



Trivium Academy 2016-17

New Student Enrollment Form

(Nueva Forma de Inscripción Estudiantil)

GRADE
GRADO

Student's Legal Last Name <i>Apellido del estudiante Legal</i>	
Student's Legal First Name <i>Nombre del Estudiante Primer Legal</i>	
Student's Legal Middle Name <i>Nombre del Estudiante Medio Legal</i>	
Student's Generation Code (Jr., II, III) <i>Estudiantes de la generación de código (Jr., II, III)</i>	
Date of Birth <i>Fecha de Nacimiento</i>	
Place of Birth (City, County, State) <i>Lugar de nacimiento (Ciudad, Condado, Estado)</i>	
Gender <i>Género</i>	<input type="checkbox"/> Male (masculine) <input type="checkbox"/> Female (femenino)
Language Spoken By Student <i>Idioma hablado por el estudiante</i>	
Social Security Number <i>Número de Seguro Social</i>	_ _ _ - _ _ _ - _ _ _

1st PARENT/GUARDIAN (Person with whom student resides.) <i>Primero PADRE / TUTOR (una persona con quien vive el estudiante.)</i>	
Parent/Guardian Name <i>Padre / Tutor</i>	
Relationship to Student <i>Relación con el Estudiante</i>	
Primary Phone Number <i>Número de Teléfono Principal</i>	
Work Phone <i>Teléfono del Trabajo</i>	
Place of Employment <i>Lugar de Empleo</i>	
Cell Phone <i>del Teléfono Celular</i>	
E-Mail Address	
Street Address <i>Dirección</i>	
Apt./P.O. Box # <i>Apto. / P.O. Caja #</i>	
City/State/Zip <i>Ciudad / Estado / Código Postal</i>	
Mailing Address (if different from Street Address) <i>Dirección Postal</i>	

IDENTIFICATION INFORMATION OF PERSON REGISTERING CHILD	
Name (nombre)	Date of Birth (Fecha de Nacimiento)

For Office Use Only		
Campus	Trivium - Hebron Pkwy	Check List
Date of Registration		<input type="checkbox"/> Birth Certificate
Grade Level		<input type="checkbox"/> Proof of Residency
Date of Birth		<input type="checkbox"/> Health Records
SS# or State ID #		<input type="checkbox"/> Social Security Card
Special Notes		<input type="checkbox"/> Picture ID
		<input type="checkbox"/> (Parent/Guardian Registering Student)
		<input type="checkbox"/> Resident School District Questionnaire
		<input type="checkbox"/> Home Language Survey
		<input type="checkbox"/> Ethnicity Form
		<input type="checkbox"/> Student Residency Form
		<input type="checkbox"/> Family Survey
		If Applicable:
		<input type="checkbox"/> Foster Care/Military Connected Form
		<input type="checkbox"/> Econ Disadvantaged Questionnaire
		<input type="checkbox"/> Special Programs Documentation
TEACHER		

2nd PARENT/GUARDIAN <i>PADRE segundo / TUTOR</i>	
Parent/Guardian Name <i>Padre / Tutor</i>	
Relationship to Student <i>Relación con el Estudiante</i>	
Primary Phone Number <i>Número de Teléfono Principal</i>	
Work Phone <i>Teléfono del Trabajo</i>	
Place of Employment <i>Lugar de Empleo</i>	
Cell Phone <i>del Teléfono Celular</i>	
E-Mail Address	
Street Address <i>Dirección</i>	
Apt./P.O. Box # <i>Apto. / P.O. Caja #</i>	
City/State/Zip <i>Ciudad / Estado / Código Postal</i>	
Mailing Address (if different from Street Address) <i>Dirección Postal</i>	

Student Name

Nombre del Estudiante _____

Last School District Distrito Escolar de Última	Grade Grado
	Phone Number
School Name	
School Address	
City, State and Zip Code	
Please select any special programs or services that the student received while attending the previous district. (Check all that apply) Please attach any IEPs, 504 Plans, or other documentation that you may have.	<input type="checkbox"/> Gifted and Talented/GT <input type="checkbox"/> Migrant Education <input type="checkbox"/> Special Education <input type="checkbox"/> ESL Services <input type="checkbox"/> Speech <input type="checkbox"/> Bilingual Education <input type="checkbox"/> Dyslexia <input type="checkbox"/> Other: _____
Please note that all records (academic, disciplinary, attendance, etc.) will be requested from the student's previous school. _____ Initials / iniciales	

Emergency Contact(s) and Student Release

The persons listed below will be considered emergency contacts and persons to whom school personnel are authorized to release your child during the school day. Parent listed as Parent/Guardian 1 and Parent/Guardian 2 on the first page need not be listed here. / Las personas que se enumeran a continuación serán consideradas contactos de emergencia y de las personas a las que personal de la escuela están autorizados a liberar a su hijo durante el día escolar. Padre aparece como padre / tutor y un padre / tutor 2 en la primera página no tiene por qué ser enumeradas aquí.

Name / Nombre	Daytime Phone / Teléfono	Relationship / Relación
	()	
	()	
	()	

Physician/Médico _____ Phone/Teléfono () _____

Medical Allergies / Conditions Alergias médicas y Condiciones _____

Other School Age Child(ren) in the Home / Escuela Otros edad del niño en el hogar

Name Nombre	Age Edad	Gender Género	Campus Enrolled Campus Inscritos

DIRECTORY INFORMATION NOTIFICATION

Certain student information shall be considered directory information and will be released to anyone who follows procedures for requesting it as specified in Board policy FL (LEGAL), unless written objection is received by the principal within ten (10) days of the issuance of this notice. This information may be used for campus purposes and may be included in class rosters and directories requested by parent/teacher organizations or may be released to outside agencies or individuals who comply with procedures as specified in board policy FL (LEGAL). Trivium Academy has designated the following as directory information: / Cierta información de los estudiantes será considerada información del directorio y se dará a conocer a cualquier persona que siga los procedimientos para la solicitud como se especifica en la política del Consejo FL (LEGAL), a menos que la objeción por escrito es recibida por el director dentro de los diez (10) días siguientes a la publicación de este aviso. Esta información puede ser usada para fines del campus y pueden ser incluidos en listas de la clase y directorios solicitados por las organizaciones de padres / maestros, o puede ser entregada a los organismos externos o las personas que cumplan con los procedimientos tal como se especifica en la junta de política FL (LEGAL). Trivium Academy ha designado a la siguiente como información del directorio:

<ul style="list-style-type: none"> • Student's name • Address • Telephone number 	<ul style="list-style-type: none"> • Grade level • Participation in officially recognized activities and teams 	<ul style="list-style-type: none"> • Awards and honors received • Weight/height of member of athletic teams
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I AGREE TO THE DIRECTORY INFORMATION NOTIFICATIONESTOY DE ACUERDO A LA NOTIFICACIÓN DE LA INFORMACIÓN DEL DIRECTORIO _____ **Initials / iniciales****NO – DO NOT RELEASE MY CHILD'S INFORMATION**NO - NO DIVULGAR INFORMACIÓN DE MI HIJO _____ **Initials / iniciales****MEDICAL AUTHORIZATION**_____ **Initials / iniciales**

I authorize the named physician or, in the absence of other person/parents/physician, the school officials to render such treatment as may be deemed necessary in an emergency, for the health of my child. (Must be completed and initialed for authorization) / Yo autorizo al médico nombrado o, en ausencia de otra persona / padres o los médicos, los funcionarios de la escuela para hacer el tratamiento como se considere necesario en caso de emergencia, para la salud de mi hijo. (Debe ser completado y rubricado de autorización)

PERMISSION FORM TO PARTICIPATE IN SCHOOL ACTIVITIES

I authorize my child to participate in school activities and/or field trips sponsored by Trivium Academy. It is understood that all reasonable caution will be taken by those persons in charge to prevent injuries but neither those in charge nor the school district shall be held responsible in case of an accident. / Yo autorizo a mi hijo a participar en las actividades escolares y / o excursiones patrocinadas por Trivium Academy. Se entiende que todas las precauciones razonables serán tomadas por las personas encargadas de prevenir lesiones, pero ninguno de los responsables, ni el distrito escolar será responsable en caso de accidente.

Signature of Parent or Guardian _____

Firma del Padre o Tutor

Date _____

Fecha

Resident School District Questionnaire

Student's First Name

Student's Middle
Name

Student's Last Name

Trivium Academy is honored to serve your student. Because we receive state funding to provide your student a free education, we are required to report the home school assigned to your address that is specific to your student's grade level.

What public school campus is your student assigned to attend if the parent opts to not provide an alternative education (i.e.: Charter School, Private School, Home School, etc.)?

Campus Name:

Address:

City, State, and Zip Code:

School District:

2016-17 Grade Level:

Parent/Guardian Signature

Date

<u>Office Use Only</u>	
<u>Notes:</u>	
<u>Campus ID Number:</u> _____	<u>Date Entered Into SMS:</u> _____

Trivium Academy Home Language Survey

Name of Child: _____

Trivium Academy Entry Date: _____ Grade (2016-17): _____

English

To be completed by parent:

1. What language is spoken in your home most of the time? _____
2. What language does your child speak most of the time? _____

Spanish

Para ser completado por el padre:

1. ¿Qué idioma se habla en su hogar la mayor parte del tiempo? _____
2. ¿Qué idioma habla su niño la mayor parte del tiempo? _____

Parent/Guardian Signature

Date

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/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/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

_____ 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

Observer signature:

Campus and Date:

Family Survey

In order to better serve your children, Trivium Academy 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 provide the following information:

Name of child: _____ Age: _____ Grade: _____

Parent/Guardian Name: _____

Telephone Number: _____

Best Time to Contact You: _____

1. Have you moved within the last 3 years?

Yes ____ No ____

2. If yes, have you done agricultural or fishing related work since your move? (e.g., field work, canneries, lumbering, dairy work, meat processing)

Yes ____ No ____

(If you answered "yes" to both of the questions above, an education representative may contact you to find out whether your child is eligible for additional educational services.)