



## Hooks High School Enrollment Packet

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, gas, or electric bill)

Students should also have a copy of their school transcript/withdrawal forms from the previous district. Also, please let the campus know if your student qualifies for the following: \_\_\_504 \_\_\_Special Educa on \_\_\_ Gifted & Talented \_\_\_ Other, please specify \_\_\_\_\_.

*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
- \_\_\_\_\_ CORPORAL PUNISHMENT FORM
- \_\_\_\_\_ TECHNOLOGY AGREEMENT FORM
- \_\_\_\_\_ MEDICAL INFORMATION (2 PAGES)
- \_\_\_\_\_ NOTIFICATION OF POSTED DOCUMENTS
- \_\_\_\_\_ MILITARY/FOSTER CARE FORM
- \_\_\_\_\_ RESIDENCY QUESTIONNAIRE
- \_\_\_\_\_ FAMILY SURVEY FORM
- \_\_\_\_\_ HOME LANGUAGE FORM
- \_\_\_\_\_ ETHNICITY AND RACE FORM
- \_\_\_\_\_ LUNCH FORM

**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**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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# 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

Please list the name and grade of any siblings that will be riding the bus with your child.

\_\_\_\_\_

If for any reason there needs to be a change in dismissal procedure for your student you must call, send a note or email no later than:

**2:30 pm - Hooks Elementary - 903-547-2291**

**2:30 pm - Hooks Junior High - 903-547-2568**

**2:00 pm - 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.

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Student Signature

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Date

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Parent Signature

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Date



# Hooks ISD Student Enrollment

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## **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



## 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

\_\_\_\_\_

Date



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

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

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 help 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.
- 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 is not private and that the District will monitor my activity on the computer system.

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, it’s 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.

\_\_\_\_\_ I give permission for my child to participate in the District’s system access to the Internet.

\_\_\_\_\_ I do not give permission for my child to participate in the District’s system access to the Internet.

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

Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_



# Hooks ISD Student Medical Information

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Student's Name \_\_\_\_\_ ID# \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Home # \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Medical conditions:

\_\_\_\_\_  
\_\_\_\_\_

**(If your child has a serious medical condition, please contact the school nurse. An emergency action plan will need to be completed. There is a separate form for severe allergies. If your child requires medication or other health care treatments at school, please call the school nurse.)**

Student's doctor/clinic \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred hospital: \_\_\_\_\_

**Medication Policy:** According to Texas state policy, no medication can be given at school unless it is sent from home in the original, labeled container with a signed note from a parent/guardian. 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.

### **Authorization to Administer Non-Prescription 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

School personnel may utilize topical and/or first aid items unless there is a specific objection by the parent/guardian. Please list any topical or first aid items that are not to be used:

\_\_\_\_\_

**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: \_\_\_\_\_



# Hooks ISD Student Medical Information cont.

This form allows you to disclose whether your child has a food or environmental allergy that you believe should be disclosed to Hooks ISD in order to enable district personnel to take necessary precautions for your child's safety.

**“Severe allergy”** means a dangerous or life-threatening reaction of the human body to a food-borne allergen or environmental allergen introduced by inhalation, ingestion, injection, or skin contact that requires immediate medical attention.

Please list any foods or other allergens that cause a serious reaction with your child. Also, note the nature of the reaction.

Food or other allergens:	Nature of allergic reaction to the food:

The District will maintain the confidentiality of the information provided above and may dis-close the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy. For serious allergic reactions, you will be required to provide a care plan signed by your child's doctor and emergency medication. The school nurse will contact you upon receipt of this form.

Student name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Parent/Guardian name: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

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

\*\*\*\*\*

### To be completed by school personnel

Date form was received by the nurse: \_\_\_\_\_

Parent contacted: \_\_\_\_\_

Care plan form provided to parent: \_\_\_\_\_

Care plan form returned to nurse: \_\_\_\_\_

IHP completed: \_\_\_\_\_



## Notification of Posted Documents

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The following documents are posted on the Hooks ISD website at <http://www.hooksisd.net>.

**I have chosen to:**

Access the documents electronically

Contact my child's campus if I would like a paper copy.

- District Gifted and Talented Manual
- Parent and Family Engagement Policies
- Parent and School Compacts
- District Improvement Plans
- Federal district and campus report cards (also available to view on campuses and administration office)
- TEA district and campus report cards (also available to view on campuses and administration office)

\_\_\_\_\_  
Student name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



**HOOKS ISD**

**STUDENT MILITARY AND FOSTER CARE QUESTIONNAIRE**

Due to recent House Bill 525 and Senate Bill 833, it has become necessary for Hooks ISD to collect the status of students in regards to military and foster care. This information must be reported to TEA in our District PEIMS submissions.

**Please mark one box in each section and return this form to your campus as soon as possible.**

**Military - Is your student a dependent of an active military member?  
Please check one box below.**

- 0- My student **is not** a military connected student.
- 1 - US Military - Army, Navy, Air Force, Marine Corps or Coast Guard on active duty
- 2 - Texas National Guard
- 3 - Reserve Force of the US Military
- 4 - PK Student is a dependent of an of the above

\*\*\*\*\*

**Foster Care - is your student receiving Foster Care Services?  
Please check one box below.**

- 0 - My student **does not** receive Foster Care Services.
- 1- Student is currently receiving Foster Care Services.
- 2 -PK Student is currently or has ever received Foster Care Services.

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Campus

\_\_\_\_\_  
Grade Level

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



**HOOKS ISD**  
**STUDENT RESIDENCY QUESTIONNAIRE INFORMATION FORM**

This information will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Last School Attended \_\_\_\_\_

Current Address \_\_\_\_\_

Previous Address \_\_\_\_\_

Number of Children Enrolled in (\_\_\_\_\_ ISD) \_\_\_\_\_

Is your current address a temporary living arrangement?

Yes or  No

Is this a temporary living arrangement due to loss of housing, economic hardship, or financial difficulties?

Yes or  No

Were you displaced from your home due to a Natural Disaster? (hurricane, fire, flood, tornado, etc.)

Yes or  No

**Type of Natural Disaster:**

Hurricane: \_\_\_\_\_ (Please name)

Other: \_\_\_\_\_ (Please describe)

**Please choose which of the following situations the student currently resides in (choose all that apply):**

House or apartment with parent or guardian

Sharing housing with friends or family members (other than or in addition to parent/guardian)

Motels/Hotels

Shelter or other transitional housing

Unsheltered – in a car, park, substandard housing, etc.

**If you are living in shared housing, please check all the following reasons that apply:**

Loss of housing

Economic hardship

Loss of employment

Parent/Guardian is currently on active duty in the U.S. Military

Other (Please explain; i.e. substandard housing) \_\_\_\_\_

Are you a student living apart from your parents or guardians?  Yes  No

\_\_\_\_\_  
Signature of Parent/Guardian/Unaccompanied Youth/School Representative

\_\_\_\_\_  
Date



## HOOKS ISD

### FORMULARIO DE INFORMACIÓN DEL CUESTIONARIO DE RESIDENCIA DEL ESTUDIANTE

Esta información ayudará a determinar si el estudiante cumple con los requisitos de elegibilidad para los servicios bajo la Ley McKinney-Vento.

Estudiante \_\_\_\_\_ Grado Padre/Escuela \_\_\_\_\_

guardián \_\_\_\_\_ Teléfono \_\_\_\_\_

Última escuela a la que asistió \_\_\_\_\_

Dirección actual \_\_\_\_\_

Dirección anterior \_\_\_\_\_

Número de niños inscritos en *Hooks ISD* \_\_\_\_\_

¿Su dirección actual es un arreglo de vivienda temporal?

Sí  No

¿Es este un arreglo de vivienda temporal debido a la pérdida de vivienda, dificultades económicas o dificultades financieras?

Sí  No

¿Fue desplazado de su hogar debido a un desastre natural? (huracán, incendio, inundación, tornado, etc)

Sí  No

**Tipo de desastre natural :**

Huracán : \_\_\_\_\_ (nombre)

Otra: \_\_\_\_\_ (describa)

**En cuál de las siguientes situaciones reside actualmente el estudiante (elijá todas las que correspondan):**

Casa o apartamento con padre o guardián

Compartiendo vivienda con amigos o miembros de la familia (que no sean o además de los

padres/guardian) Moteles/Hoteles

Refugio u otra vivienda de transición

Desprotegido: en un automóvil, en un parque, vivienda deficiente, etc .

**Si vive en una vivienda compartida, marque todas las razones siguientes que correspondan:**

Pérdida de vivienda Dificultades económicas

Pérdida de empleo

El padre / guardian está actualmente en servicio activo en las

Fuerzas Armadas de EE. UU.

Otro (Por favor, explique) \_\_\_\_\_

¿Es usted un estudiante que vive separado de sus padres o guardián?  Sí  No

\_\_\_\_\_  
Firma del padre /guardian/ joven no acompañado / representante de la escuela      Fecha

# 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 the 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:

**Parental Consent  
Student Random Drug Testing**

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

Student Name (print) \_\_\_\_\_

**AS A STUDENT:**

1. I understand and agree that participation in extracurricular activities is voluntary and a privilege.
2. I understand that as part of my voluntary participation in extracurricular activities, I am consenting to participation in the school district Random Student Drug Testing Program.
3. I understand that if I decline to consent to participation in the Random Student Drug Testing Program that I will be unable to participate in competitive extracurricular activities in the Hooks ISD.

**AS A PARENT/GUARDIAN/CUSTODIAN:**

1. I have read the policy and understand that my child's participation in extracurricular activities is voluntary and a privilege.
2. I understand that as part of my child's voluntary participation in extracurricular activities, I am consenting to his/her participation in the school district's Random Student Drug Testing Program.
3. I understand that if I decline to consent to my child's participation in the Random Student Drug Testing Program, my child will be unable to participate in competitive extracurricular activities in the Hooks ISD.

As evidenced by my signature below, I hereby consent to allow the student named above to undergo random drug testing for the presence of alcohol, illicit drugs and/or banned substances in accordance with applicable Board policy. I understand that a qualified vendor will oversee the urine collection process and that samples will be sent to a certified medical laboratory for testing, and that samples will be coded for confidentiality. I hereby consent; the vendor selected by the Hooks ISD, its laboratory, doctors, employees, and/or agents to perform urinalysis testing for the detection of alcohol, illicit drugs and/or banned substances.

I further understand and consent to the vendor selected by Hooks ISD, its doctors, employees, and/or agents to release results of tests to Hooks ISD in accordance with Board policy. I understand that the consent granted herein is effective for all activities in which the above-named student might participate during the school year.

\_\_\_\_\_  
Printed Parent/Guardian Name

\_\_\_\_\_  
Daytime Phone Number

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



**Hooks ISD**  
**Out of District Transfer Form**  
**School Year 20\_\_ - 20\_\_**

County-District Number  
**019-902**

This application can only be completed by the legal parent/guardian of the student requesting a transfer for an out of district student. This application must be completed and submitted to the office of principal at the respective campus. Applications can be hand delivered or mailed. Incomplete applications will not be evaluated. Application must include: Most recent report card, discipline history, attendance history, and most recent state assessment scores.

School District In Which You Live \_\_\_\_\_ School District Last Attended \_\_\_\_\_

STUDENT: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 (Student's name as shown on birth certificate.)

Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 P.O. Box or Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Exact location of residence \_\_\_\_\_  
 House # \_\_\_\_\_ Street or Road \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

MOTHER \_\_\_\_\_ STEP-MOTHER \_\_\_\_\_ GUARDIAN \_\_\_\_\_ Name: \_\_\_\_\_

Email Address \_\_\_\_\_ Live with this student: Yes \_\_\_\_\_ No \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

FATHER \_\_\_\_\_ STEP-FATHER \_\_\_\_\_ GUARDIAN \_\_\_\_\_ Name: \_\_\_\_\_

Email Address \_\_\_\_\_ Live with this student: Yes \_\_\_\_\_ No \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

**Check All Special Services Received:**  
 Special Education    504    ESL    Bilingual    Speech    Gifted & Talented    Dyslexia    Counseling  
 Physical Therapy    Occupational Therapy    Audiological Services    Assistive Technology  
 Other, Please explain: \_\_\_\_\_

Location student is to receive services( if different than home campus) for next school: \_\_\_\_\_

**\*\*NOTE: Approval of a transfer does not guarantee varsity eligibility for athletic or fine arts programs.\*\***

**This request is made with the full understanding of an agreement to the following:**

1. Transportation is to be provided by the parent/guardian to the student for approved transfer.
2. The principal may revoke the transfer for reasons stated in the district's transfer policy.
3. A transfer may be revoked for a record of poor academics, attendance, late arrivals, late pick-ups, and/or disciplinary infractions at transfer campus.
4. Any falsification of information shall cause this application for transfer to be denied and/or revoked. In addition, falsification of documents or records is a criminal offense under Section 37.10, Penal Code, and subjects the person to liability for tuition or costs under Section 25.001(h), Texas Education Code.

Signature of enrolling parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR HISD OFFICE USE ONLY</b>	<b>Date Received</b>	<b>o Approved</b>	<b>o Denied</b>
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Hooks ISD  
Out of District Transfer Form  
School Year 20\_\_ - 20\_\_

County-District Number  
019-902

**Reasons the District may possibly DENY a Transfer Request:**

In determining whether a student's transfer request will be approved or denied, the principal will take the following criteria into consideration

**1. Space/staffing:**

- no space available in the program/grade level or at the campus,
- growth rate of the campus, OR
- requires employment of additional staff.

**2. Academics:** student did not/is not passing all classes and/or did not pass all of each segment of the State Assessment.

**3. Attendance:** student

- has unexcused absences (days/periods/blocks),
- has excused absences equal to or greater than 5% of the total days/periods/blocks during which a student has been enrolled; OR
- was not promoted as a result of failure to meet attendance requirements.

**4. Tardies:** student has incurred excessive unexcused tardies defined as:

- late on 5 or more days (elementary)
- late for 5 or more class periods/blocks (secondary)

**5. Discipline:** the student

- has been suspended, expelled, or placed in DAEP
- has discipline referrals which resulted in In-School Suspension (ISS),
- wishes to avoid disciplinary action at his/her current school; OR
- has engaged in delinquent conduct or has been convicted of a criminal offense and is on probation or other conditional release
- has unsatisfactory grades in conduct (elementary)

**6. UIL Violation:** the transfer is for the purpose of participating in an extra-curricular activity at the requested campus

**7. Falsification** of information on school documents

**8. Revocation** of a previous transfer

**Approval of a transfer student in one school year creates no right or expectation that a student will be admitted as a transfer student in subsequent years. Admission of one student in a family as a transfer student creates no right or expectation that another student from the same family shall be admitted as a transfer. Transfer approval decisions are made on a student-to-student basis according to the factors and restrictions noted above.**

## HOOKS ISD

Dear Parent/Guardian:

Children need healthy meals to learn. HOOKS ISD offers healthy meals every school day. Breakfast costs \$1.75 ALL CAMPUSES; lunch costs HIGH SCHOOL AND JUNIOR HIGH \$2.90, ELEMENTARY \$2.75. **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is \$.30 for breakfast and \$.40 for lunch. If you received a notification letter that a child is directly certified for free or reduced-price meals, do not complete an application. Let the school know if any children in the household attending school are not listed in the letter.

The questions and answers that follow and attached directions provide additional information on how to complete the application. Complete only one application for all the students in the household and return the completed application to CAMPUS OFFICE OR CAFETERIA. If you have questions about applying for free or reduced-price meals, contact DOROTHY SAGERS, PHONE (903)547-6077, EXT 6020,

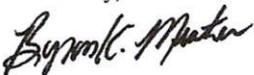
E-MAIL: SAGERSD@HOOKS ISD.NET

### 1. Who Can Get Free Meals?

- *Income*—Children can get free or reduced-price meals if a household's gross income is within the limits described in the *Federal Income Eligibility Guidelines*.
  - *Special Assistance Program Participants*—Children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program for Households on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF), are eligible for free meals.
  - *Foster*—Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
  - *Head Start or Early Head Start*—Children participating in these programs are eligible for free meals.
  - *Homeless, Runaway, and Migrant*—Children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told about a child's status as homeless, runaway, or migrant or you feel a child may qualify for one of these programs, please call or email CRYSTAL ROACH; 401 AVE A, HOOKS, TX 75561, PHONE (903)547-6077, EXT 2038; E-MAIL ROACHC@HOOKS ISD.NET
  - *WIC Recipient*—Children in households participating in WIC may be eligible for free or reduced-price meals.
2. **What If I Disagree with the School's Decision About My Application?** Talk to school officials. You also may ask for a hearing by calling or writing to BYRON K. MINTER, SUPT, PHONE: (903)547-6077, EXT: 1020 - E-MAIL MINTERK@HOOKS ISD.NET.
  3. **My Child's Application Was Approved Last Year. Do I Need to Fill Out A New One?** Yes. An application is only good for that school year and for the first few days of this school year. Send in a new application unless the school has told you that your child is eligible for the new school year.
  4. **If I Don't Qualify Now, May I Apply Later?** Yes. Apply at any time during the school year. A child with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
  5. **What If My Income Is Not Always the Same?** List the amount normally received. If a household member lost a job or had hours/wages reduced, use current income.
  6. **We Are in The Military. Do We Report Our Income Differently?** Basic pay and cash bonuses must be reported as income. Any cash value allowances for off-base housing, food, or clothing, or Family Subsistence Supplemental Allowance payments count as income. If housing is part of the Military Housing Privatization Initiative, do not include the housing allowance as income. Any additional combat pay resulting from deployment is excluded from income.
  7. **May I Apply If Someone in My Household Is Not a U.S. Citizen?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
  8. **Will Application Information Be Checked?** Yes. We may also ask you to send written proof of the reported household income.
  9. **My Family Needs More Help. Are There Other Programs We Might Apply For?** To find out how to apply for other assistance benefits, contact your local assistance office or 2-1-1.
  10. **Can I Apply Online?** NO - ONLINE APPLICATIONS ARE NOT AVAILABLE.

If you have other questions or need help, call DOROTHY SAGERS, FOOD SERVICE DISTRICT COORDINATOR, PHONE (903) 547-6077, EXT 6020..

Sincerely,



BYRON K. MINTER  
SUPERINTENDENT OF SCHOOLS

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf> from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

**2023-2024 Application for Free and Reduced-Price School Meals**

Complete one application per household. Please use a pen (not a pencil).

Return to:  
or Apply Online:

HOOKS ISD - 100 E. 5TH STREET, HOOKS, TX 75561  
SCHOOL CAMPUS OFFICE OR CAFETERIA

**STEP 1** List ALL Household Members who are infants, children, and students up to and including grade 12

If more spaces are needed, use the Additional Names section on the back.

**Definition of Household Member:**  
"Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster Care, Head Start**, and children who meet the definition of **Homeless, Migrant, or Runaway** are eligible for free meals. Read the directions for more information.

Child's First Name	MI	Child's Last Name	Student?	Grade	Head Start	Foster Child	Homeless, Migrant, Runaway
			Yes <input type="radio"/> No <input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check any that apply

**STEP 2** Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

If NO → Go to STEP 3      If YES → Write the Eligibility Determination Group (EDG, n/a for FDPIR) number here, then go to STEP 4 (do not complete STEP 3).      EDG Number

**STEP 3** Report Income for ALL Household Members (Skip this step if you answered 'YES' to STEP 2)

**A. Last four digits of Social Security Number (SSN) of an Adult Household Member**      XXX- XX-      Check if no SSN

**B. Income for Adult Household Members (including yourself)**

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. Report the frequency by income type: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If more spaces are needed, use the Additional Names section on the back.

Name of Adult Household Members (First & Last)	Work Earnings				Public Assistance/ Child Support/Alimony				Pensions/Retirement/ Social Security/SSI/ VA Benefits/All Other				Frequency			
	W	E	T	M	W	E	T	M	W	E	T	M	W	E	T	M
	\$															
	\$															
	\$															
	\$															

**C. Income for Children in the Household**

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Child Household Members listed in STEP 1 here. If applicable, include income from additional children listed on back. Income frequency conversion key provided on back.

Total Child Income \$

Frequency: W  E  T  M  A

**D. Total Household Members**  
(Children & Adults)

**STEP 4** Contact information and adult signature.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street address (if available)      Apt #      City      State      Zip code      Daytime phone and email (optional)

Printed name of adult signing the form      Signature of adult      Today's date

**ADDITIONAL NAMES**

List any additional **child** household members not listed in STEP 1.

Child's First Name	MI	Child's Last Name	Student?	Grade	Check any that apply	Head Start	Foster Child	Homeless, Migrant, Runaway
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List any additional **adult** household members not listed in STEP 3. Report the frequency by income type: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually

Name of Adult Household Members (First & Last)	Work Earnings	Public Assistance/ Child Support/Alimony				Pensions/Retirement/ Social Security/SSI/ VA Benefits/All Other								
		W	E	T	M	A	W	E	T	M	A			
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

**DO NOT COMPLETE. This section for school use only.**

Annual Income Conversion: weekly x 52, every two weeks x 26, twice a month x 12, monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Household Size	Total Income	Frequency	Free	Reduced	Denied
<input type="text"/>	<input type="text"/>	W E T M A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Categorical Determination	Eligibility		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Date Received	Date Withdrawn
<input type="text"/>	<input type="text"/>
Reviewing/Determining Official's Signature	Date
<input type="text"/>	<input type="text"/>
Confirming Official's Signature	Date
<input type="text"/>	<input type="text"/>

## Instructions for Applying for Free and Reduced-Price School Meals, 2023-2024

Please use these instructions to complete the free or reduced-price school meals application. Submit one application per household, even if the children in the household attend more than one school in HOOKS ISD. Please use a **pen** (not a pencil) when completing the application. The application must be filled out completely in order for the school to make a determination if the children in your household qualify for free or reduced-price school meals. **An incomplete application cannot be approved.** Please contact *DOROTHY SAGERS, PHONE (903)547-6077 EXT 6020. EMAIL: sagersd@hooksisd.net* with your questions.

### Step 1: List All Household Members Who Are Infants, Children, And Students Up to and Including Grade 12.

- List each child's name.
  - Print first name, middle initial, and last name for each child in the household in the spaces. If there are more children than lines, use the back of the application to record additional names.
  - Include all household members who are age 18 or under and are supported with the household's income including children who are not enrolled in the district. Children do NOT have to be related to anyone in the household to be a part of the household.
- Mark the box following the child's name to show if the child is a student in the HOOK ISD.
- Record the child's grade if the child is in school.
- Check the appropriate box if a child qualifies for free meals as participant in the foster care system, Head Start (including Early Head Start) or if a child meets the criteria for homeless, migrant, or runaway.  
*Checking Foster indicates that a foster care agency or court has placed the child in your home. If the application is being submitted for foster children only, complete Step 1, skip Steps 2-3, and complete Step 4.*

### Step 2: Participating in a Categorical Eligibility Program

- Do any household members (including you) currently participate in SNAP, TANF, and/or FDPIR?
  - If a child or adult in the household participates in Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance to Needy Families (TANF), record the Eligibility Determination Group (EDG) number in the space.
  - If a child or adult in the household is a participant in Food Distribution Program for Households on Indian Reservations (FDPIR), circle YES to indicate participation. The HOOKS ISD will contact you to obtain documentation of FDPIR participation.
- If the students in the household are eligible based on SNAP, TANF, or FDPIR, skip Steps 3, and complete Step 4.
- If any children in the household are participants in one of the following programs—*Foster, Head Start, Homeless, Migrant, or Runaway*, skip Steps 3 and complete Step 4.

### Step 3: Report Income for All Household Members

#### Part A. Last Four Digits of Social Security Number (SSN) of an Adult Household Member

- Provide the last four digits of the Social Security number (SSN) of an adult in the household or check the box for no SSN. A social security number is not required to apply for these programs.

#### Part B. Income for All Adult Household Members (including yourself)

- Record the first and last name of each adult in the household in the space provided.
  - If there are more adults in the household than available spaces, use the back of the application.
  - Include all adults living in the household that share income and expenses, even if the adult is not related to anyone in the household and does not receive any income. Do not include adults that are not supported by the household's income and do not contribute income to the household.
- Record the amount of income the adult receives under the type of income: Working Earnings; Public Assistance/Child Support/Alimony; Pensions/ Retirement/Social Security/Supplemental Security Income (SSI); and All Other.
  - Report all amounts in gross income only and in whole dollars. Gross income is the total income received before taxes or deductions. Ensure that the income reported has not been reduced by the amounts deducted for taxes, insurance premiums, or any other purpose. The Adult Income Information Box (next page) provides additional information on the types of income that need to be reported. Foster children may be included as a member of the household or may be included on a separate application.
  - Write a 0 in any field where there is no income to report. If you write 0 or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that the household income was reported incorrectly, the application will be verified for cause.
    - Select how often each type of income is received (frequency).  
W = Weekly, E = Every 2 Weeks, T = Twice per Month, M = Monthly, A = Annually

**Adult Income Information**

Earnings from Work

General Types of Income

- Salary, wages, cash bonuses
- Strike benefits

U.S. Military

- Allowances for off-base housing, food, and clothing
- Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)

Self-Employed Worker

- Net income from self-employment (farm or business)—calculated by subtracting the total operating expenses of the business from its gross receipts or revenue.

Public Assistance/ Child Support/Alimony

(Do not report the value of any cash value public assistance benefits NOT listed on the chart.)

- Alimony payments
- Cash assistance from State or local government
- Child support payments from court-ordered child support or alimony decree should be reported here. Informal but regular payments should be reported as *other* income in the next part.
- Unemployment benefits
- Worker’s compensation

Pensions/Retirement/ Supplemental Security Income (SSI)

- Annuities
- Income from trusts or estates
- Private Pensions or disability
- Social Security (including railroad retirement and black lung benefits)
- Supplemental Security Income (SSI)
- Veteran’s benefits

All Other Income

**Part C. Income for Children in the Household**

- Record total income **for all children in the household who receive regular income** by how often income is received (frequency). *The Child Income Information Box (below) provides additional information on the types of income that needs to be reported for children in the household.*
- Do not annualize income to determine eligibility unless more than one income frequency is listed.  
Annual Income Conversion: weekly x 52, every two weeks x 26, twice a month x 24, monthly x 12.

Child Income Information	
<u>Earnings from Work</u>	
For Example: A child has a job where she or he earns a salary or wages.	
<u>Social Security, Disability Payments</u>	
For Example: A child is blind or disabled and receives Social Security benefits.	
<u>Social Security, Survivor’s Benefits</u>	
For Example: A parent is disabled, retired, or deceased, and their child receives social security benefits.	
<u>Income from any other source</u>	

**Part D. Total Household Members**

- Record the total number of children and adults in the household in the appropriate box. This number **MUST** be equal to the number of household members listed in Step 1 and Step 3. It is very important to list all household members as the size of the household determines the household eligibility.

**Step 4: Provide Contact Information and Adult Signature**

- Read the certification statement.
- Write your current address and contact information in the space provided. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you. *If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals.*
- Print the name of the adult signing the form, sign the form, and record today’s date in the appropriate spaces.
- All applications must be signed by an adult household member. *By signing the application, the household member is promising that all information has been truthfully and completely reported. Before completing this section, please read the privacy and civil rights statements on the back of the application.*

**MUTLI-USE APPLICATION – Step 5 (Optional): Sharing Information with Other Programs**

- *Completing this section will not change whether your children are eligible for free and reduced-price meals.*
- To provide your permission to share household information provided on the application with other programs, you **MUST** select/circle the program(s) or benefit(s) from the list.

**NONPUBLIC SCHOOL APPLICATION – Step 5 (Optional): Race and Ethnicity**

- *Completing this section is optional and does not affect your children’s eligibility for free or reduced-price meals.*
- Select the child’s ethnicity (select only one option)
- Select the child’s race (select all that apply)

**Return the Application**

- Return the application to **CAMPUS OFFICE, CAMPUS CAFETERIA MANAGR OR MAIL**
- TO:HOOKS ISD, 100 E 5<sup>TH</sup> STREET, HOOKS, TX 75561.

		Income Eligibility Guidelines									
		Annual		Monthly		Twice-Monthly		Bi-Weekly		Weekly	
Household Size		Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced

1	\$18,954	\$26,973	\$1,580	\$2,248	\$790	\$1,124	\$729	\$1,038	\$365	\$519
2	\$25,636	\$36,482	\$2,137	\$3,041	\$1,069	\$1,521	\$986	\$1,404	\$493	\$702
3	\$32,318	\$45,991	\$2,694	\$3,833	\$1,347	\$1,917	\$1,243	\$1,769	\$622	\$885
4	\$39,000	\$55,500	\$3,250	\$4,625	\$1,625	\$2,313	\$1,500	\$2,135	\$750	\$1,068
5	\$45,682	\$65,009	\$3,807	\$5,418	\$1,904	\$2,709	\$1,757	\$2,501	\$879	\$1,251
6	\$52,364	\$74,518	\$4,364	\$6,210	\$2,182	\$3,105	\$2,014	\$2,867	\$1,007	\$1,434
7	\$59,046	\$84,027	\$4,921	\$7,003	\$2,461	\$3,502	\$2,271	\$3,232	\$1,136	\$1,616
8	\$65,728	\$93,536	\$5,478	\$7,795	\$2,739	\$3,898	\$2,528	\$3,598	\$1,264	\$1,799
For each add. person, add	+\$6,682	+\$9,509	+\$557	+\$793	+\$279	+\$397	+\$257	+\$366	+\$129	+\$183

The **income eligibility guidelines** (right) are based on 130% (free) and 185% (reduced) of the federal poverty guidelines and are effective July 1, 2023 – June 30, 2024.

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

District Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Campus Name: \_\_\_\_\_

## 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 students in grades 9-12).**

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

### Part One:

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:

Please answer the questions below about the languages your child or family uses. If your responses indicate the use of a language other than English, the school will conduct a language proficiency assessment to determine how well your child communicates in English. This information will be used to determine any appropriate linguistic supports and 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.

This survey shall be kept in each student's permanent record folder. A copy of this survey shall follow the student while enrolled in any public or open enrolled charter school in Texas.

**Part Two:**

Please answer the questions to the best of your ability.

1. Which languages are used at home? \_\_\_\_\_
2. Which languages are used by the child at home? \_\_\_\_\_
3. If the child had a previous home setting, which languages were used? If there was no previous home setting, answer Not Applicable (N/A). \_\_\_\_\_

**By checking this box, I understand a request to correct an error to this Home Language Survey can only happen if:**

- 1) my child has not yet been assessed for English proficiency; and
- 2) corrections are made within two calendar weeks of my child's enrollment date.

**Note:** Please contact your school about the benefits of bilingual education services. The following resources may also provide information on program services that foster bilingualism.

- [Parent/ Guardian Rights](#)
- [Bilingual Education Program](#)
- [Program Information Videos](#)

Please visit the Emergent Bilingual Support Portal ([txel.org](http://txel.org)) for additional information.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student if Grades 9-12 \_\_\_\_\_ Date \_\_\_\_\_

Nombre del Estudiante: \_\_\_\_\_

Distrito: \_\_\_\_\_

#ID del Estudiante: \_\_\_\_\_

Escuela: \_\_\_\_\_

## CUESTIONARIO SOBRE EL IDIOMA USADO EN EL HOGAR

19 TAC Chapter 89, Subchapter BB, §89.1215

(El cuestionario sobre el idioma usado en el hogar administrado solamente durante la matriculación inicial en escuelas públicas en Texas)

**Este cuestionario debe de completarse por el padre o tutor para estudiantes que cursen desde Prekínder\* hasta el octavo grado (o por el estudiante si cursa grados del 9-12)**

\*Prekínder incluye cualquier estudiante matriculado en programas para niños de 3 o 4 años de edad.

### Primera Parte:

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.

### Estimado padre o tutor:

Por favor, responda las siguientes preguntas sobre los idiomas que usa su hijo(a) o su familia. Si sus respuestas indican el uso de un idioma que no sea inglés, la escuela llevará a cabo una evaluación de dominio del idioma para determinar qué tan bien se comunica su hijo(a) en inglés. Esta información se utilizará para determinar cualquier apoyo lingüístico apropiado e informar las recomendaciones de instrucción. Si tiene preguntas sobre el propósito y el uso del cuestionario sobre el idioma del hogar, o si desea ayuda para completar el formulario, comuníquese con el personal de su escuela/distrito.

Este cuestionario se mantendrá en la carpeta de registro permanente de cada estudiante. Una copia de este cuestionario seguirá al estudiante mientras esté matriculado en cualquier escuela pública o una escuela autónoma de inscripción abierta de Texas.

## Segunda Parte:

Por favor, responda a las preguntas lo mejor que pueda.

1. ¿Cuáles idiomas se usan en el hogar? \_\_\_\_\_
2. ¿Cuáles idiomas usa el estudiante en el hogar? \_\_\_\_\_
3. Si el estudiante tenía un entorno familiar anterior, ¿cuáles idiomas se utilizaban? Si no tenía un entorno familiar anterior, responda No aplicable (N/A). \_\_\_\_\_

Al marcar este casillero, yo entiendo que una corrección a este cuestionario solo puede suceder si:

- 1) mi hijo/(a) aún no ha sido evaluado para el dominio del inglés; y
- 2) las correcciones se realizan en un plazo de dos semanas naturales a partir de la fecha de matriculación de mi hijo(a).

**Nota:** Por favor, póngase en contacto con su escuela para informarse sobre los beneficios de los servicios de la educación bilingüe. Los siguientes recursos también pueden proporcionarle información sobre los servicios del programa que fomentan el bilingüismo.

- [Derechos de los padres/tutores](#)
- [Educación bilingüe](#)
- [Videos informativos para padres](#)

Por favor, visite el portal Apoyando a estudiantes bilingües emergentes en Texas ([txel.org](http://txel.org)) para obtener información adicional.

Firma del padre/tutor \_\_\_\_\_ Fecha \_\_\_\_\_

Firma del estudiante si está en los grados 9-12 \_\_\_\_\_ Fecha \_\_\_\_\_