



La Vernia Independent School District

Home of the Best Students in Texas

13600 US HWY 87W La Vernia, TX 78121 • 830-779-2181



RETURNING STUDENT

REGISTRATION PACKET 2009-2010 SCHOOL YEAR

High School	Junior High	Intermediate	Primary
225 Bluebonnet Road	195 Bluebonnet Road	369 FM 1346 S	249 FM 1346 S
LaVernia, TX 78121	LaVernia, TX 78121	LaVernia, TX 78121	LaVernia, TX 78121
830-779-6630	830-779-6650	830-779-6640	830-779-6660
FAX: 830-779-3218	FAX: 830-779-2728	FAX: 830-779-6642	FAX: 830-779-7031

Central Office FAX: 830-779-2304

REGISTRATION INSTRUCTIONS FOR 2009-2010

RETURNING STUDENTS

Returning Student Registration Forms:

All forms must be signed by the parent/guardian. Registration forms can be dropped off, mailed or faxed to either Central Office or the campus the student will be attending along with documentation **IF NEEDED**.

Documentation Needed for Returning Students

1. Copy of current proof of residency **ONLY** if student's address has changed from last school year (2008-2009).
2. Social Security Card **ONLY** if student's social security number has changed from last school year (2008-2009).
3. Photo identification of enrolling parent/guardian **ONLY** if parent/guardian has changed from last school year (2008-2009)

FREE/REDUCED MEAL APPLICATION INFORMATION

The Free / Reduced Meal Application are a State Mandated Form. The **2009-2010** guidelines and application will not be available to the school district until mid July. All students that are returning from May enrollment will begin the school year at the same meal status as they ended the 2008-2009 school year. This status only lasts for the first 30 operating (school) days from August 24. Every family must fill out a new application each year. Each child will be given an application the first day of school.

Questions:

- 1. What if I get a Direct Certification letter in the mail that states I do not have to fill out an application?** This letter only qualifies the child that is listed on that form letter. An application must be filled out for the other children in school. You may still get an application. If you are not sure please call us.
- 2. What if they are new to the district?** A new application must be filled out. The child is on a Paid status until we receive a meal application and it is processed through our Child Nutrition Office.
- 3. If my child is in Pre-K are their meals free?** No, you must still fill out a Free / Reduced application. There are a number of ways to enroll in Pre-K, (Active Military and English as a Second Language are examples.) This does not mean their meals are free. They just qualify for Pre-K not Free/Reduced Meals, that is income based.
- 4. What if I already have children in school and I have a new one starting school in August?** We do not have access to know what child belongs to what family in all cases. A new application must be filled out for the whole family to ensure all children are qualified on one application.
- 5. What if I have more than one child?** One application per family is all that is necessary. If you have more than one child, you should receive more than one application. Just fill one out and return duplicates will be shredded after September 30.
- 6. Can I get an application before school starts?** Yes, beginning the first week in August, we will have the applications on line, at the Operations Building in the Child Nutrition Office and at Central Office. You may also call us at 830-779-6620 press 7 (Child Nutrition) to ask any questions. We will be happy to help with any questions.
- 7. Can I fax in my application?** No, an original signature has to be on this page. E-mailing the filled out application is considered legal and binding, however a faxed copy is not.

Vicki Spessard
Child Nutrition Director

**Registration Form
School Year: 2009 - 2010**

Track: _____

LA VERNIA HIGH SCHOOL					
Campus Name		Student Name		Gen	
(830) 779-6630		(830) 779-3218		Local ID	
Campus Phone		Campus Fax		State ID	
		Date of Birth		Birth Place	
				Bus Elig/Route	
				Original Entry Date	
		Age		Gender	
				Grade Level	
				Ethnicity	

Address: _____

Mailing Address: _____

PARENT INFORMATION

1. Guardian: _____	Relation: _____	2. Guardian: _____	Relation: _____
Address: _____		Address: _____	
City, St, Zip: _____		City, St, Zip: _____	
Employer: _____		Employer: _____	
Phone: _____	Work: _____	Phone: _____	Work: _____
Other: _____	Email: _____	Other: _____	Email: _____
Svc Branch: _____	Rank: _____	Enrolling Person: _____	Svc Branch: _____
			Rank: _____
			Enrolling Person: _____

ENROLLING PERSON

Name: _____ DOB: _____ Relation: _____ Phone: _____ Work: _____

EMERGENCY CONTACT INFORMATION

1. Name: _____	Relation: _____	Phone: _____	Work Phone: _____
2. Name: _____	Relation: _____	Phone: _____	Work Phone: _____
Doctor Preference: _____		Phone: _____	
Hospital Preference: _____		Phone: _____	
Dentist: _____		Phone: _____	
Other: _____		Phone: _____	
List any Allergies: _____			

SIBLING INFORMATION

<u>Brother/Sisters</u>	<u>Grade</u>	<u>School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Date: _____

Parent or Guardian Signature _____ Date of Birth _____

(For Office Use Only)

Teacher Name: _____	Control No.: _____	Eligibility Code: _____
Birth Certificate on File: _____ (Yes/No)	PK Par Mil: _____	PK Foster: _____
	Immunization on File: _____ (Yes/No)	Title I: _____
Soc Sec Copy on File: _____ (Yes/No)	At Risk: _____	Migrant: _____
	Hm Lng: _____	_____
Gift: _____	LEP: _____	BIL: _____
ESL: _____	Par Per: _____	Econ: _____
	Special Education: Prim: _____	Sec: _____
	Tert: _____	Multi: _____

**LA VERNIA INDEPENDENT SCHOOL DISTRICT
HEALTH SERVICES
STUDENT MEDICAL STATUS UPDATE
2009-2010**

Student's Name _____

Grade _____

Date of Birth _____

In order for us to update our records on the current condition of your child's health status, we must have the following information. If this does not apply to your child, write **NONE** in the space. Please sign this sheet and return it to the school.

1. Please list any type of medical condition your child has (examples: diabetes, asthma, allergies, ulcers, blood disorders, cardiac disease, hypertension, migraine headaches, allergy headaches, hyperactivity, attention-deficit disorder, etc.)

2. Has this condition been medically validated (i.e., has your child been seen by a physician and had this actually diagnosed?) Yes _____ No _____

3. If yes, please state name and address of physician.

4. Is your child currently taking any medication on a regular basis? Yes _____ No _____

5. If yes, please complete the following:

Name of Medication	Amount Taken	How Often	Prescribing Physician

6. Will your child be taking any routine medication during the school day? Yes _____ No _____
(IF YES, A MEDICATION REQUIREMENT FORM MUST BE COMPLETED)

Print Parent's Name

Parent Signature

Date

The primary users of this form are our health services staff. On occasion it is necessary to disclose all or some of this data to other school personnel, protective or health agencies. It is the parent's responsibility to inform the school and health personnel of any changes in his/her condition so that appropriate education and health services can be provided.

If you have any questions or concerns, please call me at (830) 779-6640 extension 4226.

Thank You.

Kasey Dickson, R.N., B.S.N.

Laura Ramzinski/PEIMS Coordinator LaVernia ISD
April 3, 2003



LA VERNIA INDEPENDENT SCHOOL DISTRICT
2009-2010 SCHOOL YEAR
TRANSPORTATION FORM

Transportation Department
315 Bluebonnet Road
LaVernia, TX 78121
Phone: 830-779-6620 Fax: 830-779-2192

Student Name: _____
Last First MI

2009-2010 Grade: _____ Male: _____ or Female: _____

How will your child get to school? Bus rider _____ Car Rider _____

How will your child get home from school? Bus rider _____ Car Rider _____

(If your child will be a Bus rider, please complete this form. If your child will be a Car rider, please sign now & turn in form.)

PARENTS, PLEASE DESIGNATE OFFICIAL PICK UP & DROP OFF ADDRESSES. ANY ADDRESS CHANGES DURING THE SCHOOL YEAR, MUST BE MADE IN WRITING, AND HAVE ADMINISTRATION APPROVAL.

Pick up address: _____

Drop off address: _____

Students in PK through 4th grade will not be left at their designated stop if an adult is not present or the student is not riding with an older sibling 5th grade or above. Students will be brought back to the transportation facility.

I understand that my child should be at their designated pick up location and visible to the driver at least five minutes prior to the designated pick up time.

I will read the student handbook and make sure my child and I understand the transportation rules, procedures, and disciplinary actions.

Contact Information

Home # _____ Cell # _____

Work # _____ Other # _____

Date: _____

Signature of Parent/Guardian: _____

Please print name: _____

**La Vernia ISD
13600 US Hwy 87 W
La Vernia, TX 78121**

April 30, 2009

Dear Parents and Guardians:

This letter is to inform you about new guidelines from the U.S. Department of Education (USDE) regarding the collection of data on race and ethnicity for public school students and staff.

The USDE requires all state and local education institutions to collect information 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).

The federal government has developed a new standard for collecting and reporting this data in order to provide a more accurate picture of the nation's ethnic and racial diversity. These reporting categories were used in the 2000 Census.

This new standard enables individuals to be identified in both ethnic and racial classifications and in more than one racial category if applicable. In the past, enrollment forms allowed individuals to be identified in only one category.

Beginning with the 2009-2010 school year, we will ask the families of newly enrolled students and all returning students to complete a brief form to collect information on the student's ethnicity using the current standard as well as the new standard. Beginning in 2010-2011, this information will be collected using the new reporting categories only.

Enclosed is the standard form required by the Texas Education Agency for collecting this information. Families will be asked to re-identify their students' information at the time of enrollment for the 2009-2010 school year.

**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? (MUST choose only one)

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

Part 2. Race: What is the person's race? (MUST 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)
- 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 Island,
- White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Student Name (please print)

(Parent/Guardian) Signature

Student Social Security Number

Date