

New students to Roscoe Collegiate High School will need the following items in order to register:

BIRTH CERTIFICATE

SOCIAL SECURITY CARD

IMMUNIZATION RECORD

PROOF OF RESIDENCY

COPY OF PARENT/GUARDIAN DRIVERS LICENSE OR ID CARD

NAME OF THE PREVIOUS SCHOOL ATTENDED IN ORDER TO
REQUEST RECORDS

THANK YOU

ROSCOE COLLEGIATE HIGH SCHOOL Registration Form for School Year 2017 - 2018

Campus Name: ROSCOE COLLEGIATE HIGH

Campus Phone: (325) 766-3327

Campus Fax: (325) 766-3419

STUDENT INFORMATION

Local ID _____	Student Name _____	Grade Level _____	Orig Entry Dt _____	Track _____	SSN _____	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Pacific Islander
						<input type="checkbox"/> White	<input type="checkbox"/> Black
						<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other		Other Ph: _____ Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	
Receive Mailouts: <input type="checkbox"/> Yes <input type="checkbox"/> No Language Pref: <input type="checkbox"/> English <input type="checkbox"/> Spanish		Receive Mailouts: <input type="checkbox"/> Yes <input type="checkbox"/> No Language Pref: <input type="checkbox"/> English <input type="checkbox"/> Spanish	
Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Email: _____		Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Email: _____	
Svc Branch: _____ Rank: _____ Enrolling Person: _____		Svc Branch: _____ Rank: _____ Enrolling Person: _____	
Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License #: _____ State: _____		Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other		Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License #: _____ State: _____		
Vehicle Make: _____ Model: _____		Color: _____	Plate #: _____	State: _____
2. Name: _____	Relation: _____	Cell Ph: _____	Home Ph: _____	Bus Ph: _____
Other Ph: _____ Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other		Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____				

SIBLING INFORMATION

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

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: _____

ROSCOE COLLEGIATE HIGH SCHOOL

PHONE NUMBER
(325) 766-3327

P.O. BOX 10
700 ELM STREET
ROSCOE, TEXAS 79545

FAX NUMBER
(325) 766-3419

Release Form For Student Records

TO: _____
Previous School

Address

City, State, Zip Code

The student named below has enrolled in our school. We would appreciate your help in our effort to maintain complete school records on our students.

Please send the following information:

- | | |
|--|--|
| <input type="checkbox"/> Transcript/Academic Records | <input type="checkbox"/> Medical Records |
| <input type="checkbox"/> Achievement Test Scores | <input type="checkbox"/> Psychological Records |
| <input type="checkbox"/> Special Education Records | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> PEIMS Identification Number | <input type="checkbox"/> Attendance Record |
| <input type="checkbox"/> Social Security Number | <input type="checkbox"/> Home Language Survey |
| <input type="checkbox"/> ESL Records | |

Please Mail Record to: Christi Beal
Roscoe Collegiate High School
P.O. Box 10
Roscoe, Texas 79545

Date

John Bolton, Dean of Secondary Education

I understand the need for these records being transferred and hereby grant my permission for you to release all school records you may have concerning the above named student to Roscoe Collegiate High School.

Parent Signature_____

ROSCOE COLLEGIATE INDEPENDENT SCHOOL DISTRICT

HOME LANGUAGE SURVEY-19TAC Chapter 89, Subchapter BB 89.1215

TO BE COMPLETED BY PARENT OR GUARDIAN (OR STUDENT OF GRADES 6 -12)

The state of Texas requires that the following information be complete for each student that enrolls for the first time in Texas public schools. This survey shall be kept in each student's permanent folder.

NAME OF STUDENT _____ DATE OF BIRTH _____

SS# _____ STUDENT ID# _____

PARENT/GUARDIAN _____

ADDRESS _____ TELEPHONE _____

CAMPUS/SCHOOL _____ TEACHER _____

GRADE _____ DATE OF ENROLLMENT _____

1. What language is spoken in your home most of the time? _____
2. What language does your child (do you) speak most of the time? _____
3. Has the family moved within or into a state within the last 36 months to seek/obtain temporary or seasonal work in farming, dairy, meat processing or ranching?
Yes _____ No _____

Signature of Parent/Guardian/Student (6-12)

Date

CUESTIONARIO DEL IDIOMA QUE SE HABLA EN EL HOGAR

DEBE DE COMPLETARSE POR EL PADRE/MADRE/O REPRESENTANTE LEGAL (O POR EL ESTUDIANTE SI ESTA EN LOS GRADOS 6-12) El estado de Texas require que la siguiente informacion se complete para cada estudiante qe se matricula par primera vez en una escuela publica de Texas. Este cuestionario se archivara en el expediente del estudiante.

1. Que idioma se halba en su hagar la mayoria del tiempo? _____
2. Que idioma habla su hijo(usted) la majoria del tiempo?
3. Se ha movido de otro estado del estado para trabajar temporaimente an agricultura, lecheria, carneria, o otros trabajos de rancho en los ultimos 36 meses?
Si _____ No _____

Firma del Padre, Guardian, o Estudiante (6-12)

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

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
- _____ 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:



WEST CENTRAL TEXAS Shared Services Arrangement

Special Education Questionnaire

Date: _____ Grade: _____ DOB: _____ GENDER: ___M ___F

Student Name: _____ TSDS Unique ID#: _____

School Attending: _____ Parent/Guardian: _____

Has your child received any Special Education Services?

_____ Yes _____ No

Is your child **currently** receiving any Special Education services?

_____ Yes _____ No

Has your child received Speech Therapy?

_____ Yes _____ No

Is your child **currently** receiving Speech Therapy?

_____ Yes _____ No

Have you ever attended an ARD Committee meeting for your child?

_____ Yes _____ No

If the child is **currently** receiving services, when was the date of the last ARD (IEP) Committee meeting for your child?

Date: _____

Do you have other information to share? _____

If you answered "YES" to any of the questions, the school will need additional information from you. The school will forward this form to the WCTSSA Special Education office in Sweetwater or in Colorado City.

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For Campus Staff:

If answered "**NO**" to all questions = *File in permanent folder

If answered "**YES**" to any question about **currently receiving services** = *Keep a copy in the permanent folder

***Complete Transfer Information Packet for Special Education**

***Include a copy of this form with packet and give both to WCTSSA personnel**