

BRAZOS HIGH SCHOOL

Excellence in Education Since 1974

PO Box 458 • 16621 HWY 36 S • Wallis, TX 77485 • Phone: 979-478-6832 • Fax: 979-478-2300

Principal: Eric Cormier

Counselor: Nanette Kubena

Returning Students Online Registration Packet

Parents/Guardians,

Enclosed are the forms you will need to fill out when registering a **RETURNING STUDENT**. If you have any questions, please call 979/478-6832 and we will be happy to help.

1. Registration
2. TEA Enrollment Questionnaire
3. Student Residency Questionnaire
4. Health Guidelines
5. Health Services Department
6. Food Allergy Information
7. Pick-up Authorization Form
8. Acknowledgement of Student Handbook/Code of Conduct
9. Corporal Punishment
10. Directory Information Waiver
11. Computer Agreement
12. Locker Contract
13. Gradebook Access

Additional required forms and optional forms that cannot be accessed online will be given to you along with your student's schedule at Meet the Teacher or the first day of school.

Please print, sign and return your forms to the BHS office. If you choose to email them to the school, send to: rachel.martinez@brazosisd.net . If emailed, your forms will be handed to you to sign at Meet the Teacher.

WELCOME BACK!!

BHS STUDENTS NEW TO THE DISTRICT:

Please call the BHS office and schedule an appointment to register.

Rev. 07/2018

BRAZOS HIGH SCHOOL

Excellence in Education Since 1974

PO Box 458 • 16621 HWY 36 S • Wallis, TX 77485 • Phone: 979-478-6832 • Fax: 979-478-2300

Principal: Eric Cormier

Counselor: Nanette Kubena

TEA *Texas Education Agency* Enrollment Questions

TEA *Agencia Educación de Texas* Preguntas de Inscripción

2018-2019

Student: _____
(Estudiante)

Male Female
(Masculino) (Femenino)

Date of Birth: _____
(Fecha de Nacimiento)

Grade: _____
(Grado)

Campus: **Brazos High School**
(Escuela)

**** Please answer the following questions. (Por favor contesta las siguientes preguntas.)**

1. Is the student a dependent of a member of the United States military service on active duty, the Texas National Guard, or a reserve force of the United States military? (¿El estudiante es un dependiente de un miembro del servicio militar de los Estados Unidos en servicio activo, la Guardia Nacional de Texas, o una fuerza de reserva de las fuerzas armadas de los Estados Unidos?)

Yes (Sí) No

2. Is the student currently in the conservatorship of the Department of Family and Protective Services? (¿Es el estudiante en actualidad en un tutela del Departamento de Servicios Familiares y de Protección?)

Yes (Sí) No

****If yes, please provide one of the following documents: (Si la respuesta es sí, por favor propocione los siguiente documentos):**

- DFPS Placement Authorization Form 2085 (DSFP Formulario de Autorización de Colocación)
- or a Court Order (o una Orden de Corte)
- or a Verification letter from DFPS (PK only) (o una carta de Verificación del DSFP - solamente PreK)

Signature of Parent/Legal Guardian
(Firma de Padre/Tutor Legal)

Date
(Fecha)

*"Brazos ISD does not discriminate on the basis of sex in admission to or employment in its education programs or activities."
"Brazos ISD no discrimina por razón de sexo en la admisión para o empleo en sus programas educativos o actividades."*

- In transitional housing (*housing that is available for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, or another organization*)
- In a hotel or motel (*examples: because of economic hardship, eviction, cannot get deposits for permanent home, flood, fire, hurricane, etc.*)
- In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or other unsheltered location
- None of the above describe my present living situation **Briefly describe your situation:** _____

Factors contributing to the student's current living situation (check all that apply):

- Natural disaster
 - Tornado, storm, flood, etc.
 - Hurricane, name: _____
 - Fire: prairie, forest, grass, lightning strike, etc.
- Family issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.
- Home issues such as lack of electricity, water, heat, adequate home repair due to lack of funds, overcrowding, mold, etc.
- Military: Parent/guardian deployed, injured or killed in action
- Incarceration of parent/guardian
- Incapacitation of parent or guardian due to health, mental health, drugs/alcohol, or other factors
- Home fire not due to natural causes (*i.e., faulty equipment/appliances/wiring, furnace, stove, fireplace, etc.*)
- Economic hardship:
 - Loss of job resulting in inability to pay rent or mortgage
 - Income from part-time or low paying job does not cover cost of housing in the area
 - Loss of mortgage, including loss of mortgage of landlord if student/student's family is renting
 - Eviction record and/or inability to produce deposits for rent or utilities
- High medical bills that leave little or no money for housing
- Lack of affordable housing in the area
- Minor student unable to afford housing on my own
- None of the above describe the main reasons for my present living situation **Briefly explain the contributing factors:** _____

Please provide the following information for school-age siblings (brothers and/or sisters) of the student:

Name	Grade Level	School	District

Signature of Parent/Legal Guardian/Caregiver/Unaccompanied Student

 Date

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

McKinney-Vento Liaison Signature _____ Date _____

Brazos ISD Health Guidelines

The purpose of this letter is to inform you of the services and procedures of the school's health division. Please read it carefully.

MEDICAL CARE AND PROTOCOL

Your child will be sent to the school clinic in cases of illness or accident. First aid will be administered to cuts, scratches, and minor playground accidents.

In emergency situations which require that your child be taken immediately to a doctor or a medical facility, you will be notified of the transfer. Meanwhile, a school representative will remain with your child until you or your designated person arrives.

To prevent exposing other students to disease, your child should not come to school if he/she has the following symptoms:

- > VOMITING OR DIARRHEA THE MORNING BEFORE SCHOOL
- > AN UNDETERMINED RASH
- > A FEVER OF 100 F. OR ABOVE

****If your child is sent home from school with fever or diarrhea, he/she will be excluded for 24 hours and must remain fever or diarrhea free without medication before returning to school.****

GUIDELINES FOR EXCLUSION FROM SCHOOL

You will be notified to pick up your child from school if he/she exhibits or complains of:

- > A FEVER OF 100 F. OR HIGHER
- > A SUSPECTED CONTAGIOUS DISEASE
- > VOMITING
- > DIARRHEA
- > AN UNDETERMINED RASH
- > BEING TOO ILL TO REMAIN IN SCHOOL

Facilities for keeping your sick child at school are limited, therefore, IT IS IMPORTANT THAT YOU PICK UP YOUR CHILD AS SOON AS POSSIBLE.

In cases where your child cannot remain in school, you or the person you have designated as emergency contact person on your child's registration will be notified to pick him/her up.

Student Name: _____ Grade: _____

Parent/Guardian Signature: _____

Brazos ISD Health Services Department

The information you record on this form will become part of your child's school health record and will remain confidential.

Student Name: _____ **Grade:** _____

Does your child have any allergies? (If yes, indicate what type below)

Medication? Yes No What medicine? _____

Foods? Yes No What food? _____

Insect Stings? Yes No What insect? _____

Does your child require special treatment such as an EpiPen for the allergy? YES NO

Asthma? YES NO

Medication used for treatment: _____

Any seizure disorders? Age of onset: _____ YES NO

Type of seizures and medication used for treatment: _____

Frequent fainting? Age of onset: _____ YES NO

From what and any treatment: _____

Headaches? Age of onset: _____ YES NO

Migraine Other: _____ Treatment: _____

Blood Pressure Problems? Age of onset: _____ YES NO

Medication used for treatment: _____

Diabetes? Age of onset? _____ YES NO

Medication used for treatment: _____

Heart Problems? Age of onset: _____ YES NO

Medication used for treatment: _____

Hyperactive Behavior and/or Attention Deficit Disorder? YES NO

Medication used for treatment: _____

Emotional Problems? Age of onset: _____ YES NO

Medication used for treatment: _____

Vision or Eye Problems? Age of onset: _____ YES NO

Type of problem and treatment: _____

Hearing Problems or Ear Disease? Age of onset: _____ YES NO

Type of problem and treatment: _____

Speech Problems? Age of onset: _____ YES NO

Type of problem and treatment: _____

Bone or Muscle Problems? Age of onset: _____ YES NO

Type of problem and treatment: _____

Blood Disorders? Age of onset: _____ YES NO

Type of problem and treatment: _____

Dental Problems? YES NO

Type of problem: _____

Kidney, Bladder, or Intestinal Problems? Age of onset: _____ YES NO

Type of problem and medication used for treatment: _____

Any other medical problems not yet asked? YES NO

Problem and treatment: _____

Does your child have any physical restrictions? YES NO

Type of restriction: _____

(Complete Back)

Will your child be routinely taking any medication at school?

___YES ___NO

Name of medication	Dosage	What time?

If your child has had the chickenpox, please verify below: (Complete only if your child is new to the district)

I certify that my child _____, had chickenpox on or about _____ and does not need the varicella (chickenpox) vaccine.

Name of child

Date

Signature of Parent/Guardian

EMERGENCY CONTACT INFORMATION

Mother

Work # _____

Alt. # _____

Father

Work # _____

Alt. # _____

Child's Doctor

Name: _____

Phone: _____

Child's Dentist

Name: _____

Phone: _____

I authorize officials of Brazos ISD to contact directly the physician or dentist name above to render treatment as deemed necessary in an emergency for the health of my child. In the event of an emergency that the above named doctor or dentist cannot be reached, I do hereby authorize officials of Brazos ISD to take whatever action deemed necessary, in their judgment, for the health of my child. I will not hold the school district financially responsible for the emergency care and/or transportation for my child. I will promptly alert the school of any changes in the above information.

The district will not authorize major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of any surgery.

Any facts concerning the student's medical information on this form may be released to the advanced medical care team upon arrival with the ambulance.

I request my child be taken to _____ for emergency care.
(Preferred Hospital)

Signature of Parent/Guardian: _____

Date: _____

REQUEST FOR FOOD ALLERGY INFORMATION

This form MUST be returned even if no allergies exist.

Brazos ISD must request at the time of enrollment and annually, that the parent /guardian of each student attending the District disclose the student's food allergies.

This form allows you to disclose whether your child 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 child'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 child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food.

- No allergies to report.

Food	Nature of Allergic Reaction to Food	Life-Threatening?	Treatment

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy. **Please bring any required medication for treatment of allergy to the Nurse's office with a medication consent (available on school website).**

Student's Name: _____ Grade: _____

Print Name

Parent/Guardian Print Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form was received by the school: _____

BRAZOS HIGH SCHOOL

Excellence in Education Since 1974

PO Box 458 • 16621 HWY 36 S • Wallis, TX 77485 • Phone: 979-478-6832 • Fax: 979-478-2300

Principal: Eric Cormier

Counselor: Nanette Kubena

Acknowledgment of Electronic Distribution of Student Handbook

My child and I have been offered the option to receive a paper copy of or to electronically access at www.brazosisd.net, the Student Handbook and the Student Code of Conduct for 2018–19.

I have chosen to:

- Receive a paper copy of the Student Handbook and the Student Code of Conduct.
- Accept responsibility for accessing the Student Handbook and the Student Code of Conduct by visiting the web address listed above.

I understand that the handbook contains 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 this handbook or the Code of Conduct, I should direct those questions to the campus principal Mr. Eric Cormier at (979) 478-6832 or ecormier@brazosisd.net.

Print Student Name

Grade

Signature of student

Signature of parent

Date: _____

Please sign and date this page, remove it from the handbook, and return it to your child's school

Parent Statement Prohibiting Corporal Punishment

A parent has the responsibility of submitting a signed statement to the principal each year if he or she chooses to **allow or prohibit** the use of corporal punishment with his or her child. A parent may reinstate permission to use corporal punishment at any time during the school year by submitting a signed statement to the principal. Corporal punishment will be administered in accordance with the law, district policy, and the Student Code of Conduct (SCOC). [See FO[Local] and the SCOC]

Corporal punishment will be administered as soon as possible after an offense and will not be administered in anger. The principal or a designee may choose not to use corporal punishment even if the parent has requested its use. Any use of corporal punishment will be documented on a district form. The principal or a designee will inform the parent when corporal punishment is used. Paddles used for administering corporal punishment will not be generally displayed and will be under the control of the principal or designee. Corporal punishment will be limited to spanking or paddling and will consist of an appropriate number of strikes based upon the size, age, and the physical, mental, and emotional condition of the student. Before corporal punishment is used, the district may give the student a choice between other disciplinary measures and corporal punishment.

Parental Choice Regarding Corporal Punishment:

I have read the information on the use of corporal punishment in the Brazos Independent School District.

Please circle the following options and complete the form.

I DO or DO NOT allow the use of corporal punishment with my child.

This form must be submitted annually and can be revoked by the parent at any time.

Name of parent or guardian: _____

Signature of parent of guardian: _____

Date: _____

Name of student: _____

Campus: **Brazos High School** _____

Grade: _____

Please sign and date this page, remove it from the handbook, and return it to your child's school.

BRAZOS HIGH SCHOOL

Excellence in Education Since 1974

PO Box 458 • 16621HWY 36 S • Wallis, TX 77485 • Phone: 979-478-6832 • Fax: 979-478-2300

Principal: Eric Cormier Counselor: Nanette Kubena

Directory Information Waiver 2018-2019

Release of Directory Information

In accordance with Board Policy concerning Public Information and the Open Records Act, certain school records called directory information may be released to the public, upon request, without your consent unless you have previously instructed the school not to release them. The only directory information that would be released by the Brazos I. S. D. is your child's name, phone number and address. All student records including the names, addresses, and phone numbers of students are available to authorized school personnel for school use only.

1. Your child's name may appear on the Honor Roll List.
2. Your child's picture may appear in the yearbook.
3. Scholarship information concerning your child may be shared with colleges and universities.
4. Your child's name may be listed in programs such as plays and sporting events which may include weight and height of athletic team members.
5. Your child may be recognized in District publications, video and audio productions, as well as area newspapers and other news media. This may include news items relating to your child's school work, academic, athletic, or other achievements.
6. Your child's work may be displayed at District sponsored contests and exhibitions.

SCHOOL USE

Yes ___ No ___ Directory information listed in items 1-6 may be released about my child.

Yes ___ No ___ Your child's name, picture and work produced by your child may appear on websites maintained by the District. This may include news items relating to your child's schoolwork, academic, athletic, or other achievements.

NON-SCHOOL USE

Yes ___ No ___ Directory information, which is my child's name, address, and phone number may be released for non-school use (i.e. vendors, sales persons).

Student Name (Please Print)

Grade

Brazos High School

Campus Attending

Parent Signature

Date

Please return this form, completed and signed, to the office at your child's campus.

BRAZOS HIGH SCHOOL

Excellence in Education Since 1974

PO Box 458 • 16621 HWY 36 S • Wallis, TX 77485 • Phone: 979-478-6832 • Fax: 979-478-2300

Principal: Eric Cormier

Counselor: Nanette Kubena

Brazos ISD Parent/Student Agreement Computer/Network/Internet Acceptable Use Guidelines 2018 – 2019

STUDENT

I have read the District's Computer/Network/Internet Acceptable Use Guidelines and agree to abide by their provisions. I understand that violation of these guidelines may result in suspension or revocation of Computer/Network/Internet use or access.

Printed Name: _____ Grade: _____

Signature: _____

PARENT OR GUARDIAN

I have read the District's Computer/Network/Internet Acceptable Use Guidelines. I understand that it is a privilege and not a right for my student to have access to the computer resources provided by Brazos ISD for the use of student. I hereby release Brazos ISD, Brazos High School, Brazos High School employees, Brazos Middle School, Brazos Middle School employees, Brazos Elementary School, Brazos Elementary School employees and any institution affiliated with the District from any and all claims and damages arising from my child's inappropriate use of the District's Computer/Network/Internet System as stated in the District's Computer/Network/Internet Acceptable Use Guidelines.

Check one of the following:

Internet System.

I give permission for my child to participate in the District's Computer/Network/

I do not give permission for my child to participate in the District's Computer/
Network/Internet System.

Signature of Parent or Guardian: _____

Date: _____

SIGN AND RETURN THIS PAGE ONLY

BRAZOS HIGH SCHOOL

Excellence in Education Since 1974

PO Box 458 • 16621 HWY 36 S • Wallis, TX 77485 • Phone: 979-478-6832 • Fax: 979-478-2300

Principal: Eric Cormier

Counselor: Nanette Kubena

LOCKER USE CONTRACT 2018-2019

-
1. Lockers are not to be slammed open or closed. Lockers should only be closed by hand.
 2. Lockers should not be kicked.
 3. Lockers surfaces are to remain extremely clean. Taped and affixed items are not allowed both inside and outside of the lockers.
 4. Food and perishable items are not allowed in the lockers.
 5. Students are not allowed to step inside or place any individual in the lockers.
 6. Students are not allowed to adjust locker doors to keep them from locking.
 7. Any other rule regarding lockers set forth by the campus administration must be followed.
 8. Before receiving grades at the end of the spring semester, all students will have their locker inspected in accordance with the above.
 9. Any damage to lockers may include Criminal Mischief or Vandalism Charges. Moreover, violating the above will result in campus disciplinary actions and monetary compensation if necessary.

My signature below verifies that I have read and understand the *Brazos High School Locker Use Contract*.

Printed Student Name

Grade

Student Signature

Date

BRAZOS HIGH SCHOOL

Excellence in Education Since 1974

PO Box 458 • 16621 HWY 36 S • Wallis, TX 77485 • Phone: 979-478-6832 • Fax: 979-478-2300

Principal: Eric Cormier

Counselor: Nanette Kubena

Gradebook for Parent and Students Confidentiality Affidavit

Student's Name _____ Grade _____

By completing the application for this account, you will allow the Brazos Independent School District (BISD) to make your child's grades available to you by means of the Internet on a website that is secure and accessible only by a login and password. Only you will be able to see your child's grades. Others will not be able to see the information of your child unless you share your password with them.

BISD will not make your user name or password publicly available. The grades of your child posted on the website can only be accessed by someone who knows your username and password.

Be aware, however, that disclosure by BISD, including the contents of the website, may occur in the event that such information is required by order of a court subpoena, a decision or directive from the Attorney General's office, or other reason required by law.

Please remember that the grades that you see might not include all assignments or tests that have been completed by your child. As teachers complete the grading of

assignments and tests, the teachers will update the report. If you have any questions about any item, please contact the teacher by calling the campus office that your child attends. The teacher will either contact you by phone or e-mail. If you desire further clarification you may call and schedule a conference with the teacher.

By signing and returning this form to the campus office of your child, you understand that BISD is not responsible for Internet access to your child's grade reports by persons who do not have authorization or consent. You also understand that BISD has the right and authority to revoke your access to the website if the district feels your use of and behavior on the website violates others rights and confidentiality. In addition by signing and returning this application, you agree to waive any claims or causes of action that you may have against BISD by reason of such unauthorized access or revocation of access privileges.

You may choose from the following options if you would like to receive your child's portal ID.

_____ Have one established

_____ Please give my student access to his/her grades using the following email address _____

_____ Please email me at: _____ with my child's Student Portal ID

_____ Please mail my child's Student Portal ID to the following address:

Address: _____

Parent Signature

Date: _____