

VAN ALSTYNE HIGH SCHOOL

Duke Sparks, Principal
Karen Walker, Assistant Principal
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1722 N. Waco
Van Alstyne, TX 75495

Phone: (903) 482-8803
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TO ENROLL A STUDENT IN VAN ALSTYNE HIGH SCHOOL
THE FOLLOWING INFORMATION IS REQUIRED:

Birth Certificate

Social Security Card

Verification of residence in district:

Rental/lease agreement

Contract to purchase house

Utility statement

Legal guardianship papers – if not being enrolled by parent

Withdrawal sheet from pervious school district, including address
and phone number of former school

Copy of transcript/last year's report card

Immunization records

Van Alstyne High School Registration Form

Registration Form—Please Print

Student Information

Student's **Legal** Name

Last Name: _____ First: _____ Middle: _____

Birthday: Month ____ Day ____ Year _____ Place of Birth: _____

Male ____ Female ____ Social Security Number _____

Ethnic Background: (Please check)

____ American Indian/Alaskan native ____ African American ____ Hispanic ____ White

____ Asian ____ Multiracial ____ Other

Student's Physical address:

Student's Mailing address (if different):

Home phone: _____

Name of last school attended (if not Van Alstyne) _____

Enrolling in grade level (Please check) ____ 9 ____ 10 ____ 11 ____ 12

Does the student have special educational needs/IEP? **Yes** ____ **No** ____

Is your student 504? **Yes** ____ **No** ____ Gifted/Talented? **Yes** ____ **No** ____ ESL? **Yes** ____ **No** ____

Has the student been suspended or expelled from a school previously attended? **Yes** ____ **No** ____

Has the student had any previous legal problems (juvenile court, police, etc.)? **Yes** ____ **No** ____

Student resides with: (Please check)

____ Mother and Father ____ Mother and Stepfather ____ Father and Stepmother

____ Father only ____ Mother only ____ Grandparent

____ Legal Guardian

Other (please explain) _____

Parent Information

Father's name: _____

Father's address: **(if different from student)**

Employer: _____ Occupation _____

Home Phone _____

Business phone: _____

Cell phone or pager _____

E-Mail Address: _____

Mother's name: _____
Mother's address: **(if different from student)**

Employer: _____ Occupation: _____

Home Phone _____

Business phone: _____

Cell phone or pager: _____

Email Address: _____

Emergency Contact

Name	Relationship	Phone
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Name	Relationship	Phone
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I agree the above information is true and valid.

X _____ Date _____

Signature of Parent/Guardian

If there are any changes to the information provided in this form, please notify the office immediately.

Request for Release of Records to or from other institutions or agencies:

By signing this form, you as a parent or legal guardian, or as a student 18 years of age, give **Van Alstyne High School** the authority to request records from other schools or to release records for:

- a. Another school
- b. Information concerning insurance reductions
- c. College transcript requests
- d. Scholarships
- e. Requests from other educational institutions

I, the undersigned, authorize Van Alstyne High School to obtain school records or to send school records for:

Student name

By signing this release form, I relieve Van Alstyne High School of the responsibility of notifying me that the records are being transferred. This authorizes the transfer of all school records as defined by the Family Educational Rights and Privacy Act.

X _____ Date _____

Parent or guardian signature

Please list any other brothers or sisters who are currently at Van Alstyne High School

Parent's Response Regarding Release of Student Information

(Please refer to the Van Alstyne High School Student Handbook for further information.)

According to the Federal Family Educational Rights and Privacy Act of 1974 (FERPA), directory information about students may be released by the district without parental consent, provided annual notification has been given and the school does not have on file written denial to release directory information; however, schools do use discretion when they receive requests for directory information and will not release such information if it is the principal's judgment that releasing such information would not be in the best interest of the student.

Examples of general directory information are (these are **examples**, you cannot make any selections or omissions from this list):

- Name, address, telephone listing, electronic mail address
- Date and place of birth, photographs
- Participation in officially recognized activities and sports
- Field of study
- Weight and height of athletes
- Enrollment status
- Degrees and awards received
- Dates of attendance
- Most recent previous school attended
- Grade level

This information will be made available to qualified agencies upon request. Qualified agencies include, but are not limited to colleges and universities, scholarship providers, trade/technical schools, and potential employers. This information can also be used by VAISD for public relations materials including, but not limited to the VAISD website, Back to School guides and VAISD public relations pamphlets.

In addition, Federal No Child Left Behind legislation provides that all branches of the military have access to three directory information categories – names, addresses, and telephone listings – unless parents (or students) have advised the school that they do not want their student's information disclosed without prior written consent.

Parents have the right to have directory information withheld upon written request. If you prefer to deny release of your student's directory information, please complete the form below and return it to your child's school.

Only return this form to your child's school if you are requesting to withhold directory information.

I request that directory information for my child **NOT** be released:

___ Withhold directory information from all agencies and organizations, this includes all VAISD publications.

___ Withhold information from Military only

Student Name _____

Grade _____

Parent Name (Print) _____

Parent Signature _____

Date Signed _____

Date Received by School _____

The written request to withhold directory information is due to the school by September 3, 2010. If student enrolled after September 3, 2010, the written request is due within two weeks of enrollment. The request to withhold directory information will be in effect from the date it is received by the school.

Van Alstyne ISD

TEXAS EDUCATION AGENCY
DIVISION OF BILINGUAL EDUCATION

Home Language Survey

Grades K-12

Name of Student _____

Campus Van Alstyne High School Grade: _____

TO BE FILLED IN BY PARENT OR GUARDIAN:

1. What language is spoken in your home most of the time?

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

Signature of Parent of Guardian

Date

CUESTIONARIO DE IDIOMA A HOGARENO
ESTADO DE TEXAS

GRADOS K-12

Nombre del Estudiante _____

Escuela Van Alstyne High School Grado: _____

DEBE DE COMPLETARSE POR EL ESTUDIANTE:

(1) Cual es la idioma que mas se hable en su hogar?

(2) Cual es la idioma que mas habla el nino?

Firma de Estudiante Padre

Fecha

VAN ALSTYNE HIGH SCHOOL MEDICAL INFORMATION/PARENT AUTHORIZATION

STUDENT INFORMATION

Student's Name _____ Date of Birth _____

Doctor's Name: _____ Phone: _____

List any known drug allergies/reactions

Does student take daily prescription medication? Yes _____ No _____

Name of Medication _____

Reason for Taking _____

Special Instructions:

Does medication require refrigeration? Yes No

May we give student non-prescription drugs? (Tylenol, cough drops, etc...) Yes _____ No _____

Supplies kept in the Nurse's Station:

Isopropyl Alcohol
Anbesol/Ora-jel
Benadryl Cream or Spray (administered in emergency situations)
Hydrogen Peroxide
Eye Wash
Tums/generic
Cortisone cream
Tinactin/anti fungal crème
Saline contact solution

Ibuprophen
Antibacterial hand sanitizer
Antibiotic ointment/cream
Anti-itch gel/cream
Isotonic eye wash solution
Liquid soap
Vaseline
Burn gel
Cough drops
Tylenol/generic

_____ I **DO NOT** want my child to have any medications/supplies listed above

_____ I **CIRCLED** the medications/supplies above that I **DO NOT** want my child to have

_____ I allow my child to have **ALL** medications/supplies listed above

PARENT AUTHORIZATION

I certify the above information is correct. I, the undersigned, authorize officials of this school to contact the person named as physician for any medical emergency. If physician is not available, I authorize school officials to take whatever actions are necessary. I agree to pay for all transportation and emergency care. I understand my child's medications (prescribed and non-prescribed) will be kept in the nurse's office. It is my student's responsibility to sign for and take his/her medication

Medication must be registered with the school nurse. It must be in the original, unopened, sealed container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration when appropriate.

Parent/Guardian Signature _____ Date _____

THIS PERMISSION SLIP IS VALID FOR ONE SCHOOL YEAR AND MUST BE RENEWED ANNUALLY

Van Alstyne Independent School District

PO Box 518

Van Alstyne, Texas 75495

EXHIBIT B

STUDENT AGREEMENT FOR ACCEPTABLE USE OF THE VAN ALSTYNE ISD COMPUTER SYSTEM

You are being given access on the VAISD computer system. Through this system, you will have access to information and data from all over the world.

With this educational opportunity comes responsibility. It is important that you read the District policy, administrative regulations and agreement form and ask questions if you need help in understanding them. Inappropriate system use will result in the loss of the privilege to use this educational tool.

Please note that the Internet is a network of many types of communication and information networks. It is possible that you may run across areas of adult content and some material you (or your parents) might find objectionable. While the District will take reasonable steps to restrict access to such material (i.e. filtering server, monitoring), it is not possible to absolutely prevent such access. It will be your responsibility to follow the rules for appropriate use.

RULES FOR APPROPRIATE USE

*If you are assigned an individual account, you are responsible for not sharing the password for that account with others.

*If you are not assigned an individual account, you will have access through a general user account

*The account is to be used for identified educational purposes.

*You will be held responsible at all times for the proper use of your account, and the District may suspend or revoke your access if you violate the rules.

*A student who gains access to materials that are abusive, obscene, sexually oriented, threatening, harassing, damaging to another's reputation, or illegal is expected to discontinue the access as quickly as possible and to report the incident to the supervising teacher.

INAPPROPRIATE USES

*Using the system for any illegal purpose

*Borrowing someone's account without permission

*Posting personal information about yourself or others (such as addresses and phone numbers)

*Downloading or using copyrighted information without permission from the copyright holder.

*Posting messages or accessing materials that are abusive, obscene, sexually oriented, threatening, harassing, damaging to another's reputation or illegal.

*Wasting school resources through the improper use of the computer system.

*Gaining unauthorized access to restricted information or resources.

*Attempting to harm or maliciously destroy District equipment or data or data of another user of the district's system, or any of the agencies or other networks connected to the Internet is prohibited. Deliberate attempts to degrade or disrupt system performance are violations of District policy and administrative regulations and may constitute criminal activity under applicable state and federal laws. Such prohibited activity includes, but is not limited to the uploading, installing or creating of computer viruses.

*Accessing or participation in any chat room or newsgroup accessed on the Internet is not permissible for students.

*Accessing any email account

*Downloading and or installing programs without permission.

CONSEQUENCES FOR INAPPROPRIATE USE

- *Suspension of access to the system;
- *Revocation of access to the computer system; or
- *Other disciplinary or legal action, in accordance with the Student Code of Conduct and applicable laws.

Renewal of the agreement will be done as students change campuses or at discretion of administrators.

COMPUTER USE AGREEMENT

STUDENT NAME _____

GRADE _____

CAMPUS: VAN ALSTYNE HIGH SCHOOL

I understand that my computer use is not private and that the district will monitor my activity on the computer system.

I have read the District’s computer system policy and administrative regulations and agree to abide by their provision I understand that violation of these provisions may result in suspension or revocation of system access.

Student signature _____

Date _____

PARENT OR GUARDIAN

_____ I **give** permission for my child to participate in the District’s computer system and certify that the information contained on this form is correct.

_____ I **do not give** permission for my child to participate in the use of the District’s computer system (This means that the student will be unable to use any computer within the District for any reason.)

I have read the District’s computer system policy and administrative regulations. In consideration for the privilege of my child using the District’s computer system, and in consideration for having access to the public networks, I hereby release the District, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child’s use of, or inability to use, the system, including, without limitation, the type of damage identified in the District’s policy and administrative regulations.

Parent/Guardian signature _____ Date _____

Parent/Guardian phone number _____

VANALSTYNE
INDEPENDENT SCHOOL DISTRICT

Dr. Alan Seay, Superintendent
Mr. Rick DeMasters, Assistant Superintendent

P.O. Box 518
Van Alstyne, TX 75495

Phone: (903) 482-8802
Fax: (903) 482-6086

July 2010

Dear Parent:

The Van Alstyne Independent School District approved mandatory drug testing for all students involved in extra-curricular activities. It is a privilege to participate in extracurricular school activities. This decision was made after careful consideration by the Board of Trustees with input from parents, administrators and the high school Site Based Decision Making Committee (SBDM). The Board of Trustees, along with administration believes that it is in the best interest of the high school students to provide and promote a program that encourages students to be drug free.

Attached you will find a copy of the program and a Consent to Test form. In order for a student to remain eligible to participate in extra-curricular activities, we must have the Consent to Test form returned to the campus office prior to participating in the activity.

The first test will include all students that will be involved in activities this fall and have returned their Consent to Test form. Again, let me stress that students will become ineligible to participate in any extra-curricular activity until they are tested.

If your son or daughter is not involved in any extra-curricular activity, but you would like them to be in the drug testing program, send a note making that request along with the signed Consent to Test form. At that point, they will be included in the drug testing program. Again, participation in the drug testing program for students not involved in extra-curricular is optional.

The purpose of this program is not to catch or punish students. It is designed to give students a reason to say "NO" and provide positive peer pressure to help make that decision, as well as get help for the students that are experiencing a drug or alcohol problem.

If you have any questions about any part of this program, feel free to give the high school principal or me a call.

Sincerely,

Alan Seay

Van Alstyne ISD Superintendent

**Van Alstyne Independent School District
Drug/Alcohol Screening Test Parent/Student Consent to Test**

_____ is a minor student enrolled in the Van Alstyne Independent School District.
(Print name of student)

I, _____ am the parent/guardian of this minor student enrolled in the VAISD.
(Print name of parent/guardian)

I represent that I have the authority to consent to drug/alcohol testing of my child. I understand Van Alstyne Independent School District's policy regarding illegal substances use and participation in VAISD sponsored extracurricular activities. I understand that it is the practice of the VAISD to conduct drug/alcohol tests for the purpose of carrying out this policy prior to student participation or continued participation in extracurricular activities.

I understand that my child cannot be compelled to give a urine sample. I understand that if he/she gives a urine sample it will be tested for drugs and/or alcohol. I understand that the giving of a urine sample, when requested by VAISD, is a condition of my child's continued participation in extracurricular activities. I understand that if a test of my child's urine sample reveals an unexplained presence of a drug or alcohol, the VAISD may take action against him/her up to and including termination from participation in extracurricular activities, as specified in the policy. An exception will be made for the use of legally prescribed medications taken under the direct supervision of a physician. Based on my understanding of the above, I hereby authorize Accu-Chem Laboratories and other trained personnel, to collect urine samples from my child for the purpose of testing for the presence of drugs and/or alcohol.

I further authorize the officers, employees, and agents of Accu-Chem Laboratories to communicate my child's drug/alcohol test results both orally and in writing to each other, and me, and VAISD administrators and personnel responsible for administering the testing program and extracurricular activities, and to communicate such test results at any VAISD administrative or legal proceeding. I also authorize the officer, employees, and agents of Accu-Chem Lab to have continued access to my child's urine sample/test results be communicated to me prior to any VAISD administrative proceedings or disciplinary actions. I understand that no physician/patient relationship is established by the collection of this urine sample by Accu-Chem Lab, and that no privilege of confidentiality will attach to these test results.

I agree to allow my child to participate in this program as: (check one)
_____ a student involved in extracurricular activities
_____ voluntarily

Listed below are the prescription and non-prescription drugs and dosages my son/daughter takes on a regular, permanent basis.

Drug Name	Dosage	Drug Name	Dosage
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I HAVE READ, UNDERSTOOD, AND AGREED TO THE ATTACHED VAN ALSTYNE DRUG TESTING POLICY. I HEREBY RELEASE AND HOLD HARMLESS VAISD AND ACCU-CHEM LABS, AND THEIR TRUSTEES, OFFICERS, EMPLOYEES, AGENTS, REPRESENTATIVES, AND MEDICAL STAFF MEMBERS FROM ANY AND ALL LIABILITY, CLAIMS, DAMAGES, AND COSTS THAT MAY ARISE AS A RESULT OF ANY ACTION TAKEN ON AN UNFAVORABLE OUTCOME THAT OCCURS AS A RESULT OF THEI DRUG/ALCOHOL TEST.

THIS IS A LEGAL CONSENT AND RELEASE OF LIABILITY FORM. PLEASE READ IT CAREFULLY AND BE SURE YOUR QUESTIONS HAVE BEEN ANSWERED BEFORE SIGING.

PARENT/GUARDIAN SIGNATURE

DATE

PRINTED NAME OF PARENT/GUARDIAN

STUDENT SIGNATURE

THIS AUTHORIZATION WILL BE VALID DURING THE STUDENT'S EMROLLMENT AT VAISD.

VAN ALSTYNE INDEPENDENT SCHOOL DISTRICT

Dr. Alan Seay, Superintendent
Mr. Rick DeMasters, Assistant Superintendent

P.O. Box 518
Van Alstyne, TX 75495

Phone: (903) 482-8802
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TO: PARENTS OF VAISD STUDENTS
FROM: VAISD ADMINISTRATION
SUBJECT: CHECK ACCEPTANCE POLICY

Our school district has established the following policy for accepting checks and collecting bad checks: for a check to be an acceptable form of payment it must include your current, full and accurate name, address, telephone number, driver's license number and state. In the event your check is returned for non-payment, the face value may be recovered electronically along with a state allowed recovery fee. In the event your check is returned for non-payment, checks will no longer be an acceptable form of payment for the remainder of the school year. Alternative forms of payment may be used instead of a check payment (cash, credit card, money order).