

Silsbee Independent School District

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/PLAC-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 _____

Silsbee Independent School District

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 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/ujp/ocd/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 habla su hijo(a) en su hogar la mayoría 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 _____

Silsbee High School
415 Highway 327 West
Silsbee, TX 77656

SPECIAL PROGRAM INSTRUCTION

Student's Name _____ Grade _____

Please indicate by circling Yes or No if this student is now or has ever been in any of the following programs and fill in the blank to indicate what year.

Was your child ever retained? Grade _____	Yes	No
Medically identified ADD/ADHD?	Yes	No
Did your child receive Special Education Services?	Yes	No
Did your child receive Speech Services?	Yes	No
Did your child receive Resource and/or Content Mastery classes?	Yes	No
Was your child protected under Section 504?	Yes	No
Has your child been identified as Dyslexic?	Yes	No

Parent/Guardian Signature _____

Date _____



SILSBEE INDEPENDENT SCHOOL DISTRICT

STUDENT ENROLLMENT FORM

REVISED AUGUST 2016

OFFICE USE ONLY: ENTITY / CAMPUS: _____
 STUDENT ID: _____ GRADE: _____ ENROLLMENT DATE: ____/____/____ RE-ENTRY: _____ HOMEROOM TEACHER: _____ ROOM #: _____
 PRE-K QUALIFICATION: HOME LANGUAGE SURVEY _____ ECON. DISADVANTAGED _____ HOMELESS _____ MILITARY _____ FOSTER CHILD _____
 The Home Address has been verified with designated district personnel that the applicable residence is within the boundaries of our district. Principal
Initials

LAST _____ GENERATION _____ FIRST _____ MIDDLE _____ NICKNAME _____ BUS# _____ CAR _____ WALKER _____ OWN VEHICLE _____

MALE _____ FEMALE _____ SOCIAL SECURITY # _____ ETHNICITY & RACE: SEE ATTACHED FORM: If you choose to re-identify your child's ethnicity or race, please contact the campus secretary.

DATE OF BIRTH ____/____/____ BIRTH CITY _____ STATE _____ COUNTY _____ COUNTRY _____

HOME ADDRESS: STREET _____ CITY _____ ZIP _____ MAILING ADDRESS: STREET _____ CITY _____ ZIP _____

PRIMARY PHONE _____ SECONDARY PHONE _____ DIRECTIONS TO RESIDENCE _____

ADDRESS WHERE THE STUDENT SLEEPS AT NIGHT _____ HOW LONG HAS THE STUDENT BEEN AT THIS ADDRESS _____

"X" ALL THAT BEST DESCRIBE WHERE THE STUDENT SLEEPS AT NIGHT, LEAVE THOSE BLANK THAT DO NOT APPLY:

- _____ In a home that the student's parent or legal guardian owns or rents (C189-0)
- _____ In a place that does not have windows, doors, running water, heat, electricity, or is overcrowded (C189-3)
- _____ Staying with a friend or relative because of loss of housing, economic hardship, or a similar reason (C189=2)
- _____ In a shelter (Examples: family shelter, domestic violence shelter, children/youth shelter, FEMA housing) (C189=1)
- _____ In an unsheltered location, such as: a tent, a car/truck/van, abandoned building, on the streets, park, a campground, other similar place (C189=3)
- _____ In a hotel or motel because of loss of housing or economic hardship (eviction, foreclosure, can't get deposits, flood, fire, hurricane)(C189=4)
- _____ In a transitional housing program (available for a specific length of time, partly or completely paid for by church, nonprofit, government)(C189=1)
- _____ Other place not described above, specify: _____
- _____ The student sleeps here because of a natural disaster. Flood _____ Tornado _____ Wildfire _____ Hurricane- name: _____
 Other- describe: _____
 Date the disaster took place: _____ Where the disaster took place: _____

"X" ALL THAT BEST DESCRIBES THE STUDENT'S SITUATION, LEAVE THOSE BLANK THAT DO NOT APPLY:

- _____ 1. Student lives with one parent or both parents every day of the school year. (C192=3)
- _____ 2. Student lives with a legal guardian (appointed by court) every day of the school year. (C192=3)
- _____ 3. Student is not eligible for special education services and is 21 or older on September 1 of the applicable school year (C192=3)
- _____ 4. Student is eligible for special education services and is 22 or older on September 1 of the applicable school year (C192=3)

OR If none of the statements in 1 -4 are marked, then either item 5 or 6 must be marked.

- _____ 5. Student is under 21 on September 1 of the applicable school year and does not live with a parent or legal guardian (C192=4)
- _____ 6. Student is eligible for special education services and is under 22 on September 1 of the applicable school year and does not live with a parent or legal guardian (C192=1)

LAST DISTRICT ATTENDED: _____ LAST SCHOOL ATTENDED: _____

PRIOR RETENTIONS: YES _____ NO _____ GRADE _____ PREVIOUSLY / CURRENTLY ENROLLED IN SPECIAL CLASSES: 504 _____ Dyslexia _____ LEP _____
 SPEECH _____ LIFE SKILLS _____ RESOURCE _____ Advanced/GT _____ OTHER _____

STUDENT PRIMARY LANGUAGE SPOKEN: 98 - ENGLISH _____ 01 - SPANISH _____ 99-OTHER LANGUAGE _____
 DEPENDENT OF AN ACTIVE OR RESERVE MEMBER OF THE UNITED STATES MILITARY: NO _____ YES _____ IF YES, PLEASE INDICATE WHICH BRANCH
 ARMY _____ NAVY _____ MARINES _____ AIR FORCE _____ COAST GUARD _____ NATIONAL GUARD _____

DISCIPLINE: AUTHORIZATION FOR CORPORAL PUNISHMENT: YES _____ NO _____ STUDENT'S DRIVER LICENSE# _____
 VEHICLE PLATE _____

LEGAL GUARDIAN:

00-NATURAL PARENTS _____ 11-FATHER _____ 12-MOTHER _____ 13-GRANDPARENTS _____

14-OTHER _____ FOSTER PARENTS _____ (MUST INCLUDE FORM 2085)

GUARDIAN NAME HOME/MAILING ADDRESS RELATIONSHIP PRIMARY PHONE SECONDARY PHONE

_____/_____/_____
DATE OF BIRTH DRIVER'S LICENSE# EMAIL ADDRESS EMPLOYER WORK PHONE

GUARDIAN NAME HOME/MAILING ADDRESS RELATIONSHIP PRIMARY PHONE SECONDARY PHONE

_____/_____/_____
DATE OF BIRTH DRIVER'S LICENSE# EMAIL ADDRESS EMPLOYER WORK PHONE

GUARDIAN NAME HOME/MAILING ADDRESS RELATIONSHIP PRIMARY PHONE SECONDARY PHONE

_____/_____/_____
DATE OF BIRTH DRIVER'S LICENSE# EMAIL ADDRESS EMPLOYER WORK PHONE

SIBLING(S) IN SILSBEE ISD:

NAME OF SIBLING IN SISD GRADE NAME OF SIBLING IN SISD GRADE NAME OF SIBLING IN SISD GRADE

NAME OF SIBLING IN SISD GRADE NAME OF SIBLING IN SISD GRADE NAME OF SIBLING IN SISD GRADE

EMERGENCY CONTACTS:

EMERGENCY CONTACT PERSON RELATIONSHIP PRIMARY NUMBER SECONDARY NUMBER

EMERGENCY CONTACT PERSON RELATIONSHIP PRIMARY NUMBER SECONDARY NUMBER

EMERGENCY CONTACT PERSON RELATIONSHIP PRIMARY NUMBER SECONDARY NUMBER

ARE BOTH PARENTS PERMITTED ACCESS TO STUDENT AND/OR RECORDS? YES _____ NO _____ IF NO, PLEASE EXPLAIN: _____

PERSON(S) WHO CANNOT PICK UP STUDENT: (COURT PAPERS MUST BE ON FILE) _____

PARENT/LEGAL GUARDIAN SIGNATURE DATE

NAME OF PERSON ENROLLING RELATIONSHIP DATE OF BIRTH DRIVER'S LICENSE # PRIMARY PHONE SECONDARY PHONE

**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 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:

Silsbee Independent School District Student Emergency Health Form

(PLEASE PRINT ALL INFORMATION)

ID# _____ Grade/Teacher _____

Bus # _____

Student's Full Name _____ Sex _____ Age _____ D.O.B. ____/____/____ Home Phone _____

Guardian #1 _____ Cell Phone _____ Employer _____ Phone _____

Guardian #2 _____ Cell Phone _____ Employer _____ Phone _____

Student lives with: Both Parents _____ Mother _____ Father _____ Grandparents _____ Other _____

Names and grades of brothers/sisters attending Silsbee ISD: _____

CURRENT HEALTH PROBLEMS: _____

CURRENT MEDICATIONS: _____

ALLERGIES (food, medication, environmental): _____

STUDENT'S MEDICAL HISTORY: (Circle all that apply)

Blood Disorder Diabetes Ear or Hearing Problems Eye or Vision Problems Heart Disease Seizures High Blood Pressure

Other Explain: _____

Physician _____ Phone _____

If parents or guardians are unavailable, emergency contact with transportation:

Name	Relationship	Cell Phone	Other Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Disclosure of Health Information

I understand that Silsbee ISD will protect this information as prescribed by the Family Educational Rights and Privacy Act (FERPA). The above information may be shared with individuals working at or with Silsbee ISD for the purpose of providing safe, appropriate, and least restrictive educational settings and school health services and programs.

According to Texas state law and school board policy, any prescription or over-the-counter medication you send to school with your student must be in the original, properly labeled container, along with your written request and signature. For long term prescription medication (over two weeks) a written request from the physician is also required.

DISTRICT MEDICATIONS: The school district maintains certain nonprescription medications as approved by the district's medical advisor to be used for common student complaints such as cuts, scrapes, burns, itchy bug bites, heartburn, mouth ulcers, toothaches, sore throat, and chapped lips. Medications for headaches and other aches and pains, such as Tylenol and Advil, are not on the approved list and are not provided to students by the school district. The approved medications may be administered to my student as needed in accordance with the guidelines developed with the district's medical advisor. If I do not want the approved medications to be administered to my student, I will send written notification to my student's school nurse.

EMERGENCY TREATMENT: I, the undersigned, do hereby authorize officials of Silsbee 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 for the health of said student. In the event parents or other persons named on this card cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the aforesaid student.

SIGNATURE OF PARENT OR GUARDIAN _____ Date _____

Silsbee Independent School District

415 Hwy 327 West, Silsbee, Texas 77656

409-980-7800

www.silsbeeisd.org

Fax 409-980-7897

FOOD ALLERGY DISCLOSURE FORM

Texas Education Code, Section 25.0022 - The District must request, at the time of enrollment, that the parent or guardian of each student attending the District disclose the student's food allergies.

This form allows you to disclose whether your student has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your student's safety.

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

Please list any foods to which your student is allergic or severely allergic, as well as the nature of your student's allergic reaction to the food.

Food:	Nature of allergic reaction to the food:

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school nurses, food services personnel, school counselors, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

Student name: _____ Date of birth: _____ Grade: _____

Parent/Guardian name: _____

Phone (cell/home/work): _____ Phone (cell/home/work): _____

Parent/Guardian Signature: _____ Date: _____

Date form was received by the school: _____



SILSBEE INDEPENDENT SCHOOL DISTRICT

Dear Parent/Guardian,

Silsbee I.S.D. is pleased to announce the implementation of Family Access by Skyward, Inc. Family Access is a secure internet-based website that will allow you to easily track your student's attendance, grades, schedule, food service balance, progress, assignments, and emergency information. Family Access is provided by Silsbee I.S.D. as a free service and will be available to all parents with children enrolled in the district.

In order for you to begin using Family Access, you will need to register for a login and password. By signing and returning the attached form, you are authorizing Silsbee I.S.D. to provide you with your unique login and password.

We are very excited about how Family Access will help you stay informed about your student's progress and hope that we can use this tool to create a stronger relationship between parents and our school community.

If you have any questions or concerns, please call the campus Family Access Contact listed on the attached form.

Sincerely,

Richard Bain, Jr.
Superintendent
Silsbee I.S.D.

SILSBEE ISD
FAMILY ACCESS AUTHORIZATION FORM

Please fill in the appropriate information below for each parent and/or guardian who would like to have a login and password assigned to them so they can view their student's information, grades, and progress in Family Access. You will receive an email from Administrator@silsbeeisd.org with your login, password, and Family Access link.

Student's Full Name _____

Parent/Guardian Name _____

Relationship _____

Primary Phone # _____

Second Phone # _____

Physical Address _____

Email _____

Signature _____ Date _____

Parent/Guardian Name _____

Relationship _____

Primary Phone # _____

Second Phone # _____

Physical Address _____

Email _____

Signature _____ Date _____

Please return to your campus Family Access Contact:

Nancy McDonald
409-980-7877



Silsbee High School

HOME OF THE FIGHTING TIGERS

Acknowledgment of Distribution of Student Handbook, Student Code of Conduct & Athletic Handbook

Silsbee ISD will be offering the option to receive a paper copy or to access the electronic version of the Silsbee High School Student Handbook, the Student Code of Conduct and the Athletic Handbook for the 2018-2019 school year.

My child and I have been offered the option to receive a paper copy or to electronically access at www.silsbeeisd.org the Silsbee High School Student Handbook, the Student Code of Conduct and/or the Athletic Handbook for the 2018–2019 school year. I have chosen to:

- Receive a paper copy of the following:
 - The Silsbee High School Student Handbook
 - The Student Code of Conduct
 - The Athletic Handbook.

- Accept responsibility for accessing the Student Handbook, Student Code of Conduct & the Athletic Handbook by visiting the Web address listed above.

I understand the handbooks contain 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 the Campus Student Handbook or the Code of Conduct I should direct those questions to the campus principal at (409) 980-7800. If I have any questions regarding the Athletic Handbook I should direct those questions to the Athletic Director at (409) 980-7877.

Printed name of student: _____

Signature of student: _____

Signature of parent: _____

Grade for 2018-2019: _____

Date: _____

APPENDIX I

Notice Regarding Directory Information and Parent's Response Regarding Release of Student Information

Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about the student. If you do not want Silsbee ISD to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing within ten school days of child's first day of instruction for this school year.

This means that the district must give certain personal information (called "directory information") about your child to any person who requests it, unless you have told the district in writing not to do so. In addition, you have the right to tell the district that it may, or may not, use certain personal information about your child for specific school-sponsored purposes. The district is providing you this form so you can communicate your wishes about these issues. [See **Directory Information** for more information.]

For the following school-sponsored purposes: working with the student in the area of athletics, academics, health and/or disciplinary actions, in addition, the information may be used to develop individualized education programs, compiling statistical data, or investigating or evaluating programs.

Silsbee ISD has designated the following information as directory information:

- Student's name
- Address
- Telephone listing
- E-mail address
- Photograph
- Date and place of birth
- Major field of study
- Degrees, honors, and awards received
- Dates of attendance
- Grade level
- Most recent school previously attended
- Participation in officially recognized activities and sports
- Weight and height, if a member of an athletic team
- Enrollment status

Directory information identified only for limited school-sponsored purposes remains otherwise confidential and will not be released to the public without the consent of the parent or eligible student.

Parent: Please circle one of the choices below:

I, parent of _____ (*student's name*), **(do give)** **(do not give)** the district permission to use the information in the above list for the specified school-sponsored purposes.

Parent signature _____

Date _____

For all other purposes, Silsbee ISD has designated the following information as directory information:

- Student's name
- Address
- Telephone listing
- E-mail address
- Photograph
- Date and place of birth
- Major field of study
- Degrees, honors, and awards received
- Dates of attendance
- Grade level
- Most recent school previously attended
- Participation in officially recognized activities and sports
- Weight and height, if a member of an athletic team
- Enrollment status

Parent: Please circle one of the choices below:

I, parent of _____ (*student's name*), (**do give**) (**do not give**) the district permission to release the information in this list in response to a request unrelated to school-sponsored purposes.

Parent signature _____

Date _____

APPENDIX II

Release of Student Information to Military Recruiters

Federal law requires that the district release to military recruiters and institutions of higher education, upon request, the name, address, and phone number of secondary school students enrolled in the district, unless the parent or eligible student directs the district not to release information to these types of requestors without prior written consent [See **Release of Student Information to Military Recruiters.**]

I, parent of _____ (student's name), request that the district (**do release**) or (**do not release**) release my child's name, address, and telephone number to a **MILITARY RECRUITER** without my prior written consent

Parent signature _____ Date _____

Release of Student Information to Institutions of Higher Education

Federal law requires that the district release to military recruiters and institutions of higher education, upon request, the name, address, and phone number of secondary school students enrolled in the district, unless the parent or eligible student directs the district not to release information to these types of requestors without prior written consent. [See **Release of Student Information to Institutions of Higher Education.**]

I, parent of _____ (student's name), request that the district (**do release**) or (**do not release**) my child's name, address, and telephone number to an **INSTITUTION OF HIGHER EDUCATION** without my prior written consent.

Parent signature _____ Date _____

APPENDIX IV

Opt Out of Corporal Punishment Silsbee High School

I have read the information on the use of *Corporal Punishment* in the Silsbee High School Handbook.

I request that *Corporal Punishment* **NOT** be administered to my child.

Name of Parent

Signature of Parent

Name of Student

Date

Use of Student Work in District Publications

Occasionally, the Silsbee Independent School District wishes to display or publish student artwork or special projects on the district's Web site and in district publications. The district agrees to only use these student projects in this manner.

Parent: Please circle one of the choices below:

I, parent of _____ (student's name), (do give) (do not give) the district permission to use my child's artwork or special project on the district's Web site and in district publications.

Signature of parent: _____

Date: _____

Consent/Opt-Out Form

Dear Parent:

The district is required by federal law to notify you and obtain your consent for or denial of (opt-out) your child's participation in certain school activities. The activities include any student survey, analysis, or evaluation, known as "protected information survey" that concerns one or more of the following eight areas:

1. Political affiliations or beliefs of the student or student's parents;
2. Mental or psychological problems of the student or student's family;
3. Sexual behavior or attitudes;
4. Illegal, antisocial, self-incriminating, or demeaning behavior;
5. Critical appraisals of others with whom the student has a close family relationship;
6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
7. Religious practices, affiliations, or beliefs of the student or parents; or
8. Income, other than as required by law to determine program eligibility or to receive financial assistance under such a program.

This notice and consent/opt-out requirement also applies to the collection, disclosure, or use of student information for marketing purposes ("marketing surveys"), and to certain physical exams and screenings.

If you wish to review any survey instrument or instructional material used in connection with any protected information survey, please submit a request to the campus administration. The campus administrator will notify you of the time and place where you may review these materials. You have the right to review a survey and/or instructional materials before the survey is administered to your child.

I have chosen to:

- Not allow** my child to participate in any surveys conducted by the Silsbee ISD.
- Allow** my child to participate in any surveys conducted by the Silsbee ISD.

Parent/Guardian Signature

Date