

# BRAZOS HIGH SCHOOL

*Excellence in Education Since 1974*

PO Box 458 • 16621 HWY 36 S • Wallis, TX 77485 • Phone: 979-478-6001 • Fax: 979-478-2300

Principal: Eric Cormier

Counselor: Gabrielle Wertz

## Returning Students Online Registration Packet

Parents/Guardians,

Enclosed are the forms for **RETURNING STUDENTS ONLY**.

If you have any questions, please call 979-478-6001 and we will be happy to help.

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

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 or you can email them to: [rachel.martinez@brazosisd.net](mailto:rachel.martinez@brazosisd.net)

# WELCOME BACK!!

**BHS STUDENTS NEW TO THE DISTRICT:**

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

Rev. 08/2019

# Brazos Independent School District

## Brazos High School - Registration Form

### 2019-2020

ID#: \_\_\_\_\_ SSN#: \_\_\_\_\_

GRADE: \_\_\_\_\_

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**STUDENT INFORMATION:**

FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST NAME \_\_\_\_\_  
NICKNAME: \_\_\_\_\_ SEX: \_\_\_ M \_\_\_ F SUFFIX \_\_\_ JR \_\_\_ SR \_\_\_ II \_\_\_ III \_\_\_ IV

BIRTHDATE: \_\_\_\_\_ AGE SEPT 1: \_\_\_\_\_ RACE: \_\_\_\_\_

ADDRESS (where student sleeps at night):

STREET: \_\_\_\_\_ CITY/ST/ZIP: \_\_\_\_\_

MAILING ADDRESS (if different from above address):

STREET OR BOX #: \_\_\_\_\_ CITY/ST/ZIP: \_\_\_\_\_

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**PARENT / GUARDIAN INFORMATION:**

(1<sup>ST</sup>) FULL NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME TEL: \_\_\_\_\_

CITY/ST/ZIP \_\_\_\_\_ WORK TEL: \_\_\_\_\_

E-MAIL \_\_\_\_\_ CELL # \_\_\_\_\_

(2<sup>ND</sup>) FULL NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME TEL: \_\_\_\_\_

CITY/ST/ZIP \_\_\_\_\_ WORK TEL: \_\_\_\_\_

E-MAIL \_\_\_\_\_ CELL # \_\_\_\_\_

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**EMERGENCY NUMBERS** (who you want contacted if we cannot reach you):

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_ TEL: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_ TEL: \_\_\_\_\_

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PRESENTING FALSE INFORMATION OR RECORDS FOR IDENTIFICATION IS A CRIMINAL OFFENSE UNDER PENAL CODE 37.10. ENROLLING A CHILD UNDER FALSE DOCUMENTS MAKES THE PERSON LIABLE FOR TUITION OR THE COST AS PROVIDED BELOW. TUITION: THE AMOUNT OF EXPENSE REQUIRED FROM LOCAL FUNDS.

I HEREBY CERTIFY THAT ALL INFORMATION SHOWN ON THIS PAGE IS CORRECT.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF BIRTH OF PARENT/GUARDIAN ENROLLING STUDENT: \_\_\_\_\_

<b>PARENTS: IN ORDER THAT WE MAY UPDATE OUR SCHOOL RECORDS, WE ARE ASKING THAT ALL PARENTS/GUARDIANS FURNISH A PROOF OF PHYSICAL RESIDENCY AT THE BEGINNING OF SCHOOL OR UPON NEW ENROLLMENT INTO THE DISTRICT. (COPY OF UTILITY BILL.)</b>
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Brothers/Sisters	Birthday	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

preferred language / idioma preferido

# Student Residency Questionnaire

The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as Title X, Part C, of the No Child Left Behind Act. The answers you give 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. 25.002(3)(d).

Name of Student: \_\_\_\_\_ Gender:  Male  Female  
*Last First Middle*

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_  
*Month / Day / Year (student identification number)*

Check the box that best describes with whom the student resides. (**Please note:** legal guardianship may be granted only by a court; students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in and attend school. The school cannot require proof of guardianship for enrollment or continued attendance.)

- Parent(s)
- Legal Guardians(s)
- Caregiver(s) who are not legal guardian(s) (*Examples: friends, relatives, parents of friends, etc.*)
- Other \_\_\_\_\_

Name of person with whom student resides: \_\_\_\_\_

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

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Other Emergency #: \_\_\_\_\_

Length of Time at Present Address: \_\_\_\_\_

Length of Time at Previous Address: \_\_\_\_\_

Name of the school where student is enrolled or in which student is attempting to enroll: **Brazos High School**

Last District Attended: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

**Please check only one box that best describes where the student is presently living:**

- In my own home or apartment, in Section 8 housing, or in military housing with parent(s), legal guardian(s), or caregiver(s) (*if you checked this box, check one or both of the boxes below, if applicable:*)
  - My home has no electricity
  - My home has no running water
- In the home of a friend or relative because I lost my housing (*examples: fire, flood, lost job, divorce, domestic violence, kicked out by parents, parent in military and was deployed, parent(s) in jail, etc.*)
- In a shelter because I do not have permanent housing (*examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing*)

- 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?**

To Medication? \_\_\_ Yes \_\_\_ No      What medicine? \_\_\_\_\_

To Foods? \_\_\_ Yes \_\_\_ No      What food? \_\_\_\_\_

To Insect Stings? \_\_\_ Yes \_\_\_ No      What insect? \_\_\_\_\_

Other? \_\_\_\_\_

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

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**Asthma?**      \_\_\_ YES \_\_\_ NO

Medication used for treatment: \_\_\_\_\_

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**Any seizure disorders?**      **Age of onset:** \_\_\_\_\_      \_\_\_ YES \_\_\_ NO

Type of seizures and medication used for treatment: \_\_\_\_\_

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**Frequent fainting?**      **Age of onset:** \_\_\_\_\_      \_\_\_ YES \_\_\_ NO

From what and any treatment: \_\_\_\_\_

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**Headaches?**      **Age of onset:** \_\_\_\_\_      \_\_\_ YES \_\_\_ NO

\_\_\_ Migraine \_\_\_ Other: \_\_\_\_\_      Treatment: \_\_\_\_\_

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**Blood Pressure Problems?**      **Age of onset:** \_\_\_\_\_      \_\_\_ YES \_\_\_ NO

Medication used for treatment: \_\_\_\_\_

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**Diabetes?**      **Age of onset?** \_\_\_\_\_      \_\_\_ YES \_\_\_ NO

Medication used for treatment: \_\_\_\_\_

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**Heart Problems?**      **Age of onset:** \_\_\_\_\_      \_\_\_ YES \_\_\_ NO

Medication used for treatment: \_\_\_\_\_

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**Hyperactive Behavior and/or Attention Deficit Disorder?**      \_\_\_ YES \_\_\_ NO

Medication used for treatment: \_\_\_\_\_

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**Emotional Problems?**      **Age of onset:** \_\_\_\_\_      \_\_\_ YES \_\_\_ NO

Medication used for treatment: \_\_\_\_\_

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**Vision or Eye Problems?**      **Age of onset:** \_\_\_\_\_      \_\_\_ YES \_\_\_ NO

Type of problem and treatment: \_\_\_\_\_

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**Hearing Problems or Ear Disease?**      **Age of onset:** \_\_\_\_\_      \_\_\_ YES \_\_\_ NO

Type of problem and treatment: \_\_\_\_\_

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**Kidney, Bladder or Intestinal Problems?**      **Age of onset:** \_\_\_\_\_      \_\_\_ YES \_\_\_ NO

Type of problem and treatment: \_\_\_\_\_

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**Bone or Muscle Problems?**      **Age of onset:** \_\_\_\_\_      \_\_\_ YES \_\_\_ NO

Type of problem and treatment: \_\_\_\_\_

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**Blood Disorders?**      **Age of onset:** \_\_\_\_\_      \_\_\_ YES \_\_\_ NO

Type of problem and treatment: \_\_\_\_\_

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**Dental Problems?**      \_\_\_ YES \_\_\_ NO

Type of problem: \_\_\_\_\_

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**Does your child have any physical restrictions?**      \_\_\_ YES \_\_\_ NO

Problem and treatment: \_\_\_\_\_

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**Does your child have any other medical issues you think the nurse should be aware of?**      \_\_\_ YES \_\_\_ NO

Type of problem: \_\_\_\_\_

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**(Complete Back)**

Will your child be routinely taking any medication at school?  YES  NO  
If yes, what is the name of the medication? \_\_\_\_\_

I, \_\_\_\_\_ (do ) (do not ) authorize my child's healthcare provider/physician and designated provider of health care within the school setting to discuss my child's health concerns and/or exchange information pertaining to my child. You may withdraw your authorization at any time by contacting your child's school.

### **EMERGENCY CONTACT INFORMATION**

**Mother**

Email: \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

**Father**

Email: \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

**Child's Doctor**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Child's Dentist**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Child's Health Insurance:  None  Medicaid  Chip  Private/Employer sponsored

I authorize officials of Brazos ISD to contact directly the physician or dentist named 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.

<b>Food</b>	<b>Nature of Allergic Reaction to Food</b>	<b>Life-Threatening?</b>	<b>Treatment</b>

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: \_\_\_\_\_



## 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.

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### 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.*



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Counselor: Gabriella Wertz

## 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](http://www.brazosisd.net), the Student Handbook and the Student Code of Conduct for 2019–20.

I have chosen to:

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

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) 478-6001 or [ecormier@brazosisd.net](mailto: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*

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## **TEA \*Texas Education Agency\* Enrollment Questions**

**TEA \*Agencia Educación de Texas\* Preguntas de Inscripción**

**2019 - 2020**

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."*

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## Directory Information Waiver 2019 - 2020

### 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.*

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## **Brazos ISD Parent/Student Agreement Computer/Network/Internet Acceptable Use Guidelines 2019 - 2020**

### 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

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## LOCKER USE CONTRACT

2019 - 2020

- 
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

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2019 - 2020

## **Parent's Objection to the Release of Student Information to Military Recruiters and 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 **Objecting to the Release of Student Information to Military Recruiters and Institutions of Higher Education** on page 5 for more information.]

**Parent:** Please complete the following only if you do not want your child's information released to a military recruiter or an institution of higher education without your prior consent.

I, parent of \_\_\_\_\_ (student's name) request that the district:

\_\_\_\_\_ release \_\_\_\_\_ **not** release my child's name, address, and telephone number to a **military recruiter** without my prior written consent.

\_\_\_\_\_ release \_\_\_\_\_ **not** release my child's name, address, and telephone number to an **institution of higher education** without my prior written consent.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note that if this form is not returned with the other materials identifying what the District considers directory information; the district will assume that permission has been granted for the release of this information.