



Bowie ISD New Student Registration Requirements 2018-2019

(Last)

(First)

(Middle)

(Grade)

Table with 3 columns: Documentation/Forms, Returned (with checkmark), and Initialed by PEIMS Clerk. Rows include Proof of Residency, Birth Certificate, Social Security Card, Immunization Records, etc.

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 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 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.

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.

Name of School:			
Student's Legal Name:		Gender:	
Age:	Grade:	Birthdate:	Social Security #:
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.			
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

Nombre de la Escuela:			
Nombre del Estudiante:		Sexo:	
Edad:	Grado:	Fecha de Nacimiento:	# de Seguro Social:
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.			
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</i> : desempleo)? ___ 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 nd Phone #:
Second Guardian Name:		Phone #:	2 nd Phone #:
Has this child attended school in Bowie ISD previously?		Yes No	If so, what grade?

Medical Information														
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?														
<p>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> <p style="text-align: center;">Yes _____ No _____</p>														
<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.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Hydrocortisone 1% crm/ointment</td> <td><input type="checkbox"/> White Petrolatum (chapped lips)</td> <td><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													

Emergency Contacts and Authorized Pick Up (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:

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:	
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.

Student Name: _____	Grade: _____
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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



BOWIE JUNIOR HIGH SCHOOL School-Parent Compact

Bowie Junior High School, and the parents of students participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Education Act, agree that this compact outlines how the parents, the entire school staff, and the students will share responsibility for improved academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State's high standards. This school-parent compact is in effect during school year **2018-2019**.

School Responsibilities: We, as educators, will support student learning in the following ways:

- Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables all students to meet Texas Essential Knowledge and Skills as follows: teachers in core subject areas will follow TEKS Resource System curriculum and teachers of other subjects will use the district's scope and sequence and/or other lesson plans approved by the school administration.
- Provide parents with frequent reports on their children's progress at least once at the end of each six week grading period.
- Provide parents reasonable access to staff. Specifically, staff will be available for consultation with parents during conference periods and other mutually agreed upon times.
- Provide parents opportunities to volunteer and participate in their child's class, and to observe classroom activities, as follows: at mutually agreed upon times with the teacher.

Parent Responsibilities: We, as parents, will support our children's learning in the following ways:

- Monitoring attendance.
- Making sure that homework is completed.
- Monitoring amount of television my children watch.
- Volunteering, as needed, in my child's classroom.
- Participating, as appropriate, in decisions relating to my children's education.
- Staying informed about my child's education and communicating with the school by promptly reading all notices from the school or the school district, and responding as appropriate.
- Serving, to the extent possible, on policy advisory groups such as Campus Improvement Team.

Student Responsibilities: We, as students, will share the responsibility to improve our academic in the following ways:

- Come to school ready to learn.
- Do my homework every day and ask for help when I need it.
- Be respectful of myself and others at all times.
- Give to my parents or the adult responsible for my welfare all notices and information every day and return signed papers on time.

Jeanne Fleming

School Signature

06/10/2018

Date

Parent Signature

Date

Student Signature

Date

Student Printed Name



Technology Device Loan Agreement

Purpose

Bowie ISD has committed itself to providing the best possible educational experience for our students. The rapid pace of change in today's world calls for an academic vision that prepares our students to be competitive in today's global workforce. A strong foundation in the basics of language arts, math, science, social studies, fine arts, and career and technology, combined with 21st century skills will give our graduates that competitive edge to be prepared for college, careers and citizenship.

The Bowie Independent School District uses instructional technology as one way of enhancing the mission to prepare and inspire all students for life-long success by teaching the skills, knowledge and behaviors students will need as responsible citizens in the global community. Excellence in education requires that technology be seamlessly integrated throughout the education program. In an effort to increase access to those 21st century skills, Bowie ISD has made it a goal to offer students 24/7 accessibility through technology. The individual use of technology is a way to empower students to maximize their full potential and to prepare them for college and the workplace.

An initial component of this goal includes providing BISD-owned technology devices to 6th - 12th grade students. As an alternative to using a BISD owned technology device, students can use personally owned technology devices. An important component to the program will be education about digital citizenship and appropriate online behaviors. We will review cyber-safety rules with students frequently throughout the school year, and will offer reminders and reinforcement about safe online behaviors. Students and parents/guardians receiving a technology device must adhere to the program policies, Student Code of Conduct, Student Handbook, Responsible Use Policy, Board Policy, and federal/state laws.

Device Specifics

For informational purposes, the technology device covered by this agreement is an iPad or a laptop computer. One technology device, charger, and case (iPad) are on loan to the student. It is the student's responsibility to care for the equipment on a daily basis and ensure that it is retained in a safe environment. Any technical or mechanical issues with the technology device must be reported to the school and will be repaired by the BISD staff. This equipment is, and at all time remains, the property of Bowie Independent School District and is subject to inspection. The equipment will be returned during the final week of school, or sooner, if a student withdraws, or is expelled from a BISD school prior to the end of the school year.

Student Responsibilities

Your technology device is an important learning tool and is for educational purposes. In order to take your technology device home each day, you must be willing to accept the following responsibilities:

- I will model positive digital citizenship at all times.
- My technology device is my responsibility and I will not leave it in unsupervised areas.
- I will bring my technology device to school each day with a fully charged battery.
- I will treat my technology device appropriately and will report any mechanical or technical issues to the school.
- I will use my best efforts to ensure that BISD-owned technology device is not damaged, lost, or stolen.
- I will not remove or modify the identification and inventory labels that have been placed on my technology device. I will not add stickers, labels, tags, or markings to my technology device.

We agree to the terms above:

Student signature

Date

Student printed name

Grade

Parent/Guardian signature

Date

Parent/Guardian printed name



Student and Parent Technology Device Use Agreement

Student Information (Please Print)

Last Name	First Name	Middle Name
Grade Level	<input type="checkbox"/> 6 th grade	<input type="checkbox"/> 7 th grade
	<input type="checkbox"/> 8 th grade	<input type="checkbox"/> 9 th grade
	<input type="checkbox"/> 10 th grade	<input type="checkbox"/> 11 th grade
	<input type="checkbox"/> 12 th grade	

Parent Information (Please Print)

Last Name	First Name	E-Mail Address
Address		
Home Phone	Work Phone	Cell Phone

Bowie ISD Technology Device Annual Usage Fee

Bowie ISD students have three options with regard to technology device use:

- Use district owned technology device kept with the student (with usage fee)
- Use their own personal technology device
- Use a technology device checked in and out each day from the school library

Based on TEC 11.158, the school district may require payment of a reasonable fee, not to exceed the actual maintenance cost for the use of musical instruments, technology and uniforms owned or rented by the district.

Bowie ISD will require an Annual Usage Fee of for technology of use of \$25. Students who have completed a free and reduced lunch application and have met qualifications will receive the technology device free of charge. This information will be kept strictly confidential. In addition, students may request an installment plan with half paid upon receipt of the technology device and the remainder paid by the end of the first semester of school.

An additional repair/handling fee will be required for incidents related to accidental damage, theft, fire, flood, natural disasters and vandalism. This fee will be \$50 for the first incident, \$100 for the second incident, and the full cost of the technology device for the third incident.

Students will be issued a technology device at the beginning of each school year and will return their technology device at the end of each school year or when a student withdraws. Each summer, the district will collect all student technology device to inventory, reload, update, and clean up. The student will then be issued the same iPad at the beginning of the following school year.

Please see the Bowie ISD technology device Q&A for commonly asked questions and answers.

Parent or Guardian Signature: _____ Date: _____

Office Use Only

<input type="checkbox"/>	Check	Amount Due:	
<input type="checkbox"/>	Money Order	Amount Paid:	
<input type="checkbox"/>	Cash	Amount Due on Installment Plan:	