

# Cayuga ISD

New Student Registration Packet



#### **Welcome to Cayuga!** We are so glad to have you join the Wildcats!

A parent or guardian MUST accompany the NEW student to enroll.

Below is a checklist of all items needed to enroll a new student.

Copy of Drivers License of the Parent or Guardian enrolling student.
 Address on drivers license must be current AND in the Cayuga School District.
Proof of Residency - Must be presented <u>BEFORE</u> enrollment.
Copy of a current utility bill with your physical address as the service location .  We CANNOT use a cell phone bill for proof of residency.
Guardianship papers if the student does not live with parents.
Transcript, withdrawal form and/or last report card from
previous school.
Copy of Birth Certificate.
Copy of Birth Certificate.
Copy of Social Security Card.
Immunization Records.
Special Program Records (504, Special Education, GT).
Completed Registration Packet.



STUDENT ID NUMBER

SCHOOL YEAR

ASSIGNED LOCKER NUMBER

**GRADE** AGE AS OF SEPT 1ST ORIGINAL ENTRY DATE STUDENT CELL NUMBER

FIRST NAME	MIE	DDLE NAME		LAST NA	ME
DATE OF BIRTH (DD/MM/YYYY	SOCIAL SECURITY N	JMBER	SEX	RACE	SUFFIX (JR., SR)
P	HYSICAL ADDRESS		CITY	STATE	ZIPCODE
N	MAILING ADDRESS		CITY	STATE	ZIPCODE
PARENT / GU	ARDIAN NAME	DATE OF BIR	TH (DD/MM/YYYY)	RELATION	TO STUDENT
PARENT	/ GUARDIAN ADDRESS		CITY	STATE	ZIPCODE
CELL PHONE	HOME PHONE	EMPL	OYMENT	WORK PH	IONE W/ EXT
PARENT / GU	JARDIAN NAME	DATE OF BIR	RTH (DD/MM/YYYY)	RELATION	I TO STUDENT
PARENT / GUARDIAN	ADDRESS (IF DIFFERENT THAN A	ABOVE)	CITY	STATE	ZIPCODE
CELL PHONE	HOME PHONE	EMPL	OYMENT	WORK PI	HONE W/ EXT
	EMERGENCY CONTACT 1			F	PHONE
	EMERGENCY CONTACT 2			F	PHONE
	EMERGENCY CONTACT 3			F	PHONE

\*\* STUDENTS WILL ONLY BE RELEASED TO THE PERSON OR PERSONS LISTED ON THIS FORM ABOVE



STUDENT ID NUMBER	
NOTES	

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DOCTOR PREFERENCE	PHONE
HOSPITAL PREFERENCE	CITY
LIST ANY KNOWN ALLERGIES, MEDICAL PROBLEMS AND MEDICATIONS TAKEN	N DAILY
SIBLING NAME	GRADE
SIBLING NAME	GRADE
SIBLING NAME	GRADE
LIST ANY SPECIAL EDUCATION PROGRAMS( GT, SPECIAL ED., CHAPTER 1	)
PREVIOUS SCHOOLS ATTENDED	
BUS ELIGIBILITY	BUS ROUTE
account. Cayuga ISD	used to set up your parent portal D does not send routine emails and il is for internal use only.
The information contained in the this form is required for a permanent school record pf your child and will be available to documents, records or information is a violation of state law and may subject you to tuition costs f I certify that the information given above is correct. I authorize the school to contact the persons named on this form and the treatment as may be necessary in an emergency of said child. In the event Parents, Physician or other persons named can hereby authorized to take whatever action is necessary in their judgement for the health of the above child. I will not hold the for emergency care and/or transportation.  PARENT OR GUARDIAN SIGNATURE	for your child. e above named Physician to render such nnot be contacted, school officials are



#### Request for Records

Date		Name of Student
Grade	Date of Birth	Social Security Number
	Name of School, District	- City and State of School

#### Dear Registrar,

The student listed above was previously enrolled in your school district and is now enrolling in Cayuga ISD. Please send the following information:

- Current Report Card
- Transcript of Grades
- · Birth Certificate
- Social Security Card
- Cumulative Records
- Original Home Language Survey
- · State Assessment Records
- Immunization Records
- Special Education/504 Records
- Athletic Eligibility (Records of Last Physical Performed if applicable)

According to the Final Regulations-Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976; it is no longer required to obtain written consent to release records for the purpose of enrolling in school. It states that school officials, including teachers within the educational institution and officials of other schools in school systems in which the student may intend to enroll, may receive a student's record without a written consent for such release.

Thank you for your help. If you have any questions please contact:

Jennifer Brown - PEIMS Coordinator - 903-928-2102 ext. 022 fax 903-928-2163

Lisa Krumnow - Elementary Secretary - 903-928-2295 fax 903-928-2387

Sydney Davis - Middle School Secretary - 903-928-2699 fax 903-928-2163

Leticia Bird- High School Secretary - 903-928-2294 fax 903-928-2239

<u>Cayuga Office Use Only</u>				
School Phone Number	Scho	ool Fax Number	TREx	
			Yes No	
Date of Fax	Time of Fax	Out of State or	Other Notes	



### Residency Questionnaire

School Year	

## COMPLETION OF THIS FORM IS VOLUNTARY AND WILL NOT AFFECT YOUR CHILD'S ENROLLMENT.

The State of Texas requires schools to collect data relating to the enrollment of students who may have special circumstances. This collection is done to allow schools the ability to monitor and provide services accordingly. This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435

Part A: Current Housing Situation				
Select One:				
Stable / Adequate Transitional situations	_			
Student lives in a house/apartment owned or rented by their parent/legal guardian?				
Does the house/apartment have electricity and running water?  YES  NO				
Housing:				
Living with another family in a house or apartment (doubled up)				
Living in a shelter Living in a motel or hotel Unsheltered				
Unsheltered:				
Living in a structure not usually used for housing  Living at a park, campsite, or outside				
Living in a car or camper				
Part B: Students not living with a Parent/Legal Guardian				
Student is not in the physical custody of a parent or legal guardian. This would include runaways living in shelters, abandoned buildings, cars, on the streets, or in other inadequate housing; children and youth denied housing by their families; school-age unwed mothers living in shelters; and students living with non-custodial relatives or friends without a parent or legal guardian.				
Part C: Current Background Situation -				
Please check ANY that apply.				
Domestic issues/violence Natural disaster/evacuation				
Catastrophic illness/medical expenses/disability Loss of employment/no income				
Evicted/kicked out House fire or other housing destruction				
Abandonment by parents  One or both parents deceased				
Other Parent incarcerated/recently released for incarceration				
Part D: Needed Services				
Free/Reduced Lunch/Breakfast School Supplies (based on availability)				
STUDENT NAME GRADE DATE OF BIRTH CAMPUS				
NAME OF ADULT LIVING IN RESIDENCE RELATIONSHIP TO STUDENT (PARENT, GRANDPARENT, FRIENDS PARE	ENT			
STUDENT SIGNATURE (HIGH SCHOOL ONLY)  SIGNATURE OF ADULT IN THE RESIDENCE (IF LISTED)				
CAYUGA ISD HOMELESS LIASON SIGNATURE/ DATE				
Please contact Riley Wyatt at 903-928-2295 ext. 8186 if you need assistance in completing this form.				

School Year



### New Student Services Information

STUDENT NAME	
PREVIOUS SCHOOL DISTRICT	
PARENT NAME	PARENT PHONE NUMBER

Please Answer the following questions :	NO	YES	Notes
Has your child ever been served in a <b>Special Education</b> program?			If yes, what grade level(s)
Did your child receive <b>Speech Therapy</b> services at their previous school?			
Did your child receive services under <b>Section 504</b> at their previous school?			
Is your child an Emergent Bilingual student who received <b>English Learner Support</b> in a prior District?			
Was your child in a <b>Gifted &amp; Talented</b> program at the previous school?			
Has your child ever <b>repeated a grade</b> ?			If yes, what grade level(s)
Has your child been served in a <b>Dyslexia</b> program in a previous school?			



### TEA Texas Public School Student/Staff Ethnicity and Race Data Questionnaire

School Year

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?  Not Hispanic/Latino				
Hispanic/Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.				
PART 2. RACE: What is the person's race? (Choose one or more)  American Indian/Alaskan Native 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/African American Black or African American - A person having origins in any of the black racial groups of Africa.  Hawaiian/Pacific Islander 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 ID #	DATE			
THIS SPACE IS RESERVED FOR LOCAL SCHOOL OBSERVER - UPON COMPLETION AND ENTERING DATA IN STUDENT SOFTWARE SYSTEM, FILE THIS IN STUDENT'S PERMANENT FOLDER.				
Ethnicity - Choose One Hispanic / Latino Not Hispanic / Latino	Race - Choose One American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White			
Observer Signature :	Campus and Date:			



Have you moved within the last 3 years?

**TELEPHONE NUMBER** 



BEST TIME TO CONTACT YOU

#### Dear Parents,

In order to better serve your children, Cayuga I.S.D 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.

For more information contact Becky Thompson at 903-928-2102 ext 034 or bthompson@cayugaisd.com

<ul> <li>Have you moved wit</li> </ul>	hin the last 3 years?		YES	☐ NO	
Was the move due to	o economic necessity?		YES	□ NO	
<ul> <li>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 is currently not enrolled in school?</li> </ul>			YES	NO	
<ul> <li>If yes, have you done agricultural or fishing related work?</li> <li>(e.g., field work, canneries, dairy work, meat processing)</li> </ul>			YES	☐ NO	
	CHILD	) NAME			
	DATE OF BIRTH (DD/MM/YYYY)	GRADE			

If you answered "yes" to questions 1 and 2 above, Marisol Mancha from the Region 7 Education Service Center may contact you to find out whether your child is eligible for additional educational services.

PARENT / GUARDIAN NAME



#### **Proof of Residence**

Note: For New To District enrolling students, a copy of a utility bill must be presented.

STUDENT IS A TRANSFER (LIVES OUT OF CAYUGA SCHO	YES NO	BUS ROUTE	NUMBER	
STUDENT FIRST NAME	STUDENT LAST NAME		STUDENTS CELL	
PARENTS FIRST NAME	PARENTS LAST NAME		PARENTS CELL	
PHYSICAL ADDR	RESS	CITY	STATE	ZIPCODE
MAILING ADDR	PESS	CITY	STATE	ZIPCODE
DO YOU OWN YOUR HOME LANDLORD NAME IF RENTING LANDLORD PHONE YES NO				HONE
PHYSICAL LOCATION OF YOUR HOME FROM THE SCHOOL ( EX: 1 MILE N OF TENNESSEE COLONY ON HWY 645)				
PHYSICAL DESCRIPTION OF YOUR HOME(EX: RED BRICK WITH GREEN TRIM AND GRAY SHINGLES)				
According to the Texas Education Code, (	Ch.25-Section 25.001, Cayuga ISD may re			

According to the Texas Education Code, Ch.25-Section 25.001, Cayuga ISD may require evidence that a person is eligible to attend the district at the time the school considers application for admission of a student to the district. The district may make reasonable inquiries to verify a student's eligibility for admission.

A person who knowingly falsifies information on a form required for enrollment of a student in the district is liable to the district if the student is not eligible for enrollment in the district but is enrolled on the basis of false information. The person is liable, for the period during which the student is enrolled, for the greater of:

- the maximum tuition fee the district may charge under Section 25.038 of the Texas Education Code or,
- the amount the district has budgeted for each student as maintenance and operating expense.

In addition, the individual who knowingly falsifies this information is also in violation of Texas Criminal Laws Penal Code Section 37.10. An offense under this section is a felony of the third degree.

PARENT OR GUARDIAN SIGNATURE	DATE



**PEIMS Data Form** 

School Year	

Texas Education Code § 25.006 requires districts and open-enrollment charter schools to collect data to identify their military-connected student population and submit to the Texas Education Agency.

Р	ease check appropriate box, if applicable:						
	Students in K-12th grade:						
	<ul><li>Student is a dependent of a current member</li><li>U.S. military;</li><li>Texas National Guard (Army, Air Guard,</li><li>A reserve force.</li></ul>		_	ı:			
	<ul><li>☐ Student is a dependent of a former member</li><li>☐ U.S. military;</li><li>☐ Texas National Guard (Army, Air Guard,</li><li>☐ A reserve force.</li></ul>			:			
	Student was a dependent of a member of the force who has fallen in the line of duty.	he U.S. milita	ary or reserv	re			
	ne following information is requested in order ection 29.081.	for the scl	hool to be i	n complia	ance with	the Texas Educ	ation Code,
•	Student has been incarcerated or has a pare student's lifetime, in a penal institution.	ent that has	s been inca	rcerated	within the	YES	NO
•	Student is currently in the conservatorship of Protective Services (Foster Care). The enrol the Texas DFPS Placement Authorization Fodesignates the student is in the conservator Protective Services.	ling caregi	ver must pr 2085) or a c	ovide a court ord	copy of er that	YES	NO
•	Student has been identified as having dyslex TEC 38.003.	(ia or relate	ed disorders	s as defir	ned in	YES	NO
•	Student is enrolled in Special Programs (GT,	Special Ed	ucation, etc	c)		YES	NO
	List any Special Programs Student is enrolled in						
•	Has the Student ever been retained?		/ES	NO	If Yes wha	it Grade :	
•	Has the Student lived outside the U.S. for tw more years?	o or	/ES	NO	If Yes whe	en /where:	
•	If the Student lived outside the U.S. did they attend school regularly?		/ES	NO			
	CHILD NAME			GRADE		DA	TE
	PARENT / GUARDIAN NAME			PAR	ENT/GUARI	DIAN SIGNATURE	



# Acknowledgments and Agreements

School Year	

CAYUGA ISD ENCOURAGES PARENTS AND STUDENTS TO ACCESS ALL INFORMATION ELECTRONICALLY, IF POSSIBLE, TO REDUCE THE COST IN PRINTING LARGE QUANTITIES OF FORMS AND HANDBOOKS.

#### **CLICK HERE OR VISIT HTTPS://WWW.CAYUGAISD.COM/REGISTRATION**

PLEASE CHECK EACH BOX TO ACKNOWLEDGE THAT YOU UNDERSTAND THE INFORMATION IS LOCATED ON THE DISTRICT WEBSITE AND THAT YOU AND THE STUDENT AGREE TO READ AND FOLLOW ALL INFORMATION AND INSTRUCTIONS.

Please see your Campus Office if you need a printed copy of any of the following information.

I accept responsibility for accessing the Student Code of Conduct and the Student Handbook located online

and agree to follow all rules, regulations and procedures found therein.				
I give permission for my child to access the District's technology resources, including District-approved online applications.				
I have read the Cayuga ISD Student Drug Testing Policy and understand that my child's participation in school sponsored extracurricular activities is voluntary and a privilege, as is obtaining a parking permit. I understand that as part of my child's voluntary participation in school-sponsored extracurricular activities and/or in order to obtain a parking permit, I am consenting to his/her participation in Cayuga ISD's random student drug testing program for the entire academic school year.				
I accept responsibility to view and keep track of my students grades through the Ascender Portal. I understand that mid-grading period progress reports are available online for grades 6-12 and that I can contact the middle or high school office for a printed copy. Printed grade reports are sent home at the end of each six-week grading period.				
I accept responsibility for reviewing the Bus Safety Rules	I accept responsibility for reviewing the Bus Safety Rules located in the School Handbook online.			
I agree to receive automated notifications from the school	ol at the contact numbers I have provided.			
I give permission for my child to be interviewed, photographed, and or filmed for public news, media, professional educational information, or any other non-profit publication for public use. In addition I give permission for my child's name, work and likeness to appear on the Internet.				
I am aware that Cayuga ISD requires a Google Workspace for Education Account for every child and I am consenting for my child to have a Google Workspace for Education account made or continued to be maintained by Cayuga ISD and that the use of this account with also fall under the District's Acceptable use of Technology Resources Agreement. I have read the Google Workspace for Education and Additional Services Policy and the District's technology resources policy.				
STUDENT NAME (PLEASE PRINT)	STUDENT SIGNATURE (MIDDLE/HIGH SCHOOL STUDENTS)			
GRADE	DATE			
PARENT NAME (PLEASE PRINT)	PARENT SIGNATURE			
	DATE			