

HENRIETTA JR HIGH
STUDENT ENROLLMENT FORM
School Year 2018-2019

Locker # _____

GRADE as of 2018-2019 _____

Date First Attending: Aug. 16th, 2018

Student School ID #: _____

STUDENT'S LEGAL NAME

STUDENT'S IDENTIFICATION

First _____ M _____ Last _____ Gender: M - F SS# _____

Birth Date: _____ Birth Place: _____ Age (Sept. 1st, 2018) _____

Physical Address: _____ Student Phone: _____

Mailing Address: _____ Student Email: _____

Will your child be using bus transportation to get to school? Yes ☐ No ☐

PARENT OR GUARDIAN INFORMATION

Student Resides with _____ Legal Guardian Code _____
1 Both Parents 2 Mother-Stepfather 3 Father- Stepmother 4 Mother Only 5 Father Only 6 Other Guardian 7 Self 8 Foster Parent

1. Guardian: _____ Relation: _____ 2. Guardian: _____ Relation: _____

Address: _____ Address: _____

City, St, Zip: _____ City, St, Zip: _____

Employer: _____ Employer: _____

Cell Ph: _____ Hm Ph: _____ Wk. Ph: _____ Cell Ph: _____ Hm Ph: _____ Wk Ph: _____

Email: _____ Email: _____

Emergency Contact _____ Relation: _____ Cell Ph: _____ Hm Ph: _____ Wrk P _____
(If other than Parents)

Physician Name: _____ Phone Number: _____

ADDITIONAL INFORMATION

Other Family Members (under 18 years of age) _____

Parent/Guardian Signature _____ Date: _____

Birthdate of Person Signing Above (TEA Required) _____

CIRCLE YES OR NO ON ALL THAT APPLY

1. Are there any legal restrictions regarding this student? Yes or No
If yes, explain custody guidelines: _____
2. Has your child ever been enrolled in special classes? (Special Ed, 504, ESL, GT, Dyslexia) Yes or No
If yes, explain: _____
3. Has your child ever been retained in any grade level? Yes or No
If yes, explain: _____
4. Is one parent/guardian currently serving in the military? (Active Duty, Reserve, National Guard) Yes or No
If yes, explain: _____

MEDICAL RELEASE INFORMATION

I hereby authorize the person(s) listed as EMERGENCY CONTACTS and DOCTOR to be notified at the school's discretion and do authorize the named doctor/emergency doctor to render such treatment as may be deemed necessary in an emergency, for the health of said child. I further assume the responsibility for payment of any professional emergency services required.

Student Signature

Parent/Guardian Signature

Date

FIELD TRIP PERMISSION

I hereby consent to the designated personnel of the Henrietta ISD for my child to participate in field trips, short excursions, vocational or any other type of school-related activities during this school year that a professional school employee may deem necessary for educationally/instructionally related experiences. I further consent to medical treatment for my child in the event medical attention becomes necessary while on a field trip. This authorization includes the authority to sign releases on my behalf for medical services

Student Signature

Parent/Guardian Signature

Date

PESTICIDE NOTIFICATION

Henrietta ISD periodically applies pesticides at each campus. A notification will be posted at the front entrance 48 hours prior to each treatment. Information concerning these applications may be obtained from George Essler (720-7549)

Student Signature

Parent/Guardian Signature

Date

DRUG-FREE SCHOOLS

The Henrietta Independent School District believes that student use of alcohol and illicit drugs is both wrong and harmful. Consequently, the District has established a Student Code of Conduct that prohibits the use, sale, possession, and distribution of alcohol and illicit drugs by students on school premises or as part of any school activity, regardless of its location. Compliance with this Code of Conduct is mandatory, and students shall be disciplined if they are found to have violated this Code of Conduct.

The District's policies and its Student Code of Conduct provide a range of disciplinary sanctions for alcohol- and drug-related offenses. Students may be suspended or expelled; in addition, they may be referred to appropriate law enforcement officials for criminal prosecution. Procedural requirements for the imposition of suspension and expulsion are set out in the District policies. Elementary parents/students should contact the building principal for access to a copy of these policies for review. Secondary parents/students should consult the Student Code of Conduct for review for these policies.

Depending on the nature and severity of a drug- or alcohol -related offense, a student may be required to complete an appropriate rehabilitation program at parent expense either in lieu of or in addition to other school discipline. The principal or counselor of your school can provide you with information about rehabilitation and re-entry programs that are available in our community or within reasonable access of our community.

My child and I have read the District's notice regarding drug-free schools and understand that my child will be subject to school discipline as outlined in the Student Code of Conduct, which prohibits the use, possession, sale, or distribution of illicit drugs and alcohol on school premises or at any school activity.

Student Signature

Parent/Guardian Signature

Date

Model Notification of Rights under FERPA for Elementary and Secondary Schools

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. These rights are:

(1) The right to inspect and review the student's education records within 45 days of the day the School receives a request for access.

Parents or eligible students should submit to the School principal [or appropriate school official] a written request that identifies the record(s) they wish to inspect. The School official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

(2) The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

Parents or eligible students who wish to ask the School to amend a record should write the School principal [or appropriate school official], clearly identify the part of the record they want changed, and specify why it should be changed. If the School decides not to amend the record as requested by the parent or eligible student, the School will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

(3) The right to privacy of personally identifiable information in the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the School as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the School has outsourced services or functions it would otherwise use its own employees to perform (such as an attorney, auditor, medical consultant, or therapist); a parent or student serving on an official committee, such as a disciplinary or grievance committee; or a parent, student, or other volunteer assisting another school official in performing his or her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

[Optional] Upon request, the School discloses education records without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer. [NOTE: FERPA requires a school district to make a reasonable attempt to notify the parent or student of the records request unless it states in its annual notification that it intends to forward records on request.]

(4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by the School to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202

[NOTE: In addition, a school may want to include its directory information public notice, as required by § 99.37 of the regulations, with its annual notification of rights under FERPA.]

HENRIETTA MIDDLE SCHOOL

"Helping the Light to Become Brighter"

TERRY McCUTCHEN, PRINCIPAL

308 E. GILBERT

HENRIETTA, TEXAS 76365

(940) 720-7920 FAX (940) 538-7525

To: Henrietta Jr. High School Parents

From: Henrietta Independent School District

Reference: Annual Notification of Rights under FERPA

Texas school districts are required to notify parents at least once a year of their rights under FERPA.

You may get a copy of these rights from the office upon request. They are available in Spanish if needed. You can also read them online.

Please sign below and have your student return it to the office to document that you have been made aware of this information.

Thank you,

Student Name

Parent Signature

Date

HENRIETTA MIDDLE SCHOOL

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TERRY McCUTCHEN, PRINCIPAL

308 E. GILBERT

HENRIETTA, TEXAS 76365

(940) 720-7920 FAX (940) 538-7525

Dear HJH Parents,

Your child has requested access to the Henrietta ISD network, and your permission is needed in order to grant this access. Getting access to the Henrietta ISD computer system allows your child to communicate with other schools, colleges, organizations and individuals around the world through the Internet and other electronic information systems/networks. Through the Henrietta ISD electronic communications system, your child will have access to hundreds of databases, libraries and computer services all over the world.

With this educational opportunity also comes responsibility. It is important that you and your child read the Henrietta ISD policy, administrative regulations, and agreement form, and then discuss these requirements together. Inappropriate system use will result in the loss of the privilege to use this educational tool.

Please note that the Internet is an association of diverse communication and information networks. It is possible that your child may run across areas of adult content and some material you might find objectionable. While Henrietta ISD will take reasonable steps to prevent access to such material and does not encourage such access, it is not possible for us to absolutely prevent such access.

Please return the attached agreement form indicating your permission or denial of permission for your child to participate in the Henrietta ISD electronic communication system. The Henrietta ISD policy may be viewed at www.henrietta-isd.net, or you may receive a hard copy from the office if you do not have access to the Internet.

Sincerely,

Terry McCutchen
Principal

Participation in an Electronic Communication System

Student Agreement Form Henrietta Independent School District

Student Name: _____ Grade _____ Student ID No. _____

I have read the Henrietta ISD "Electronic Communication, Data Management and Internet Acceptable Use Policy" and agree to abide by their provisions. I understand that violation of these provisions may result in suspension or revocation of system access.

Signature of Student _____ Date _____

STUDENT'S PARENT OR GUARDIAN

I have read the Henrietta ISD "Electronic Communications, Data Management and Internet Acceptable Use Policy". In consideration for the privilege of using the Henrietta ISD electronic communications system, and in consideration for having access to the public networks, I hereby release the District, its' operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system, including, without limitation, the type of damage identified in the Henrietta ISD policy and administrative regulations.

Please indicate your choice(s) below (either A, B, or C):

- A. ☐ I give permission for my child to participate in ALL areas of the District's electronic communications system and certify that the information contained on this form is correct.

OR

- B. ☐ I **DO NOT** give permission for my child to participate in the District's electronic communications system.

OR

- C. ☐ I give **Limited** permission for my child to participate in the District's electronic communications system and certify that the information contained on this form is correct. (Please indicate whether or not you give permission for each action by writing **yes** or **no** on the line before each section.)

☐ My child may participate in Instructor led research and communication activities on the Internet.

☐ My child may participate in doing research and communications activities on the Internet.

☐ My child may participate in interactive lessons on the Internet.

☐ My child's written or artistic work may be published on the school's web site or educational sites on the Internet.

☐ My child's picture may be published on the school's web site.

☐ My child's name may be published on the school's web site.

☐ Other: _____

Signature of Parent or Guardian: _____

Home Address: _____

Date: _____ Home Phone Number: _____

Exhibit 1A Student/Staff Ethnicity and Race Data Questionnaire in English

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.
- ☐ **NotHispanic/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:

_____ Hispanic / Latino

_____ NotHispanic/Latino

Race – choose one or more:

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

Observer signature:

Campus and Date:

Texas Education Agency – March 2018

Exhibit 1B Student/Staff Ethnicity and Race Data Questionnaire in Spanish

| Agencia de Educación de Texas Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal de las Escuelas Públicas de Texas | |
|---|--|
| <p>El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).</p> <p>Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.</p> <p>Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).</p> | |
| <p>Parte 1. Etnicidad: ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)</p> <p><input type="checkbox"/> Hispano/Latino – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.</p> <p><input type="checkbox"/> No Hispano/Latino</p> | |
| <p>Parte 2. Raza: ¿Cuál es la raza de la persona? (Escoja uno o más de uno)</p> <p><input type="checkbox"/> Indio Americano o Nativo de Alaska – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo America Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.</p> <p><input type="checkbox"/> Asiático – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.</p> <p><input type="checkbox"/> Negro o Afríco-Americano – Una persona con orígenes de cualquier grupo racial negro de África.</p> <p><input type="checkbox"/> Nativo de Hawai u otras islas del pacífico – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.</p> <p>Blanco – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.</p> | |
| <p>Nombre del Estudiante/Miembro de Personal (por favor use letra de imprenta)</p> <p>_____</p> | <p>Firma (Padre/Representante legal) /(Miembro de personal)</p> <p>_____</p> |
| <p>Número de Identificación del Estudiante/Miembro del personal</p> <p>_____</p> | <p>Fecha</p> <p>_____</p> |
| <p>This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.</p> | |
| <p>Ethnicity – choose only one:</p> <p>_____ Hispanic / Latino</p> <p>_____ Not Hispanic/Latino</p> | <p>Race – choose one or more:</p> <p>_____ American Indian or Alaska Native</p> <p>_____ Asian</p> <p>_____ Black or African American</p> <p>_____ Native Hawaiian or Other Pacific Islander</p> <p>_____ White</p> |
| <p>Observer signature:</p> <p>_____</p> | <p>Campus and Date:</p> <p>_____</p> |
| Agencia de Educación de Texas – Marzo 2018 | |

Henrietta Junior High School

Student Residency Questionnaire

Name of Student: _____
Last
First
Middle

Sex: Male or Female (Please Circle) Age: _____ Grade: _____

Birth Date: _____/_____/_____
Month
Day
Year
Social Security #: _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 1143a(2). The answers to this residency information help determine the services the student may be eligible to receive.

"X" all boxes below that best describe where the student sleeps at night, leave those blank that do not apply:

| | |
|--------------------------|---|
| <input type="checkbox"/> | In a home that the student's parent or legal guardian owns or rents (C189=0) |
| <input type="checkbox"/> | In a place that does not have windows, doors, running water, heat, electricity, or is overcrowded (C189=3) |
| <input type="checkbox"/> | Staying with a friend or relative because of loss of housing, economic hardship, or a similar reason (C189=2) <small>(Examples: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)</small> |
| <input type="checkbox"/> | In a shelter (C189=1) <small>(Examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)</small> |
| <input type="checkbox"/> | In an unsheltered location, such as <ul style="list-style-type: none"> • a tent • a car or truck • a van • an abandoned building • on the streets • at a campground • in the park • in a bus or train station • other similar place <small>(C189=3)</small> |
| <input type="checkbox"/> | In a hotel or motel because of loss of housing or economic hardship (C189=4) |
| <input type="checkbox"/> | In a transitional housing program (C189=1) <small>(Housing that is available as part of a program for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, governmental agency, or another organization)</small> |
| <input type="checkbox"/> | The student does not sleep in any of the places described above. Tell below where the student does sleep: |

Henrietta Junior High School Student Residency Questionnaire

| | | |
|--|---|--|
| | The student sleeps here because of a natural disaster. "X" the type of disaster below and provide the request information: | |
| | _____ | Hurricane (name of hurricane: _____) |
| | _____ | Flood |
| | _____ | Tornado |
| | _____ | Wildfire |
| | _____ | Other (please describe: _____) |
| | Date the natural disaster took place: _____ | |
| | Where the natural disaster took place, including county: _____ | |
| | _____ | |
| | _____ | |
| | _____ | |
| | _____ | |

Signature of Person Providing Information
Parent/Legal Guardian/Caregiver/Unaccompanied Student

Date

For School Use Only

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

HENRIETTA INDEPENDENT SCHOOL DISTRICT
Henrietta Junior High School

HOME LANGUAGE SURVEY
(19 TAC Chapter 89, Subchapter BB §89.1215)

TO BE COMPLETED BY PARENT OR GUARDIAN (OR STUDENT IF GRADES 9-12): The state of Texas requires that the following information be completed for each student that enrolls for the first time in Texas public schools. This survey shall be kept in each student's record folder.

Name of Student _____ Student ID# _____

Address _____ Telephone # _____

1. What language is spoken in your home most of the time? _____

2. What language does your child speak most of the time? _____

Signature of Parent/Guardian _____ Date _____

Signature of Student if Grades 9-12 _____ Date _____

Cuestionario del idioma que se habla en el hogar

DEBE DE COMPLETARSE POR EL PADRE/MADRE/O REPRESENTANTE LEGAL: (O POR EL ESTUDIANTE SI ESTA EN LOS GRADOS 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. Este cuestionario se archivará en el expediente del estudiante.

Nombre Del
Estudiante _____ #ID _____

Direccion _____ Telefono _____

1. ¿Qué idioma se habla en su hogar la mayoría del tiempo? _____

2. ¿Qué idioma habla su hijo/a la mayoría del tiempo? _____

Firma del Padre/Madre/ o Representante Legal _____ Fecha _____

Firma del estudiante si está en los grados 9-12 _____ Fecha _____

Date received by campus: _____

Henrietta Junior High School Migrant

Family Survey

Date: _____

Campus: _____

Dear Parents,

In order to better serve your children, our school district would like to identify students who may qualify to receive additional educational services. **The information provided below will be kept confidential.** Please answer the following questions and return this survey form to your child's school. Please print clearly.

1. Have you moved within the last 3 years due to economic necessity? Yes _____ No _____

If yes, from: _____ to _____
(city, state, or country) (city, state, or country)

2. Have you done agricultural or fishing related work since your move (such as dairy work, raw meat processing, field work, canneries, lumbering, etc.)? Yes _____ No _____

3. Do you have a high school-aged child under the age of 22 who lacks a U.S. issued high school diploma or Certificate of High School Equivalency and who is currently not enrolled in school? Yes _____ No _____

If you answered "Yes" to any of the above, an education representative may contact you to find out whether your child is eligible for additional educational services. Please provide the following information. Please print clearly.

Name of child: _____ Date of birth: _____ Age: _____ Grade: _____

Parent/Guardian Name: _____ Telephone Number: _____

Address: _____

Best time to contact you: _____

Districts, please fax all forms with any "Yes" to Region 9 ESC at 940-767-3836, Attn: Migrant Depart.

For office use only:

Henrietta Junior High School Migrant

Encuesta de familia

Fecha: _____

Escuela: _____

Estimados Padres,

Para mejorar los servicios educativos de sus hijos, nuestro distrito escolar querría identificar a estudiantes que puedan calificar para recibir servicios educativos adicionales. **Toda la información proporcionada será mantenida confidencial.** Favor de responder a las siguientes preguntas y devolver este formulario a la escuela de su niño/a. Favor de escribir claramente usando letra de molde.

1. ¿Ha cambiado residencia en los últimos 3 años debido a una necesidad económica? Sí ____ No ____

Si indique "Sí", de _____ a _____
(ciudad, estado, país) (ciudad, estado, país)

2. ¿Ha realizado trabajos relacionados con la agricultura o la pesca desde su cambio? (por ejemplo, trabajo en lecherías, procesamiento de carne, trabajo de campo, fábricas de conservas, explotación de árboles, etc.)?

Sí ____ No ____

3. ¿Tiene usted un niño menor de 22 años que no tiene un diploma de la escuela secundaria ni un certificado de equivalencia de escuela secundaria expedido en los EE.UU y que actualmente no está inscrito en la escuela?

Sí ____ No ____

Si indique "Sí" a alguna de las preguntas anteriores, un representante educativo puede comunicarse con usted para averiguar si su hijo califica para recibir servicios educativos adicionales. Por favor provea la siguiente información y favor de escribir claramente usando letra de molde.

Nombre del niño : _____ Fecha de nacimiento: _____ Edad: _____ Grado: _____

Nombre de Padre/Guardián: _____ Número de Teléfono : _____

Dirección : _____

El mejor tiempo para contactarle: _____

Districts, please fax all forms with any "Yes" to Region 9 ESC at 940-767-3836, Attn: Migrant Depart.

For office use only:

**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 HJH to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing.

For the following school-sponsored purposes: HJH has designated the following information as directory information:

- Student's name
- Address
- Telephone listing
- E-mail address
- Photograph
- Date and place of birth
- Degrees, honors, and awards received
- Dates of attendance
- Grade level
- Participation in officially recognized activities and sports
- Weight and height, if a member of an athletic team
- Enrollment status
- Student identification numbers or identifiers that cannot be used alone to gain access to electronic education records

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 _____

Henrietta Independent School District
Parental Consent for Random Drug Testing Program
For Extracurricular / Co-curricular Activities and Parking Lot Privileges

I, _____ as a parent or guardian of _____, a student enrolled in Henrietta Jr. / Sr. High School hereby agree to the following:

I understand the school district's policy regarding substance abuse. I understand that it is the practice of the District to conduct random drug tests during the school year as a part of this policy.

I understand that my child may be selected and a urine sample (hereafter "sample") will be collected and tested for illegal drugs. I understand that giving a sample, when requested by the District, is a condition of my child's participation in extracurricular / co-curricular activities, and the privilege of parking on campus. I understand that if a test of my child's sample reveals an unexplained presence of a controlled substance, the district will implement the steps associated with the random drug testing policy, student handbook, and student code of conduct, as applicable.

Prescription medications currently being taken as prescribed:

| Medication | Prescription Number | Physician |
|------------|---------------------|-----------|
|------------|---------------------|-----------|

| Medication | Prescription Number | Physician |
|------------|---------------------|-----------|
|------------|---------------------|-----------|

Comments:

The aforementioned student will participate in the Random Drug Testing Policy of Henrietta ISD in the following manner:
(Please check the appropriate participation)

_____ Participates in extracurricular / co-curricular activities

_____ Parks on campus parking lot

_____ Parental request for students not in the pool for the above criteria.

Parent / Guardian Signature

Date

Printed Name

Welcome to the Nurse's Office!
Jeanette Holding, RN

Healthy Children are Prepared to Learn

The goal of the school health clinic is to promote and maintain maximum individual pupil health status. I am available to assist students with illness and injury related problems. In addition to these primary services, I conduct health screenings, assist students and families with referrals for medical services, follow-up, and act as a health education resource person for students and staff.

Medication

For the protection of all students, there are some strict rules regarding medication to be given at school.

1. **The Henrietta schools do not have a stock supply of Tylenol.** A parent/guardian must provide the medication their child is to receive at school.
2. **Over-The-Counter Medications** may be given only after a Non-Prescription Medication Authorization Form is completed and signed by the parent/guardian. Over-the -counter medication must be received in the **original container**. Appropriate dosage for age as stated on the label will be dispensed.
3. **Prescription Medications** may be given only if a Medication/Treatment Request Form is completed and signed by the physician and parent/guardian. Prescription medications must be brought to school in a pharmacy- labeled bottle that contains the child's name, name of medication, physician's name and instructions for use. You may ask your pharmacist for a second, properly labeled bottle to keep at school. This is especially important with liquid medications that have to be refrigerated like antibiotics.
4. We recommend that all medication be brought to school by a parent/guardian. **For the protection of all students, no medication will be sent home with a student.**
5. Medications brought to school and not meeting necessary requirements will not be dispensed and will be locked in the office until a parent/guardian verifies the medication, signs the proper form or takes it home.

ILLNESS AT SCHOOL

Children with fever (100 degrees Fahrenheit or higher), or any condition that presents with fever, should be excluded from school until they are fever free for 24 hours without the use of fever suppressing medications.

The nurse has the responsibility if she suspects a contagious health condition to request that the child be picked up by the parent or guardian and examined by a physician for diagnosis and treatment. In the event of a contagious illness, please notify the school upon confirmation of diagnosis.

IMMUNIZATIONS

TEXAS STATE LAW states that children must have immunization (shot) information on file at school. It is the responsibility of the parent/guardian to furnish the school with the official immunization record which includes the month, day, and year of each immunization. If the student's immunizations are not complete or up to date, the student may be excluded from attendance until the needed immunization is received.

Healthy Children Are Prepared To Learn

Physically and emotionally healthy students are better able to take advantage of their learning opportunities.



REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent:

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 how your child reacts when exposed to the food that is listed.

☐ No information to report.

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

TO REQUEST A SPECIAL DIET, MODIFICATION OF A MEAL PLAN OR PROVIDE OTHER INFORMATION FROM YOUR DOCTOR ABOUT YOUR CHILD'S FOOD ALLERGY, YOU MUST CONTACT THE SCHOOL NURSE OR SCHOOL ADMINISTRATOR WHERE YOUR CHILD ATTENDS SCHOOL.

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.

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian Name: _____

Work Phone: _____ Mobile Phone: _____ Home Phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form received by Campus: _____

This document is to be maintained in the Student's Cumulative Folder

Henrietta Independent School District

Health Inventory Form

**** Please contact the school nurse to update this information as needed.**

Dear Parent/Guardian:

Please return the completed form to the school office. The information given will enable the school staff to have a better understanding of the health status of your child.

| | | |
|-----------------------|-------------------------------|----------|
| Student Name: | Birth Date: | Sex: |
| Address: | Grade: | Teacher: |
| Medication Allergies: | Food/Environmental Allergies: | |

Medical History: (Please check all that apply, and give the date of initial diagnosis.)

| <u>Behavior Problems:</u> | | <u>Communicable Diseases:</u> | | <u>Eyes/Ears/Nose/Throat:</u> | | <u>Orthopedic:</u> | |
|---------------------------|--|-------------------------------|--|-------------------------------|--|----------------------|--|
| ADD/ADHD | | Chicken Pox | | Blindness | | Kyphosis (Hump Back) | |
| Depression | | Date _____ | | Cataracts | | Lordosis (Sway Back) | |
| <u>Brain:</u> | | TB – Contact | | Cochlear Implant | | Muscular Dystrophy | |
| Cerebral Palsy | | Others not listed: | | Detached Retina | | Scoliosis | |
| Seizure Disorder | | | | Hearing Aid(s) | | Arthritis | |
| <u>Cardiac/Vascular:</u> | | | | Hearing Loss | | Fractures | |
| Anemia | | | | Strabismus | | <u>Other:</u> | |
| Heart Disease | | <u>Gastrointestinal:</u> | | Glaucoma | | Kidney Disease | |
| Hemophilia | | Bowel “problems” | | <u>Respiratory:</u> | | Lupus | |
| Hypertension | | | | Asthma | | Diabetes | |
| Leukemia | | Colitis | | Cystic Fibrosis | | Insulin Pump | |
| Rheumatic Fever | | Crohn’s Disease | | Allergy – Severe | | | |
| Sickle Cell Trait | | Hepatitis – Type _____ | | Allergy - Seasonal | | | |
| Sickle Cell Disease | | Irritable Bowel Syndrome | | | | | |
| <u>Cancer: (Type)</u> | | <u>Surgery: (Type)</u> | | <u>Serious Accident:</u> | | | |

Is your child currently receiving medical care? Yes or No. If yes, for what reason?

Is your child currently on any medication(s)? Yes or No. If yes, please list.

Signature of Parent/Guardian _____ Date: _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Signature of Parent/Guardian _____ Date: _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

IN THE EVENT THAT THE PARENT/GUARDIAN CANNOT BE REACHED, CALL:

| | | |
|--------------------|---------------|---------------|
| Name: | Relationship: | Home Phone: |
| | | Work Phone: |
| Name: | Relationship | Home Phone: |
| | | Work Phone: |
| Student Physician: | | Office Phone: |
| Student Dentist: | | Office Phone: |

Henrietta Junior High 2018-2019

Regular Bell Schedule

- 49 Minute Periods (except 1st period is 47/51 min depending on grade and six weeks)
- 35 minute 8th period
- 40 min 6th grade lunch, 42/38 min depending on grade and six weeks
- 5 min passing period

| | |
|---|------------------|
| First Bell | 7:50 |
| 1 st Period | 7:55 – 8:44 |
| Breakfast | 8:44 – 8:52 |
| 2 nd Period | 8:56 – 9:45 |
| 3 rd Period | 9:50 – 10:39 |
| 4 th Period | 10:44 – 11:33 |
| Lunch (6 th Grade) | 11:33 – 12:13 |
| 5 th Period (6 th Grade) | 12:18 – 1:07 |
| 5 th Period (7 th /8 th Grade) | 11:38 – 12:25/29 |
| Lunch (7 th /8 th Grade) | 12:25/29 – 1:07 |
| 6 th Period | 1:12 – 2:01 |
| 7 th Period | 2:06 – 2:55 |
| 8 th Period | 3:00 – 3:35 |

Early Release Bell Schedule (1:00)

- 30 Minute Periods (except 8th period is 25 minutes)
- 30 Minute Lunches
- 5 Minute Passing Periods

| | |
|---|------------------|
| First Bell | 7:50 |
| 1 st Period (breakfast) | 7:55 – 8:30 |
| 2 nd Period | 8:35 – 9:05 |
| 3 rd Period | 9:10 – 9:40 |
| 4 th Period | 9:45 – 10:15 |
| 5 th Period | 10:20 – 10:50 |
| 6 th Period | 10:55 – 11:25 |
| Lunch (6 th Grade) | 11:25 – 11:55 |
| 7 th Period (6 th Grade) | 12:00 – 12:30 |
| 7 th Period (7 th /8 th Grade) | 11:30 – 12:00/05 |
| Lunch (7 th /8 th Grade) | 12:00/05 – 12:30 |
| 8 th Period | 12:35 – 1:00 |

Late Start Bell Schedule (10:00)

- 35 Minute Classes (except 8th period is only 20 minutes)
- 30 Minute Lunch
- 5 Minute Passing Periods

| | |
|---|------------------|
| First Bell | 10:00 |
| 1 st Period | 10:05 – 10:40 |
| 2 nd Period | 10:45 – 11:20 |
| Lunch (6 th Grade) | 11:20 – 11:50 |
| 3 rd Period (6 th Grade) | 11:55 – 12:30 |
| 3 rd Period (7 th /8 th Grade) | 11:25 – 12:00/05 |
| Lunch (7 th /8 th Grade) | 12:00/05 – 12:30 |
| 4 th Period | 12:35 – 1:10 |
| 5 th Period | 1:15 – 1:50 |
| 6 th Period | 1:55 – 2:30 |
| 7 th Period | 2:35 – 3:10 |
| 8 th Period | 3:15 – 3:35 |

Pep Rally Bell Schedule (Same as Regular)

- 49 Minute Periods (except 1st period is 47/51 min depending on grade and six weeks)
- 35 minute 8th period
- 40 min 6th grade lunch, 42/38 min depending on grade and six weeks
- 5 min passing period

| | |
|---|------------------|
| First Bell | 7:50 |
| 1 st Period | 7:55 – 8:44 |
| Breakfast | 8:44 – 8:52 |
| 2 nd Period | 8:56 – 9:45 |
| 3 rd Period | 9:50 – 10:39 |
| 4 th Period | 10:44 – 11:33 |
| Lunch (6 th Grade) | 11:33 – 12:13 |
| 5 th Period (6 th Grade) | 12:18 – 1:07 |
| 5 th Period (7 th /8 th Grade) | 11:38 – 12:25/29 |
| Lunch (7 th /8 th Grade) | 12:25/29 – 1:07 |
| 6 th Period | 1:12 – 2:01 |
| 7 th Period | 2:06 – 2:55 |
| 8 th Period/Pep Rally | 3:00 – 3:35 |

HENRIETTA JR HIGH
6TH GRADE SUPPLY LIST
2018 - 2019

GENERAL SUPPLIES:

#2 pencils with erasers (need several)
Pens – regular blue or black ink, no gel (need several)
1 box of Kleenex – take to 3rd period
Pouch for pens/pencils
Binder – with pockets that zips.
Combination Lock (No Key Locks Please)
No book bags of any kind will be allowed in the classroom
Planner- (Supplied by the school but if lost the student must pay \$5.00 to replace it.)

ITEMS NEEDED FOR EACH TEACHER/SUBJECT

ALLEN (PE)

Black athletic shorts or warm-ups
Grey T-shirt (can have writing on it)
Athletic Shoes
Lock-optional (if keyed, must provide extra key)

BARRY (READING)

2 Purple folders w/ pockets & brads
1-70 p. Purple wide ruled spiral notebook
Highlighter

VICARS (SCIENCE)

Green folder w/pockets & brads
1 pkg. of wide ruled notebook paper
Colored Map pencils
Glue sticks (2)
Small handheld pencil sharpener
Composition notebook

FREDERICK (ENGLISH)

2 Blue folders w/pockets & brads
1 pkg. of wide ruled notebook paper
1-70 p. Blue wide ruled spiral notebook
1 Composition notebook

MAYES (SOCIAL STUDIES)

2 Yellow folders w/pockets & brads
map pencils
1 – 70 p. Yellow wide ruled spiral notebook

SIMS (MATH)

1- 1 inch 3 ring binder (red or black)
1 set of 5 divider tabs
1 pkg wide ruled notebook paper
1- 3pk BLACK expo markers
2 boxes – 12 ct pencils
1 Pkg red ink pens

FINE ARTS

2- orange folder
2 glue sticks
\$6.00 for portfolio
1 bottle of liquid glue
Pkg of markers

HENRIETTA JR. HIGH

7TH GRADE SUPPLY LIST

2018 - 2019

GENERAL SUPPLIES NEEDED

#2 pencils with erasers
Pens – regular **blue or black** ink, no gel
Wide ruled notebook paper (3 packages)
1 box of Kleenex – take to your 3rd period homeroom
Binder – students may use a type of binder to keep supplies in, but it is not required
1 Combination Lock (No Key Locks Please)
Lightweight String Book Bags are allowed in class.

P.E. or ATHLETICS SUPPLIES

P.E. - black shorts, grey T-shirt (any kind), warm ups, and tennis shoes

BOYS ATHLETICS - black molded cleats for football (basketball and track shoes to be purchased later)

GIRLS ATHLETICS – all workout and game uniforms will be provided

Volleyball: athletic court shoes and **white** knee pads (school will issue knee pads if needed)

Basketball: same shoes from volleyball may be used or high-tops if you prefer

Track: shoes to be purchased a later date when events are assigned

TEACHER/SUBJECT SUPPLIES (in addition to general supplies)

ANTHONY (English)

2 Blue folders with pockets and brads
Blue wide ruled spiral notebook – 70 page
Package of index cards
1 glue stick

WUTHRICH (Math)

1 Red folder with pockets and brads
1 – **White** one-inch three ring binder

CANTRELL (ASL – for students not in band)

Disinfecting wipes
Box of Kleenex
Package of Expo markers

GASKEY / VICARS (Science)

Green folder with pockets and brads
2 composition notebooks
3 glue sticks
Small handheld pencil sharpener
1 package of colored pencils
1 package of markers
2 highlighters
3 pack of disposable tape dispensers

FREDERICK (Reading)

3 Blue Folder with pockets and brads
70 page spiral

KIRK (Texas History)

Yellow folder with pockets and brads
Yellow wide ruled spiral notebook - large



HENRIETTA JR. HIGH

8TH GRADE SUPPLY LIST

2018 - 2019

GENERAL SUPPLIES NEEDED

#2 pencils with erasers
Pens – regular blue or black ink, no gel
Wide ruled notebook paper (3 packages)
1 box of Kleenex – take to your 3rd period homeroom
Binder – students may use a type of binder to keep supplies in, but it is not required
1 Combination Lock (No Key Locks Please)
Lightweight String Book Bags are allowed in class.

P.E. or ATHLETICS SUPPLIES

P.E. - black shorts, grey T-shirt (any kind), warm ups, and tennis shoes

BOYS ATHLETICS - black molded cleats for football (basketball and track shoes to be purchased later)

GIRLS ATHLETICS – all workout and game uniforms will be provided

Volleyball: athletic court shoes and white knee pads (school will issue knee pads if needed)

Basketball: same shoes from volleyball may be used or high-tops if you prefer

Track: shoes to be purchased a later date when events are assigned

TEACHER/SUBJECT SUPPLIES (in addition to general supplies)

BROWNING (Reading/English)

1 wide ruled spiral notebook – 70 page
2 folders with pockets
1 package index cards
1 package colored pencils

GASKEY (SCIENCE)

1 green folder with pockets and brads
2 composition notebooks
Small hand held pencil sharpener
3 glue sticks
1 package of colored pencils
1 package of markers
2 highlighters
3 pack of disposable tape



McCASLAND (US HISTORY)

2 folders with brads OR a three ring binder
1 large spiral
1 package of index cards
1 pair of scissors
1 glue stick

BAIRD (Math)

1 folder with pockets and brads
Pencils
Red Pens

SIMS (KEYBOARDING)

1 inch, 3 ring binder
Flash drive
1 package of copy paper

CANTRELL (ASL – for students not in band)

Disinfecting wipes
Box of Kleenex
Package of Expo markers