CHARTER STUDENT ADMISSION APPLICATION

Charter School Campus Name/Charter School Name
(Nombre del campus de la escuela charter / Nombre de la escuela charter)

BRAZOS RIVER CHARTER

School Year
(Año escolar)

2022-2023

Student Information *(Información Estudiantil)*

Required Information *(Información requerida)**

Please enter name as shown on birth certificate
(Por favor ingrese el nombre como se muestra en el certificado de nacimiento)

Last Name *(Apellido)** | Suffix *(Sufijo)* | First Name *(Primer Nombre)**

Middle Name *(Nombre del segundo)**

Date of Birth *(Fecha de nacimiento)**

Gender *(Género)**

Grade Applying For *(Grado que solicita)**

Voluntary Information (*Información voluntaria*)

Social Security Number (SSN)
(Número de Seguro Social)

OR

Student Identification Number
(Número de identificación del estudiante)

*Providing a SSN is voluntary and used to match a student's Unique ID through the Texas Student Data System. If you do not wish to supply the SSN, please supply the SIN. If no SIN exists, one will be generated.

(Proporcionar un SSN es voluntario y se usa para hacer coincidir la identificación única de un estudiante a través del Sistema de datos de estudiantes de Texas. Si no desea proporcionar el SSN, proporcione el SIN. Si no existe SIN, se generará uno.)

Yes *(Sí)* ○ No *(No)* ○ I have another child attending this charter school.
(Tengo otro hijo que asiste a esta escuela charter)

Yes *(Sí)* ○ No *(No)* ○ This is a child of a staff or board member.
(Este es un hijo de un miembro del personal o de la junta)

If yes, please enter the name of the student's sibling, staff, or board member.
(En caso sí, ingrese el nombre del hermano, el personal o el miembro de la junta)

Primary Guardian Information *(Tutor Legal)*

Last Name *(Apellido)** | First Name *(Primer Nombre)**

Street Address of Primary Residence
*(Dirección de la residencia principal)**

City *(Ciudad)** | State *(Estado)** | Zip Code *(Código Postal)**

Contact Phone Number *(Teléfono de contacto)**

Email Address *(Correo Electrónico)*

☐ CERTIFICATION (Required): By checking this box, I certify to the best of my knowledge and belief that the information in this application is complete and accurate, I am the legal guardian of the child listed above, and I understand that any false information, omission, or misrepresentation of facts may result in the rejection of this application or future dismissal of the applicant.

CERTIFICACION (Requerida): Al marcar esta casilla, certifico a mi leal saber y entender que la información en esta solicitud es completa y precisa, soy el tutor legal del niño mencionado anteriormente, y entiendo que cualquier información falsa, omisión, o la tergiversación de los hechos puede resultar en el rechazo de esta solicitud o en el futuro despido del solicitante.

This school does not discriminate on the basis of sex, national origin, ethnicity, religion, disability, or academic or athletic ability.
(Esta escuela no discrimina por sexo, origen nacional, etnia, religión, discapacidad, or capacidad académica o atlética.)

Brazos River CHARTER SCHOOL

2022-2023 Enrollment Data

Enrollment Date:_____(for office use only)

****PARENTS**: Please provide copies of the following student information: Most recent report card/transcript, birth certificate, social security card (if available), testing records, immunization records, and copy of official withdrawal form from previous school.

***PADRES:** *Proporcione copias de la siguiente información del estudiante: Tarjeta de informe/transcripción más reciente,certificado de nacimiento, tarjeta de seguro social (si está disponible), registros de pruebas, registros de inmunización ycopia del formulario de retiro oficial de la escuela anterior.*

_____

Student's Full Legal Name (nombre legal complete)

Student's Preferred Name/Nickname: _____

Student's Address (Direccion) (if different from parent): _____

_____

Current Grade Level (Nivel de grado actual):_____ _____**Male**(Masculino)

Date of Birth (Fecha de Nacimiento):_____/_____/_____ _____**Female**(Femenino)

Home School District (*Nombre de la escuela del vecindario)*: _____**ISD**

Ethnicity: _____HISPANIC/LATINO _____NOT HISPANIC/LATINO

Race:____American Indian/Alaska Native ____Asian _____White
____Native Hawaiian/Other Pacific Islander ____Black/African American

Do any of these special situations apply to your student?
Alguna de estas situaciones especiales se aplica a su estudiante?

____Special Education *(Educación* Especial)
____Section 504 (dyslexic - yes or no) (section 504 – dislexico - Si / No)
____Reassigned to an alternative campus? (*Reasignado a un campus alternative)*
____On Probation or Incarcerated? (*en libertad condicional o encarcelado)*
____Suspended/Expelled? *(Suspendido/Expulsado)*
____Held back a grade level? (in what grade were you held back?) _____
R*etenido un nivel de grado? (En qué grado te detuvieron?)*_____
____Pregnant student/Parenting student?*(embarazada/son padres)*
____Dropped out of school? *abandonado la escuela* (approximate date/*fecha*: / /)
____Homeless? (*sin hogar)*
____Denied credit due to excessive absences? (*negado crédito debido a ausencias excesivas)*

Signature of Parent/Legal Guardian and Date: *(Firma de Padre / Guardian y Fecha).*

_____

Brazos River Charter admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. Admission will not be based on gender, national origin,ethnicity, religion, disability, academic, artistic, or athletic ability, or the district the child would otherwise attend.

Brazos River Charter admite a los estudiantes de cualquier raza, color, origen nacional y étnico a todos los derechos, privilegios, programas y actividades generalmente otorgados o puestos a disposición de los estudiantes de la escuela. La admisión nose basará en el género, el origen nacional, la etnia, la religión, la discapacidad, la capacidad académica, artística o atlética, o el distrito al que el niño asistiría de otro modo.

Allergies: *(Alergias)*
Please list any severe food allergies*: (Enumere las alergias alimentarias graves.)*

_____

Does your child have asthma?_____if so, does he/she carry a rescue inhaler? Yes / No
*(¿Su hija tiene asma?)*_____*Si es asi, lleva un inhalador? Si / No*

Does your child have insect allergies?_____if so, does he/she carry an EpiPen?
*(¿Su hijo tiene alergias a los insectos?)*_____*Si es asi, lleva un EpiPen? Si / No*

Does your child have diabetes requiring insulin? **Yes / No (***¿Su hijo tiene diabetes que requiere insulina?) Si / No*

Student Employment Information:

Place of Employment:_____ Work Phone:_____
Address of Employer:_____ Supervisor's Name: _____

Vehicle Registration: Make/Model:_____Plate #: _____

Emergency Contact Information: *(Información de Contacto en caso de Emergencia)*
In case student becomes seriously ill or injured and above-named parent/guardian cannot be reached, please notify *(En caso de que el estudiante se enferme o se lesione gravemente y no se puedalocalizar al padre / tutor, notifique)*

Name:_____Phone: _____

Authorization for Emergency Care: (Autorización de Atención de Emergencia)

In case the services of a physician are required before either parent can be reached, you are hereby authorized to call the following physician. I also authorize clinic personnel to contact my child's physician when necessary for information concerning my child.

En caso de que se requieran los servicios de un médico antes de que cualquiera de los padres pueda ser contactado, usted está autorizado a llamar al médico. También autorizo al personal de la clínica a ponerse encontacto con el médico de mi hijo cuando sea necesario para obtener información con respecto a mi hijo.

_____

Name of Doctor *(Nombre del Doctor)* Work Phone *(Teléfono del Trabajo)*

Military Connection:

Do any of these describe your student? (*¿Alguno de estos describe a su estudiante?)*

___0 Not a military-connected student
___1 Student in grade KG – 12 is a dependent of an active duty member of the United States military
___2 Student in grade KG – 12 is a dependent of a current member of the Texas National Guard (Army, Air Guard, or State Guard)
___3 Student in grade KG – 12 is a dependent of a current member of a reserve force in the United States military
___4 Pre-kindergarten student is: 1) a dependent of an active duty member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who is ordered to active duty by proper authority, or 2) is the child of a member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who was injured or killed while serving on active duty.Note: A student remains eligible for enrollment if the child's parent leaves the armed forces or is no longer on active duty after the child begins a prekindergarten class.
___5 Student in grade KG – 12 is a dependent of a former member of one of the following: - the United States military - the Texas National Guard (Army, Air Guard, or State Guard) - a reserve force in the United States military
___6 Student in grade KG – 12 was a dependent of a member of a military or reserve force in the United States military who was killed in the line of duty

Updates in Special Education Handout:

ACTUALIZACIONES EN EL FOLLETO DE EDUCACIÓN ESPECIAL

_____I will access the UPDATES IN SPECIAL EDUCATION handout via the school's *website (Accederé a las actualizaciones del folleto de educación especial a través del sitio web de la escuela.)*

_____I prefer a paper copy of the UPDATES IN SPECIAL EDUCATION handout *(Prefiero una copia impresadel folleto Actualizaciones en educación especial.)*

I have read and understand the above and I freely give my consent and permission of all things contained herein. *(Heleído y comprendido lo anterior y doy libremente mi consentimiento y permiso de todo lo contenido en este documento)*

Publicity / Photograph Release:

Throughout the school year, photographs or video tapes are often taken of Brazos River Charter students. These may be used in presentations, television, local newspapers and other publications.

In accordance with the RIGHT OF PRIVACY, you must give your permission for the use of your student's photograph in publications sponsored by the Brazos River Charter.

_____ I give permission for my student's photograph to be used in presentations and publications of Brazos River Charter.

_____ I do not give permission for my student's photograph to be used in presentations and publications of Brazos River Charter.

Field Trip Travel Release:

As the parent/guardian of_____, I hereby grant consent for him/her to participate in teacher and superintendent approved field trips. It is my understanding that the school will advise me by written or verbal notification of the nature, date, and time of each field trip or activity in sufficient time to enable me to communicate any withdrawal of consent for the specific trip or activity.

Release and Consent to Treatment:

I hereby release the Brazos River Charter, its trustees, superintendent, and employees from any and all liability, damages, or claims resulting from such student being allowed to travel and/or participate in school-approved field trips, and I agree to hold them harmless from any damages or claims which might arise from injuries out of any act or omission of the part of the District, other than negligence in the operation of a motor vehicle, or the use of excessive force in the administration of discipline, pursuant to Article 6252-19 of Texas Tort Claims Act, and Section 21.912 of the Texas Education Code, as a result of such trip or activity.

In the event that the above-named student should, for any reason, require any minor medical or surgical treatment and/or medication while participating in approved field trip activities, I authorize the staff to take my child to an emergency room of the nearest hospital, and I further authorize the hospital and its medical staff to administer treatment as deemed necessary by them for the well-being of said student. It is understood, however, that if hospitalization or treatment of a more serious nature is required, I will be contacted, if at all possible for permission.

Student Handbook:

Manuel Del Estudiante

The Student Handbook should be read and understood, with any questions directed to the principal. (*Elmanual del estudiante debe ser leído y entendido, con cualquier pregunta dirigida al director.)*

_____I will access the student handbook online via the school's website and contact the school if I have any questions. (*Tendré acceso al manual del estudiante en línea a través del sitio web de la escuela y me pondré encontacto con la escuela si tengo alguna pregunta.)*

_____I would like to request a paper copy of the student handbook, which can be obtained by the registrar. (*Me gustaría solicitar una copia en papel del manual del estudiante, que puede obtenerse por el registrador.)*

Computer User Agreement: (Acuerdo de usuario informatico)

DECLARATION OF UNDERSTANDING AND ADHERENCE

(Declaracion de entendimiento y adherencia)

The COMPUTER USER AGREEMENT (Internet Safety) should be read and understood, with any questions directed to the principal. (*Elmanual debe ser leído y entendido, con cualquier pregunta dirigida al director.)*

_____I will access the Computer User Agreement online via the school's website and contact the school if I have any questions. (*Tendré acceso al manual en línea a través del sitio web de la escuela y me pondré en contacto con la escuela si tengo alguna pregunta.)*

_____I would like to request a paper copy of the Computer User Agreement, which can be obtained by the registrar. (*Me gustaría solicitar una copia en papel del manual, que puede obtenerse por el registrador.)*

Should I breach the guidelines within the agreement, I understand that I my student will lose all network privileges on the BRCS network and be subject to disciplinary action. (*Si no cumplo las pautas, entiendo que perderé todos los privilegios de la red en la red BRCS y que estaré sujeto a medidas disciplinarias.)*

Student Signature: _____ **Date:**_____

Parent/Guardian Signature: _____ **Date:** _____

Student Name: _____ Nombre del Estudiante: _____

HOME LANGUAGE SURVEY **Questionario De Idioma Hogarido**

(to be filled out only once at BRCS, grades 9-12 only)

TO BE FILLED IN BY THE STUDENT: DEBE DE COMPLETARSE POR ESTUDIANTE:

What language is spoken in your home most of the time? Cual es el idioma que mas se habla en su hogar?

_____ _____

What language do you speak most of the time? Cual es el idioma que mas tu?

_____ _____

Student signature/Date Firma de Estudiante/Fecha

_____ _____

RIGHTS OF PARENTS AND STUDENTS / ***DERECHOS DE PADRES Y ESTUDIANTES***

Family Educational Rights and Privacy Act ***/ Ley de Privacidad y Derechos Educativos familiars*** BRCS maintains general education records required by Law. BRCS makes available to parents information concerning their child enrolled in school unless BRCS is notified that the parent does not have that authorityunder state law. When a student reaches 19 years of age and/or is no longer dependent, all rights of the parent are transferred to the student. The parents' rights to access copies of student records under this policy does not extend to some types of material used in educating the student that is included in the coverage of the Family Rights and Privacy Act of 1974. Some common examples include test protocols and teachers personal notes on the student that are not shared with other personnel except a substitute teacher.

BRCS mantiene los registros generales de educación requeridos por Law. BRCS pone a disposición de los padres información relativa a su hijo matriculado en la escuela a menos que BRCS sea notificado de que el padre notiene esa autoridad bajo la ley estatal. Cuando un estudiante alcanza los 19 años de edad y/o ya no es dependiente, todos los derechos del padre se transfieren al estudiante.Los derechos de los padres a acceder a copias de los registros de los estudiantes bajo esta política no se extienden a algunos tipos de material utilizado en la educación delestudiante que se incluye en la cobertura de la Ley de Derechos de familia y privacidad de 1974. Algunos ejemplos comunes incluyen protocolos de prueba y notas personales de los maestros sobre el estudiante que no se comparten con otro personal, excepto un profesor sustituto.

Parents, the student and officials of BRCS with legitimate educational interests are the only persons with general accessto the records. "School officials" means any employee, agents or trustees of BRCS, as well as attorneys and consultants retained by the school. "School officials" have a "legitimate educational interest" in a student's records when they are working with the student; considering disciplinary or academic actions, the student's case, or a student with disabilities individual education plan; compiling statistical data; or investigating or evaluating programs. BRCS also forwards education records on request to a school in which a student seeks or intends toenroll without the parent's permission.

Los padres, el estudiante y los funcionarios de BRCS con intereses educativos legítimos son las únicas personas con acceso general a los registros. "Funcionarios escolares" significa cualquier empleado, agente o fideicomisario de BRCS, así como abogados y consultores retenidos por la escuela. Los "funcionarios escolares" tienen un "interés educativo legítimo" en los registros de un estudiante cuando están trabajando con el estudiante; considerando acciones disciplinarias o académicas, el caso del estudiante, o un plan de educación individual para estudiantes con discapacidades; compilación de datos estadísticos; o investigar o evaluar programas. BRCS tambiénreenvía los registros educativos a petición de una escuela en la que un estudiante busca o tiene la intención de inscribirse sin el permiso de los padres.

CONFIDENTIALITY OF INFORMATION IN STUDENT RECORDS
CONFIDENCIALIDAD DE LA INFORMACIÓN EN LOS REGISTROS ESTUDIANTILES

Parents of students with disabilities have the right to*:*

Los padres de estudiantes con discapacidades tienen derecho a:

- Obtain a list of the types and location of educational records that are collected, maintained, or used by BRCS from the administration of BRCS. • *Obtenga una lista de los tipos y la ubicación de los registros educativos recopilados,mantenidos o utilizados por BRCS de la administración de BRCS.*
- Obtain and review educational records maintained by BRCS or by requesting those records from the administrator. • *Obtener y revisar los registros educativos mantenidos por BRCS o solicitando esos registros al administrador.*
- Have a person of your choice review the records. • *Pida a una persona de su elección que revise los registros.*
- Obtained, without charge, copies of the educational records by submitting a request to the administrator. • *Obtenido, sin cargo, copias de los registros educativos mediante la presentación de una solicitud al administrador.*
- Contact the administrator or designee at 254-898-9226 to explain or interpret any items in the educational records. • *Póngase en contacto con el administrador o designado al 254-898-9226 para explicar o interpretar cualquier elemento de los registros educativos.*
- Obtain a list of those, other than the people involved in the student's education who have seen the educational records and the purpose of access from the administrator. • *Obtener una lista de aquellos, aparte de las personas involucradas en la educación del estudiante que han visto los registros educativos y el propósito de acceso del administrador.*
- Contact the administrator about changing a student's records, if you believe a statement is wrong or misleading about the student in his/her records. If the request is denied by the school, you may request a hearing before the Board from the administrator. You may also appeal the decision of the Board to the Commissioner of Education. • *Póngase en contacto con el administrador para cambiar los registros de un estudiante, si cree que una declaración es incorrecta o engañosa sobre el estudiante en sus registros. Si la solicitud es denegada por la escuela, puede solicitar una audiencia ante la Junta directiva al administrador. También puede apelar la decisión de la Junta ante el Comisionado de Educación*.

If you have any questions concerning your rights as a parent, please contact the principal at 254-898-9226.
Si tiene alguna pregunta sobre sus derechos como padre, comuníquese con el director al 254-898-9226.

PARENT/LEGAL GUARDIAN INFORMATION: *(Información de contacto del Padre/Tutor)*

NAME *(Nombre):*_____DOB *(Fecha de Nacimiento):*_____/_____/_____

Relationship to student (*Relacion al estudiante*): _____

EMAIL *(Correo Electronico):* _____

Contact Phone *(telefono de contacto)* : _____

PROOF OF IDENTITY OF PERSON ENROLLING STUDENT: Regardless of whether or not a child's parent, guardian, or other person with legal control of the child under a court order is enrolling a child, Texas Education Code as amended in 2001, a district is required to record the name, address, and date of birth of the person enrolling a child**.** **Providing a copy of your government issued ID with photo satisfies this request.**

Parent Written Warning Notification of Texas Education Code, Chapter 25, Section 25.095

Brazos River CHARTER SCHOOL

P.O. Box 949
Nemo, Texas 76070

Compulsory Attendance Contract

Student's Name: _____

Enrolling Parent/Guardian: _____

Address: _____

_____

Texas Education Code, Chapter 25, Section 25.095 **WARNING NOTICES**

(a) A school district or open-enrollment charter school shall notify a student's parent in writing at the beginning of the school year that if the student is absent from school on 10 or more days or parts of days within a six-month period in the same school year or on three or more days or parts of days within a four-week period:

(1) the student's parent is subject to prosecution under Section 25.093; and
(2) the student is subject to prosecution under Section 25.094 or to referral to a juvenile court in a county with a population of less than 100,000 for conduct that violates that section.

(b) A school district shall notify a student's parent if the student has been absent from school, without excuse under Section 25.087, on three days or parts of days within a four-week period.
The notice must:

(1) inform the parent that:
  (A) it is the parent's duty to monitor the student's school attendance and require the student to attend school; and
  (B) the parent is subject to prosecution under Section 25.093; and
(2) request a conference between school officials and the parent to discuss the absences.

(c) The fact that a parent did not receive a notice under Subsection (a) or (b) does not create a defense to prosecution under Section 25.093 or 25.094.

(d) In this section, "parent" includes a person standing in parental relation.

Statement:
This is to certify that I have received a copy of this notification:_____(enrolling parent/guardian signature)

If you have any questions, please contact our administrative office at 254-898-9226.

Brazos River CHARTER SCHOOL

School – Parent Compact

What is a school – parent compact? This is a voluntary agreement between the school and the parents of the child at that school. A compact outlines how parents, staff, and students are encouraged to share responsibility for improved student achievement in meeting academic and non-academic goals.

Compacts…	Ways of supporting the compact at BRCS…	How will we know that the Compact is working?
❖ Begin with standards ❖ Are a process ❖ Define all participant responsibilities ❖ Depend on all participants being involved	❖ Annual open house scheduled in the fall ❖ Parent and community volunteers ❖ Communication between parents and teachers regarding student progress ❖ Regular progress reports mailed home	❖ Discussions held during staff-parent meetings ❖ Attendance logs and sign-in sheets ❖ Student, staff, and parent surveys ❖ Student progress in the areas listed below

STUDENT RESPONSIBILITIES	**STAFF RESPONSIBILITIES**	**PARENT RESPONSIBILITIES**
Maintain 90% attendance	Encourage students and expect appropriate student behavior	Contact school by phone in case of a student absence or tardy
Respect staff and peers, parents, visitors, and property	Teach students at appropriate levels using varying strategies	Contact principal or instructor when there are concerns
Work while you are at school and become a positive influence on those around you	Expect student achievement Monitor student progress	Be involved in student's educational process
	Communicate with parents throughout the school year	Attend parent conferences and meetings
Be a rule follower and trustworthy	Communicate with students	Communicate with your student
Know and be familiar with the student / parent handbook	Create a positive learning environment	Volunteer at school as appropriate

I have read and understand this School – Parent Compact.

Parent/Guardian Signature	Student Signature	Administrator Signature

Brazos River CHARTER SCHOOL

P.O. Box 949 Nemo, TX 76070
PHONE (254) 898-9226 FAX (254) 898-2297

__x___Release Information

_____TREX completed

__x___Request Information

BRAZOS RIVER CHARTER
CONSENT TO REQUEST RECORDS

CONSENTIMIENTO PARA SOLICITAR REGISTROS

Student Name *(Nombre de Estudiante):* _____

Date of Birth *(Fecha de Nacimiento):* _____/_____/_____

Current Grade Level *(Grado):* _____

The purpose of this form is to obtain records so that we can determine appropriate placement and eligibility for your student. We will request records from your child's previous school to include, but not limited to:
(El propósito de este formulario es obtener registros para que podamos determinar la ubicación apropiada y la elegibilidad para su estudiante. Solicitaremos registros de la escuela anterior de su hijo para incluir, entre otros:)

- Birth Certificate *(Acta de Nacimiento)*
- Copy of Social Security Card / Number *(Copia de la tarjeta de Seguro Social*
- Immunization Records *(Inmunizacións)*
- Current Report Card *(Calificación Reciente)*
- Current Standardized Test Scores *(Puntuaciones de pruebas estandarizadas recientes)*
- Special Program Records *(Registros especiales del programa)*
- Current ARD *(ARD Reciente)*
- Current FIE *(FIE Reciente)*
- Bilingual/ESL; Psychological Reports (*Informes psicológicos)*
- State Assessment Records *(Registros de evaluación del estado)*
- 504 Records *(Registros de 504)*
- Withdrawal Form with grades
  In order for your student to be enrolled at BRCS, **you must withdraw from previous school**
  (Formulario de Retiro con calificaciones - para que su estudiante se inscriba en BRCS, deben retirarse de su escuela.)

Thank you for your cooperation. *Gracias por su cooperación.*

Signature of Parent/Legal Guardian and Date: *(Firma de Padre / Guardian y Fecha)*

X _____

2022-2023 Family Survey

Today's Date: _____ District: _____ Campus: _____ Grade: _____

Student Name: _____ Date of Birth: _____

The Family Survey will identify students who may qualify for additional educational services based on a family member working in a temporary location for agriculture. In the state of Texas, all districts must assist in identification.

1. In the past three years, have you and your child(ren) lived somewhere or just stayed overnight to do temporary (11 months or shorter) or weekend work?
   r No r Yes

2. Have you performed any of the jobs listed below (**temporarily** or **seasonally**) (for example: hauling hay, welding on a ranch, picking, meat processing, cannery, dairy, etc.)?
   r No r **Yes (Please check all that apply below.)**

r
Working with fruit, vegetables, grain, peanuts, cotton, wheat, sugar beets, farms, ranches, fields, vineyards

r
Working in a cannery, granary, or packing plant

r
Working on a dairy, temporarily

r
Baling and hauling hay

r
Working in a slaughter house

r
Working on a poultry farm or fishery

r
Working in a plant nursery or orchard; growing or harvesting trees

❐
Building fence, farm/ranch welding, or other similar work, please explain:
_____

Please complete below:

Parent 1/Guardian Name: _____ Parent 2/Guardian Name: _____

Home Address/Apt Name: _____
Street City Zip

Telephone Numbers: _____

Mailing Address: r *(Check if same as home address)* _____
Street City Zip

The information provided below will be kept confidential.
For School Use Only: Please email surveys with YES responses to migrant@esc11.net.

Encuesta Familiar 2022-2023

Fecha:_____ Distrito:_____ Escuela:_____ Grado:_____

Nombre del Estudiante:_____ Fecha de Nacimiénto: _____

La encuesta familiar identifica a estudiantes quienes podrían calificar para servicios educativos adicionales basados en un miembro de su familia que haya trabajado temporalmente en agricultura. En el estado de Texas todos los distritos deben ayudar en la identificación.

1. En los últimos tres años, ¿han vivido usted y su hijo(s) en algún lugar o simplemente se quedaron durante la noche parahacer un trabajo temporal (11 meses o menos) o un trabajo durante un fin de semana?
   r No r Sí

2. ¿Ha realizado alguno de los trabajos enumerados a continuación (temporal o estacionalmente) (por ejemplo: acarrear heno, soldar en un rancho, recogier, procesar carne, enlatar, lechería, etc.)?
   r No r **Sí (En caso afirmativo, marque todos lo que correspondan a continuación.)**

r

Trabajo en la siembra o cosecha de frutas, verduras, granos, cacahuates, algodón, trigo, betabel, ranchos ganaderos, campos de cultivo, viñedos

r

Trabajo en fábricas de conservas, granero o plantas empacadoras

r

Trabajo temporal en lecherías

r

Empacando y transportando paja

r

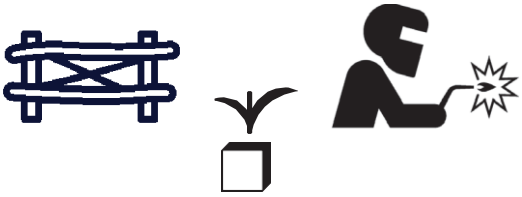
Trabajo en el matadero de animales o cortando carnes crudas

r

Trabajo en granjas de aves de corral o mariscos

r

Trabajo en un vivero o huerta; cultivando o talando árboles.



Construyendo o soldando bardas en los ranchos, o algún otro trabajo parecido a esto, explique en la línea de abajo:

_____

Por favor complete el resto de la información siguiente:

Nombre del Padre/Tutor 1:_____ Nombre del Padre/Tutor 2: _____

Domicilio/apartamento: _____
Calle Ciudad Código Postal

Numeros de Teléfono:_____

Dirección de correo postal r *(Marque si es el mismo domicilio.)*: _____
Calle Ciudad Código Postal

Toda su información será confidencial. ***Solo para uso de la escuela:***
Por favor envíe <u>todas</u> las encuestas con respuesta SÍ, a migrant@esc11.net.