

MARION HIGH SCHOOL

P.O. Box 189 • 506 Bulldog Lane • Marion, Tx 78124
(830) 914-2803 ext.1400 • (830) 420-3268 Fax#

New Student Registration Instructions

Student Name: _____

Grade: _____

Welcome to Marion High School. Please complete the attached documents **prior** to arriving to register your student.

At the time of registration, you **must have** the following documents:

- ❖ **Withdrawal Form from last school attended** including grades at time of withdrawal (if applicable)
- ❖ **Copy of student's last report card and STAAR results** from last school attended
- ❖ **Birth Certificate**
- ❖ **Social Security Card**
- ❖ **Immunization Record**
- ❖ **Current Driver's License or other state issued photo ID of parent/guardian registering student**
Note: Address must match address on utility bills submitted for proof of residency. No exceptions.
- ❖ **Proof of Residency within the District:** Require **both** of the following utility bills which **must show your name and physical address:**
 - Electric Bill
 - Water Bill
- ❖ **Any other pertinent legal documents regarding the custody/guardianship of student**

MARION HIGH SCHOOL Registration Form for School Year 2020 - 2021

Campus Name: MARION HIGH SCHOOL

Campus Phone: (830) 914-2803

Campus Fax: (830) 420-3268

STUDENT INFORMATION

Local ID _____ Student Name _____ Grade Level _____ Orig Entry Dt _____ Track _____ SSN _____

Gender _____ Date of Birth _____ Birth Place _____ Age (Sept 1st) _____ Texas Unique ID _____

Address: _____ Student Home Phone: _____

Mailing Address: _____ Student Cell Phone: _____

Student Email: _____ Will your child be using bus transportation to get to school? Yes No

PARENT INFORMATION

1. Guardian: _____ Relation: _____ 2. Guardian: _____ Relation: _____

Address: _____ Address: _____

City, St, Zip: _____ City, St, Zip: _____

Employer: _____ Employer: _____

Cell Ph: _____ Home Ph: _____ Bus Ph: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____

Other Ph: _____ Phone Pref: Cell Home Business Other Other Ph: _____ Phone Pref: Cell Home Business Other

Receive Mailouts: Yes No Language Pref: English Spanish Receive Mailouts: Yes No Language Pref: English Spanish

Emergency Contact: Yes No Email: _____ Emergency Contact: Yes No Email: _____

Svc Branch: _____ Rank: _____ Enrolling Person: _____ Svc Branch: _____ Rank: _____ Enrolling Person: _____

Right to Transport: Yes No Driver License #: _____ State: _____ Right to Transport: Yes No Driver License #: _____ State: _____

Vehicle Make: _____ Model: _____ Color: _____ Vehicle Make: _____ Model: _____ Color: _____

Vehicle Plate #: _____ State: _____ Vehicle Plate #: _____ State: _____

EMERGENCY CONTACT INFORMATION

1. Name: _____ Relation: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____

Other Ph: _____ Phone Pref: Cell Home Business Other Right to Transport: Yes No Driver License #: _____ State: _____

Vehicle Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____

2. Name: _____ Relation: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____

Other Ph: _____ Phone Pref: Cell Home Business Other Right to Transport: Yes No Driver License #: _____ State: _____

Vehicle Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____

Doctor: _____ Bus Ph: _____ Dentist: _____ Bus Ph: _____

Hospital: _____ Bus Ph: _____ Other Medical: _____ Bus Ph: _____

List any Allergies or Health Concerns: _____

SIBLING INFORMATION

Brothers/Sisters	Grade	School	Brothers/Sisters	Grade	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

BUS INFORMATION

Eligible: _____ Seat: _____ Special Requirements _____

Route: _____ Run: _____

Pickup Stop: _____ Dropoff Stop: _____ Transportation: _____

Pickup Assigned: _____ Dropoff Assigned: _____ Special Seating: _____

Pickup Route: _____ Dropoff Route: _____ Wheelchair: _____

The above information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records or information is a violation of state law and may subject you to tuition cost for your child. I certify that the information given above is correct. I authorize the school to contact the person named on this form and the above named physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physician, or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.

Parent or Guardian Signature _____

Date of Birth _____

Date _____

(For Office Use Only)

Teacher Name: _____ Control Nbr: _____ Eligibility Code: _____

Birth Certificate on File: _____ Mil Conn: _____ Foster Care: _____ Immunization on File: _____ Title I: _____

Soc Sec Copy on File: _____ At Risk: _____ Migrant: _____ Hm Lng: _____

Gift: _____ LEP: _____ BIL: _____ ESL: _____ Par Per: _____ Econ: _____ Special Education: Prim: _____ Sec: _____ Tert: _____ Multi: _____



MARION HIGH SCHOOL
P.O. Box 189 • 506 Bulldog Lane • Marion, Tx 78124
(830) 914-2803 ext.1400 • (830) 420-3268 Fax#

STATEMENT OF RESIDENCY

The information provided by me in regards to legal residency in the Marion Independent School District is an accurate and official documentation of legal residency in the Marion I.S.D. I fully understand the penalty for false information provided to the school district for enrollment of my child(ren).

Student's Full Name: _____

Physical Address: _____

Own House at this Location: (____)

Renting at this location: (____)

Name of Parent/Guardian (**please print**)

Relationship to Student

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY

Proof of Residency attached

Phone Bill _____
Property Deed _____
Water Bill _____
Electric Bill _____

Signature of Campus Employee: _____



MARION HIGH SCHOOL
P.O. Box 189 • 506 Bulldog Lane • Marion, Tx 78124
(830) 914-2803 ext.1400 • (830) 420-3268 Fax#

PARENT/GUARDIAN REGISTRATION INFORMATION

Due to a new law that is now in effect, the following information is required from the person registering a new student at Marion High School. Please be prepared to show your driver's license or other form of picture I.D. at time of registration.

The following information will be filled in and witnessed by the Registration Secretary:

Name: _____

Address: _____

Birthdate: _____

Relationship to Student: Parent
 Legal Guardian
 Other: _____

Information taken by: _____ Date: _____
Signature of Registration Secretary



MARION HIGH SCHOOL

P.O. Box 189 • 506 Bulldog Lane • Marion, Tx 78124
(830) 914-2803 ext. 1400 • (830) 420-3268 Fax#

REGISTRATION STATEMENT

Student Name: _____ **Grade:** _____

The above named student is seeking enrollment at Marion High School. Please circle the answer to each of the following questions as they apply to this student.

***Upon withdrawal from the last school attended was this student:**

- | | | |
|--|-----|----|
| 1. Ever retained?
If so, what grade and year? _____ | Yes | No |
| 2. Placed in an alternative disciplinary school, or JJAEP? | Yes | No |
| 3. Suspended On or Off Campus? | Yes | No |
| 4. Expelled from previous school? | Yes | No |

***Does this student have:**

- | | | |
|---|-----|----|
| 1. Any special education program, or IEP? | Yes | No |
| 2. 504 Plan? | Yes | No |
| 3. Bilingual/ESL Plan? | Yes | No |

Student Signature **Date** **Parent/Guardian Signature** **Date**

Relationship to Student

Any person who knowingly falsifies information required for enrollment may cause the student to be denied enrollment in the Marion ISD due to the false information.



MARION HIGH SCHOOL

P.O. Box 189 • 506 Bulldog Lane • Marion, Tx 78124
(830) 914-2803 ext. | 400 • (830) 420-3268 Fax#

REQUEST FOR RECORDS INFORMATION

Today's Date: _____

According to the Final Regulation-Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials including teachers within the educational institution and officials of other schools in the school system in which the student may intend to enroll may receive a student's record without a written consent for such release.

In order to request the student's official records from his/her previous school, we will need the following information:

Student's Full Name: _____

Date of Birth: _____

Grade Level: _____

Name and Address of Previous School Attended:

Telephone Number: _____

FOR OFFICE USE ONLY

Date Request TREX / Mailed / Faxed: _____

**MARION ISD STUDENT RESIDENCY QUESTIONNAIRE
2020-2021**

This questionnaire is intended to address the McKinney-Vento Education Assistance Improvements Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

Student's Name: _____

1. Is your current address a temporary living arrangement? ___Yes ___No
2. Is this temporary living arrangement due to loss of housing or economic hardship? ___Yes ___No

If you answered YES to the above questions, please complete the remainder of this form. If you answered NO, you may stop here and do not send this form to Federal Programs.

Where is the student presently living (check one box)?

- In a motel In a shelter Moving from place to place
- With more than one family in a house or apartment
- In a place not designed for ordinary sleeping accommodation such as a car, park or campsite.

Student's Name: _____ Date: _____

Student's School: _____ Date of Birth: _____ Grade: _____

Name of Parent(s)/Legal Guardian (s): _____

Address: _____ Zip: _____ Phone: _____

Signature of Parent/Legal Guardian: _____

Presenting a false record or falsifying records in 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. 25.002 (3) (d)

TO BE COMPLETED BY CAMPUS

Referred by: _____ Contact's Phone Number: _____

SERVICES REQUESTED (check appropriate boxes)

- School Supplies Clothing Glasses/Emergency Medical/Emergency Dental
 Free Lunch

Approved by: _____ Date: _____

MARION INDEPENDENT SCHOOL DISTRICT

HOME LANGUAGE SURVEY-19 TAC Chapter 89, Subchapter BB, §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/uploads/attachment_data/file/262520/identification_ReclassificationFlowchart%2009-14.docx
https://projects.esc20.net/uploads/attachment_data/file/262520/identification_ReclassificationFlowchart%2012-01-18.pdf



NAME OF STUDENT: _____

STUDENT ID#: _____

ADDRESS: _____

TELEPHONE #: _____

CAMPUS: _____

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.

MARION DISTRITO ESCOLAR INDEPENDIENTE
ENCUESTA DE IDIOMA INICIAL- 19 TAC Capítulo 89, Subcapítulo BB, § 89.1215
(La Encuesta del idioma del hogar se aplica SOLAMENTE si se administra para estudiantes que se matriculan en prejardín de infantes hasta el grado 12)

PARA SER COMPLETADO POR PADRE O TUTOR PARA ESTUDIANTES QUE SE INSCRIBEN EN PREKINDERGARTEN HASTA EL GRADO 8 (O POR ESTUDIANTES EN GRADOS 9-12) : El estado de Texas requiere que se complete la siguiente información para cada estudiante que se inscribe en una escuela pública de Texas por primera vez hora. Es la responsabilidad del padre o tutor, no de la escuela, proporcionar la información del idioma solicitada en las preguntas a continuación.

Estimado padre o tutor:

Para determinar si su hijo se beneficiaría de los servicios del programa Bilingüe / o Inglés como Segundo Idioma, responda las dos preguntas a continuación. Si alguna de sus respuestas indica el uso de un idioma que no sea el inglés, entonces el distrito escolar debe realizar una evaluación para determinar qué tan bien se comunica su hijo en inglés. Esta información de evaluación se usará para determinar si los servicios del programa bilingüe / o del inglés como segundo idioma son apropiados y para informar las recomendaciones de colocación de programas e instrucción. Si tiene preguntas sobre el propósito y el uso de la Encuesta de idiomas en el hogar, o si necesita ayuda para completar el formulario, comuníquese con el personal de su escuela / distrito.

Para obtener más información sobre el proceso que se debe seguir, visite el siguiente sitio web:
https://projects.esc20.net/upload/page/0084/docs/EL%20Identification_RaclassificationFlowchart%202018.pdf

NOMBRE DEL ESTUDIANTE: _____ ID de estudiante #: _____

DIRECCIÓN: _____ TELEFONO #: _____

CAMPUS: _____

NOTA: INDIQUE SÓLO UN IDIOMA POR RESPUESTA.

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

Firma del padre / tutor _____ Fecha _____

Firma del estudiante si Grados 9-12 _____ Fecha _____

NOTA: Si cree que cometió un error al completar esta Encuesta de idioma en el hogar, puede solicitar una corrección, por escrito, solo si: 1) su hijo aún no ha sido evaluado para el dominio del inglés; y 2) su solicitud de corrección por escrito se hace dentro de dos semanas naturales a partir de su fecha de inscripción 's hijo.

2020-2021 Family Survey









Date:	District: Marion ISD	Campus:
Student Name:	Date of Birth:	Grade Level:

Dear Parents,
 In order to better serve your children, our school district is helping the State of Texas identify students who may qualify to receive additional educational services. Please answer the following questions and return this form to your child's school. The information provided below will be kept confidential. Or, if you prefer, for more information, call: (210) 370-5401

1. Within the past 3 years have you, or your child, moved from one school district, city or state to another? YES NO
2. If YES, did you or your child move so you could work or look for work in agriculture or fishing?

NO (STOP here and return survey to your child's school)

YES (Please check all that apply below)

 Fruit, vegetables, sunflower, cotton, wheat, grain, on farms or ranches, fields & vineyards <input type="checkbox"/>	 Working in a cannery <input type="checkbox"/>	 Working on a dairy farm or ranch <input type="checkbox"/>	 Working in a fishery <input type="checkbox"/>
 Working on poultry farm <input type="checkbox"/>	 Working in a plant nursery, orchard, tree growing or harvesting <input type="checkbox"/>	 Working in a slaughterhouse <input type="checkbox"/>	 Other similar work, please explain: _____ _____

3. Please list all children who reside in the home who are under age 22 and **NOT** enrolled in school:

Please complete the following information: (Please print)

Name of Parent/Guardian:	Phone Number:
Address/City/State/Zip Code:	

For School Use Only: Please email survey with two YES responses to veronica.esparza@esc20.net

For ESC 20
 Use Only:
 Rev: 2/19

1 st Attempt:	2 nd Attempt:	3 rd Attempt:
--------------------------	--------------------------	--------------------------









2020-2021 Family Survey



Fecha:	Distrito: Marion ISD	Escuela:
Nombre del estudiante:	Fecha de Nacimiento:	Grado:

Estimados padres,
 Para mejorar los servicios de sus hijos, el distrito está colaborando con el estado de Texas para identificar a los estudiantes que pueden calificar para recibir servicios educativos adicionales.
 Toda la información proporcionada será mantenida confidencial. Favor de responder a las siguientes preguntas y regresar esta forma a la escuela de su hijo/hija. O, si lo prefiere, para obtener más información, llame al: (210) 370-5401

- ¿Dentro de los últimos 3 años usted, o su hijo/hija, se han mudado de un distrito escolar, ciudad o estado?
 Sí NO
- ¿Si la respuesta es Sí, se mudaron usted o su hijo/hija para poder trabajar o buscar trabajo en la agricultura o la pesca?
 NO (ALTO aquí y devuelva la encuesta a la escuela de su hijo/a) Sí (FAVOR elija los que apliquen abajo)

 Fruta, verduras, soya, girasol, algodón, trijo, betabel, la granja, ranchos, campos y viñedos <input type="checkbox"/>	 Trabajando enlatando frutas o verduras <input type="checkbox"/>	 Trabajando en una lechería o rancho <input type="checkbox"/>	 Trabajando en la pesca <input type="checkbox"/>
 Trabajando granjas de Aves <input type="checkbox"/>	 Trabajando en un vivero de plantas, plantando or cosechando arboles <input type="checkbox"/>	 Trabajando en una casa de matanza <input type="checkbox"/>	 Otro trabajo similar, favor de explicar: _____ _____

3. Favor de notar los niños que residen en el hogar que son menores de 22 años y que no están matriculados en la escuela:

Favor de llenar lo siguiente: (Favor de usar letra de molde)

Nombre de Padre/Guardina:

Número de Teléfono:

Dirección de domicilio/Ciudad/Estado/Código Postal:

For School Use Only: Please email survey with two YES responses to veronica.esparza@esc20.net

For ESC 20
 Use Only:
 Rev: 2/19

1 ^a Attempt:	2 ^a Attempt:	3 ^a Attempt:
-------------------------	-------------------------	-------------------------

**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.
- NotHispanic/Latino**

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

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

Student/Staff Name (please print)

(Parent/Guardian)/(Staff) Signature

Student/Staff Identification Number

Date

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:

_____ Hispanic / Latino

_____ NotHispanic/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 Student/Staff Ethnicity and Race Data Questionnaire in Spanish

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:



MARION HIGH SCHOOL
P.O. Box 189 • 506 Bulldog Lane • Marion, Tx 78124
(830) 914-2803 ext.1400 • (830) 420-3268 Fax#

Military Status Survey

Name of Student: _____ Student ID: _____
Address: _____ Telephone #: _____
Campus: _____

Please check one box that applies to your family:

- 0—Not a military connected student
- 1—Student is a dependent of a member of the US Military on active duty
- 2—Student is a dependent of a member of the Texan National Guard
- 3-- Student is a dependent of a member of a reserve force of the US Military
- 4—Pre-KIndergarten student is a dependent of an active duty member of the US Military.

Signature of Parent/Guardian

Date

*Military ID has been viewed by _____ Date _____



BUS RIDERS RULES AND REGULATIONS

All or any changes of students pickup or drop off location will need to be in before 1:00PM. Rules defining student conduct are designed to protect the passengers and shall be observed at all times. Bus safety rules shall include, but not be limited to, the following:

1. The bus driver is in charge of students on the bus. Students shall follow the driver's directions at all times.
2. Only authorized personnel and eligible bus students assigned to a specific bus are permitted to ride the bus.
3. Buses will stop at established stops only. Students will not be permitted to leave the bus until the bus arrives at an established bus stop or the appropriate school. Students shall load and unload at their designated bus stop only.
4. Students shall wait for a bus by remaining on the sidewalk. If there is no sidewalk, students will wait next to (but not in) the street. Students must wait until the bus comes to a full stop before boarding or leaving the bus.
5. Students will remain properly seated at all times and not block the center aisle. Any or all students may be assigned seats.
6. Students must keep their hands, head, feet and personal objects inside the bus at all times.
7. Scuffling, shoving, or fighting is prohibited on the bus and at established bus stops.
8. Littering or throwing items inside or from the bus is prohibited.
9. Students are not allowed to consume food or drink on the bus. The use of all tobacco products is prohibited.
10. Students shall not deface or vandalize the bus or related equipment. Students that violate this rule will be required to pay for damages.
11. Students are not to engage in loud talking, yelling, the use of profanity, inappropriate language or gestures, on the bus.
12. Students are not allowed to bring animals or harmful objects (i.e. weapons, drugs, alcohol, fireworks, etc.)
13. Students while on the bus and when exiting or entering the bus are required to comply with and will be subject to the Student Code of Conduct/Discipline Rules established by the School District.
14. Students, while on the bus, while entering or exiting the bus and while at or in the general area of the designated loading and unloading zone area, are required to comply with and will be subject to the Student Code of Conduct/Discipline Rules established by the School District and Student Transportation Specialists.
15. Pre-Kindergarten and Kindergarten must have authorized adult at bus door or the child will not be released.

(Disciplinary Procedures on back)

CUT ON DOTTED LINE & RETURN ONLY THE INFORMATION CARD

Date: _____ Trip Only: _____ Bus #: _____ AM _____ PM _____

Student's Name: _____ DOB _____

School _____ Grade: _____ Bus #/Stop _____

In case of accident or illness, the driver or principal may notify:

Parent/Guardian: _____

Home Address: _____ City _____ Zip _____

Phone: _____ Email: _____

PM Dropoff Location: _____ If no answer, call _____

2nd Contact: _____ Phone: _____

I have read and understood the bus rules and have reviewed them with my children. _____

Parent/Guardian Signature: _____

Additional Comments (i.e. Medical/Allergies) use back of card if necessary. _____

THE FOLLOWING DISCIPLINARY PROCEDURES FOR BUS TRANSPORTATION WILL APPLY:

(Parents will be notified by phone and mail after each offense)

- a) **FIRST OFFENSE:**
A verbal and written warning is issued to the student.
 - b) **SECOND OFFENSE:**
A three-day suspension is issued to the student.
 - c) **THIRD OFFENSE:**
A ten-day suspension is issued to the student.
 - d) **FOURTH OFFENSE:**
A thirty-day suspension is issued to the student.
 - e) **FIFTH OFFENSE:**
Student will be suspended for the remainder of the school year.
 - f) **SEVERE CLAUSE:**
If a student's conduct while on the bus or while exiting or entering the bus either jeopardizes the safety of other students and/or the driver, or constitutes an offense under the Student Code of Conduct/Disciplinary Rules that could result in expulsion or removal to the District's Alternative Education Program, a suspension of the student's bus transportation privileges will immediately be placed into effect for a period of time up to the remainder of the school year. This suspension will be in addition to any other disciplinary action that may be taken by the School District with respect to the conduct referred to in this clause.
-