

Student ID \_\_\_\_\_

**Paradise Elementary Registration 2018-2019**

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

**Student Legal Name**

**Date of Birth**

**Social Security #**

**Gender**

**Enrollment Date**

(\_\_\_\_)

**Student Physical Address**

**Mailing Address**

**Preferred Phone**

**Ethnicity:** Hispanic\_\_\_\_ Black\_\_\_\_ White\_\_\_\_ American Indian\_\_\_\_ Pacific Islander\_\_\_\_ Asian\_\_\_\_

**Note: Only biological parents may list themselves as father or mother. Step-parent or others must give their legal relationship to student.**

**Guardian #1 Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_ **Receive Mail Outs:** \_\_\_\_ Yes \_\_\_\_ No

**Address:** \_\_\_\_\_ **Student lives w/this person:** \_\_\_\_ Yes \_\_\_\_ No

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Email you will use to access grades & attendance. \_\_\_\_\_ Employer \_\_\_\_\_

**Guardian #2 Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_ **Receive Mail Outs:** \_\_\_\_ Yes \_\_\_\_ No

**Address:** \_\_\_\_\_ **Student lives w/this person:** \_\_\_\_ Yes \_\_\_\_ No

Home phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Email you will use to access grades & attendance. \_\_\_\_\_ Employer \_\_\_\_\_

**Emergency Contact Information (Includes permission for these contacts to pick up student from school)**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ 1st phone \_\_\_\_\_ 2nd phone \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ 1st phone \_\_\_\_\_ 2nd phone \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ 1st phone \_\_\_\_\_ 2nd phone \_\_\_\_\_

Doctor: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Hospital: \_\_\_\_\_

**List siblings who are enrolled in Paradise ISD**

Sibling: \_\_\_\_\_ Grade: \_\_\_\_\_ Sibling: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling: \_\_\_\_\_ Grade: \_\_\_\_\_ Sibling: \_\_\_\_\_ Grade: \_\_\_\_\_

**The Texas Legislature requires that Paradise ISD collect data—Military Connected (SB 525). Please check the appropriate box.**

\_\_\_ 0— Student is not military connected \_\_\_ 3- Student is dependent of a member of the reserve force in the US military.

\_\_\_ 1- Student is dependent of a member of the US military on active duty. \_\_\_ 4— PK student is a dependent of an active duty member in US military.

\_\_\_ 2- Student is dependent of a member of the Texas National Guard

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 costs for your child. I certify that the information given is correct.

I authorize the school personnel 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 parent, physicians, or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.

**Parent/Guardian Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Date of Birth** \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**My child's AFTERNOON dismissal transportation instructions are as follows:**

Put a (X) in the appropriate box	CAR	Bus Route # _____	Alternate Bus Route # _____	Daycare Van
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				

**Transportation Instruction Requirements:** Notification of any **changes** to these instructions, whether it is permanent, temporary, or one time occurrence **must** be handled through the campus office. All transportation changes must be received by **3:15** of that day. We strive to ensure the safety of your children and therefore will only accept notification changes from a parent or legal guardian. **Children will not be allowed to get off the bus at another campus without Elementary office approval.**

**Contact phone number where you can be reached at dismissal time daily.**

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

\_\_\_\_\_  
Effective Date

**Car rider information:** The following person(s) will usually pick up my child.

**Bus Route** \_\_\_\_\_ Bus stop address: \_\_\_\_\_

Person at residence: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Alternate**

**Bus Route** \_\_\_\_\_ Bus stop address: \_\_\_\_\_

Person at residence: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Daycare Van** \_\_\_\_\_ Childcare Facility \_\_\_\_\_

Phone #: \_\_\_\_\_ Location: \_\_\_\_\_

**Additional Emergency Contacts:** (These will not be listed on the computer registration as emergency contacts.) In case parents/guardians can't be reached, the following are to be contacted and **are authorized to pick up my child.**

3. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

**Right to Transport** Yes/No Phone Number: Cell / Home / Business

4. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

**Right to Transport** Yes/No Phone Number: Cell / Home / Business

5. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

**Right to Transport** Yes/No Phone Number: Cell / Home / Business

INDEPENDENT SCHOOL DISTRICT/CHARTER SCHOOL

HOME LANGUAGE SURVEY-19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey applicable ONLY if administered for students enrolling in pre-kindergarten through grade 12)

TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN PREKINDERGARTEN THROUGH GRADE 8 (OR BY STUDENT IN GRADES 9-12): The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

To determine if your child would benefit from Bilingual and/or English as a Second Language program services, please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if Bilingual and/or English as a Second Language program services are appropriate and to inform instructional and program placement recommendations. Once your child is assessed, changes to the Home Language Survey responses are not permissible.

If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

For more information on the process that must be followed, please visit the following website: <http://web.esc20.net/LPAC-Interactive/InteractiveFlowchart-EN.htm>.

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

NAME OF STUDENT: \_\_\_\_\_

STUDENT ID#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

CAMPUS: \_\_\_\_\_

NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.

1. What language is spoken in the child's home **most of the time**? \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

INDEPENDENT SCHOOL DISTRICT/CHARTER SCHOOL

**Cuestionario sobre el idioma que se habla en el hogar**

19 TAC Chapter 89, Subchapter BB §89.1215

**DEBE DE COMPLETARSE POR EL PADRE O TUTOR PARA ESTUDIANTES QUE CURSEN DESDE PREKINDER HASTA EL OCTAVO GRADO: (O POR EL ESTUDIANTE SI CURSA GRADOS DEL 9-12):** El estado de Texas requiere que la siguiente información se complete para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Es la responsabilidad del padre o tutor, no de la escuela, proporcionar la información del idioma requerida por las siguientes preguntas.

Querido padre o guardián:

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

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

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

Para más información sobre el proceso que debe seguirse, por favor visite el siguiente sitio web:

<https://projects.esc20.net/upload/page/0081/docs/LPAC-TrainingFlowchartSpanish-Accessible.pdf>.

**Este cuestionario se archivará en el expediente del estudiante.**

**NOMBRE DEL ESTUDIANTE:** \_\_\_\_\_

**ID#:** \_\_\_\_\_

**DIRECCIÓN:** \_\_\_\_\_

**TELÉFONO:** \_\_\_\_\_

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

**Nota: Indique sólo un idioma por respuesta.**

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

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

\_\_\_\_\_  
Firma del padre o tutor

\_\_\_\_\_  
Fecha

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

\_\_\_\_\_  
Fecha

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

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

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

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

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

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

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

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

\_\_\_\_\_ Student/Staff Name (please print)

\_\_\_\_\_ (Parent/Guardian)/(Staff) Signature

\_\_\_\_\_ Date

Student/Staff Identification Number

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.	
Ethnicity – choose only one:  <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:

# Paradise Independent School District Initial Student Residency Questionnaire

*The information on this confidential form is required by the McKinney-Vento Act 42 U.S.C. which is part of the No Child Left Behind Act. The answers you provide will help the school determine the services the student may be eligible to receive.*

*Presenting a false record or falsifying records is an offense under Section 37.10, Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. (TEC Sec. 25.022(3)(d))*

Name of PISD Campus: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F  
Last First Middle

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Parent or Guardian Phone #: \_\_\_\_\_  
Month Day Year

Parent/Guardian Name: \_\_\_\_\_

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

Is this a new or different address than was recorded last year: \_\_\_ Yes \_\_\_ No

Has student ever been in Foster Care? \_\_\_ Yes \_\_\_ No  
 If yes, beginning/ending dates: \_\_\_\_\_ to \_\_\_\_\_

\*\*\*\*\*

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

Please provide the following information for school-aged siblings of the student:

Name	Grade	Age	School	District

**If you answered "YES" to BOTH questions, please expect to hear from our District McKinney-Vento Liaison, Justa Crownover. She will be contacting you by phone to gather more information to make sure we are meeting the needs of your student(s). If you have any questions, please contact Justa Crownover at 940/969-5072.**

**If you answered "NO" to EITHER or BOTH questions, please sign below and STOP. You will receive no further correspondence from the school concerning the McKinney-Vento Act.**

Signature of: (circle one)  
 Parent, Guardian or Independent Youth: \_\_\_\_\_ Date \_\_\_\_\_

**Paradise Independent School District  
Follow-Up Student Residency Questionnaire**

**Where is the student presently living?**

\_\_\_\_\_ In the home of a friend/relative due to loss of housing (*loss of housing, economic hardship*) **PC-2**

\_\_\_\_\_ Shelter (*family shelter, domestic violence shelter, children/youth shelter*) **PC-1**

\_\_\_\_\_ Motel (*loss of housing, do not have "fixed" nighttime residence*) **PC-4**

\_\_\_\_\_ Unsheltered (*car, tent, van, abandoned building, on the street, campground*) **PC-3**

\_\_\_\_\_ Other – please describe: \_\_\_\_\_

.....  
**The student lives with:**

\_\_\_\_\_ Parent(s)

\_\_\_\_\_ Legal Guardian(s)

\_\_\_\_\_ Adult/relative who is not a legal guardian

\_\_\_\_\_ Alone with no adults

.....  
**I am:**

\_\_\_\_\_ The parent/legal guardian of this student

\_\_\_\_\_ A qualified adult/relative of this student

\_\_\_\_\_ The student (Unaccompanied Youth)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

.....  
***For office use only***

McKinney-Vento Liaison's determination of residency questionnaire:

\_\_\_ Student lives apart from parent/guardian for non-economic reasons (*Does Not Qualify*)

\_\_\_ Student and parent live with another family or fixed, arranged, or non-economic reasons (*Does Not Qualify*)

\_\_\_ Student meets criteria of the McKinney-Vento Act and qualifies for program

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

\_\_\_\_\_  
School Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
McKinney-Vento Liaison's Signature

\_\_\_\_\_  
Date





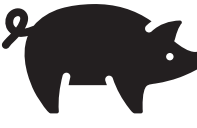



# 2018-2019 Occupational Survey

Today's Date: \_\_\_\_\_ District: \_\_\_\_\_ Campus: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dear Parents,

In order to better serve your children, our school district is helping the State of Texas identify students who may qualify to receive additional educational services. **The information provided below will be kept confidential.**

<p>1. Have you performed any of the below listed jobs <b>temporarily</b> or <b>seasonally</b>, in any part of the United States?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (Please check all that apply below and continue to QUESTION 2.)</p>			
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
<p>Work with fruit, vegetables, grain, peanuts, pecans, cotton, wheat, sugar beets, farms, ranches, fields, vineyards</p>	<p>Working in a cannery, granary, or packing plant</p>	<p>Working on a dairy, temporarily</p>	<p>Baling Hay</p>
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/> Other similar work, please explain: _____ _____
<p>2. In the last 36 months, did you live/stay somewhere temporarily or change residence? (Example: Someone in your family travels to another town, for the weekend or longer, picking pecans or hauling hay.)</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			

**Please complete below:**

Female Parent/Guardian Name: \_\_\_\_\_

Home Address/Apt Name: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**For School Use Only: Please email any YES responses to migrant@esc11.net**



**Agreement for Participation in an Electronic  
Communications System, Acknowledgement of Accessibility to the *Student Handbook* and *Student Code of  
Conduct 2018-2019*, and Release of Directory Information**

**Parent/Guardian Section:**

**Discuss this information with your child and print their name on the line below. By doing so, you and your child understand that a violation of these provisions may result in suspension or revocation of system privileges. This access agreement and acknowledgement of receipt of district information must be renewed each academic year.**

By signing below, and checking the boxes for each technology activity, acknowledgement of receipt of district information, the parent/guardian agrees to support the provisions set forth in the attached policies, and understands that violation of these provisions may result in suspension or revocation of system privileges for their student.

In consideration for the privilege of having access to and using the District's electronic communications system and public networks, I hereby release the 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 damage identified in the District's policy CQ and administrative regulations.

Below, the Parent/guardian has options in allowing the release of directory information for **school-sponsored purposes** and the release of directory information to **sources unrelated to school purposes**.

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

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

- Student Guidelines for Acceptable Use of Technology Resources
- Permission to place student pictures on the PISD web site
- Permission to place videos of students on the PISD web site
- Permission to place samples of class work and/or projects on the PISD web site
- Permission to identify student by name in pictures, work, or projects on the PISD web site
- I acknowledge that I have been offered the option to receive a paper copy or to electronically access at [www.pisd.net](http://www.pisd.net) the *Paradise Independent School District Student Handbook* and *Student Code of Conduct* for 2018-19.
- Permission for PISD to use the following directory information in **school sponsored purposes**: e.g. yearbook, class parties and activities, Gifted and Talented newspaper and other student generated journalism projects, local newspapers. See FL (LOCAL). The directory information includes: student's name, address, telephone listing, email address, photograph, date and place of birth, degrees, honors, and awards received, dates of attendance, grade level, most recent school previously attended, participation in officially recognized activities and sports, enrollment status
- Permission for PISD to **release** the following directory information in response to a **request unrelated to school-sponsored purposes**. The directory information includes: student's name, address, telephone listing, email address, photograph, date and place of birth, degrees, honors, and awards received, dates of attendance, grade level, most recent school previously attended, participation in officially recognized activities and sports, enrollment status. **CHECK ONLY IF YOU WANT THE CAMPUS/DISTRICT TO RELEASE DIRECTORY INFORMATION TO REQUESTS MADE FROM COMPANIES OR INDIVIDUALS NOT ASSOCIATED WITH THE CAMPUS OR DISTRICT.**

## ***Paradise Independent School District Student Guidelines for Acceptable Use of Technology Resources 2018-2019***

These guidelines are provided so that students and parents are aware of the responsibilities they accept when using District-owned computer hardware, operating system software, application software, stored text, data files, electronic mail, local databases, CD ROMS, digitized information, communications technologies and Internet access. In general, this requires conscientious, ethical and legal utilization of all technology resources.

All parents/legal guardians, and students in Grades PK-12, are required to acknowledge receipt and understanding of the *Student Guidelines for Acceptable Use of Technology Resources* document and must agree in writing to comply with all regulations and guidelines contained herein.

**Students will not be allowed access to any educational technology resources in Paradise ISD until their *Student Guidelines for Acceptable Use of Technology Resources* document has been signed and returned to their school office.**

The District cooperates fully with local, state or federal officials in any investigation concerning or relating to violations of computer crime laws. Contents of e-mail and network communications are governed by the Texas Open Records Act; proper authorities will be given access to their content.

### **Computer Resources and Policies**

**Internet Access:** Prior to the use of any computer at Paradise ISD, the following information must be read and agreed to in writing by appropriately marking and signing the handbook insert. Paradise ISD has acquired Internet access to promote education excellence in Paradise ISD schools by facilitating resource sharing, innovation, and communication. The Internet is a global network comprised of millions of computers and individual subscribers. With access to a global network comes the availability of material that may not be considered to be of educational value in the context of the school setting. Paradise ISD has taken precautions to restrict access to such materials. However, with the Internet expanding at such a fast rate, it is impossible to control all materials and access to inappropriate materials. Paradise ISD firmly believes the valuable information and interaction available on this global network far outweighs the possibility of users accessing materials not consistent with the educational goals of the District.

Paradise ISD Internet access is coordinated through a complex association of government agencies along with regional and state networks. In addition, the smooth operation of the network relies upon the proper conduct of the end users who must adhere to strict guidelines. These guidelines are provided so that you are aware of the responsibilities you are about to acquire. In general this requires efficient, ethical and legal utilization of the network resources. If the Paradise ISD user violates any of these provisions, his or her account will be terminated and future access could possibly be denied. Any evidence of illegal activities will be turned over to appropriate law enforcement agencies. The signature(s) on the handbook insert (are) legally binding and indicates the party (parties) who signed has (have) read the terms and conditions carefully and understand(s) their significance.

### **Personal Responsibility**

As a representative of this school, the student will accept personal responsibility for reporting any misuse of the Paradise ISD Internet access to the system administrator. Misuse can come in many forms, but it is commonly viewed as any message(s) sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, or inappropriate language. Any accidental discovery of inappropriate material must be reported to a Paradise ISD faculty/staff member immediately. Failure to do so will result in a loss of computer resource privileges and possible disciplinary action.

### **Acceptable Use**

Any use of an assigned computer account must be in support of education and research and with the educational goals and objectives of Paradise ISD. The student is personally responsible for this provision at all times when using electronic information service. The use of other organization's networks or computing resources must comply with rules appropriate to that network. Transmission of any material in violation of any United States or other state regulation is prohibited. This includes, but is not limited to copyrighted material, threatening or obscene material, or material protected by trade secret. With regard to copyrights, all users are required to adhere to District policy concerning Fair Use Guidelines as they relate to any form of intellectual property including but not limited to: Text, visual, audio and software materials. Use for commercial activities by for-profit institutions is generally not acceptable. Use for product advertisement or political lobbying is prohibited.

## Guidelines:

- Access to the PISD online network is a privilege, not a right. Each employee, student and/or parent will be required to sign the Acceptable Use Policy Agreement Form and adhere to the Acceptable Use Guidelines in order to be granted access to the PISD computer online services.
- The use of any district online services at the Paradise Independent School District must be in support of education and research and in support of the educational goals and objectives of the Paradise Independent School District.
- When placing, removing, or restricting access to specific databases or other computer online services, school officials shall apply the same criteria of educational suitability used for other education resources.
- Any attempt to alter data, the configuration of a computer, or the files of another user without the consent of the individual, a campus administrator, or technology staff member will be considered an act of vandalism and subject to disciplinary action in accordance with the *Paradise Independent School District Student Code of Conduct*.
- Parents concerned with online services at a child's school should refer to the EFA Local: *Instructional Resources: Instructional Material Selection and Adoption Policy* and follow the procedure as outlined in "Request for Reconsideration of Instructional Material."
- Any parent wishing to restrict their child's access to any computer online service, must provide the restriction request in writing to the campus administration. Parents will assume responsibility for imposing restrictions only on their own children.

## Privileges

The use of the information system is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. The administration, staff, or faculty of Paradise ISD may deny, revoke, or suspend user accounts at any time. Users may appeal the loss of privileges within seven calendar days. The system administrator or designee will conduct a hearing, but the person who imposed the loss of privileges will not be the person designated to hear the appeal.

## Network Etiquette and Privacy

The users are expected to abide by the generally accepted rules of network etiquette. The rules include (but are not limited to) the following:

- a. BE POLITE. Never send or encourage others to send abusive messages.
- b. USE APPROPRIATE LANGUAGE. Remember that you are a representative of our school and district on a non-private system. You may be alone with your computer, but what you say and do can be viewed globally. Never swear, use vulgarities, or any other inappropriate language.
- c. ILLEGAL ACTIVITIES. Illegal activities are strictly forbidden.
- d. PRIVACY. Do not reveal your home address or personal phone number or the address and phone numbers of students or colleagues.
- e. ELECTRONIC MAIL/FILE SERVER STORAGE. Electronic mail (e-mail) and items stored on individual user directories (h: drives) are not guaranteed to be private. Message and other files relating to or in support of illegal activities must be reported to authorities.
- f. DISRUPTIONS. Do not use the network in any way that would disrupt use of the network by others. This includes (but is not limited to) the downloading and installation of unauthorized programs to the network and computers. Users may not reconfigure or alter the function of workstation hardware or software.

## Unacceptable Conduct—includes but not limited to the following:

- Using the network for illegal activities, including copyright, license or contract violations; downloading inappropriate materials, viruses, and/or software such as, but not limited to, hacking and host file sharing violations.
- Using the PISD network for financial or commercial gain, advertising, or political lobbying.
- Accessing or exploring online sites or resources that do not support the curriculum and/or appropriateness for school assignments such as, but not limited to, pornographic sites.
- Stealing/Vandalizing and/or tampering with equipment, programs, files, software, system performance or other components of the network. Use or possession of hacking software is strictly prohibited.
- Causing congestions on the network or interfering with the work of others, e.g. chain letter or broadcast messages to lists/directories or individuals.
- Gaining unauthorized access anywhere on the network.
- *Revealing the full name, home address, social security number, bank or credit card numbers or phone number of one's self or another person.*
- Invading the privacy of other individuals.
- Using another user's account, password, or allowing another user access to your account or password.
- Coaching, helping, observing or joining any unauthorized activity on the network.
- Forwarding/distributing e-mail messages without permission from the author.
- Posting anonymous messages or unlawful information on the system.
- Engaging in sexual harassment or using objectionable language in public or private messages, e.g. racist, terroristic, abusive, sexually explicit, threatening, stalking, demeaning or slanderous.
- Falsifying permission, authorization or identification documents.

- Obtaining copies of, or modifying files, data or passwords belonging to other users on the network.
- Knowingly placing a computer virus on a computer or network.

## Consequences of Violations

The student in whose name a system account and/or computer hardware is issued will be responsible at all times for its appropriate care and use.

Noncompliance with the guidelines published here, in the *PISD Student Code of Conduct* and in Board Policy CQ, may result in suspension or termination of technology privileges and disciplinary action. Use or possession of hacking software is strictly prohibited and violations may result in loss of technology privileges and disciplinary action. Violation of state or federal law including the Texas Penal Code, Computer Crimes, and Chapter 33 will result in criminal prosecution or disciplinary action by the District.

Consequences of violations include, but are not limited to:

- Suspension or revocation of Internet access privileges
- Suspension or revocation of electronic mail and/or fax privileges
- Suspension or revocation of network access privileges
- Suspension or revocation of computer access privileges
- Any and all consequences defined in the *Paradise ISD Student Code of Conduct* including:
  - In-School-Suspension
  - Expulsion; and
  - Legal action and/or prosecution by local, state or federal officials.

## Monitoring

Paradise ISD has the right to monitor any and all computer activity while: on PISD premises, using PISD network resources, or while using PISD equipment or resources away from the premises.

Monitoring includes but is not limited to: logging all internet traffic and sites visited, logging all search queries, remotely viewing of the screen, viewing any files saved on or connected to any district resource (including "flash" drives, CD media, local PC hard drive, network drives, or internet websites), and viewing any email messages sent or received while at school or using school resources.

## Security

Security on any computer system is a high priority because there are so many users. If you identify any security problem, notify the system administrator or appropriate teacher at once. Never demonstrate the problem to other users. All use of the system or systems must be under your own account or under the approval of a Paradise ISD staff person. Any user identified as a security risk will be denied access to the information system.

## Vandalism

Vandalism is defined as any malicious attempt to harm or destroy data of another user or any other agencies or networks that are connected to the system. This includes, but is not limited to, the uploading or creation of computer viruses, creation or propagation of worms and any other device or means to harm the integrity of any computer network. Any vandalism will result in the loss of computer services, disciplinary action, and legal referral.

## Internet Safety

Users must be cautious when using websites and other Internet resources. No personally identifiable information should ever be given on websites or to other users on the Internet. This information includes (but is not limited to): name, address, and phone number. The dissemination of this information may result in harm to the user by other parties. Because of the associated safety risks, Paradise ISD prohibits participation in or use of chat rooms, message boards, or uncensored email. Violation of this rule will result in loss of privileges to the computing resources.

## Internet Filter

In an effort to block harmful websites to the users (inappropriate sites as defined above), Internet filtering devices have been put in place on the network. Users shall not disable or attempt to disable the filtering devices on the network. Attempts to disable the filter will result in loss of privileges to the computing resources.

## Limited Resources

Because of the limited resources available, users must not waste District resources related to computer services. This includes (but is not limited to) Internet bandwidth (such as unapproved streaming of audio/video, downloading of large files and online gaming), printing services, computer usage, and file storage.

## Services

Paradise ISD makes no warranties of any kind, whether expressed or implied for the service it is providing. Paradise ISD will not be responsible for any damages suffered while on this system. These damages include loss of data as a result of delays, non-deliveries, missed-deliveries, or service interruptions caused by the system or your error of omissions. Use of any information obtained via the information is at your own risk. Paradise ISD specifically disclaims any responsibility for the accuracy of information obtained through its services.

## Publishing Student Work to the World Wide Web (Internet)

Your student's work may be considered for publication on the internet. PISD guidelines are listed below.

**Student Photographs** published by the district on the internet may or may not be photos of identified students that illustrate student projects and achievements.

**Videos** may include podcasts and web quests created as class projects. Sometimes, students use a video camera or recorder – perhaps they read a poem or script they have written. This is then turned into a movie, an audio clip or website that can be added to the internet so others can learn from your student's experience. They may also include video of your student participating in a school event such as a fun run, Rise and Shine, or a band or athletic event.

**Projects** may include podcasts and web quests that are created as class projects (see video section for more info). They may also include scanned copies or photographs of work your child created in a class. Some examples are art your child created, a science project, or pictures of a group at work.

PISD HEALTH SURVEY 2018-2019

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Birthday: \_\_\_\_\_ SEX: M F

ALLERGIES: YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_ Medication (specify) \_\_\_\_\_

\_\_\_ Food or nuts (specify) \_\_\_\_\_

\_\_\_ Insect bites (specify) \_\_\_\_\_

\_\_\_ Other substances (specify) \_\_\_\_\_

Does your child need emergency medication for an allergic attack? YES \_\_\_\_\_ NO \_\_\_\_\_

Does your child need an epinephrine pen? YES \_\_\_\_\_ NO \_\_\_\_\_

Explanation: \_\_\_\_\_

HEALTH CONDITIONS THAT YOUR CHILD MIGHT HAVE:

- \_\_\_ Asthma                      \_\_\_ Glasses/Contacts                      \_\_\_ Mental retardation                      \_\_\_ Head injury
- \_\_\_ Diabetes                      \_\_\_ ADD/ADHD                      \_\_\_ Autism                      \_\_\_ Frequent headache/migraines
- \_\_\_ Shunts (specific)                      \_\_\_ Neuro-muscular disease                      \_\_\_ Heart problem/defect                      \_\_\_ Recurrent ear infections
- \_\_\_ Panic attacks                      \_\_\_ Stomach problems                      \_\_\_ Hearing problems                      \_\_\_ Bowel problems
- \_\_\_ Eating disorder                      \_\_\_ Kidney problems                      \_\_\_ Speech impairment                      \_\_\_ Bone disease
- \_\_\_ Head injury                      \_\_\_ Vision problems                      \_\_\_ Special Dietary Plan                      \_\_\_ Development delays
- \_\_\_ Oral/dental problems                      \_\_\_ Epilepsy/seizure disorders

Previous surgeries: \_\_\_\_\_

Previous trauma: \_\_\_\_\_

Is this condition or conditions under control at this time? : YES\_\_\_ NO\_\_\_ If NO when was the last time your child experienced any problems w/this condition that required medical treatment? \_\_\_\_\_

Explanation: \_\_\_\_\_

MEDICATIONS

Will your child need to take medications at school? YES\_\_\_ NO\_\_\_ Please list medications: \_\_\_\_\_

All medications must be furnished by parent. Prescriptions meds must be in the original container with the appropriate label affixed. The medications must be accompanied with a medication permission sheet signed by the parent. Over the counter medications must be in an original container, with the student's name written on it and accompanied by written permission from the parent or guardian.

Medications that your child takes regularly at home and not at school:

What?	Strength?	How Many?	Time of day?	Only as needed?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Does your child have mobility problems? \_\_\_ Wheelchair \_\_\_ Walker \_\_\_ Braces \_\_\_ Crutches \_\_\_ Other

Does your child require? \_\_\_ Tube feeding \_\_\_ Catheter care \_\_\_ Diabetic care \_\_\_ Other

Please add any information or instructions that you have in order that we will be able to take care for your child: \_\_\_\_\_

**Parental Consent:** I consent to and authorize the school to disclose the above information to those within the school who have a need to know for legitimate educational purposes. If between this date, and while the student is enrolled in school, if any illness or injury occurs that may limit this student's participation, I agree to notify school authorities of such illness or injury.

Date: \_\_\_\_\_ Parent or Guardian Signature: \_\_\_\_\_

**2018-2019**  
**TELEPHONE CONSUMER PROTECTION**  
**ACT (TCPA) OPT IN CONSENT FORM**

PISD utilizes an automated parent notification system to quickly and efficiently notify parents of important school and district information. Such notices include information regarding **school closures/delays, security alerts, absence notifications, upcoming school activities and more.**

Due to recent changes to the Telephone Consumer Protection Act (TCPA), parents are now **required to “opt in” to receive automated communications on their mobile device.** This means parents must provide consent to receive general messages through automated calls and SMS text messages on their wireless telephone device(s). Consent is not required if the call or text is for emergency purposes or if made directly from a principal, teacher or other staff member.

Please note that you can revoke consent to receive these messages at any time.

Please take a moment to fill out this consent form indicating your desire to receive these important messages in the future.

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**PARENT/LEGAL GUARDIAN CONSENT:**

I, \_\_\_\_\_ (PRINTED parent/guardian name)

parent of \_\_\_\_\_ give PISD and its schools permission to contact me via wireless telephone for automated phone calls, SMS text messages and/or emails for general messages. I understand that emergency notifications are excluded from this permission and will be sent as normal. **By signing, I certify that I am the owner of the wireless telephone and/or email designated as the primary contact on the student information form.**

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

\_\_\_\_\_  
Date

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