



**Bowie ISD  
New Student Registration  
Requirements  
2018-2019**

\_\_\_\_\_  
(Last)

\_\_\_\_\_  
(First)

\_\_\_\_\_  
(Middle)

\_\_\_\_\_  
(Grade)

Documentation/Forms	Returned ✓	Initialed by PEIMS Clerk
<b>Proof of Residency:</b> (Proof of residency of this person must be recent – dated within 45 days) <ul style="list-style-type: none"> <li>• Utility bill</li> <li>• Rental or lease agreement</li> <li>• Builder's letter</li> <li>• Contract of sale</li> <li>• Current Voter's Registration Card</li> </ul>		
Birth Certificate		
Social Security Card		
Immunization Records		
Copy of Parent/Guardian Driver's License		
Student Enrollment Form		
Receipt of Student Handbook		
Student Residency Questionnaire		
Home Language		
Ethnicity / Race Form		
Emergency / Health Information Card		
Directory Information		
Migrant Survey Form		
Bus Transportation Request		
Student Records Release Form		
Military and Foster Care Form		
Parent-School Compact <b>(BHS and BJH only)</b>		
Copy of Report Card or HS Transcript		
Free and Reduced Lunch Application (complete at <a href="http://www.mealappnow.com/manbow">www.mealappnow.com/manbow</a> )		
Withdrawal Forms from prior school		
iPad User Agreement & Loan Agreement		

**For office use only**

\_\_\_\_\_  
(Signature of collecting PEIMS Clerk)

\_\_\_\_\_  
(Date)



# Bowie Independent School District

## STUDENT ENROLLMENT FORM 2018-19

Local ID# \_\_\_\_\_

BISD Campus \_\_\_\_\_

PLEASE PRINT

The information on this form is pertinent to your child's records and considered a government record. Please fill out as accurately as possible. The penalties for giving false information on governmental records are contained in section 37.10 of the Penal Code and in section 25.00(h) of the Texas Education Code. Any person who knowingly falsifies information to gain enrollment in BISD is liable for tuition fees (Texas Education Code 25.000)

### Student Information:

First day of Attendance: \_\_\_\_\_

Student's Legal Name (as appears on birth certificate): \_\_\_\_\_  
(Last) (Jr, III, etc) (First) (Middle)

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F Place of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Date) (Year) (City) (State) (Country)

Grade Level: \_\_\_\_\_ State ID or Social Security Number: \_\_\_\_\_

Ethnicity (check one): \_\_\_\_\_ Hispanic/Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.  
\_\_\_\_\_ Not Hispanic/Latino

Race (check one or more):

\_\_\_\_ American Indian/Alaska Native \_\_\_\_ Asian \_\_\_\_ Black or African American \_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_ White

Does this student speak English? Yes No Primary Language Spoken at Home: \_\_\_\_\_ Resident of BISD? Yes No

Has this student ever repeated a grade level? Yes No If Yes, when? \_\_\_\_\_

Has this student ever failed one or more subjects? Yes No If Yes, what subjects? \_\_\_\_\_

Is this student presently being served by any of the following special programs (circle all that apply):

Bilingual ESL Dyslexia Gifted/Talented Special Education RtI/504

Name and Address of most recent school attended: \_\_\_\_\_

Has this student ever been enrolled in Bowie ISD Yes No If Yes, what grade? \_\_\_\_\_

### Primary Parent/Guardian Information

#### With whom the student lives

Parent/Guardian's Name: \_\_\_\_\_ Gender: M F  
(Last) (Jr, III, etc) (First) (Middle)

Relationship to Student: \_\_\_\_\_ Is this person to be listed as an Emergency Contact? Yes No

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_

Residence Address: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Number) (Direction) (Street Name) (Apt.) (City) (Zip Code)Separate Mailing Address: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Number) (Direction) (Street Name) (Apt.) (City) (Zip Code)

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





**Student Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Grad Year:** \_\_\_\_\_

**Receipt of Student Handbook**

My child and I have been offered the option to receive a paper copy or to electronically access at [www.bowieisd.net](http://www.bowieisd.net) the 2018-19 Student Handbook, the Student Code of Conduct, Parent Involvement Policy and Responsible Use Policy. These policies will be available at [www.bowieisd.net](http://www.bowieisd.net) by August 15, 2018.

We have chosen to: (Please check one box below)

- Receive a paper copy of the 2018-19 Student Handbook, the Student Code of Conduct, Parent Involvement Policy and Student Responsible Use Policy
- Accept responsibility for accessing the Student Handbook, the Student Code of Conduct, Parent Involvement Policy and Student Responsible Use Policy by visiting the Web address listed above.

I understand that the Student Handbook, the Student Code of Conduct, Parent Involvement Policy and Student Responsible Use Policy contain information that my child and I may need during the year. I also understand that all students will be held accountable for their behavior and be subject to the disciplinary consequences outlined in the Student Handbook, Student Code of Conduct, Parent Involvement Policy and Student Responsible Use Policy. If I have any questions, I should direct those questions to the building principal.

**Information regarding student grades and attendance**

**TxConnect Family Access for Grading and Attendance Information**

Please contact your child's campus to request information concerning access to the TxConnect Parent Portal. The link to TxConnect can be found on the district webpage at [www.bowieisd.net](http://www.bowieisd.net).

**Student Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_



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.

Please complete questions.

<b>Name of School:</b>			
<b>Student's Legal Name:</b>		<b>Gender:</b>	
<b>Age:</b>	<b>Grade:</b>	<b>Birthdate:</b>	<b>Social Security #:</b>
<b>This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11434a(2). The answers to this residency information help determine the services the student may be eligible to receive.</b>			
1. Is your current address a temporary living arrangement?    ____ Yes    ____ No			
2. Is this temporary living arrangement due to loss of housing or economic hardship?    ____ Yes    ____ No			

**Cuestionario de Residencia para Estudiantes**

<b>Nombre de la Escuela:</b>			
<b>Nombre del Estudiante:</b>		<b>Sexo:</b>	
<b>Edad:</b>	<b>Grado:</b>	<b>Fecha de Nacimiento:</b>	<b># de Seguro Social:</b>
<b>El propósito de este cuestionario es presentar los objetivos del Acta McKinney-Vento (42 U.S.C.11434a(2)). Las respuestas a estas preguntas ayudarán determinar los servicios que el estudiante debe recibir.</b>			
1. ¿Es su domicilio actual un arreglo de vivienda temporal (de poca duración)?    ____ Si    ____ No			
2. ¿Es este arreglo de vivienda temporal debido a la pérdida de su casa, vivienda o habitación, o debido a algún problema económico ( <i>ejemplo: desempleo</i> )?    ____ Si    ____ No			

**Signature of Parent/Guardian** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For office use only:** Campus Enrollment Designees: If both questions are answered with a Yes, please have guardian complete secondary McKinney-Vento form and send original of both forms to Toni Stone, District PEIMS Coordinator.



# Bowie Independent School District

## NEW STUDENT HOME LANGUAGE SURVEY 2018-19

Local ID# \_\_\_\_\_

BISD Campus \_\_\_\_\_

The Texas Education Agency requires that school districts conduct a home language and migrant survey for each student enrolled in public schools. In response to this requirement, the Bowie Independent School District requests that the following form be completed.

**NAME OF STUDENT** \_\_\_\_\_ **STUDENT ID#** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **TELEPHONE #** \_\_\_\_\_

**CAMPUS** \_\_\_\_\_

1. What language is spoken in your home most of the time? \_\_\_\_\_
2. What language does your child speak most of the time? \_\_\_\_\_
3. Is this your child's first time to enroll in a Texas public school? \_\_\_\_\_

\_\_\_\_\_  
**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 escuelas públicas de Texas. Este cuestionario se archivara en el expediente del estudiante.

**NOMBRE DEL ESTUDIANTE** \_\_\_\_\_ **#ID** \_\_\_\_\_

**DIRECCION** \_\_\_\_\_ **TELEFONO** \_\_\_\_\_

**ESCUELA** \_\_\_\_\_

1. ¿Qué idioma se habla en su hogar la mayoría del tiempo? \_\_\_\_\_
2. ¿Qué idioma habla su hijo/a mayoría del tiempo? \_\_\_\_\_
3. ¿Es la primera vez que su hijo/a se inscribe en una escuela pública de Texas? \_\_\_\_\_

\_\_\_\_\_  
**Firma del Padre/Madre/ o Representante Legal**

\_\_\_\_\_  
**Fecha**

\_\_\_\_\_  
**Firma del estudiante si esta en los grados 9-12**

\_\_\_\_\_  
**Fecha**



Texas Education Agency  
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

**Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)**

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

**Part 2. Race: What is the person's race? (Choose one or more)**

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Student Name (please print)

Parent/Guardian Signature

Date

This space reserved for local school observer. Please place completed form in student's permanent folder.

Ethnicity: choose only one  
 Hispanic/Latino  
 Not Hispanic/Latino

Race: choose one or more  
 American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White



# Bowie Independent School District

## EMERGENCY/HEALTH INFORMATION CARD 2018-19

Local ID# \_\_\_\_\_  
 BISD Campus /Classroom \_\_\_\_\_  
 \_\_\_\_\_

Please verify completed information and fill in each blank with correct information

Student's Legal Name:			
Gender:	Grade:	Birthdate:	Social Security #:
Home Address:			Home Phone:
Guardian Name:		Phone #:	2 <sup>nd</sup> Phone #:
Second Guardian Name:		Phone #:	2 <sup>nd</sup> Phone #:
Has this child attended school in Bowie ISD previously?      Yes      No      If so, what grade?			

<b>Medical Information</b>												
Family Physician: _____ Physician Phone # _____												
Please list any allergies (drugs, food, etc.): _____												
What (if any) chronic diseases does your child have? _____												
Please list any illnesses, injuries, or hospitalizations your child has encountered: (Ex: asthma, seizures) _____												
What medications will your child take at school? _____												
What medications does your child take daily? _____												
In the event of an accident or serious illness, I request the school to contact me when time allows. If the school is unable to reach me, I hereby authorize the school to contact the physician indicated above and follow his instructions. If the Physician is not available, the school is authorized to make whatever arrangements deemed necessary. Permission for Emergency Treatment is good for one year only. <p style="text-align: center;">Yes _____ No _____</p>												
I give my permission for Bowie ISD employees to give my child the following checked medications during school hours if needed. Please check the following items your child can use. If you want your child to have access to things like Tylenol and Tums you have to provide the age appropriate medication, in the original container, with signed consent.												
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Hydrocortisone 1% crm/ointment</td> <td style="width: 33%;"><input type="checkbox"/> White Petrolatum (chapped lips)</td> <td style="width: 33%;"><input type="checkbox"/> Antibiotic ointment</td> </tr> <tr> <td><input type="checkbox"/> Chloraseptic spray</td> <td><input type="checkbox"/> First aide spray</td> <td><input type="checkbox"/> First aide cream</td> </tr> <tr> <td><input type="checkbox"/> Eye saline eyewash</td> <td><input type="checkbox"/> Unscented hand lotion</td> <td><input type="checkbox"/> Anti-fungal cream</td> </tr> <tr> <td><input type="checkbox"/> Sting Ease stick</td> <td><input type="checkbox"/> Peppermint/sugar free peppermint</td> <td></td> </tr> </table>	<input type="checkbox"/> Hydrocortisone 1% crm/ointment	<input type="checkbox"/> White Petrolatum (chapped lips)	<input type="checkbox"/> Antibiotic ointment	<input type="checkbox"/> Chloraseptic spray	<input type="checkbox"/> First aide spray	<input type="checkbox"/> First aide cream	<input type="checkbox"/> Eye saline eyewash	<input type="checkbox"/> Unscented hand lotion	<input type="checkbox"/> Anti-fungal cream	<input type="checkbox"/> Sting Ease stick	<input type="checkbox"/> Peppermint/sugar free peppermint	
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<input type="checkbox"/> Chloraseptic spray	<input type="checkbox"/> First aide spray	<input type="checkbox"/> First aide cream										
<input type="checkbox"/> Eye saline eyewash	<input type="checkbox"/> Unscented hand lotion	<input type="checkbox"/> Anti-fungal cream										
<input type="checkbox"/> Sting Ease stick	<input type="checkbox"/> Peppermint/sugar free peppermint											

<b>Emergency Contacts and Authorized Pick Up</b> (To be used only if the Parent/Guardians cannot be reached. To provide additional contact names, please contact campus offices for form).			
Name:		Relationship to Student:	
Home Phone:	Work Phone:	Cell Phone:	
Name:		Relationship to Student:	
Home Phone:	Work Phone:	Cell Phone:	

<b>Concerning parental custody issues, we need copies of court records proving custody/guardianship of children and/or restraining orders. These need to be on file in the office. Your child should not be released to the following people due to a court order on file in the campus office:</b>	
Name:	Name:

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_





Regarding student records, I understand that the federal Family Educational Rights and Privacy Act (FERPA) and state law require that "directory information" on my child be released by the district to anyone who request it unless I object in writing to the release of any or all of the information. I also understand that to be in compliance with the No Child Left Behind Act of 2001, the District will release to military recruiters and institutes of higher education, upon request, the name, address, and telephone listing of my child, unless I direct the District not to release this information without prior written consent, as indicated below. This objection must be filed with the campus principal within ten days of my child's first day of instruction for this school year.

<b>Student Name:</b> _____	<b>Grade:</b> _____
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In order to consent to the release of directory information for the following purposes, place a check mark in the appropriate boxes:

- Bowie ISD District:** School Yearbook (name, picture, grade, activities), School Website (picture, student work) **IF THIS OPTION IS NOT SELECTED, STUDENT'S PICTURE WILL NOT BE IN THE SCHOOL YEARBOOK.**
- Local Use:** News stories, City Displays (name, photograph, grade level, participation in officially recognized activities and sports, photographs and electronic display of student and student work) **IF THIS OPTION IS NOT SELECTED, STUDENT'S PICTURE AND ACHIEVEMENTS WILL NOT BE IN THE BOWIE NEWS**
- Military:** name, address, and telephone listing
- Institute of Higher Education:** name, address and telephone listing
- Public Use:** For all other purposes that are not listed above, Bowie ISD has designated the following information as directory information. In exercising my right to limit release of information, I have marked through the items of directory information listed that I direct Bowie ISD not to release without my prior written consent. Vendors and solicitors of student products (graduation items, etc.) are included in this consent.

Directory information includes my child's

1. Name
2. Address
3. Telephone listing
4. E-mail address
5. Date and place of birth
6. Photograph
7. Participation in officially recognized activities and sports
8. Weight and height of members of athletic teams
9. Dates of attendance
10. Grade level
11. Enrollment status
12. Most recent previous school attended
13. Photographs and electronic display of student and student work
14. Major Field of Study
15. Student identification numbers or identifiers that cannot be used alone to gain access to electronic education records.

**Signature of Parent:** \_\_\_\_\_

**Date** \_\_\_\_\_



### 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: \_\_\_\_\_

### 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: \_\_\_\_\_

### For office use only:

**Please fax to Region 9 ESC if any questions have been answered "yes" at 940-767-3836**

Please retain a copy of this form regardless of yes/no answer with student enrollment forms.



**Bowie Independent School District**

**TRANSPORTATION  
REQUEST  
2018-19**

Local ID# \_\_\_\_\_

BISD Campus \_\_\_\_\_

**PLEASE PRINT**

**Student Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**REQUEST FOR STUDENT SCHOOL BUS TRANSPORTATION**

**School Year: 2018-19**

**NO** – I do not require bus services at this time.

**YES** – If bus service is required, please complete the following:

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

City: \_\_\_\_\_ Phone: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature) Date

\_\_\_\_\_  
(Print Parent/Guardian Name)

The information requested above is the minimum information needed at this time.  
Please call (940) 872-1642 if student is a new rider or has moved.

**Parent's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**This box to be completed by Transportation Department:**

The above student meets the guidelines for bus transportation and is assigned to bus number \_\_\_\_\_

Director of Bus Transportation \_\_\_\_\_ Date \_\_\_\_\_



Bowie Elementary 405 Lovers Lane Bowie, TX 76230 Tel: (940) 872-3696 • Fax: (940) 872-3041  
Bowie Intermediate 800 North Mill Street Bowie, TX 76230 Tel: (940) 872-1153 • Fax: (940) 872-1299  
Bowie Junior High 501 East Tarrant Street Bowie, TX 76230 Tel: (940) 872-1152 • Fax: (940) 689-2975  
Bowie High School 341 Hwy 287 North Bowie, TX 76230 Tel: (940) 872-1154 • Fax: (940) 689-2922

**Student Information**

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Name of last school attended

\_\_\_\_\_  
School Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
School Phone number

\_\_\_\_\_  
School Fax number

**Requested Information**

The student listed above recently enrolled in Bowie ISD and reported to us that he/she formally attended your school. To complete our enrollment process, we are in need of the following (X) selected cumulative records/information.

Copy of Birth Certificate \_\_\_\_\_

Copy of Social Security \_\_\_\_\_

Educational Evaluations \_\_\_\_\_

Standardized Test Data \_\_\_\_\_

Report Cards \_\_\_\_\_

Special Education Records \_\_\_\_\_

Speech Records \_\_\_\_\_

Home Language Survey/LPAC Records \_\_\_\_\_

Immunizations/Health Records \_\_\_\_\_

Student Success In Initiative Records (AMI/ARI) \_\_\_\_\_

Campus Student Support Team (Tiers of Intervention Data) \_\_\_\_\_

Please see TReX request or mail or fax Student records as soon as possible to

\_\_\_\_\_ **Receiving Campus**

**Permission for release of records for the above named student is granted.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
PEIMS Clerk or Registrar

\_\_\_\_\_  
Date



**Student Name:**

**Grade:**

**Due to recent House Bill 525 and Senate Bill 833, it has become necessary for Bowie ISD to collect the status of students in regards to military and foster care. This information must be reported to TEA in our District PEIMS submissions.**

**Please mark one box in each section**

Military – Is your student a dependent of an active military member?  
Please check one box below.

- 0 – No, my child is not a dependent of an active military member.
- 1 - US Military - Army, Navy, Air Force, Marine Corps or Coast Guard on active duty
- 2 - Texas National Guard on active duty
- 3 – Reserve Force of the US Military on active duty
- 4 – PK Student is a dependent of any of the above



Foster Care – Is your student receiving Foster Care Services?  
Please check one below.

- 0 – No, my child does not receive Foster Care Services.
- 1 – Student is currently receiving Foster Care Services.
- 2 – PK Student is currently or has ever received Foster Care Services.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**