

STUDENT INFORMATION --- FRONT OFFICE

STUDENT: _____
First Name Last Name 5-digit ID

HOMEROOM TEACHER _____ GRADE: ____ BIRTHDATE: _____ MALE FEMALE

HOME ADDRESS: _____ ZIP _____

SUBDIVISION: _____ HOME PHONE: _____

DIRECTIONS TO HOME: _____

Regular Transportation: Bus Route # Car Rider Other

STUDENT RESIDES WITH: _____ EMAIL: _____

(If different than physical address)

MAILING ADDRESS: _____ ZIP _____

PERSONS AUTHORIZED TO PICK UP STUDENT AND PHONE CONTACT INFORMATION (Use name on Driver's License)

Parent/Guardian: _____ Relationship: _____

Primary Contact Phone #: _____ Alternate Contact Phone #: _____

Parent/Guardian: _____ Relationship: _____

Primary Contact Phone #: _____ Alternate Contact Phone #: _____

Other/Name: _____ Phone: _____ Relationship: _____

Other/Name: _____ Phone: _____ Relationship: _____

Other/Name: _____ Phone: _____ Relationship: _____

STUDENT PROTECTION (We are concerned with the safety of your child, please check appropriate box)

There is not a problem at the present time with mother and/or father picking child up at school.

There is a problem with (name) _____ picking child up at school.*

(*Note: If checked, custody/legal court documents must be on file in the school office.)

List all brothers and sisters living in the household: Name: _____ Age: _____

Name: _____ Age _____ Name: _____ Age: _____

Name: _____ Age _____ Name: _____ Age: _____

Your primary residence must be within the legal boundaries of Montgomery Independent School District. A person who knowingly falsifies information on a form required for a student's enrollment in the District shall be liable to the district if the student is not eligible for enrollment, but is enrolled, on the basis of false information. This liability is equal to the amount the District has budgeted for each student for the current year for maintenance and operating expenses for the current school year.

I understand the above enrollment information and agree with the terms.

Parent Signature: _____ **Date:** _____

STUDENT INFORMATION --- NURSE'S OFFICE

STUDENT: _____
First Name Last Name 5-digit ID

HOMEROOM TEACHER _____ GRADE: ____ BIRTHDATE: _____ MALE FEMALE

PHYSICAL ADDRESS: _____ ZIP _____

SUBDIVISION: _____ HOME PHONE: _____

STUDENT RESIDES WITH: _____ EMAIL: _____

PERSONS AUTHORIZED TO PICK UP STUDENT AND PHONE CONTACT INFORMATION (Use name on Driver's License)

Parent/Guardian: _____ Primary #: _____ Other #: _____

Parent/Guardian: _____ Primary #: _____ Other #: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

STUDENT PROTECTION (We are concerned with the safety of your child, please check appropriate box)

There is not a problem at the present time with mother and/or father picking child up at school.

There is a problem with (name) _____ picking child up at school.*

(*Note: If checked, custody/legal court documents must be on file in the school office.)

List all brothers and sisters living in the household: Name: _____ Age: _____

Name: _____ Age _____ Name: _____ Age: _____

Name: _____ Age _____ Name: _____ Age: _____

HEALTH INFORMATION: list any conditions such as asthma, heart problems, diabetes, epilepsy, severe allergies, ADD or any chronic health condition pertinent to this student. _____

DOES STUDENT WEAR: GLASSES OR CONTACTS YES NO HEARING AID: YES NO

MEDICATIONS student is taking/reason: _____

All other over-the-counter medications—including but not limited to Tylenol, Ibuprofen, Aleve, cough drops, antibiotic ointment, oragel – **must be provided and transported to and from the school BY THE PARENT, in its original container and a medication permission form must be filed with the school nurse.**

____ INITIALS **All medication must be in its original & labeled container and brought to clinic by parents/guardian. No medication is allowed on the bus.**

____ INITIALS At the nurse's discretion, only the following clinic medications may be used: Hydrogen Peroxide, Vaseline, and Calamine lotion. **Please notify the school if your child has a condition that will prohibit the use of such items.**

DOCTOR'S NAME: _____ **Phone Number:** _____

IT IS YOUR RESPONSIBILITY TO NOTIFY THE OFFICE OF ANY CHANGES ON THIS FORM.

I, the undersigned, do hereby authorize the officials of Montgomery ISD to contact directly the persons named on this card, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency. The school officials are hereby authorized to take any action that is deemed necessary in their judgment, for the care of my child. I will not hold the school district responsible for the emergency care and/or transportation of my child.

Parent Signature: _____ **Date:** _____

Note: **The student must remain free of fever for 24 hours before they are allowed to return to school.**

MONTGOMERY INDEPENDENT SCHOOL DISTRICT

Student: _____

First Name

Last Name

Campus: _____

Homeroom Teacher: _____

PARENT/STUDENT HANDBOOK ACKNOWLEDGEMENT

In an effort to reduce non-instructional costs, we are making the *M.I.S.D. Student and Parent Handbook* and *Student Code of Conduct* available on-line. They can be accessed on the Montgomery Independent School District website (www.misd.org). Please indicate below whether you will access these documents on-line or need a hard copy.

Yes, I have access to the internet, and will access the *above listed documents* on-line.

Instructions for accessing on-line: Go to www.misd.org; Click on Parent Information; Click on Student Handbooks

No, I do not have access to the internet, and I need a hard copy of the above listed documents.

The handbook and Student Code of Conduct are an attempt to develop positive communication among students, parents, and faculty; it was developed by representatives from each group. The contents herein reflect the Montgomery Independent School Board Policy and will be in effect during the 2015–2016 school year, unless pre-empted by law.

I understand and agree that students shall be held accountable for their behavior and consequences outlined in the Student Code of Conduct at school and at school-sponsored and school-related activities, including school-sponsored travel and for any school-related misconduct, regardless of time or location. I understand that any student who violated the Student Code of Conduct shall be subject to disciplinary action, up to and including referral for criminal prosecution for violations of law.

RESPONSIBLE USE TECHNOLOGY AGREEMENT

As the parent or guardian of this student, I have read the Network and Internet Use Policy and the Responsible Use Technology Agreement for Students. I understand the conditions for use of the network and Internet resources provided by the Montgomery ISD and that access to technology resources are provided for the purpose of promoting education excellence in keeping with the academic goals of the District, and that student use for any other purpose is inappropriate. I recognize it is impossible for the District to restrict access to all controversial materials, and I will not hold the school responsible for materials acquired on the school network. I understand that children's computer activities at home should be supervised as they can affect the academic environment at school.

I understand that my child is responsible for any transactions that occur under his or her user ID or account, that any violation of that policy will be considered a violation of the Student Code of Conduct, and that my child may be denied access to the district's technology resources in addition to any other disciplinary action.

I understand as a parent or guardian of this student that Montgomery ISD may issue technology resources to this student for use in the normal course of instruction such as, but not limited to, an Apple iPad that has geo-tracking capabilities installed on that device. I further understand that this agreement serves to fulfill any legal requirement Montgomery ISD has to notify a parent or guardian and by signing this agreement I give my permission for this student to use a technology device that has geo-tracking capabilities installed.

I understand that from time to time the school may wish to publish examples of student projects or photographs of students on the School District's website.

I DO, I DO NOT give permission for my child to use technology resources at Montgomery Independent School District.

***In compliance with COPPA regulations:* By signing below I also specifically give my permission to Montgomery ISD to establish an email account for my student's use should MISD elect to offer such a service to my student. I further understand that this email content is not private and may be retrieved, reviewed, recovered or archived as needed by MISD.**

STUDENT INSURANCE

I choose to insure my child through the school insurance program and will pick-up the form in the Main Office

I will provide insurance for my child and choose to waive school insurance.

My signature indicates that I will be held responsible for the information communicated in the 2015-2016 Parent-Student Handbook and I have read the above information and agree to its content.

Parent Name: _____

Date: _____

Parent Signature: _____

(Please sign after printing)