



HOOKS ISD ENROLLMENT INFORMATION

Please bring the following documents when enrolling your child at Hooks ISD.

- A copy of the child's birth certificate
- A copy of the child's immunization record
- A copy of the child's social security card
- A copy of the enrolling parent's driver's license
- Proof of residency (i.e. water or electric bill)

Students should also have a copy of their school transcript, withdrawal forms. Also please let the campus know if your student is 504, Sped or GT.

In order to make sure you have not missed any form requiring a signature, please use the checklist below.

- _____ STUDENT INFORMATION/ENROLLMENT FORM
- _____ STUDENT PICK UP FORM
- _____ FAMILY ACCESS FORM
- _____ STUDENT DIRECTORY AND RELEASE INFORMATION FORM
- _____ AFTERNOON DISMISSAL FORM
- _____ PARENT- SCHOOL COMPACT FORM
- _____ ACKNOWLEDGMENT OF STUDENT HANDBOOK FORM
- _____ ACCEPTABLE USER AGREEMENT FORM
- _____ TECHNOLOGY AGREEMENT FORM
- _____ MEDICAL INFORMATION
- _____ CORPORAL PUNISHMENT FORM
- _____ FAMILY SURVEY FORM
- _____ HOME LANGUAGE FORM
- _____ ETHNICITY AND RACE FORM

PLEASE PUT YOUR CHILD'S NAME AND THE TEACHER'S NAME ON EACH SHEET THAT YOU RETURN.

THANK YOU IN ADVANCE FOR YOUR PROMPTNESS IN RETURNING THIS IMPORTANT INFORMATION.



HOOKS ISD STUDENT ENROLLMENT

STUDENT INFORMATION

Name of Student: _____ Gender: ___ Male ___ Female

 First Middle Last
 Date of Birth: _____ Grade Level: _____ Social Security Number: _____ Primary Phone: _____
 Student resides with: ___ Natural Parents ___ Father ___ Mother ___ Grandparent ___ Other, Please specify _____
 Last School Attended: _____ Name/Grade of siblings at HISD: _____

Family 1: (Whom the student resides with)

Father/Guardian name: _____ DOB: _____
 Father/Guardian Occupation _____ Business Name and Location _____
 Work Telephone Number _____ Cell _____
 Email: _____
 Mother/Guardian name: _____ DOB: _____
 Mother/Guardian Occupation _____ Business Name and Location _____
 Work Telephone Number _____ Cell _____
 Email: _____
 Family 1's Physical Address: _____
 Family 1's Mailing Address: _____
 ___ May receive report card ___ May receive forms ___ May pick up child

Family 2 (If applicable)

Father/Guardian name: _____ DOB: _____
 Father/Guardian Occupation _____ Business Name and Location _____
 Work Telephone Number _____ Cell _____
 Email: _____
 Mother/Guardian name: _____ DOB: _____
 Mother/Guardian Occupation _____ Business Name and Location _____
 Work Telephone Number _____ Cell _____
 Email: _____
 Family 2's Physical Address: _____
 Family 2's Mailing Address: _____
 ___ May receive report card ___ May receive forms ___ May pick up child

Emergency Contact Name _____ Phone _____
 Alternate Phone _____ Address _____

 Parent/Guardian Signature Date

For School Use Only:

Local/UID		Transfer?		SS Card	Entered in Skyward	
Entry Date		Proof of Res		Health Rec		
W/D Date		Birth cert		Parent DL		



HOOKS ISD STUDENT ENROLLMENT

SCHOOL CHECK-IN/OUT STUDENT PICK-UP LIST

Student name

Grade

Name of person filling out this form/Relationship to student

Number that you can be reached at

The persons listed below will be considered emergency contacts and persons to whom school personnel are authorized to release your child during the school day. Parents listed as Parent/guardian 1 and Parent/Guardian 2 for either Family 1 or 2 need not be listed here.

Only the people you have listed below will be allowed to pick up your child. If someone attempts to pick up your student that is not listed below or the office was made aware of with written documentation secretaries will attempt to contact you for verification. Your child WILL NOT be released if you cannot be reached.

EXCEPTION, a parent listed on the birth certificate is not denied access to their child unless we have court papers in our computers in the office.

If you need to get a message to your student about transportation changes please call the office before 2:30 pm to ensure receipt of the message before dismissal.

(PLEASE PRINT)

NAME OF PERSON

RELATIONSHIP TO CHILD

PHONE NUMBER

Hooks ISD Family & Student Access



Skyward Family and Student Access will allow you to view your child's attendance, grades, schedule and much more. Family & Student Access is a free service available to all parents/guardians enrolled in Hooks ISD. To obtain a login to Family Access, please fill out and return this form to your child's campus. By signing the form, you are authorizing Hooks ISD to provide you with your unique login and password. Contact your child's campus secretary if you have any questions.

Please fill in the appropriate information below for each parent/guardian that would like to have a login and password. Login information will be emailed to you at the address you provide. Please allow 5-10 business days to receive email and please check your junk/spam folders.

PLEASE PRINT CLEARLY

STUDENT NAME: _____

1. Parent/Guardian Name: _____

Email: _____

2. Parent/Guardian Name: _____

Email: _____

3. Parent/Guardian Name: _____

Email: _____

4. Parent/Guardian Name: _____

Email: _____



Hooks ISD Student Enrollment

NOTICES REGARDING DIRECTORY INFORMATION AND PARENT'S RESPONSE REGARDING RELEASE OF STUDENT INFORMATION

Regarding student records, I understand that the Federal Family Educational Rights and Privacy Act (FERPA) and state law require that "directory information" on my child be released by the District to anyone who requests it unless I object in writing to the release of any or all of this information. I also understand that to be in compliance with the No Child Left Behind Act of 2001, the District will release to institutions of higher education, upon request, the name, address, and telephone listing of my child, unless I direct the District not to release this information without prior written consent, as indicated below. This objection must be filed with the principal within ten school days of my child's first day of instruction for this school year. Directory information includes my child's:

1. Name
2. Address
3. Telephone listing
4. Date and place of birth
5. Photograph
6. Participation in officially recognized activities and sports
7. Weight and height of members of athletic teams
8. Dates of attendance
9. Grade level
10. Enrollment status
11. Honors and awards received in school
12. Most recent previous school attended
13. E-mail address

In exercising my right to limit release of this information, I have marked through the items of directory information listed above that I direct the district not to release without my prior written consent.

Student Name

Grade

Parent Signature

Date

Parent Name Printed

Afternoon Dismissal Procedure



Hooks ISD

Student Name: _____ Grade: _____

Parent Signature: _____

First Day Dismissal ONLY:

ADDRESS: _____

_____ Bus Rider – Bus # _____

_____ Car Rider

Regular dismissal information for your student.

ADDRESS: _____

_____ Bus Rider – Bus # _____

_____ Car Rider

If for any reason there needs to be a change in dismissal procedure for your Student you must call, send a note or email by 2:30 p.m.

Hooks Elementary 903-547-2291

Hooks Junior High 903-547-2568

Hooks High School 903-547-2215



HOOKS ISD STUDENT ENROLLMENT

Parent-School Compact

Parent Responsibilities:

- ✓ As an involved parent, I will support my child by ensuring that he/she attends school daily and arrives at school on time.
- ✓ I will encourage my child to participate in at least one extracurricular activity.
- ✓ I will seek information regarding my child's progress by conferring with teachers, principals, and other school district personnel.
- ✓ I will attend district wide parent conferences and visit my child's classrooms to discuss and participate in his/her education. ✓ I will participate in parent groups/activities to contribute to the decision-making process within the Hooks Schools. ✓ I will communicate positive information regarding teachers, principals, and other campus personnel when discussing school with my child.
- ✓ I will encourage my child to dress according to the district's dress code.

School Responsibilities:

- ✓ Hooks Schools will solicit parent and community input (through meetings, interviews, questionnaires, surveys, etc.) regarding the education of the students it serves.
- ✓ Hooks Schools will offer flexible scheduling of parent meetings, training sessions, assemblies, and school functions to maximize parent participation.
- ✓ Hooks Schools will provide translations of written notifications and interpreters at parent conferences, meetings, and training sessions as needed.
- ✓ Hooks Schools will give assignments at least once per week. Assignments will be an extension of what is learned in the classroom and not merely "busy work" or untaught concepts that may cause parent's and student's undue stress at home. ✓ Parents will be notified of school events in a timely, efficient manner
- ✓ The school buildings will be used to foster the growth and advancement of the community by providing a place for night college classes.
- ✓ Hooks Schools will convey instructional initiatives to parents at school-wide meetings and parent conferences.
- ✓ Hooks Schools will inform parents of the individual achievement levels of students.

Student Signature

Date

Parent Signature

Date



Hooks ISD Student Enrollment

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 the Hooks Independent School District Student Handbook and the Student Code of Conduct.

I have chosen to:

_____ Access the Student Handbook and the Student Code of Conduct by visiting the school's website.

or

_____ Receive a paper copy of the Student Handbook and the Student Code of Conduct.

I understand that the Student 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 my child's campus principal.

Printed name of student

Signature of student

Signature of parent

Date

Acceptable Users Agreement for Computer/Technology

Student Name _____ Grade _____

Students are required to adhere to the following rules when utilizing District computing resources.

RULES FOR APPROPRIATE USE

- You will be assigned an individual account, and you are responsible for not sharing the password for that account with others.
- The account is to be used only for identified educational purposes.
- You will be held responsible at all times for the proper use of your account, and the District may suspend or revoke your access if you violate the rules.
- You will not access the Internet without the permission of the classroom teacher.

INAPPROPRIATE USES include but are not limited to:

- Using the system for any illegal purpose.
- Disabling or attempting to disable any Internet filtering device.
- Encrypting communications to avoid security review.
- Borrowing someone's account without permission.
- Posting personal information about yourself or others (such as addresses and phone numbers).
- Downloading or using copyrighted information without permission from the copyright holder.
- Intentionally introducing a virus to the computer system.
- Posting messages or accessing materials that are abusive, obscene, sexually oriented, threatening, harassing, damaging to another's reputation, or illegal.
- Wasting school resources through the improper use of the computer system.
- Gaining unauthorized access to restricted information or resources.

CONSEQUENCES FOR INAPPROPRIATE USE

- Suspension of access to the system;
- Revocation of the computer system account; or
- Other disciplinary or legal action, in accordance with the Student Code of Conduct and applicable laws.

I understand that my computer use is not private and that the District will monitor my activity on the computer system.

I have read the Student Handbook and agree to abide by the Computer Rules provisions. I understand that violation of these provisions may result in suspension or revocation of system access.

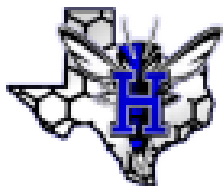
Student Signature

Date

Parent Signature

Date

“Please sign and date this page and return to the student’s school.”



HOOKS ISD STUDENT ENROLLMENT

HOOKS ISD PARENT/STUDENT ACCEPTABLE USE POLICY AGREEMENT FORM AND HOOKS TECHNOLOGY AGREEMENT

I have read Hooks Independent School District's electronic communication Acceptable Use Policy and regulations. I understand that violation of these provisions may result in limitation, suspension, or revocation of the district's system access.

In consideration for the privilege of using Hooks Independent School District's electronic communications systems, and in consideration for having access to the public networks. I hereby release the Hooks Independent School District, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of or inability to use, the system, including, without limitation, the type of damages identified in the District's policy and regulations.

Student Name-Printed _____ Grade _____

_____ I give permission for my child to participate in the District's system access to the Internet and certify that the information contained on this form is correct.

_____ I do not give permission for my child to participate in the District's system access to the Internet.

Signature of Parent/Guardian Date _____

Signature of Student Date _____



HOOKS ISD STUDENT ENROLLMENT

Medical Information

Student's Name: _____ Grade: _____ Date of Birth: _____ Parents/Guardians

Names: _____ Home# _____

_____ Cell# _____ Work# _____

Medical History: Does your child have any serious food environmental, etc. allergies and/or require an EPI-PEN? YES NO (if yes, please explain/list below-additional forms may be required) _____

In the last year, has your your child had any surgeries or medical conditions arise: YES NO (if yes, please explain below) _____

*If your child has a serious medical condition, please contact the school nurse. An emergency action plan will need to be completed. If your child requires medication or other health care treatments at school, please call the school nurse as additional forms may be needed.

Authorization for Medical Treatment: In the event that I cannot be reached to make arrangements for medical treatment, I authorize Hooks ISD Staff to administer first aid and/or transport to the nearest hospital or emergency care facility.

Name of Primary Care Provider: _____ Name of Primary Clinic: _____

Phone: _____ Address City Zip: _____

Preferred hospital: _____

Please list the names and phone numbers of at least 2 other people who may be called in the event of an illness/emergency. _____

Medication: I hereby authorize Hooks ISD nurses or persons designated to administer medication to administer the following non-prescription items as needed by my child. (Please initial in blanks for authorized medications)

_____ Acetaminophen (Tylenol) _____ Ibuprofen _____ Antacid

Please list any topical or first aid items that are not to be used for your student: _____

Does your child currently take any prescription medications? YES NO (if yes, please list below-additional forms/information may be required) _____

Medication Policy: Students are allowed to carry and self-administer certain emergency medications if a doctor's note is provided to the school. Please contact the school nurse for specific information on emergency medications.

Privacy Notice: Medical information about your child may be shared with the contacts listed on this form and with health care providers in the event of an illness/emergency. Pertinent information will be shared with staff members on a need-to-know basis in order to provide adequate care for your child.

Refusal of Care: If you do NOT wish for any screenings, first aid, treatments, or other care to be provided to your child at school, you must provide a written request to the school nurse.

Parent's Signature: _____ Date: _____

Lisa Godfrey, School Nurse
903-547-2568 Ext. 2029
GodfreyL@hooksisd.net



CORPORAL PUNISHMENT

Corporal punishment may be used as a discipline management technique in accordance with the Student Code of Conduct.

___ **YES, you may** administer corporal punishment to my child.

___ **NO, you may not** administer corporal punishment to my child.

Student Name:

Parent/Guardian Signature

FAMILY SURVEY

Date: _____
 Parent/Guardian: _____
 Address: _____
 Email Address: _____

School District: _____
 Telephone#: _____
 City/Zip: _____

Dear Parents,

To better serve your children, our school district is helping the State of Texas identify students who may qualify to receive additional educational services. Please complete the information below and return this form to your child's school. *The information provided below will be kept confidential.*

Best time to contact you:			
8:00AM-12:00PM	12:00PM – 1:00PM	1:00PM – 5:00PM	Other _____ AM or PM
Name of Child	Date of Birth	Grade Level	Campus

Within the past 3 years, have you, or someone in your household, looked for work or worked in agriculture or fishing?

NO (STOP here and return the survey to your child's school.)

If YES, check all the boxes that apply.

 <p>working with fruits, vegetables, sunflowers, cotton, wheat, grain, on farms or ranches, fields or vineyards</p>	 <p>working in a plant nursery, orchard, tree growing or harvesting</p>	 <p>working on a dairy farm or ranch</p>	 <p>working in a fishery</p>
 <p>working on a poultry farm</p>	 <p>working in a cannery</p>	 <p>working in a slaughter house</p>	 <p>other similar work; please explain: _____</p>

FOR SCHOOL USE ONLY: Contact Region 8 ESC once all surveys have been collected.

ENCUESTA DE FAMILIA

Fecha: _____
 Padre/Guardián: _____
 Dirección: _____
 Correo Electrónico: _____

Distrito Escolar: _____
 Número De Teléfono: _____
 Ciudad/Código Postal: _____

Estimados Padres,
 Para mejorar los servicios que reciben sus hijos, el distrito escolar está colaborando con el estado de Texas para identificar a los estudiantes que pueden calificar para recibir servicios educativos adicionales a los que ya reciben. Favor de responder a lo siguiente y regresar este formulario a la escuela de su hijo/hija.
Toda la información coleccionada se mantendrá confidencial.

¿Cuál es el mejor horario para comunicarnos con usted?:			
8:00AM -12:00PM	12:00PM – 1:00PM	1:00PM – 4:00PM	Otro _____ AM o PM
Nombre del Estudiantes	Fecha de Nacimiento	Grado	Escuela

¿En los últimos 3 años, usted o alguien de su familia, trabajó en las áreas de agricultura o pesca?

NO (ALTO y regrese la encuesta a la escuela de su hijo/hija.)

SÍ, marque las cajitas de los trabajos que apliquen.

 <p>Trabajo en granjas o campos de fruta, verduras, trigo, semilla o algodón o viñeros de uva.</p>	 <p>Trabajando en un vivero de plantas, plantando o cosechando arboles</p>	 <p>Trabajando en una lechería o rancho</p>	 <p>Trabajando en la pesca</p>
 <p>Trabajando en granjas de aves</p>	 <p>Trabajando enlatando frutas o verduras</p>	 <p>Trabajando en una casa de matanza</p>	 <p>Otro trabajo similar, favor de explicar:</p>



**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 is reserved for Local school observers – upon completion and entering data in student software system, file this form in student's permanent folder.	
Ethnicity – choose only one: <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic/Latino	Race – choose one or more: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Observer signature:	Campus and Date:

HOOKS

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.

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

**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.txet.org/medlaid22bsjuc/english-learner-identification-rec-laj-si-fu:ation-flowchart.pdf>

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.

HOOKS

INDEPENDENT SCHOOL DISTRICT/CHARTER SCHOOL

Encuesta sobre el idioma usado en el hogar 19 TAC Chapter 89, Subchapter BB, §89.1215

(La encuesta sobre el idioma usado en el hogar administrado SOLAMENTE durante la matriculaci6n inicial en escuelas publicas enTexas)

DEBE DE COMPLETARSE POR EL PADRE O TUTOR PARA ESTUDIANTES QUE CURSEN DESDE PREKINDER* HASTA EL OCTAVO

GRADO: (0 POR EL ESTUDIANTE SI CURSA GRADOS DEL 9-12): El estado de Texas requiere que la siguiente informaci6n sea completada para cada estudiante que se matricula por primera vez en una escuela publica de Texas. Es la responsabilidad del padre o tutor, no de la escuela, proporcionar la informaci6n del idioma requerida por las siguientes preguntas.

*Prekinder incluye cualquier estudiante matriculado en programas para niios de 3 o 4 af10s de edad.

Querido padre o tutor:

Para determinar si su hijo(a) cumple con la elegibilidad para ser identificado como un estudiante aprendiz del idioma ingles y se beneficiara de los servicios de los programas bilingues ode ingles como segundo idioma (ESL, por sus siglas en ingles), por favor responda las dos preguntas siguientes.

Si cualquiera de sus respuestas indica el uso natural de un idioma que no sea ingles, entonces el distrito escolar debe realizar una evaluaci6n para determinar que tanto se comunica su hijo(a) en ingles. Esta informaci6n resultante de la evaluaci6n se usara para determinar si los servicios de programas bilingues ode ingles como segundo idioma (ESL) son apropiados e informara las recomendaciones en ctJanto a la instrucci6n . Si tiene preguntas acerca del prop6sito o el uso de la encuesta sobre el idioma usado en el hogar (HLS, por sus siglas en ingles), o desea asistencia para completar el formulario, por favor comunfquese con el personal de su escuela/distrito.

Para obtener mas informaci6n sobre el proceso que debe seguir, por favor visite el siguiente documento: htt osJ/ www.tlcel.org/medja/ p 27bsi u c/english -h.Nrner:ideotificatio ll-reclassi fi cati on-flowchar t.pgf

Esta encuesta se debera archivar en el expediente permanente del estudiante.

NOMBRE DEL

ID#:

ESTUDIANTE: DIRECCION:

TEL FONON#:

ESCUELA:

NOTA: INDIQUE S6LO UN IDIOMA POR RESPUESTA

1. lOue idioma se usa en el hogar del nino la mayor parte del tiempo?

2. ioue idioma usa el nino la mayor parte del tiempo?

Firma del padre o tutor

Fecha

Firma del estudiante si est.a en los grados 9-12

Fecha

NOTA: Si cree que comet6 un error al completar esta encuesta sobre el ldk>ma usado en@l hogar, puede sollicitat una correcci6n, por escrito, solo sl: \) su hlJQ/(a) aun no han sido evaluado para el dominio de1 lngi.s; y 2) su sollicitud de correcci6n por eKrito se realiza dentro de las dos semanas calendario posteriores a ll fec:hb deinscrpci6n de su hijo.