forms and permissions on file during the school year. Please read the notices attached and complete the following acknowledgment/permission forms and return to the school.

Release of Student Information to Military Recruiters, Institutions of Higher Education and Directory Information

As Parent / Guardian, by initialing the following, I give the district permission...

_____ to release my child's name, address, and telephone number to a military recruiter or institution of higher education without my prior written consent.

_____ for the information listed as directory information to be use for specified school – sponsored purposes.

_____ for the information listed as directory information to be use for all other purposes unrelated to school sponsored purposes.

Electronic Display of Personal Information

As Parent / Guardian, by initialing the following, I give my permission for certain personally identifiable information about my child or a photograph / video of my child to be electronically displayed and produced by the District.

_____ **NO** information pertaining to my child may be displayed.

I give the district permission to display my child's...

Name: (Choose One)

_____ Name, with picture (first or last, but not both)
(EX: Shown are Bob, Sue, Jim)

_____ Name, no picture –
(EX – Band members include B. Smith, E. Smith)

Photo: (Choose each that apply)

_____ Photo (individual) –
(EX. Photo of child as "speller of the week" etc)

_____ Photo (class or organization) –
(EX: as part of a team, FFA, 4-H, class field trip)

_____ Video – (EX – Participation in a sports event, School sponsored activity)

Occasionally, the Walnut Springs ISD wishes to display or publish student artwork or special projects on the district's *Web site* and in district publications. The district agrees to only use these student projects in this manner.

I give the district permission to use...

_____ my child's artwork or special project on the district's Web site and in district publications.

_____ video of my child participating in school sponsored events on the district's Web site and in district publications.

I have received a copy of the notices regarding; Release of Student Information to Military Recruiters and Institutions of Higher Education, Directory Information and Parent's Response Regarding Release of Student Information, and WSISD Acceptable Use Policy.

Signature of parent: _____

Date: _____

Permissions / Acceptable Use / Acknowledgment Form

Student Name: _____ Grade: _____

Internet Acceptable Use Policy – Required Signatures

This form must be completed and on file before a student may use the Internet at Walnut Springs ISD.

Student - I understand and will abide by the Walnut Springs ISD Acceptable Use Policy. I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action. I also agree to report any misuse of the information system to a system administrator or teacher. I understand that Walnut Springs ISD retains the right to withdraw Internet privileges at any time for any reason.

Signature of student: _____

Parent or Guardian - As the parent or guardian of this student, I have read and understand the rights and responsibilities mentioned in the Walnut Springs ISD Acceptable Use Policy. I understand that this access is made available for educational purposes. Walnut Springs ISD has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the district to restrict access to all controversial materials, and I will not hold the district responsible for the misuse of the information system.

My signature below indicates that I **DO** give permission for my student to have access to the Internet at school through the district’s network.

Signature of parent: _____

Acknowledgment

My child and I have received a copy of the Walnut Springs ISD Student Handbook and the Student Code of Conduct for 2019-2020. 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 the principal at 254-797-2133 or lonnie.flippen@walnutspringsisd.net.

Signature of student: _____ Date: _____

Signature of parent: _____ Date: _____

Student Insurance (pick up forms in the office)

Initial to have insurance packet sent home with student:

_____ I wish to receive information on the insurance that the school offers each year.

Bus Request Form

Complete 1 per Family

Please complete the following information so that we are able to set up bus routes to see that all students that need transportation are transported to and from school. We realize that some students are picked up from home and dropped off at Grandmother's or the baby sitter. Please help us ensure that we have the correct information for your child/children.

STUDENT LAST NAME: (Please list the last name of each child)

Parent / Guardian Name: _____ Phone # _____

Physical Address: _____

Individual Student Information:

Student Name (First / Last)	Grade	Morning Pick up	Physical Address ✓	Alternate Address ✓	Every Day	Afternoon Drop Off	Physical Address ✓	Alternate Address ✓	Every Day
		Yes No			Yes No	Yes No			Yes No
		Yes No			Yes No	Yes No			Yes No
		Yes No			Yes No	Yes No			Yes No
		Yes No			Yes No	Yes No			Yes No
		Yes No			Yes No	Yes No			Yes No
		Yes No			Yes No	Yes No			Yes No
		Yes No			Yes No	Yes No			Yes No

Student Alternate address information:

Student Name	Route change	Alternate Address	Dates M T W Th F
	AM PM		Date: _____ M T W Th F
	AM PM		Date: _____ M T W Th F
	AM PM		Date: _____ M T W Th F
	AM PM		Date: _____ M T W Th F

Please list other information that is needed by the school to provide quality transportation for your students on the back.

Office Use:

- _____ West Route
- _____ East Route
- _____ Meridian Route

Continue on back of this page if necessary. _____

Student Residency Questionnaire

Name of School: Walnut Springs ISD

Name of Student: _____ Sex: Male
Last First Middle Female

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

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 1143a(2). The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? ____ Yes ____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship?
____ Yes ____ No

**If you answered YES to the above questions, please complete the remainder of this form.
If you answered NO, you may stop here.**

Where is the student presently living? (Check one box)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite.

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

Address: _____ Zip: _____ Phone: _____

Presenting a false record of falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other cost. TEC Sec.25.002 (3) (d).

Signature of Parent/Legal Guardian: _____ Date: _____

Please send a copy to Christy Halbert, Principal at the WSISD office.

Fax: 254-797-2191

I certify the above named student qualifies for the Child Nutrition Program under the provision of the McKinney-Vento Act.

Date

McKinney-Vento Liaison Signature

Cuestionario de Residencia para Estudiantes

Nombre de la Escuela: Walnut Springs ISD

Nombre del Estudiante: _____ Sexo: Masculino
Apellido Nombre Segundo Nombre Femenino

Fecha de Nacimiento / / Edad: # de Seguro Social:
Mes / Día / Año (o número de indentificación escolar)

El propósito de este cuestionario es presentar los Acta McKinney-Vento (42 U.S.C. 1143a(2)). Las respuestas a estas preguntas ayudarán determinar los servicios que el estudiante debe recibir.

1. ¿Es su domicilio actual un arreglo de vivienda temporal (de poca duración)? Si No

2. ¿Es este arreglo de vivienda temporal debido a la pérdida de su casa, vivienda o habitación, o debido a algún problema económico (ejemplo: desempleo)?
 Si No

Si usted contestó Si a estas preguntas, por favor complete el resto de este formulario.

Si usted contestó NO a estas preguntas, no siga.

¿Dónde se encuentra viviendo el estudiante actualmente? (Marque una opción.)

- En un motel
- En un albergue o lugar de refugio
- Con más de una familia en una casa o apartamento
- Moviéndose de lugar en lugar
- En un lugar generalmente no designado para dormir (ejemplo: carro, parque, o campamento)

Nombre del Padre/Madre/Guardián: _____

Dirección: _____ Zona Postal _____ Teléfono _____

Presentar información falsa o la falsificación de documentos para uso escolar son ofensas bajo la Sección 37.10, del Código Penal, y la inscripción del estudiante usando documentos falsos tratará como consecuencia que los responsables estarán sujetos a pagar los gastos de instrucción u otros cargos. TEC Sec.25.002 (3) (d).

Firma del Padre/Madre/Guardián _____ Fecha _____

Por favor envíe una copia este documento a Christy Halbert, Principal en el Departamento de WSISD.
Fax: 254-797-2191

I certify the above named student qualifier for the Child Nutrition Program under the provision of the McKinney-Vento Act.

Date

McKinney-Vento Liaison Signature



Walnut Springs ISD
Family Survey
2019-2020



In order to better serve your child/children, the school district would like to identify students who may qualify to receive additional educational services. The information provided will be kept confidential.

Please print and return form to school office:

Campus: _____ Date: _____
Student Name: _____ Grade: _____
Father/Guardian: _____ Mother/Guardian: _____
Father's Place of Employment: _____ Mother's Place of Employment: _____
Home Address: _____ City: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please answer the following questions:

- 1. Within the past 3 years, have you moved from one city, state, or school district to another?
2. If yes, did you or your child move/leave in order to work in agriculture or fishing (temporary or seasonal)?

If you answered YES to question 2, please check all that apply.



Working with fruits, vegetables, cotton, wheat, grain, agricultural farms, fields or vineyards

checkbox



Working in a cannery

checkbox



Working on a dairy farm. Working on a ranch-feeding livestock, clearing fields or building fences for livestock

checkbox



Working in a slaughter House-packaging and Cutting meat

checkbox



Working in a plant nursery, orchard, growing or harvesting trees or picking pecans

checkbox



Working in a fishery

checkbox



Working on a poultry farm

checkbox

Other similar work, please explain:

For more information, please contact Migrant Service Coordinator: Richard Menchaca 254-297-1133



Walnut Springs ISD
Encuesta de Familia
2019-2020



Con el fin de servir mejor a sus hijos, el distrito escolar le gustaría identificar a los estudiantes que califican para recibir servicios educativos adicionales. La información se mantendrá confidencial.

Por favor escriba con letra de molde y devuelva esta encuesta a la oficina de la escuela:

Fecha:
Nombre del Estudiante:
Padre/Guardián:
Empleo del Padre:
Dirección de Casa:
Teléfono de Casa:
Grado:
Madre/Guardián:
Empleo de la Madre:
Ciudad:
Código Postal:
Teléfono Celular:
Teléfono del Trabajo:

Por favor, conteste las siguientes preguntas:

- 1. ¿En los últimos 3 años se ha movido de una ciudad, Estado o de un distrito escolar a otro?
2. Si la respuesta es SI, ¿usted o sus hijos se movieron a fin de trabajar o buscar trabajo en la agricultura o la pesca (ya sea temporalmente)? ¿Dentro de los últimos 36 meses?

Si usted contesto SI a la pregunta 2, por favor marque la(s) que aplique(n).



Trabajando con frutas, verduras, algodón, trigo, grano, granjas agrícolas, campos o viñeras

checkbox



Trabajando en fábrica de conservas

checkbox



Trabajando en lechería, trabajo de Rancho-alimentando animales, limpiando campos, construyendo cercas para ganado

checkbox



Trabajando en una matanza Empacando y cortando carne

checkbox



Trabajando en guardería de plantas o cultivo de árboles o recogiendo nueces

checkbox



Trabajando en la pesca

checkbox



Trabajando en una granja de pollos

checkbox

Otros trabajos similares, por favor expliquen:

horizontal line

Walnut Springs ISD
Socioeconomic Information Form
2019-2020

CONFIDENTIAL

Student Name _____ Student Grade _____ Student Date of Birth _____

School Name Walnut Springs ISD Student ID _____

***District Name 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
Do you receive Medicaid Free and Medicaid Reduced Benefits? 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 compensation, unemployment and all other sources of income (**before any type of deductions**)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$0 – 22,459 | <input type="checkbox"/> \$46,436 – 54,427 | <input type="checkbox"/> \$78,404 – 86,395 | <input type="checkbox"/> \$110,372 – 118,363 |
| <input type="checkbox"/> \$22,460 – 30,451 | <input type="checkbox"/> \$54,428 – 62,419 | <input type="checkbox"/> \$86,396 – 94,387 | <input type="checkbox"/> \$118,364 – 126,355 |
| <input type="checkbox"/> \$30,452 – 38,443 | <input type="checkbox"/> \$62,420 – 70,411 | <input type="checkbox"/> \$94,388 – 102,379 | <input type="checkbox"/> \$126,356 – 134,347 |
| <input type="checkbox"/> \$38,444 – 46,435 | <input type="checkbox"/> \$70,412 – 78,403 | <input type="checkbox"/> \$102,380 – 110,371 | <input type="checkbox"/> \$142,339 and above |

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

Walnut Springs ISD
Socioeconomic Information Form
2019-2020

CONFIDENTIAL

Nombre Estudiante _____ Estudiante Grado _____ Student Fecha de Nacimiento _____

Nombre de la escuela Walnut Springs ISD Identificación del estudiante _____

District Name ISD se requiere para recolectar y reportar la situación socioeconómica de cada estudiante a la Agencia de Educación de Texas a los efectos de las clasificaciones anuales de rendición de cuentas del estado y para reportes federales. Tenga en cuenta que esta forma no se envía a la Agencia de Educación de Texas y que los niveles de ingresos indicados para su familia no son reportados a la Agencia de Educación de Texas. Sólo el estatus de desventaja económica de cada estudiante según lo determinado por la información proporcionada es reportado a la Agencia de Educación de Texas.

SECCIÓN A

- ¿Recibe Asistencia de Nutrición Suplementaria (SNAP)? Sí No
¿Usted recibe Asistencia Temporal para Familias Necesitadas (TANF)? Sí No
¿Usted recibe Medicaid Gratis and Medicaid Reducido Beneficio Sí No

Si su respuesta es Sí a cualquiera de los anteriores, omite la sección B y seguir la sección de la firma.

SECCIÓN B (Complete sólo si todas las respuestas en la sección A son NO)

¿Cuántos miembros están en el hogar (incluya todos los adultos y niños)? _____

TOTAL INGRESOS ANUAL ANTES DE DEDUCCIONES DE LOS *TODOS* MIEMBROS DE LA FAMILIA (marque una casilla más abajo): *Incluye sueldos, salarios, pagos de asistencia social, manutención de hijos, pensión alimenticia, pensiones, Seguridad Social, la compensación del trabajador, el desempleo y todas las otras fuentes de ingresos (antes de cualquier tipo de deducciones)*

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$0 – 22,459 | <input type="checkbox"/> \$46,436 – 54,427 | <input type="checkbox"/> \$78,404 – 86,395 | <input type="checkbox"/> \$110,372 – 118,363 |
| <input type="checkbox"/> \$22,460 – 30,451 | <input type="checkbox"/> \$54,428 – 62,419 | <input type="checkbox"/> \$86,396 – 94,387 | <input type="checkbox"/> \$118,364 – 126,355 |
| <input type="checkbox"/> \$30,452 – 38,443 | <input type="checkbox"/> \$62,420 – 70,411 | <input type="checkbox"/> \$94,388 – 102,379 | <input type="checkbox"/> \$126,356 – 134,347 |
| <input type="checkbox"/> \$38,444 – 46,435 | <input type="checkbox"/> \$70,412 – 78,403 | <input type="checkbox"/> \$102,380 – 110,371 | <input type="checkbox"/> \$142,339 and above |

FIRMA por favor marque una de las dos casillas siguientes según corresponda. *de conformidad con lo dispuesto en la Protección de los Derechos del alumno (PPRA) ningún estudiante se exigirá, como parte de cualquier programa financiado en su totalidad o en parte por el Departamento de EE.UU. de Educación, para someterse a una encuesta, análisis o evaluación que revele información referente a los ingresos (que no sea la requerida por la ley para determinar la elegibilidad para participar en un programa o para recibir ayuda financiera bajo tal programa), sin el consentimiento previo por escrito de la estudiante adulto, padre o tutor legal.*

Certifico que toda la información en este formulario es verdadera y que he reportado todos los ingresos. Entiendo que la escuela recibirá fondos federales y será clasificado para la rendición de cuentas sobre la base de la información que proporcione.

No optar por proporcionar esta información. Yo entiendo que el desembolso de la escuela de los fondos federales y clasificación de responsabilidad puede verse afectado por mi elección.

Nombre del padre / tutor
(impresión)

Firma del Padre / Tutor

Fecha

Walnut Springs ISD Official Calendar 2019-2020

7:50 3:35

JULY						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	6	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

AUGUST						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	SD	SD	17
18	SD	SD	SD	SD	SD	24
25	26	27	28	29	30	31

SEPTEMBER						
S	M	T	W	T	F	S
1	H	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

OCTOBER						
S	M	T	W	T	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		4

NOVEMBER						
S	M	T	W	T	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	H	H	H	H	H	30

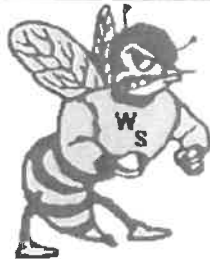
DECEMBER						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	H	21
22	H	H	H	H	H	28
29	H	H				0

75600 465 min/p/day

Semester 1		
76725	SW 1	29
13485	Aug 26 - Oct 4	
10695	SW 2	23
	Oct 7 - Nov 8	
11160	SW 3	24
	Nov 11 - Dec 19	
		76

Semester 2		
13485	SW 4	29
	Jan 6 - Feb 13	
14880	SW 5	32
	Feb 18 - Apr 9	
13020	SW 6	28
0	Apr 14 - May 21	
2325		89

0	SD - Staff Dev.	
73,275	August 15,16,19-23	8 days
	C - Comp	
	May26-29, June1-4,8-11,15-16	19 days



H - Holiday		
	Labor Day	Sep 2 **
	Fall Break	Oct 18,21 **
	Thanksgiving	Nov 25-29 **
	Christmas	Dec 20-Jan3 **
	Winter Break	Feb 14,17 **
	Spring Break	Mar 13-20 **
	Easter	Apr 10,13 **
54,210		

2325		
2325		
1860		
0		
46,770		
2325		
2325		
1860		
0		
0		
40,260		

165 165 0 0

JANUARY						
S	M	T	W	T	F	S
			H	H	H	4
2325	5	6	7	8	9	10
2325	5	12	13	14	15	16
2325	5	19	20	21	22	23
2325	5	26	27	28	29	30
30,960						

FEBRUARY						
S	M	T	W	T	F	S
0	0					1
2325	5	2	3	4	5	6
1860	4	9	10	11	12	13
1860	4	16	17	18	19	20
2325	5	23	24	25	26	27
22,590						

MARCH						
S	M	T	W	T	F	S
2325	5	1	2	3	4	5
1860	4	8	9	10	11	12
0	0	15	H	H	H	H
2325	5	22	23	24	25	26
930	2	29	30	31		
15,150						

APRIL						
S	M	T	W	T	F	S
1395	3		1	2	3	4
1860	4	5	6	7	8	9
1860	4	12	13	14	15	16
2325	5	19	20	21	22	23
1860	4	26	27	28	29	30
5,850						

MAY						
S	M	T	W	T	F	S
					1	2
2325	5	3	4	5	6	7
2325	5	10	11	12	13	14
1860	4	17	18	19	20	21
0					SD	23
-1,125					C	C

JUNE						
S	M	T	W	T	F	S
					5	6
7	C	C	C	C	12	13
14	C	C	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

