



**STUDENT ENROLLMENT FORM**  
**CROSBY INDEPENDENT SCHOOL DISTRICT**  
P.O. Box 2009  
Crosby, Texas 77532

FOR OFFICE USE ONLY			
TODAY'S DATE		LOCAL ID #	
SCHOOL YEAR	2014-2015	CAMPUS	
		WD/DATE	

**STUDENT INFORMATION**

**(PLEASE PRINT / USAR LETRA DE MOLDE)**

GRADE / GRADO	SSN / NSS	STUDENT NAME / NOMBRE DE ESTUDIANTE			
		LAST / APELLIDO	FIRST / PRIMER NOMBRE	MIDDLE NAME / SEGUNDO NOMBRE	GENERATION / GENERACIÓN
RESIDENTIAL ADDRESS / LA DIRECCIÓN RESIDENCIAL			MAILING ADDRESS / LA DIRECCIÓN DE CORRESPONDENCIA		
			COMPLETE ONLY IF DIFFERENT FROM RESIDENTIAL ADDRESS / COMPLETE SOLO SI ES DIFERENTE DE LA DIRECCION RESIDENCIAL		
HOME PHONE / TELÉFONO	PHONE NUMBER PUBLISHED? / ¿TELÉFONO PRIVADO?	GENDER / EL GÉNERO	DATE OF BIRTH / FECHA DE NACIMIENTO	PLACE OF BIRTH / CIUDAD Y ESTADO DE NACIMIENTO	
	<input type="checkbox"/> YES / SÍ <input type="checkbox"/> NO	<input type="checkbox"/> MALE / MASCULINO FEMALE / FEMENINO			

**PARENT / GUARDIAN INFORMATION**

1 <sup>ST</sup> PARENT / GUARDIAN NAME / EL NOMBRE DE PADRE O GUARDIÁN		RELATIONSHIP / RELACIÓN CON EL ESTUDIANTE	PLACE OF EMPLOYMENT / LUGAR DE EMPLEO
LAST NAME / APELLIDO	FIRST NAME / PRIMER NOMBRE		
RESIDENTIAL ADDRESS / LA DIRECCIÓN RESIDENCIAL		MAILING ADDRESS / LA DIRECCIÓN DE CORRESPONDENCIA	
PHONE / TELÉFONO DE CASA	WORK PHONE / TELÉFONO DE TRABAJO	CELL PHONE / EL NÚMERO DEL TELÉFONO CÉLULAR	E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO
2 <sup>ND</sup> PARENT / GUARDIAN NAME / EL NOMBRE DE MADRE O GUARDIÁN		RELATIONSHIP / RELACIÓN CON EL ESTUDIANTE	PLACE OF EMPLOYMENT / LUGAR DE EMPLEO
LAST NAME / APELLIDO	FIRST NAME / PRIMER NOMBRE		
RESIDENTIAL ADDRESS / LA DIRECCIÓN RESIDENCIAL		MAILING ADDRESS / LA DIRECCIÓN DE CORRESPONDENCIA	
PHONE / TELÉFONO DE CASA	WORK PHONE / TELÉFONO DE TRABAJO	CELL PHONE / EL NÚMERO DEL TELÉFONO CÉLULAR	E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO

**INFORMATION OF PERSON ENROLLING STUDENT / INFORMACIÓN DE LA PERSONA MATRICULANDO AL ESTUDIANTE**

NAME OF PERSON ENROLLING THE STUDENT / EL NOMBRE DE LA PERSONA MATRICULANDO AL ESTUDIANTE		RESIDENTIAL ADDRESS / LA DIRECCIÓN RESIDENCIAL
LAST NAME / APELLIDO	FIRST NAME / NOMBRE	
RELATIONSHIP TO STUDENT / LA RELACIÓN AL ESTUDIANTE		SIGNATURE / FIRMA DE PERSONA QUE ESTA MATRICULANDO AL ESTUDIANTE

WITH WHOM DOES THE STUDENT LIVE? / ¿CON QUIEN VIVE EL ESTUDIANTE?	<input type="checkbox"/> BOTH PARENTS / AMBOS PADRES <input type="checkbox"/> FATHER / PADRE <input type="checkbox"/> MOTHER / MADRE	<input type="checkbox"/> OTHER / OTRO • NAME AND RELATIONSHIP WITH STUDENT / EL NOMBRE Y LA RELACIÓN CON EL ESTUDIANTE _____
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RESTRICTIONS (CHOOSE ANY THAT APPLY) / RESTRICCIÓN (ELIJA CUALQUIERA QUE SE APLICA)				
RESTRAINING ORDER / ORDEN DE ALEJAMIENTO	<input type="checkbox"/>	COPY OF OFFICIAL DOCUMENTS WILL BE PROVIDED / PROVEER COPIA DE DOCUMENTOS OFICIALES	<input type="checkbox"/>	DIVORCE DECREE / DECRETO DEL DIVORCIO
CUSTODY / CUSTODIA	<input type="checkbox"/>	COPY OF OFFICIAL DOCUMENTS WILL BE PROVIDED / PROVEER COPIA DE DOCUMENTOS OFICIALES	<input type="checkbox"/>	COURT ORDER DOCUMENTS / DOCUMENTOS DE LA CORTE

EMERGENCY CONTACT PERSON (OTHER THAN PARENT/GUARDIAN) / LA PERSONA DE CONTACTO DE EMERGENCIA (APARTE DE PADRE /GUARDIAN)	RELATIONSHIP / RELACIÓN CON EL ESTUDIANTE	PHONE / TELÉFONO	ALLOW STUDENT PICKUP / PERMITEN RECOGIDA DE ESTUDIANTES
			<input type="checkbox"/> YES / SÍ <input type="checkbox"/> NO
			<input type="checkbox"/> YES / SÍ <input type="checkbox"/> NO
			<input type="checkbox"/> YES / SÍ <input type="checkbox"/> NO
			<input type="checkbox"/> YES / SÍ <input type="checkbox"/> NO
			<input type="checkbox"/> YES / SÍ <input type="checkbox"/> NO

**LIST OTHER STUDENTS LIVING IN HOUSEHOLD / NOMBRE LOS ESTUDIANTE QUE VIVEN EN SU RESIDENCIA**

NAME / NOMBRE	AGE / EDAD	GRADE / NIVEL	SCHOOL ATTENDING / ESCUELA

**SCHOOL / PROGRAM INFORMATION**

WAS STUDENT EVER ENROLLED IN SPECIAL PROGRAMS? / ¿HA ASISTIDO EL ESTUDIANTE EN PROGRAMAS ESPECIALES?	DATE FIRST ENROLLED IN U.S. SCHOOLS? / ¿CUÁL ES LA FECHA ORIGINAL DE MATRICULACION EN LOS E.U.A.?	HAS STUDENT EVER PARTICIPATED IN THE MIGRANT PROGRAM? / ¿TOMÓ PARTE EL ESTUDIANTE EN EL PROGRAMA MIGRATORIO?	HAS STUDENT EVER PARTICIPATED IN THE HOMELESS PROGRAM? / ¿TOMÓ PARTE EL ESTUDIANTE EN EL PROGRAMA DE VIVIENDAS?		
<input type="checkbox"/> YES / SÍ <input type="checkbox"/> NO SPECIAL EDUCATION / LA EDUCACIÓN ESPECIAL <input type="checkbox"/> YES / SÍ <input type="checkbox"/> NO BILINGUAL- ESL / BILINGÜE - ESL <input type="checkbox"/> YES / SÍ <input type="checkbox"/> NO GIFTED AND TALENTED / PROGRAMA TALENTOSO <input type="checkbox"/> YES / SÍ <input type="checkbox"/> NO 504 PROGRAM / PROGRAMA DE 504 <input type="checkbox"/> YES / SÍ <input type="checkbox"/> NO OTHER / OTRO _____	DATE::	<input type="checkbox"/> YES / SÍ	<input type="checkbox"/> NO	<input type="checkbox"/> YES / SÍ	<input type="checkbox"/> NO
	ADDRESS / LA DIRECCIÓN DE ESCUELA	YEAR / AÑO	CITY / CIUDAD	STATE / ESTADO	ZIP CODE / CÓDIGO POSTAL

**Education Code 25.002(d)**

When accepting a child for enrollment, the District shall inform the parent or other person enrolling the child that presenting false information or false records for identification is a criminal offense under Penal Code 37.10 and that enrolling the child under false documents makes the person liable for tuition or other costs as provided below.

Al aceptar a un niño para matricular, el distrito informará al padre o a la otra persona que matricula al niño que la presentación de información falsa o de los expedients falsos para la identificación es un delito bajo código penal 37.10 y si matricula a un niño con documentos falsos esta persona sera obligada pagar la cuota y otros gastos en la manera prevista abajo.

**Education Code 25.001(h)**

A person who knowingly falsifies information on a form required for a student's enrollment in the District shall be liable to the District if the student is not eligible for enrollment, but is enrolled on the basis of false information. For the period during which the ineligible student is enrolled, the person is liable for the maximum tuition fee the District may charge (see FDA LEGAL)) or the amount the District has budgeted per student as maintenance and operating expense, whichever is greater.

Una persona que falsifica con conocimiento la información sobre un estudiante requerida por el distrito, será obligada al distrito si el estudiante no es elegible para ser matriculado, pero se matriculo en base delfalsa información. Para el period durante el cual el estudiante estuvo matriculado ineligible, la persona es obligada pagar la matricula máxima que el distrito puede cargar (vea FDA LEGAL) o la cantidad el distrito ha presupuestado por estudiante como gastos del mantenimiento y de explotación, cualquiera que sea mayor.

Parent / Guardian: (Initial below indicating that you have read the above education codes.)

Padre/Guardia (initial que indica que usted ha leído los codigos educacional)

Initial: \_\_\_\_\_

CROSBY INDEPENDENT SCHOOL DISTRICT  
GRADES EE - 12

**HOME LANGUAGE SURVEY**

**TO BE COMPLETED BY PARENT OR GUARDIAN (OR STUDENT IF GRADES 9-12):** The state of Texas requires that the following information be completed for each student that enrolls for the first time in Texas public schools. This survey shall be kept in each student's permanent record folder.

Name of Student: \_\_\_\_\_ Student ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone # \_\_\_\_\_ Campus/Grade: \_\_\_\_\_

Date of Initial Entry Into U.S. Schools \_\_\_\_\_

Number of Academic Months/Years in U.S. Schools \_\_\_\_\_/\_\_\_\_\_

- 1. What language does your **child speak** most of the time? \_\_\_\_\_ (Primary)
- 2. What language is **spoken in your home** most of the time? \_\_\_\_\_ (Home)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student if Grades 9 - 12

\_\_\_\_\_  
Date

\*\*\*\*\*

**ENCUESTA SOBRE IDIOMA MATERNO**

**DEBE DE COMPLETARSE POR EL PADRE/MADRE/ O REPRESENTANTE LEGAL: (O POR EL ESTUDIANTE SI ESTA EN LOS GRADO 9-12):** El estado de Texas requiere que la siguiente información se complete para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Este cuestionario se archivará en el expediente del estudiante.

Nombre del estudiante: \_\_\_\_\_ Estudiante ID# \_\_\_\_\_

Fecha/  
Nacimiento: \_\_\_\_\_ Telefono # \_\_\_\_\_ Escuela/Grado: \_\_\_\_\_

Fecha de inicio en las escuelas en los Estados Unidos \_\_\_\_\_

Numero de meses/años escolares completados en escuelas estado unidos \_\_\_\_\_/\_\_\_\_\_

- 1. Qué idioma habla mejor su niño (a)? \_\_\_\_\_ (Primaria)
- 2. Qué idioma se habla más en su casa? \_\_\_\_\_ (Casa)

\_\_\_\_\_  
Firma del Padre/Madre/ o Representante Legal

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del estudiante si está en los grados 9 -12

\_\_\_\_\_  
Fecha

**Exhibit 1A**

**Texas Education Agency  
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

**Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)**

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

**Part 2. Race: What is the person's race? (Choose one or more)**

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_ Student/Staff Name (please print)

\_\_\_\_\_ (Parent/Guardian)/(Staff) Signature

\_\_\_\_\_

\_\_\_\_\_ Date

Student/Staff Identification Number

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:

**Exhibit 1B**

**Agencia de Educación de Texas**

**Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal de las Escuelas Públicas de Texas**

El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).

Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.

Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).

**Parte 1. Etnicidad: ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)**

- Hispano/Latino** – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.
- No Hispano/Latino**

**Parte 2. Raza. ¿Cuál es la raza de la persona? (Escoja uno o más de uno)**

- Indio Americano o Nativo de Alaska** – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo América Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.
- Asiático** – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.
- Negro o África-Americano** – Una persona con orígenes de cualquier grupo racial negro de África.
- Nativo de Hawai u otras islas del pacífico** – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.
- Blanco** – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

\_\_\_\_\_  
Nombre del Estudiante/Miembro de Personal  
(por favor use letra de imprenta)

\_\_\_\_\_  
Firma (Padre/Representante legal)  
/(Miembro de personal)

\_\_\_\_\_  
Número de Identificación del  
Estudiante/Miembro del personal

\_\_\_\_\_  
Fecha

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:

**CROSBY ISD STUDENT HEALTH HISTORY**  
**INFORMACION SOBRE LA SALUD DEL ESTUDIANTE**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_ **Homeroom Teacher:** \_\_\_\_\_  
*Nombre del estudiante* *Grado* *Fecha de Nac.* *Maestro*

Please circle the appropriate number, if any, of the following conditions that apply to the student. Give a brief explanation, if needed, in the space provided below.  
*Por favor escoje las condiciones medicas que le afectan a su hijo/hija. Si es necesario, explique con detalle en el area indicado.*

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. Allergy- Bee Sting (requires medication)<br/><i>Allergia- Abeja (requiere medicam ento)</i></li> <li>2. Allergy- Food (list below)<br/><i>Allergia- Com ida (lista abajo)</i></li> <li>3. Allergy- Medication<br/><i>Allergia- Medicamento</i></li> <li>4. Allergy- Pollen/Dust /Hay Fever<br/><i>Allergia- Polen/Polvo/Polinosis</i></li> <li>5. Allergy- Unknown Causes<br/><i>Allergia- Desconocida</i></li> <li>6. Anemia<br/><i>Anem ia</i></li> <li>7. Arthritis<br/><i>Arthritis</i></li> <li>8. Asthma- Mild<br/><i>Asma- no severo</i></li> <li>9. Asthma- requires medication<br/><i>Asma-requiere medicam ento</i></li> <li>10. Birth Defect/Chromosome Disorder<br/><i>Defecto cuando Nacido/Desorden de Cromosom a</i></li> <li>11. Blood Disorder<br/><i>Desorden de Sangre</i></li> <li>12. Blood/Blood Products (not to be given)<br/><i>Sangre/Productos de Sangre (que no se debe de dar)</i></li> <li>13. Cancer/Leukemia<br/><i>Cancer/Leucem ia</i></li> <li>14. Cerebral Palsy<br/><i>Paralisis Cerebral</i></li> <li>15. Color Blindness<br/><i>No reconose color</i></li> <li>16. Cystic Fibrosis<br/><i>Fibrosis Cistica</i></li> <li>17. Diabetic<br/><i>Diabetico</i></li> <li>18. Eating Disorders/Under/Overweight<br/><i>Desorden de Comer/Sobre/Bajo Peso</i></li> <li>19. Endocrine Disorder<br/><i>Desorden Endocrino</i></li> <li>20. Epilepsy/Seizures<br/><i>Ataques de epilepsia</i></li> <li>21. Growth Disorder (explain below)<br/><i>Desorden de Crecimient o</i></li> <li>22. Hearing Loss (which ear _____)<br/><i>Perdim iento de Escuchar (cual oido _____)</i></li> <li>23. Hearing Aid Used<br/><i>Oido Auditivo</i></li> <li>24. Heart Disease/Defect<br/><i>Enferm edad Cardiaca/Defecto en el Corazon</i></li> <li>25. Hemophilia<br/><i>Hemofilia</i></li> <li>26. Hyperactive (requires medication)<br/><i>Hiperactivo (requiere medicam ento)</i></li> </ol> | <ol style="list-style-type: none"> <li>27. Kidney Disorder (explain below)<br/><i>Desorden de Riñon (explique abajo)</i></li> <li>28. Prescribed Medication (explain below)<br/><i>Medicam ento de Prescripcion (explique abajo)</i></li> <li>29. Medication Needed at School (explain below)<br/><i>Medicina que tomara en la escuela (explique abajo)</i></li> <li>30. Menstrual Cramps (severe)<br/><i>Calambres Menstruales (severos)</i></li> <li>31. Migraine Headaches<br/><i>Migrañas</i></li> <li>32. Muscular Dystrophy<br/><i>Distrofia Muscular</i></li> <li>33. Nose Bleeds (frequent)<br/><i>La nariz sangra (frecuente)</i></li> <li>34. Osgood-Schlatter Disease<br/><i>Enferm edad de Osgood -Schlatter</i></li> <li>35. Physical Activity Limitations (requires Doctor's Note)<br/><i>Limitaciones Fisicas de Actividad (requiere nota de Doctor)</i></li> <li>36. Rheumat ic Fever History<br/><i>Fiebre Reum atica</i></li> <li>37. Scoliosis<br/><i>Escoliosis</i></li> <li>38. Sickle Cell Anemia (explain below)<br/><i>Anem ia de Celula de la hoz (explique abajo)</i></li> <li>39. Speech Problem<br/><i>Problem as de Lenguaje</i></li> <li>40. Tuberculosis<br/><i>Tuberculosis</i></li> <li>41. Ulcer<br/><i>Ulcera</i></li> <li>42. Vision Impairment (wears glasses/cont acts)<br/><i>Problem as de Vista (usa lentes/contactos)</i></li> <li>43. Vision Impairment (visually handicapped)<br/><i>Problem as de Vista (visualm ente dism inuido)</i></li> <li>44. Vision Impairment (blind)<br/><i>Problem as de Vista (ciego)</i></li> <li>45. Other (explain below)<br/><i>Otra enferm edad (explique abajo)</i></li> <li>46. No Known Health Problems<br/><i>No tiene problem as de Salud</i></li> </ol> |
|---|--|

**Explain/Explique:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Routine Daily Medications Taken at Home/Medicinas que toma en casa:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**In the event my child becomes ill or injured at school and I cannot be reached, the Crosby Independent School District is authorized to contact any of the people listed as emergency contact previously provided or call 911 for emergency care depending on the severity of the illness or injury. THE DISTRICT IS NOT FINANCIALLY REPSONSIBLE FOR EMERGENCY CARE AND OR TRANSPORTATION.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**TB Questionnaire**  
**Cuestionario de Tuberculosis**

Organization administering questionnaire: Crosby ISD  
 Organización

Date \_\_\_\_\_  
 Fecha

Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed in by the child. Adults who have active TB disease usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills and night sweats. A person can have TB germs in his or her body but not have active TB disease (this is called latent TB infection or LTBI). Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) is used to see if your child has been infected with TB germs. No vaccine is recommended for use in the United States to prevent tuberculosis. The skin test is not a vaccination against TB.

La Tuberculosis (TB) es una enfermedad causada por gérmenes de TB y en la mayoría de los casos es transmitida por una persona adulta con tuberculosis pulmonar activa. Se transmite a otra persona por la tos y por el estornudo al expelir gérmenes de TB al aire que pueden ser respirados por los niños. Los adultos que tienen la enfermedad activa casi siempre tienen varios de los siguientes síntomas: tos con duración de más de dos semanas, pérdida de apetito, pérdida de peso de diez libras o más en un período corto de tiempo, fiebre, escalofríos y sudores nocturnos. Una persona puede tener gérmenes de TB en su cuerpo pero no tener la enfermedad activa. Esto se llama infección latente de TB (o LTBI por su sigla en inglés). La TB es prevenible y curable. La prueba tuberculínica, también llamada PPD o prueba de Mantoux, se utiliza para saber si su niño o niña ha sido infectado/a con el germen de TB. No se recomienda ninguna vacuna para prevenir la tuberculosis. La prueba tuberculínica no es una vacuna contra la tuberculosis.

We need your help to find out if your child has been exposed to tuberculosis.  
 Necesitamos de su ayuda para saber si su niño/niña ha sido expuesto/a a la tuberculosis.

Place a mark in the appropriate box:	Yes Sí	No	Don't Know No se sabe
TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know: has your child been around anyone with any of these symptoms or problems? or has your child had any of these symptoms or problems? or has your child been around anyone sick with TB?  La tuberculosis puede causar fiebre de larga duración, pérdida de peso inexplicable, tos severa (con más de dos semanas de duración), o tos con sangre. ¿Es de su conocimiento si: su niño o niña ha estado cerca de algún adulto con esos síntomas o problemas? su niño o niña ha tenido algunos de estos síntomas o problemas? su niño o niña ha estado cerca de alguna persona enferma de tuberculosis?			
Was your child born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?  ¿Su niño o niña nació en México en o cualquier otro país de América Latina, el Caribe, África, Europa Oriental o Asia?			
Has your child traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks?  ¿Su niño o niña viajó a México o a cualquier otro país de América Latina, el Caribe, África, Europa Oriental o Asia durante el último año por más de 3 semanas?  If so, specify which country/countries? _____ Si su respuesta es positiva, favor de especificar a qué país o países.			
To your knowledge, has your child spent time (longer than 3 weeks) with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?  ¿Es de su conocimiento, si su niño o niña pasó un tiempo (más de 3 semanas) con alguna persona que es o ha sido usuario de droga intravenosa (IV), infectado por VIH, en la prisión, o haya llegado recientemente a los Estados Unidos?			

Has your child been tested for TB? Yes \_\_\_ (if yes, specify date \_\_\_/\_\_\_/\_\_\_) No \_\_\_  
 ¿A su niño o niña se le ha realizado la prueba tuberculínica recientemente? Sí (si sí, especifique la fecha) No

Has your child ever had a positive TB skin test? Yes \_\_\_ (if yes, specify date \_\_\_/\_\_\_/\_\_\_) No \_\_\_  
 ¿Su niño o niña alguna vez tuvo reacción positiva a la tuberculina? Sí (si sí, especifique la fecha) No

# Crosby Independent School District

## Registration for Transportation Services

School Yr: 2014-15

Please fill out the information below. If you need more room, please use the back of the page. Sign and return to your child's school or to the Transportation Department the following day.

### Student Information

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Gender: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Parent/Guardian Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Custody:

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Pickup:   
\_\_\_\_\_  
\_\_\_\_\_

Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Custody:

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Pickup:   
\_\_\_\_\_  
\_\_\_\_\_

Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Student Release Information/Pickup List**  
**PLEASE INDICATE IF STUDENT MAY BE RELEASED FROM SCHOOL, SCHOOL BUS STOP, OR CROSBY ISD OPERATIONS CENTER TO THOSE LISTED BELOW. I UNDERSTAND THAT NO OTHER PERSONS WILL BE ALLOWED TO PICK UP MY STUDENT UNLESS INDICATED BELOW. PERSONS PICKING UP STUDENTS WILL BE REQUIRED TO SHOW A GOVERNMENT ISSUED PICTURE ID.**

Contact	Primary Phone	Secondary Phone	Relationship	Pickup Allowed
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### Daycare Provider Information

If your child will be picked up or dropped off at a daycare provider, please provide that information here.

Day Care Name: \_\_\_\_\_ Bus No. \_\_\_\_\_

Day Care Name: \_\_\_\_\_ Bus No. \_\_\_\_\_

### Alternate Service Location

If your child will be picked up or dropped off at an alternate location, please provide that information here. Alternate pick up or drop off may not be at a business.

Pickup Address: \_\_\_\_\_ Bus No. \_\_\_\_\_

Drop-off Address: \_\_\_\_\_ Bus No. \_\_\_\_\_

### Special Information

If there are any special instructions/medical information that you would like to share, please let us know.

### Signature

I have verified the above information is correct.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date





## Crosby Independent School District Online Applications for Free & Reduced Meals

The Child Nutrition Department of Crosby ISD offers MEAL APP NOW by Systems Design – a program that allows parents to apply for free and reduced meals via the Internet.

The MEAL APP NOW site requires the creation of an account for electronic signature purposes. Depending upon the circumstances of your household you will need your student's ID number and birth date, TANF/SNAP case number and household income. The site is secured with an extended validation secure sockets layer (ssl) certificate and all data is private and used only for the meal application process.

Entering the application in MEAL APP NOW eliminates lost forms and provides the district immediate access to your completed application for processing in minutes instead of the ten days that may be required for paper applications. Paper applications are available upon request at the Child Nutrition Services Office or at your student's school office.

You may gain access to MEAL APP NOW by going to the District web site ([www.crosbyisd.org](http://www.crosbyisd.org)), clicking Child Nutrition under Departments and following the APPLY ONLINE link. Additional information and instructions on how to use the features of MEAL APP NOW are available by following the links on the web site.

We are confident that you will find this an efficient and convenient service to you and your children. We are always looking for better ways to serve you.

CISD Child Nutrition  
Brian Aubin, Child Nutrition Director  
Crosby Independent School District

Crosby ISD eliminates the paperwork by offering Meal App Now by Systems Design for free and reduced meal applications. Meal App Now uses an extended validation SSL certificate - the strongest identity authentication standard available.

To begin the application process for free and reduced price meals at Crosby ISD Create an Account or Login if you have previously created an account for Meal App Now at Crosby ISD. Follow the simple steps to complete a meal application for the 2012 - 2013 school year.

**MEAL APP NOW**  
systemsdesignusa.com

Copyright © 2012 Systems Design | Bookmark this site

Translate this page | Spanish



## Distrito Escolar Independiente de Crosby Aplicaciones en Línea Para Las Comidas Gratis y Reducidas

El Departamento de nutrición infantil de Crosby ISD ofrece MEAL APP NOW por Systems Design - un programa que permite a los padres a aplicar de forma gratuita y comidas a través de Internet.

MEAL APP NOW requiere la creación de una cuenta para propósitos de firma electrónica. Dependiendo de las circunstancias de su hogar usted necesitará su estudiante número de identificación y fecha de nacimiento, número de caso TANF/SNAP y los ingresos. El sitio está asegurado con un certificado de validación extendida secure sockets layer (ssl) y todos los datos privados y utilizados únicamente para el proceso de aplicación de la comida.

Entrar en la aplicación en MEAL APP NOW elimina formas perdidas y proporciona el acceso inmediato de distrito a su solicitud para procesamiento en minutos en lugar de los diez días que sean necesarios para las aplicaciones de papel. Solicitudes impresas están disponibles bajo petición en la Oficina de Servicios de Nutrición Infantil o en la oficina de la escuela de su estudiante.

Usted puede tener acceso a MEAL APP NOW visitando el sitio web del distrito ([www.crosbyisd.org](http://www.crosbyisd.org)), clic en Nutrición Infantil en Departamentos y siguientes vincular APPLY ONLINE. Información adicional e instrucciones sobre cómo utilizar las funciones de MEAL APP NOW están disponibles siguiendo los vínculos en el sitio web.

Estamos seguros que esto encontrará un servicio eficiente y conveniente para usted y sus hijos. Siempre estamos buscando mejores maneras de servirle.

Nutrición infantil CISD

Brian Aubin, Director de nutrición del niño  
Distrito escolar independiente de Crosby

The screenshot shows the Crosby ISD website interface for the Meal App Now. At the top, there is a navigation bar with the Crosby ISD logo and the text 'INDEPENDENT SCHOOL DISTRICT'. On the right side of the navigation bar, there are links for 'Lunch Money Now' and 'Login'. The main content area is divided into two columns. The left column contains text explaining the service: 'Crosby ISD elimina el papeleo, ofreciendo Meal App Now por el diseño de sistemas gratis y reducido las aplicaciones de la comida. Meal App Now utiliza un certificado SSL de validación extendida - el estándar de autenticación de identidad más fuerte disponible.' Below this text, there is a paragraph starting with 'Para comenzar el proceso de solicitud para comidas gratis o a precio reducido en Crosby ISD crear una cuenta o Login si previamente ha creado una cuenta para Meal App Now a Crosby ISD. Siga estos simples pasos para completar una solicitud de comidas para el año escolar 2012-2013.' At the bottom of the left column, there is a large graphic for 'MEAL APP NOW' with the 'Crave' logo and the website 'systemsdesignusa.com'. The right column features a 'Create Account' form with the following fields: First Name (Primer nombre), Last Name (Apellido), Email Address (Dirección de correo electrónico), Reenter Email Address (Reenter Email Address), Username (Crear nombre de usuario), Password (Crear contraseña), Reenter Password (Vuelva a escribir la contraseña), and 555-123-1234 (Número de teléfono). At the bottom of the form, there is a checkbox for 'By using the site I agree to be legally bound by the Terms of use / política de privacidad' and a 'Register Now' button. At the very bottom of the page, there is a copyright notice 'Copyright © 2012 Systems Design' and a link to 'Agregar a Favoritos este sitio'. On the right side of the bottom, there is a 'Translate this page' button with a dropdown menu set to 'Original'.

FAX TO: 281-328-9240 ATTENTION: DIETITIAN  
PHYSICIAN'S DIET MODIFICATIONS

**PLEASE COMPLETE AND RETURN IF APPLICABLE.**

The U.S. Department of Agriculture School Meals Program requires that ALL QUESTIONS BE ANSWERED in order for ANY diet modification or substitution to be made in school meals.

Parent/GuardianName \_\_\_\_\_ StudentName \_\_\_\_\_

Campus Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

As parent or guardian, I give permission for Crosby ISD to contact the Physician's office regarding my child's dietary needs. \_\_\_\_\_ (Signature)

**PART A – STUDENTS WITH LIFE THREATENING FOOD ALLERGIES ONLY COMPLETE THIS PART (If there is NO LIFE THREATENING FOOD ALLERGY, SKIP THIS SECTION, and GO TO PART B.)**

**PHYSICIAN'S STATEMENT** Date \_\_\_\_\_

I \_\_\_\_\_, (physician) declare the child listed above to possess  
Physician's Name (please PRINT)

the following **LIFE THREATENING FOOD ALLERGY.**

1. Life threatening food allergy – Omit these foods:

\_\_\_ fluid milk \_\_\_ peanuts \_\_\_ tree nuts \_\_\_ eggs \_\_\_ fish \_\_\_ shellfish \_\_\_ wheat \_\_\_ soy

2. Can the student consume foods where the allergen is an ingredient in the food product?

\_\_\_ yes \_\_\_ no (Example: scrambled eggs are omitted but egg as an ingredient in pancakes is allowed)

Explain \_\_\_\_\_

3. Other life threatening food allergies (list all) – Omit these foods:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Explanation of why this disability restricts diet: \_\_\_\_\_

5. Major life activity affected by the life threatening food allergy (check all that apply):

(NOTE: Crosby ISD cannot honor this document unless at least one life activity is marked.)

\_\_\_ eating \_\_\_ caring for one's self \_\_\_ performing manual tasks \_\_\_ walking \_\_\_ seeing

\_\_\_ hearing \_\_\_ speaking \_\_\_ breathing \_\_\_ learning

6. Foods to Substitute (NOTE: Crosby ISD cannot honor this document unless substitutions are listed below.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Clinic/Facility Name & Address

**FAX TO: 281-328-9240 ATTENTION: DIETITIAN  
PHYSICIAN'S DIET MODIFICATIONS**

**The U.S. Department of Agriculture School Meals Program requires that ALL QUESTIONS BE ANSWERED in order for ANY diet modification or substitution to be made in school meals.**

Parent/Guardian Name \_\_\_\_\_ Student Name \_\_\_\_\_

Campus Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

As parent or guardian, I give **permission for Crosby ISD to contact the Physician's office** regarding my child's dietary needs. \_\_\_\_\_ (Signature)

**PART B – STUDENTS WITH DISABILITIES ONLY COMPLETE THIS PART (students with LACTOSE INTOLERANCE, SKIP THIS SECTION, COMPLETE PART C)**

**PHYSICIAN'S STATEMENT**

Date \_\_\_\_\_

I \_\_\_\_\_, (physician) declare the child listed at top of page to possess  
Physician's Name (please PRINT)  
the following **DISABILITY**.

**1. List any disability requiring meal modification:**

\_\_\_\_\_  
**2. Explanation of why this disability restricts diet:**

**3. Major life activity affected by the DISABILITY (check all that apply):**

*(NOTE: Crosby ISD cannot honor this document unless at least one life activity is marked.)*

\_\_\_\_ eating \_\_\_\_ caring for one's self \_\_\_\_ performing manual tasks \_\_\_\_ walking \_\_\_\_ seeing  
\_\_\_\_ hearing \_\_\_\_ speaking \_\_\_\_ breathing \_\_\_\_ learning \_\_\_\_ other, specify \_\_\_\_\_

**4. Foods to Omit:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Foods to Substitute** *(NOTE: Crosby ISD cannot honor this document unless substitutions are listed below.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Clinic/Facility Name & Address

**FAX TO: 281-328-9240 ATTENTION: DIETITIAN  
PHYSICIAN'S DIET MODIFICATIONS**

**The U.S. Department of Agriculture School Meals Program requires that ALL QUESTIONS BE ANSWERED in order for ANY diet modification or substitution to be made in school meals.**

Parent/Guardian Name \_\_\_\_\_ Student Name \_\_\_\_\_

Campus Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

As parent or guardian, I give **permission for Crosby ISD to contact the Physician's office** regarding my child's dietary needs. \_\_\_\_\_ (Signature)

**PART C – STUDENTS WITH LACTOSE INTOLERANCE ONLY  
COMPLETE THIS PART**

**PHYSICIAN'S STATEMENT**

Date \_\_\_\_\_

I \_\_\_\_\_, (physician) declare the child listed at top of page to possess  
Physician's Name (please PRINT)

**LACTOSE INTOLERANCE.**

Please check all that apply:

fluid milk  yogurt  raw cheeses  baked cheeses  ice cream

**In accordance with the U.S. Department of Agriculture's *Final Milk Substitutions in the School Nutrition Programs* rule, Crosby ISD can only substitute cow's milk with a milk equivalent (i.e. can no longer substitute juice) for students without a disability or life threatening allergy.**

**It is the policy of Crosby ISD to provide students with LACTOSE INTOLERANCE lactose free milk only.**

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Clinic/Facility Name & Address

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

**Any questions please contact Shannon Kotowych, RD at 281-328-9200 ext 1253**

**NEW INFORMATION REQUIRED  
BY TEXAS SCHOOL DISTRICTS  
GRADES KG - 12**

Beginning with the 2013-2014 school year, Senate Bill 525 and 833 enacted by the Texas Legislature requires all school districts to collect the following information on each student:

**FOSTER CARE**

Is the student currently in the conservatorship of the DFPS - Department of Family and Protective Services (foster care):

YES \_\_\_\_\_ NO \_\_\_\_\_

Return this form to your campus front office. **If YES is checked, send a copy of the Texas DFPS Placement Authorization Form (Form 2085) or court order as verification.**

**MILITARY CONNECTED STUDENT**

Check **ONE** of the options below:

- 0 \_\_\_\_\_ Not a military-connected student
- 1 \_\_\_\_\_ Student is a dependent of a member of the Army, Navy, Air force, Marine Corps, or Coast Guard on Active Duty
- 2 \_\_\_\_\_ Student is a dependent of a member of the Texas National Guard (Army, Air Guard, or State Guard)
- 3 \_\_\_\_\_ Student is a dependent of a member of a reserve force in the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard)
- 4 \_\_\_\_\_ Pre-kindergarten student is a dependent of: **1)** an active duty uniformed member of the Army, Navy, Air Force, Marine Corps, or Coast Guard, **2)** activated/mobilized uniformed member of the Texas National Guard (Army, Air Guard, or State Guard), or **3)** activated/mobilized members of the Reserve components of the Army, Navy, Marine Corps, Air Force, or Coast Guard; who are currently on active duty or who were injured or killed while serving on active duty.

Return this form to your campus front office. **If you checked number 1-4, please bring this form to your campus front office along with the Department of Defense photo identification for children of active duty service members.** If the student has not been issued such an ID, please provide other proof of the family member's active duty status. **Campus officials are NOT to make a copy of the DoD identification.**

*The term "dependent" with respect to a member of a uniformed service, means the spouse of the member, an unmarried child of the member, an unmarried person who is placed in the legal custody of the member and is dependent on the member for over one-half of the person's support, resides with the member unless separated by the necessity of military service or to receive institutional care as a result of disability or incapacitation, or under such other circumstances as the Secretary concerned may by regulation prescribe and is not a dependent of a member under any other paragraph (37 USC Sec. 401)*

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Campus

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date