



CHARTER STUDENT ADMISSION APPLICATION

Please complete the following information. Be sure to fill in all blanks (entering N/A where applicable).
(Por favor complete la siguiente información. Asegúrese de completar todos los espacios en blanco (ingresando N/A donde corresponda).)

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) 2024-2025
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Student Information (Información estudiantil)			
Please enter the student's full legal name as shown on birth certificate. (Por favor ingrese el nombre como se muestra en el certificado de nacimiento.)			*Required Information (Información requerida)
First Name (Primer nombre)*	Middle Name (Nombre del segundo)*	Last Name (Apellido)*	Suffix (Sufijo)*
Ethnicity (Etnia)*		Race (Raza)*	Gender (Género)*
Date of Birth (Fecha de nacimiento)*		Grade Applying For (Grado que solicita)*	School District of Residence (Distrito escolar de residencia)

Student Identification (Identificación del estudiante)		
The Texas Student Data System matches students to their existing school records using one of the following identifiers. You may access your child's S-number or Texas Student Unique Identification on previous school records or by contacting the child's previous school. (El Sistema de Datos Estudiantiles de Texas relaciona a los estudiantes con sus registros escolares existentes utilizando uno de los siguientes identificadores. Puede acceder al número S de su hijo oa la identificación única de estudiante de Texas en los registros escolares anteriores o comunicándose con la escuela anterior del niño.)		
Please provide one of the following identifiers. (Proporcione uno de los siguientes identificadores.)		
Social Security Number (SSN)* (Número de Seguro Social)	S-Number (Número S)	Texas Student Unique Identification (Identificación única de estudiante de Texas)
<input type="checkbox"/> My child has never been enrolled in Texas public schools. (Mi hijo nunca ha estado inscrito en las escuelas públicas de Texas.)		
<p>*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 S-number or Texas UID. If no S-number or Texas UID 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 número S o el UID de Texas. Si no existe un número S o UID de Texas, se generará uno.)</p>		



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Additional Information (Información adicional)

If Yes is selected, please enter the name of the person.
(Si selecciona Sí, ingrese el nombre de la persona.)

Sibling, Staff, or Board Member Name
(Nombre del hermano o miembro del personal o de la junta.)

I have another child applying to this charter school.
(Tengo otro hijo que solicita ingreso a esta escuela charter.) Yes (Sí) No

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

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

If offered by the school or programming, my child prefers an A.M. or P.M. schedule.
(Si lo ofrece la escuela o la programación, mi hijo prefiere un horario de mañana o tarde.) A.M. P.M.

My child may qualify for free prekindergarten, based on the following criteria:
(Mi hijo puede calificar para prekindergarten gratuito, según los siguientes criterios:) Yes (Sí) No

- is unable to speak and comprehend the English language; or (no puede hablar ni comprender el idioma inglés; o)
- is educationally disadvantaged; or (tiene desventajas educativas; o)
- is a homeless child, as defined by 42 United States Code §11434a; or (es un niño sin hogar, según lo define el Código 42 de los Estados Unidos §11434a; o)
- is the child of an active duty member of the armed forces of the United States; or (es hijo de un miembro en servicio activo de las fuerzas armadas de los Estados Unidos; o)
- is the child of a member of the armed forces of the United States, who was injured or killed while serving on active duty; or (es hijo de un miembro de las fuerzas armadas de los Estados Unidos, que resultó herido o muerto mientras prestaba servicio activo; o)
- is or ever has been in the conservatorship of the Department of Family and Protective Services; or (está o ha estado bajo la tutela del Departamento de Servicios Familiares y de Protección; o)
- is the child of a person eligible for the Star of Texas Award. (es hijo de una persona elegible para el Premio Estrella de Texas.)

Primary Guardian Information (Tutor legal información)

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)

Preferred contact (Contacto preferido) Phone (Teléfono) Text Message (Mensaje de texto) Email (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 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.)



2024-2025 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 y copia 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 (Dirección) (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?) _____
Retenido 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 no se 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 así, 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 así, 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 pueda localizar 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 en contacto 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)*

Notification of Asbestos at BRCS: To the parents and students of BRCS: The Texas Department of Health has recommended that BRCS notify all parties involved that there is non-friable asbestos on the BRCS premises in Nemo, TX. If you have any questions or concerns, please contact the school at 254-898-9226.

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 impresa del 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. (*He leído 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. *(El manual 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 en contacto 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. *(El manual 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: _____

**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.**



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.



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.

<p>Compacts...</p> <ul style="list-style-type: none"> ❖ Begin with standards ❖ Are a process ❖ Define all participant responsibilities ❖ Depend on all participants being involved 	<p>Ways of supporting the compact at BRCS...</p> <ul style="list-style-type: none"> ❖ Annual open house scheduled in the fall ❖ Parent and community volunteers ❖ Communication between parents and teachers regarding student progress ❖ Regular progress reports mailed home 	<p>How will we know that the Compact is working?</p> <ul style="list-style-type: none"> ❖ Discussions held during staff-parent meetings ❖ Attendance logs and sign-in sheets ❖ Student, staff, and parent surveys ❖ Student progress in the areas listed below
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STUDENT RESPONSIBILITIES

Maintain 90% attendance

Respect staff and peers, parents, visitors, and property

Work while you are at school and become a positive influence on those around you

Be a rule follower and trustworthy

Know and be familiar with the student / parent handbook

STAFF RESPONSIBILITIES

Encourage students and expect appropriate student behavior

Teach students at appropriate levels using varying strategies

Expect student achievement
Monitor student progress

Communicate with parents throughout the school year

Communicate with students

Create a positive learning environment

PARENT RESPONSIBILITIES

Contact school by phone in case of a student absence or tardy

Contact principal or instructor when there are concerns

Be involved in student's educational process

Attend parent conferences and meetings

Communicate with your student

Volunteer at school as appropriate

I have read and understand this School – Parent Compact.

Parent/Guardian Signature

Student Signature

Administrator Signature



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

_____ TREX completed

Release Information

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:)

- o Birth Certificate (Acta de Nacimiento)
- o Copy of Social Security Card / Number (Copia de la tarjeta de Seguro Social)
- o Immunization Records (Inmunizaciones)
- o Current Report Card (Calificación Reciente)
- o Current Standardized Test Scores (Puntuaciones de pruebas estandarizadas recientes)
- o Special Program Records (Registros especiales del programa)
- o Current ARD (ARD Reciente)
- o Current FIE (FIE Reciente)
- o Bilingual/ESL;
- o Psychological Reports (Informes psicológicos)
- o State Assessment Records (Registros de evaluación del estado)
- o 504 Records (Registros de 504)
- o 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)


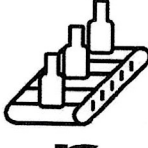





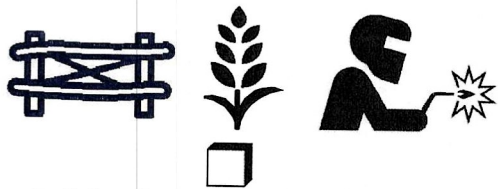
X _____

2024-2025 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.

<p>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? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>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.)? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please check all that apply below.)</p>			
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
Working with fruit, vegetables, grain, peanuts, cotton, wheat, sugar beets, farms, ranches, fields, vineyards	Working in a cannery, granary, or packing plant	Working on a dairy, temporarily	Baling and hauling hay
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
Working in a slaughter house	Working on a poultry farm or fishery	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: (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 2024-2025

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

Nombre del Estudiante: _____ Fecha de Nacimiento: _____

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?

No Sí

2. ¿Ha realizado alguno de los trabajos enumerados a continuación (temporal o estacionalmente) (por ejemplo: acarrear heno, soldar en un rancho, recoger, procesar carne, enlatar, lechería, etc.)?

No Sí (En caso afirmativo, marque todos lo que correspondan a continuación.)

 <p><input type="checkbox"/></p>	 <p><input type="checkbox"/></p>	 <p><input type="checkbox"/></p>	 <p><input type="checkbox"/></p>
Trabajo en la siembra o cosecha de frutas, verduras, granos, cacahuates, algodón, trigo, betabel, ranchos ganaderos, campos de cultivo, viñedos	Trabajo en fábricas de conservas, granero o plantas empacadoras	Trabajo temporal en lecherías	Empacando y transportando paja
 <p><input type="checkbox"/></p>	 <p><input type="checkbox"/></p>	 <p><input type="checkbox"/></p>	 <p><input type="checkbox"/></p>
Trabajo en el matadero de animales o cortando carnes crudas	Trabajo en granjas de aves de corral o mariscos	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 (Marque si es el mismo domicilio): _____
Calle Ciudad Código Postal

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