

Acknowledgement

We acknowledge that we will receive the **East Central ISD 2008-2009 Campus Student Handbook / Student Code of Conduct** which contains all the below information. We understand that we are responsible for reading and understanding the rules and other information which they contain.

- **Family Educational Rights and Privacy Act (FERPA)**
- **Pesticide Control Information**
- **Dating Violence Policy**
- **Acceptable Use Policy**

Please indicate how you choose to receive this information.

_____ I agree to view the Campus Student Handbook / Student Code of Conduct **on the District's website.**

_____ I choose to receive a **hard copy** of the Campus Student Handbook / Student Code of Conduct.

Student Name: _____
(Please Print)

Student Signature: _____ Date: _____

Parent/Guardian Name: _____
(Please Print)

Parent/Guardian Signature: _____ Date: _____

School: _____ Grade Level: _____

Please sign this page and return it to the student's school.
Failure to sign this does not take away or diminish the responsibility of the student to abide by these rules.

EAST CENTRAL INDEPENDENT SCHOOL DISTRICT
Enrollment Card and Cumulative Record Information
PLEASE PRINT ALL INFORMATION

STUDENT'S LEGAL NAME AS IT APPEARS ON BIRTH CERTIFICATE:

_____ SOCIAL SECURITY #:

_____ Last First Middle Suffix
ADDRESS: _____ HOME PHONE: _____

_____ P.O. Box/Route # (if applicable) Street # Street Name Apt. #
CITY: _____ ZIP: _____ OTHER PHONE: _____

_____ PAGER

CELL _____
DATE OF BIRTH: _____ BIRTH CITY/STATE: _____ CURRENT GRADE: _____
AGE _____ SEX: M F

ETHNICITY Choose One: _____ American Indian/Alaskan _____ Asian/Pacific Islander _____ Black _____
Hispanic _____ White

LAST SCHOOL ATTENDED: _____

_____ Zip School City State

HAS STUDENT ATTENDED E.C.I.S.D. BEFORE? _____ WHERE? _____ WHEN? _____

1ST PARENT/GUARDIAN WITH WHOM STUDENT RESIDES:

_____ Last First
Relationship
OCCUPATION: _____ EMPLOYER: _____ BUS. PHONE _____

E-MAIL PARENT 1: _____ E-MAIL PARENT 2: _____

2ND PARENT/GUARDIAN WITH WHOM STUDENT RESIDES:

_____ Last First
Relationship
OCCUPATION: _____ EMPLOYER: _____ BUS. PHONE _____

**IS EITHER PARENT/GDN FEDERALLY CONNECTED OR IN THE MILITARY? _____ IF SO
WHERE _____**

NAME AND TELEPHONE NUMBER OF PERSON TO CALL FOR PICKUP IN CASE PARENTS CANNOT BE CONTACTED
IN THE EVENT OF AN EMERGENCY:

NAME _____ PHONE _____
_____ RELATIONSHIP _____

NAME _____ PHONE _____
_____ RELATIONSHIP _____

PERTINENT MEDICAL PROBLEMS:

LIST OTHER CHILDREN LIVING AT HOME:

NAME

AGE

SCHOOL (if attending)

CERTIFICATION: Texas Education Code 21.031 (g) & (h)

A person who knowingly falsifies information on a form required for a student's enrollment in the District shall be liable if the student is not eligible for enrollment. If an ineligible student is enrolled, the person enrolling the student is liable for the greater amount of the tuition fee or the amount the district had budgeted for each student as maintenance and operating expenses, whichever is greater.

I HEREBY GIVE MY PERMISSION TO SCHOOL PERSONNEL TO CARE FOR MY CHILD IN CASE OF EMERGENCY AND WHEN NECESSARY TRANSPORT HIM/HER IN THE EVENT I AM UNABLE TO ASSUME RESPONSIBILITY AT THAT TIME.

SIGNATURE OF PARENT OR GUARDIAN

(revised 05-08)

DATE

East Central ISD Internet Publishing Permission Form

Student's Name: _____

ID # _____

We would like to give your student the opportunity to publish on the East Central web page. Because we are concerned about student confidentiality, we will use only your student's first name and last initial (i.e.: Joseph B.) when we publish your child's picture, artwork, or essay. This maintains privacy while giving your child credit for his/her contribution to the campus learning environment. By signing below, you are giving permission for your child's photograph, artwork, or essay to appear on the East Central web page on a continuing basis. We will update the contents of our web site frequently. The East Central web page is located at: <http://www.ecisd.net>

I give permission for the following media to be used on the East Central web page. I am also aware that my child will be identified only by first name and last initial.

Name	Yes	No
Photo	Yes	No
Essay	Yes	No
Artwork	Yes	No
Video	Yes	No

Parent Signature

Date

**EAST CENTRAL INDEPENDENT SCHOOL DISTRICT
Permission to Pick Up Student Form**

In the interest of the safety of your child, we are asking you to complete this form. It will tell us who is allowed to pick up your child from school. Your child will only be released to the person(s) listed. When someone arrives for your child, he/she will be asked to sign in and show a photo I.D. We will then check this form to see if your child may leave with the person asking for them.

CHILDREN WILL ONLY BE RELEASED TO ADULTS LISTED ON THE FORM.

If an emergency arises and a person not listed is to pick up your child, you must write a note telling us the name of the person and what day(s) they are allowed to pick up your child.

Thank you.

Please print:

Child's Name _____

Address _____

City, State, Zip _____

Parent's Name _____ **Phone Number** _____

List of persons allowed to pick up my child:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Persons not allowed to pick up my child:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

Parent Signature _____

**EAST CENTRAL INDEPENDENT SCHOOL DISTRICT
Person Enrolling Student Form**

This form is in compliance with Section 25.002(f) of the Texas Education Code

Please print the required information or you may submit a copy of a valid Driver's License/Texas ID Card if ALL information contained thereon is current and correct.

Student Name: _____

Your Name: _____

Address: _____

City, State, Zip _____

Date of Birth: _____

Driver's License Number _____

Signature of Person Enrolling Student