LTE REGISTRATION CHECKLIST

*2022-23 Grade:  

Home Language:  □ English /  □ Spanish /  □ Other ________

square □ Pre-Kinder Forms Complete (if applicable)

square □ Pre-Kinder preliminary Proof of Income (if applicable)

square □ Enrollment Forms/Packet Complete

**Must be provided by parent/guardian**

square □ Birth Certificate: CERTIFIED ORIGINAL, no hospital copies

square □ Immunization Record: To be approved by school nurse

square □ Social Security Card: If not provided an ID will be assigned

square □ Photo ID Card of Registering Parent/Guardian

square □ Proof of Residence: Lease/Loan doc or property tax statement AND a utility bill (electric, water or gas only) in the resident's name.

A student can only be registered by a parent or guardian.

Students will not be enrolled until all of the required documents by the district are received and approved.

Notes:
LTISD Prekindergarten Eligibility Form 2022-2023

1. COMPLETE STUDENT INFORMATION

Student's Full Name:

(Last) (First) (Middle)

Address: Phone Number: Date of Birth: Zip Code: Sex: □ M □ F

Home Campus: Prekindergarten is located at LTE, SHE and LPE, based on your child's Middle School attendance zone.

□ 101 Lake Travis El (LTE) □ 102 Lakeway El (LWE) □ 103 Bee Cave El (BCE) □ 104 Lake Pointe El (LPE)

□ 105 Serene Hills El (SHE) □ 106 West Cypress Hills El (WCH) □ 107 Rough Hollow El (RHE)

2. CHOOSE QUALIFIER

<table>
<thead>
<tr>
<th>Qualifier</th>
<th>Documentation Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1. Be unable to speak and comprehend the English language; or</td>
<td>• Language Testing completed by the child's home campus.</td>
</tr>
<tr>
<td>☐ 2. Be educationally disadvantaged, which means a student eligible to</td>
<td>• Completed income chart below and one of the following: Completed McKinney-Vento Form (included in registration package) indicating that the child's residence status is considered homeless by the guidelines stated.</td>
</tr>
<tr>
<td>participate in the national free or reduced-price lunch program; or see</td>
<td>• Visual verification of parent's Military ID (Copies cannot be made of Military IDs) Administrator or Registrar: initial and date here upon visual verification; or Copy of Military Statement of Service.</td>
</tr>
<tr>
<td>Federal Income chart below*</td>
<td></td>
</tr>
<tr>
<td>☐ 3. Be homeless, as defined by 42 United States Code (U.S.C.) Section</td>
<td>• Completed McKinney-Vento Form (included in registration package) indicating that the child’s residence status is considered homeless by the guidelines stated.</td>
</tr>
<tr>
<td>1143a, regardless of the residence of the child, of either parent of</td>
<td></td>
</tr>
<tr>
<td>the child, or of the child's guardian or other person having lawful control of the child; or</td>
<td></td>
</tr>
<tr>
<td>☐ 4. Be the child of an active duty member of the armed forces of the</td>
<td>• Visual verification of parent's Military ID (Copies cannot be made of Military IDs) Administrator or Registrar: initial and date here upon visual verification; or Copy of Military Statement of Service.</td>
</tr>
<tr>
<td>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</td>
<td></td>
</tr>
<tr>
<td>☐ 5. Be the child of a member of the armed forces of the United States,</td>
<td>• Copy of required documentation (List on TEA Website)</td>
</tr>
<tr>
<td>including the state military forces or a reserve component of the armed forces, who was injured or killed while serving on active duty; or</td>
<td></td>
</tr>
<tr>
<td>☐ 6. Be in, or have been in, the conservatorship of the Department of Family and Protective Services (DFPS) following an adversary hearing held as provided by Section 262.201, Family Code, or</td>
<td></td>
</tr>
<tr>
<td>☐ 7. Be the child of a person eligible for the Star of Texas Award as a peace officer (3106.002), firefighter (3106.003), or emergency medical first responder (3106.004).</td>
<td></td>
</tr>
</tbody>
</table>

**********If qualifying under qualifier 1, 3, 4, 5, 6 or 7 STOP HERE**********

3. IF QUALIFYING FOR ELIGIBILITY #2: Complete the chart below and attach Income Verification.

<table>
<thead>
<tr>
<th>A. Name</th>
<th>B. Income and how often it is received</th>
<th>C. Check if NO income</th>
</tr>
</thead>
<tbody>
<tr>
<td>List EVERYONE living in the HOUSEHOLD, including adults and minors</td>
<td>Weekly (W), Every 2 Weeks (E), Twice a Month (T), Monthly (M).</td>
<td></td>
</tr>
<tr>
<td>Earnings from work before deduction</td>
<td>Welfare, child support, alimony</td>
<td>Pensions, retirement, SS</td>
</tr>
<tr>
<td>Example: Smith, Jane</td>
<td>$200/E</td>
<td>$50/M</td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. IF QUALIFYING FOR ELIGIBILITY #2: Circle one total income of EVERYONE living in the household.

<table>
<thead>
<tr>
<th>Household size</th>
<th>Yearly</th>
<th>Monthly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$23,806</td>
<td>$1,968</td>
<td>$454</td>
</tr>
<tr>
<td>2</td>
<td>$31,894</td>
<td>$2,658</td>
<td>$614</td>
</tr>
<tr>
<td>3</td>
<td>$40,182</td>
<td>$3,349</td>
<td>$773</td>
</tr>
<tr>
<td>4</td>
<td>$48,470</td>
<td>$4,040</td>
<td>$933</td>
</tr>
<tr>
<td>5</td>
<td>$56,758</td>
<td>$4,730</td>
<td>$1,092</td>
</tr>
<tr>
<td>6</td>
<td>$65,046</td>
<td>$5,421</td>
<td>$1,251</td>
</tr>
</tbody>
</table>

Circle Qualifier #. OFFICE USE ONLY

1 2 3 4 5 6 7

APPROVED □ DENIED □

Administrator's Signature for Approval: Date:
**ENROLLMENT FORM**

**School Year:**

**Student's Full Name (as listed on birth certificate):**

(last)  (first)  (full middle)  

**Address:** TX  

**Home Phone:**  

**Date of Birth:**  

**Sex:**  

**Social Security Number:**  

**Student Cell Phone (Optional):**  

**Previous School Attended:**  

**City:**  

**State:**  

**Has this student ever been enrolled in a LTISD school?**  

☐ Yes  ☐ No  

Parent/Guardian 1 Parent/Guardian 2  

**Place of Business**  

**Place of Business**  

**Business Phone**  

**Business Phone**  

**Cell Phone**  

**Cell Phone**  

**Email Address**  

**Email Address**  

**Does student live with this parent/guardian?**  

☐ Yes  ☐ No  

**Does student live with this parent/guardian?**  

☐ Yes  ☐ No  

**Parent/guardian active military**  

☐ Yes  ☐ No  

**Parent/guardian active military**  

☐ Yes  ☐ No  

****active military includes Reserves and National Guard**  

Are there any legal documents regarding the custody of the student?  

☐ Yes  ☐ No  

If so, please provide a copy of the most recent order or agreement.  

**FOR HIGH SCHOOL STUDENTS ONLY**  

Will the student participate in UIL competitive activities? (band, athletics, orchestra, performance)  

☐ Yes  ☐ No  

**Activity:**  

***Please note that students will be restricted from competition until transcripted credits are verified.***  

In addition to parents, the following people may be contacted and may pick up this student from school:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Relation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Name</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I grant permission for my child to participate in any and all field trips in or out of the limits of the Lake Travis Independent School District by his class or organization. Some of these trips will be walking to points of interest near the school, while others will be by motor bus operated and insured as required by the laws of the State of Texas for public school transportation. I further understand children will be informed in advance of any proposed trip so they may inform their parents.

**Parent or Guardian Signature:**  

**Date:**  

**Office Use Only:**  

**STUDENT ID #**  

**TEACHER #**
ACKNOWLEDGMENT OF RECEIPT / ACCOUNTABILITY

Student Name ___________________________ Grade __________ Date Signed __________

Handbook/Code of Conduct
Click Here

My student and I have read and understand the online Student/Parent Handbook and the LTISD Student Code of Conduct (click the link above--Handbook/Code of Conduct). In addition, we understand that if my child participates in extracurricular/co-curricular activities, he or she may be held to standards of behavior beyond those established in the Student Code of Conduct, and that if he or she violates such standards of behavior, he or she may lose privileges, including but not limited to, loss of participation in extracurricular/co-curricular activities. I understand that I may request a hard copy of the Student/Parent Handbook and/or the LTISD Student Code of Conduct.

My student and I have also read and understand the Student Acceptable Use Policy located in the online Student/Parent Handbook. I understand that, in accordance with LTISD’s mission, goals, and vision for instructional technology, it may be necessary that my child acquire and use accounts in third party systems, including, but not limited to, Schoology, Google Apps, and Chrome Apps Extensions. I understand that such accounts will be used at school for instructional purposes, but that they may also be accessed outside of school. I understand that student accounts in third party systems will be created, managed, and monitored by Lake Travis ISD staff, and that my consent is required for my child to access such third party system. I hereby release LTISD, its personnel, agents, and any party with which LTISD is affiliated, from any and all claims and damages of any nature arising from my child’s use of, or inability to use, LTISD’s computer system, including but not limited to, claims that may arise from the unauthorized use of the system to purchase products or services. As the parent or guardian of the Student, I will instruct my child regarding any additional restrictions I have concerning his or her access to materials. I will emphasize to my child the importance of following the rules for personal safety.

NOTE: If you are registering prior to August, the Handbook/Code of Conduct you will be linked to is the version currently applicable to students. The next year Handbook/Code of Conduct will be approved and applicable at the start of the school year. The District requests that you review the next year Handbook/Code of Conduct at the beginning of the year to become familiar with any changes from the current version.

By signing this form, I am indicating that I have read and understand the online Student/Parent Handbook (including the Student Acceptable Use Policy), the LTISD Student Code of Conduct, and any other information provided in this form. In addition, I am certifying that any information that I have provided in this form is correct.

X ___________________________ Date __________ X ___________________________ Date __________
(Parent/Guardian Signature) (Student Signature)
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 44886)

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.

__________________________________________ (Parent/Guardian)/(Staff) Signature

__________________________________________ Date

Student/Staff Name (please print)

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:

Texas Education Agency – September 2018

Page 3
The Texas Migrant Education Program provides a variety of educational services to families who work, in agriculture, regardless of their nationality or legal status. Your children might be eligible for additional educational services. Please answer the following questions.

<table>
<thead>
<tr>
<th>Parent Name:</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>TX</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Grade</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Has anyone in your household had a job working on a farm, in a field, in a greenhouse, in a nursery or in a packing house? *(Not including your own property)* Mark all that apply.

<table>
<thead>
<tr>
<th>Farms</th>
<th>Ranches</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Cotton/Fruit/Vegetables Fields</td>
<td>☐ Feeding/Slaughtering Livestock</td>
</tr>
<tr>
<td>☐ Chicken Farms</td>
<td>☐ Bailing Hay</td>
</tr>
<tr>
<td>☐ Building/Repairing Fences</td>
<td>☐ Building/Repairing Fences</td>
</tr>
<tr>
<td>☐ Clearing Land</td>
<td>☐ Clearing Land</td>
</tr>
<tr>
<td>☐ Other</td>
<td>☐ Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Food/Animal Processing Plants</th>
<th>Fishing</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Packaging Meats/Fruits/Vegetables</td>
<td>☐ Commercial Fishing/Shrimping</td>
</tr>
<tr>
<td>☐ Canning Fruits/Vegetables</td>
<td>☐ Cleaning, Sorting, Packaging:</td>
</tr>
<tr>
<td>☐ Sorting Animals/Fruits/Vegetables</td>
<td>Fish/Shrimp/Shellfish</td>
</tr>
<tr>
<td>☐ Unloading Livestock</td>
<td>☐ Other</td>
</tr>
<tr>
<td>☐ Other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Forestry</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Shaping/Cutting Christmas Trees</td>
<td>☐</td>
</tr>
<tr>
<td>☐ Nursery Plants</td>
<td></td>
</tr>
<tr>
<td>☐ Other</td>
<td></td>
</tr>
</tbody>
</table>

If you marked one or more, continue to #2. *None of these* ☐

2. In the past 3 years, have you or another member of your household traveled to another county or another state to do this work? (Including during the summer, winter, spring break)

   YES ☐  NO ☐

---

Attention School District Staff
Email, Fax or Mail
surveys marked YES to:

ESC Region 13
Attn: Migrant Recruiters
5701 Springdale Rd, Austin, TX 78723
Fax: 512-919-5284
E-mail: Marquita.Orta@esc13.txed.net, Marlen.Gonzalez@esc13.txed.net

Your information is strictly confidential. It will not be shared or distributed. Only one completed survey per family is needed.
Lake Travis Independent School District
Statement of Residence by Parent or Guardian

I understand that making a false statement in this document or any other document for the purpose of school enrollment is a criminal offense under §37.10 of the Texas Penal Code and could subject me to imprisonment or fine. I further understand that enrollment of a child under false documents is a violation of §25.001(h) of the Texas Education Code and subjects me to liability for tuition or costs under Texas Law and will at a minimum result in my child being withdrawn from Lake Travis ISD.

Parent Name: ___________________________ Date: ___________________________

Student Name: ___________________________ Date of Birth: ___________________________

Address: ___________________________ City: ___________________________ State: TX Zip: __________

Please initial the applicable statement:

☐ I swear that I am the parent of the Student listed above and that I have legal authority to establish the residence of the Student. (If a court order or document exists establishing conservatorship, please include a copy of the most recent order or document).

☐ I swear that I am the legal guardian or other person having lawful control of the Student listed above and that I have legal authority to establish the residence of the Student. (Please provide all applicable court document(s)).

☐ I swear that I am serving as the host family for a foreign exchange student participating in a nationally recognized foreign exchange program. (Please provide any applicable documentation).

☐ I swear that I am the Student listed above and am 18 years of age or older, or that I am an emancipated minor. (Please provide any applicable legal documentation).

☐ I swear that I am the grandparent of the Student listed above and I provide over 50% of the Student’s after-school care. (Please call Ami Tobin at 512-533-6020 to complete the After-School Care Transfer Request Form).

Please initial each statement:

☐ I swear that the address listed above is my primary legal residence.

☐ I spend the majority of my time at the address listed above.

☐ I have provided proof:

☐ I am a legal resident of Lake Travis ISD and have attached a tax receipt, lease agreement, deed, or title and a current utility bill (water, electric or gas).

☐ OR I reside with a person whose property is within the boundaries of the Lake Travis ISD or have an agreement to reside on property located within boundaries of the Lake Travis ISD. I have completed the notarized statement below and attached a tax receipt, lease agreement, deed, or title from the property owner and a current utility bill (water, electric or gas).

Property Owner’s Name: ___________________________

_____________________________ resides in my home at ___________________________

(Complete Name of Resident) (Street Address)

_____________________________ TX ___________________________

(City) (State) (Zip Code)

which is documented as being within the Lake Travis ISD boundaries.

Property Owner’s Signature: ___________________________ Date: ___________________________

STATE of TEXAS § COUNTY of TRAVIS

Subscribed and sworn to me this __________ day of _____________, 20_____.

(Seal)

Notary Public – State of Texas

Page 5
Student Residency Questionnaire

The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as Title X, Part C, of the No Child Left Behind Act. The answers you give will help the school determine the services the student may be eligible to receive.

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.001 (h).

Name of Student: ___________________________ Gender: ☐ Male ☐ Female

Last First Middle

Birth Date: ___________ Grade: ___________ Social Security #: ___________

(or student identification number)

Check the box that best describes with whom the student resides. (Please note: legal guardianship may be granted only by a court; students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in and attend school. The school cannot require proof of guardianship for enrollment or continued attendance.)

☐ Parent(s)
☐ Legal Guardians(s)
☐ Caregiver(s) who are not legal guardian(s) (Examples: friends, relatives, parents of friends, etc.)
☐ Other ________________________________

Name of person with whom student resides: __________________________________________

Address: ________________________________________________________________

City: __________________________________________ ZIP: ______________________

Home Phone #: ___________ Cell Phone #: ___________ Other Emergency #: ___________

Length of Time at Present Address: ____________________________________________

Length of Time at Previous Address: ____________________________________________

Name of the school where student is enrolled or in which student is attempting to enroll: Lake Travis Elementary

Last District Attended: ___________ Last School Attended: ___________

Please check only one box that best describes where the student is presently living:

☐ In my own home or apartment, in Section 8 housing, or in military housing with parent(s), legal guardian(s), or caregiver(s) (if you checked this box, check one or both of the boxes below, if applicable.)

☐ My home has no electricity
☐ My home has no running water

☐ In the home of a friend or relative because I lost my housing (examples: fire, flood, lost job, divorce, domestic violence, kicked out by parents, parent in military and was deployed, parent(s) in jail, etc.)

☐ In a shelter because I do not have permanent housing (examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)

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Revised by THEO on April 27, 2009
In transitional housing (housing that is available for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, or another organization)
In a hotel or motel (examples: because of economic hardship, eviction, cannot get deposits for permanent home, flood, fire, hurricane, etc.)
In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or other unsheltered location

None of the above describe my present living situation  Briefly describe your situation:

Factors contributing to the student’s current living situation (check all that apply):

□ Natural disaster
  □ Tornado, storm, flood, etc.
  □ Hurricane, name:
  □ Fire: prairie, forest, grass, lightning strike, etc.
□ Family issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.
□ Home issues such as lack of electricity, water, heat, adequate home repair due to lack of funds, overcrowding, mold, etc.
□ Military: Parent/guardian deployed, injured or killed in action
□ Incarceration of parent/guardian
□ Incapacitation of parent or guardian due to health, mental health, drugs/alcohol, or other factors
□ Home fire not due to natural causes (i.e., faulty equipment/appliances/wiring, furnace, stove, fireplace, etc.)
□ Economic hardship:
  □ Loss of job resulting in inability to pay rent or mortgage
  □ Income from part-time or low paying job does not cover cost of housing in the area
  □ Loss of mortgage, including loss of mortgage of landlord if student/student’s family is renting
  □ Eviction record and/or inability to produce deposits for rent or utilities
□ High medical bills that leave little or no money for housing
□ Lack of affordable housing in the area
□ Minor student unable to afford housing on my own
□ None of the above describe the main reasons for my present living situation. Briefly explain the contributing factors:

Please provide the following information for school-age siblings (brothers and/or sisters) of the student:

<table>
<thead>
<tr>
<th>Name</th>
<th>Grade</th>
<th>School</th>
<th>District</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of Parent/Legal Guardian/Caregiver/Unaccompanied Student __________________________ Date ______________

For School Use Only
I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

□ Shelter       □ Doubled-Up □ Unsheltered □ Hotel/Motel

McKinney-Vento Liaison Signature __________________________ Date ______________

Revised by THEO on April 27, 2009

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New Student Profile

New Student Information

Legal First Name: ________________ Middle Name: ________________ Last Name: __________________

Phone Number: ___________ Date of Birth: ___________ Social Security Number: ____ - _____ - ____

Address: ___________________________ City: ________________ State: ___________ Zip: ___________

Person Enrolling Student

Name of Person Enrolling Student: ___________________________________________________

Relationship to Student: ___________________________ Phone Number: ___________________

Address of Person Enrolling Student: __________________________________________________

Driver’s License #: ___________________________ DL State: __________________

Please provide information for all schools the student has previously attended.

<table>
<thead>
<tr>
<th>Grade</th>
<th>District</th>
<th>Campus</th>
<th>City</th>
<th>State</th>
<th>Date From</th>
<th>Date To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please identify programs in which the student has previously been enrolled.

Program                                      | Yes | No |
---                                          |-----|----|
504 Program                                 |     |    |
Special Education                            |     |    |
Speech/Language Therapy                     |     |    |
Content Mastery/Tutorials/Academic Support   |     |    |
Dyslexia Program                            |     |    |
Gifted and Talented                          |     |    |
ESL                                          |     |    |
Bilingual Program                           |     |    |
Limited English Proficiency (LEP)            |     |    |
Has your child ever been retained?           |     |    |
If so, in which grade?                      |     |    |
Has your child ever failed a section of the TAKS/STAAR? |     |    |
Has your child ever been exempted from taking any section of the TAKS/STAAR? |     |    |
Has your child ever had reading support outside the classroom? |     |    |

Please list the names of any other children in the household attending LTISD schools.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Campus</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

Page 8
STUDENT HEALTH HISTORY

In order to provide the safest environment for your child, it is important that we have an understanding of your child's health status. Contact the school nurse if you wish to discuss any health problems in more detail.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Please explain “Yes” answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood disorders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Migraines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head Injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Condition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seizures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach/Intestinal Condition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urinary Condition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Painting Spells</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADD/ADHD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral Disorder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Broken Bones</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin Disorders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis (specify type)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision/ Hearing Problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Allergies

<table>
<thead>
<tr>
<th>Allergies</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insectal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Life Threatening Allergies/Anaphylaxis</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epi-Pen needed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please describe reaction and treatment history for any medical conditions listed above.

All life threatening health conditions, allergies, severe asthma, diabetes, and seizures will require a health care plan to be discussed with the school nurse.

Please contact the school nurse immediately to complete the additional required documentation.

Par1 Name  
Par1 Cell  
Par1 Email  
Par2 Name  
Par2 Cell  
Par2 Email
A Request for Medication Administration form signed by a parent will need to be completed before a child may receive any medication that is brought to the Nurse’s office to be administered. Student are allowed to carry and administer asthma and anaphylaxis medication (Rule 38.15 of Texas Education Code) once a Self-Carry/Administration of Medication Authorization form has been completed and given to the School Nurse. Please refer to the student handbook and Medication Policy letter for more information regarding medications.

Student Health Information

Please review the LTISD Student Handbook and School Nurse’s website for specific information about health services, absences, head lice and sick policy. Please contact the School Nurse whenever there are any changes in a student’s health status.

I give permission for the School Nurse to receive immunization information from my child’s physician while he/she attends LTISD.

Printed name of parent/guardian _____________________________  Signature of parent/guardian _____________________________  Date ________

Page 10
AUTHORIZATION TO SECURE EMERGENCY MEDICAL TREATMENT OF STUDENT

Student Name (print): ____________________________
Date of Birth: ____________________________ Grade: ____________________________
Name of Parent or Guardian: ____________________________________________________________
Address: _____________________________________________________________________________
Work Number: ____________________________ Home/Mobile Number: ____________________________

Alternative Contact if Parent/Guardian Cannot Be Reached (Must be someone other than a parent/guardian)
Name: ____________________________ Relationship to Student: ____________________________
Phone Number: ____________________________

Student’s Physician or Other Preferred Health-Care Provider
Name: ____________________________ Phone Number: ____________________________

Student’s Dentist
Name: ____________________________ Phone Number: ____________________________

Medication or drugs to which student has had an allergic or adverse reaction:
____________________________________________________________________________________
____________________________________________________________________________________

As the parent, legal guardian, or other person having legal control of the aforementioned minor, I grant my authorization and consent for Lake Travis ISD personnel to administer general first aid treatment for minor injuries or illnesses. I further authorize the Superintendent of Lake Travis ISD or a designated representative to secure any and all emergency medical care and treatment for ____________________________ (student's name) for acute illness suffered, injury sustained, or other situation requiring emergency medical treatment while at school or participating in school-related activities. The District may use any licensed hospital, clinic, or medical facility, if necessary, with the following exceptions:
____________________________________________________________________________________
____________________________________________________________________________________

I understand that the cost of services provided by ambulance, physician or nurse practitioner, clinic, hospital, pharmacy, laboratory, medical imaging provider, or dentist remains the responsibility of the parent/guardian and will not be assumed by the District or any of its officers or employees.

Check One:

____ I do have medical insurance coverage on my child with:
Name of Insurance Co: ____________________________
Name of Insured: ____________________________
Policy #: ____________________________ Group #: ____________________________
Phone# ____________________________ Medicaid #: ____________________________

____ I do not have medical insurance coverage on my child.

I understand that the District will attempt to contact me as soon as possible if such action is necessary.

Parent / Guardian’s Signature: ____________________________ Date: ____________________________

Copies of this authorization may be presented to the admissions office of a hospital or clinic or to a physician or dentist. Other distribution will occur only within the limitations of the Family Educational Rights and Privacy Act.
LAKE TRAVIS INDEPENDENT SCHOOL DISTRICT

HOME LANGUAGE SURVEY-19 TAC Chapter 89, Subchapter DB, §89.1215

(Home Language Survey applicable ONLY if administered for students enrolling in pre-kindergarten through grade 12)

TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN PREKINDERGARTEN THROUGH GRADE 8 (OR BY STUDENT IN GRADES 9-12): The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

To determine if your child would benefit from Bilingual and/or English as a Second Language program services, please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if Bilingual and/or English as a Second Language program services are appropriate and to inform instructional and program placement recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

For more information on the process that must be followed, please visit the following website: https://projects.esc20.net/upload/page/0084/docs/EL%20Identification_ReclassificationFlowchart%202018.pdf

This survey shall be kept in each student's permanent record folder.

NAME OF STUDENT: ____________________________

ADDRESS: ___________________________________________ TX

CAMPUS: ____________________________ TELEPHONE: ____________________________

NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.

1. What language is spoken in the child's home most of the time? ____________________________

2. What language does the child speak most of the time? ____________________________

Signature of Parent/Guardian ____________________________ Date ____________________________

Signature of Student if Grades 9-12 ____________________________ Date ____________________________

NOTE: If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if: 1) your child has not yet been assessed for English proficiency; and 2) your written correction request is made within two calendar weeks of your child's enrollment date.
Transportation Information

Lake Travis Elementary

Student Information

Grade: __________

Legal First Name: ____________________  Middle Name: ______________  Last Name: ____________________

Parent Name: ________________________  Phone Number: ______________  Cell: ______________

Address: ______________________________  City: ______________  State: TX  Zip: __________

1. Does your child need transportation?  Yes ☐  No ☐

2. If yes,  
   Morning  Yes ☐  No ☐
   Afternoon  Yes ☐  No ☐

3. Is there an alternate address within your attendance zone needed as your designated stop?  i.e. babysitter, grandparents, etc.  
   If yes (must be within same attendance zone),  
   Yes ☐  No ☐

Address: ______________________________

City: ______________  State: TX  Zip: __________
Student Directory Information Notice

The Family Education Rights and Privacy Act (FERPA), a Federal law, requires that Lake Travis ISD, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child’s education records. However, certain information about District students is considered “directory information” and may be released to anyone who follows the procedures for requesting the information, unless the parent or guardian objects to the release of the directory information about the student. If you do not want Lake Travis ISD to disclose directory information from your child’s educational records without your prior written consent, you must notify the District in writing with this form within 10 days of enrollment or reenrollment. This form should be completed only if you wish to restrict the release of your child’s information as identified below.

Lake Travis ISD has designated the following information as directory information: name, address, telephone number, electronic mail address, date and place of birth, major field of study, photograph, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, grade level, most recent educational institution attended, and degrees, honors and awards received.

Name of Student: ____________________________ Campus: __________________ Grade: ______

Name of Parent / Guardian: ____________________________ Phone: __________________

Signature of Parent / Guardian: ____________________________ Date: __________

Choose only ONE of the following:

☐ DISTRICT OR SCHOOL-SPONSORED PURPOSES. Lake Travis ISD may only release my student’s directory information for district or school-sponsored purposes. Examples include, but are not limited to, student recognition activities, yearbooks, newsletters, school/district publications, district or campus websites and social media, honors, media news releases, artwork displays, photographs, videos, extracurricular programs or events, class rosters distributed to other parents, classroom videos, class photo CDs, class memory books, PTO/PTA, booster clubs, and Lake Travis ISD Education Foundation. This includes the use of student images and voices on district/school/class websites and social media. By selecting this option, your student’s “directory information” will not be released to outside vendors not otherwise sponsored or associated with the district who may offer products and services.

☐ COMPLETELY RESTRICTED. Lake Travis ISD may not release my student’s directory information for any purpose including district or school-sponsored purposes or publications. Please be aware that selecting this option means that your student’s name/image will not appear in any district or school publications or newsletters and he/she will not be included in the school yearbook.

For Secondary Students Only - Check Only If You Do Not Want Information Released to Military/Higher Education:

☐ MILITARY / HIGHER EDUCATION. Federal law requires school districts receiving assistance under the Elementary and Secondary Education Act to provide a military recruiter or an institution of higher education, on request, with the name, address, and telephone number of a secondary student unless the parent has advised the district that the parent does not want the student’s information disclosed without the parent’s prior written consent.

☐ Lake Travis ISD may not release my student’s name, address, and telephone number to military recruiters or institutions of higher education upon their request.

Updated April 2019
**MEET MY CHILD**

<table>
<thead>
<tr>
<th>Child's Legal Name:</th>
<th>Date of Birth:</th>
<th>Grade:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name child goes by in school:</td>
<td>Gender</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Siblings</th>
<th>Grade</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Please do not request specific teachers for your child.*

My child’s strengths:

Areas that need more practice:

Likes:

Dislikes:

How do you reinforce appropriate behavior at home/redirect inappropriate behavior at home?

Things I want you to know about my child (allergies, medical conditions, special needs/situations):

---

**Kindergarten and First Grade Only**

My child’s reading ability:

- [ ] Readiness (recognizes letters and knows their sounds)
- [ ] Just Starting (knows simple words like: and, the, is…)
- [ ] Fluent (reads books with little or no help)

Parent or Guardian Signature: ____________________________ Date: ____________________________

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Lake Travis ISD does not discriminate on the basis of race, color, national origin, sex or handicap. For further information, contact the Title IX/Section 504 Coordinator at 512.533.6000.

Lake Travis ISD no discrimina por motivos de raza, color, origen nacional, sexo o impedimento. Para informar sobre sus derechos o procedimientos para quejas comuníquese con el Coordinador del Título IX y el Coordinador de la Sección 504 @ 512.533.6000.