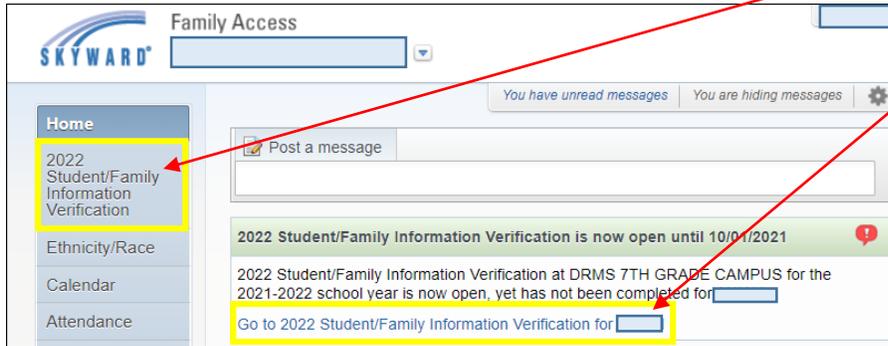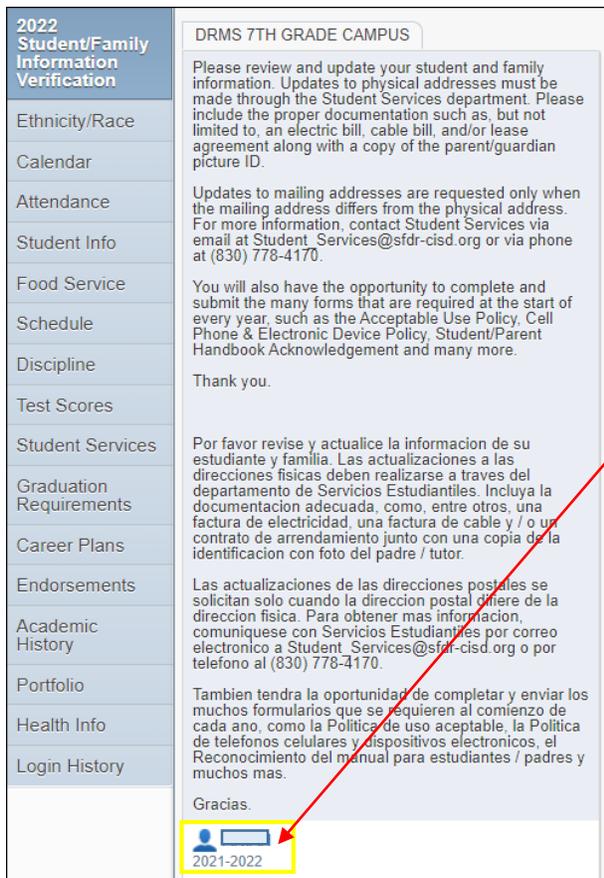# Guide to Completing 2022 Student/Family Information Verification Forms

Step 1. Parent may select the 2022 Student/Family Information Verification Tab or Link for the student.

NOTE: If the tab option is selected, a display screen will appear to select the student.

Guide to Completing 2022 Student/Family Information Verification Forms

(NSLP Form Applies to Campuses: 001, 004, and 005)

Step 2. Parent will read the message displayed, and select the next button to begin.

NOTE: To view the forms in full screen select the [View Full Screen] link.

FORM 1. Read the message listed under Step 1 of the National School Lunch Program Application.

FORM 1 Cont. Parent will choose one of the options provided.

Choose one of the following options:

National School Lunch Program Application

---OR---

☐ I do not qualify for benefits or do not wish to complete an application

If parent selects the link National School Lunch Program Application, they will be directed to the page below to complete the application.

Multi-Child Application for Free and Reduced-Price School Meals

Steps	Multi-Child Application for Free and Reduced-Price School Meals	Next	Print	Back

Letter to Parents

➡ Letter to Parents
Directions for Applying
Federal Income Chart
Privacy Act Statement
Non-discrimination Statement
Application
 • **Step 1:** Child Names
 • **Step 2:** Benefits
 • **Step 3:** Gross Income
 • **Step 4:** Signature

Review and Submit

Dear Parent/Guardian:

Children need healthy meals to learn. SAN FELIPE-DEL RIO CISD offers healthy meals every school day. Breakfast costs are free at all district campuses; lunch costs are free at all district campuses.. **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is free at all district campuses for breakfast and free at all district campuses. for lunch. If you received a notification letter that a child is directly certified for free meals, do not complete an application. Let the school know if any children in the household attending school are not listed in the letter.

The questions and answers that follow and attached directions provide additional information on how to complete the application. Complete only one application for all the students in the household and return the completed application to SFDRCISD Food Service Department. Call (830) 778-4187 or (830) 778-4181 to schedule your appointment. If you have questions about applying for free or reduced-price meals, please call (830) 778-4187 or (830) 778-4181.

1. **Who can get free meals?**
 ◦ **Income** - Children can get free or reduced-price meals if a household's gross income is within the limits described in the Federal Income Eligibility Guidelines.
 ◦ **Special Assistance Program Participants** - Children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF), are eligible for free meals.
 ◦ **Foster** - Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
 ◦ **Head Start or Early Head Start** - Children participating in these programs are eligible for free meals.
 ◦ **Homeless, Runaway, and Migrant** - Children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told about a child's status as homeless, runaway, or migrant or you feel a child may qualify for one of these programs, please call or email Ms. Ruby Adams, Federal & State Program Director, at (830) 778-4152 or email rufina.adams@sfdr-cisd.org.
 ◦ **WIC Recipient** - Children in households participating in WIC may be eligible for free or reduced-price meals.
2. **What If I Disagree With the School's Decision About My Application?** Talk to school officials. You also may ask for a hearing by calling or writing to Amy Childress, Chief Financial Officer, SFDRCISD, PO Box 428002, Del Rio, TX 78842, (830) 778-4005, or email amy.childress@sfdr-cisd.org.
3. **My Child's Application Was Approved Last Year. Do I Need To Fill Out A New One?** Yes. An application is only good for that school year and for the first few days of this school year. Send in a new application unless the school has told you that your child is eligible for the new school year.
4. **If I Don't Qualify Now, May I Apply Later?** Yes. Apply at any time during the school year. A child with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
5. **What If My Income Is Not Always the Same?** List the amount normally received. If a household member lost a job or had hours/wages reduced, use current income.
6. **We Are in The Military. Do We Report Our Income Differently?** Basic pay and cash bonuses must be reported as income. Any cash value allowances for off-base housing, food, or clothing, or Family Subsistence Supplemental Allowance payments count as income. If housing is part of the Military Housing Privatization Initiative, do not include the housing allowance as income. Any additional combat pay resulting from deployment is excluded from income.
7. **May I Apply If Someone in My Household Is Not a U.S. Citizen?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
8. **Will Application Information Be Checked?** Yes. We may also ask you to send written proof of the reported household income.

 If parent chooses to check the box not to complete the lunch application, they will click the _Complete Step 1 and move to Step 2_ button.

☑ I do not qualify for benefits or do not wish to complete an application

Complete Step 1 and move to Step 2

STEPS TO COMPLETE LUNCH APPLICATION CAN BE FOUND BELOW

Step 1. Parent will review letter addressed to parents. Once read, click the Next button.

Multi-Child Application for Free and Reduced-Price School Meals

Next   Print   Back

Letter to Parents

Dear Parent/Guardian:

Children need healthy meals to learn. SAN FELIPE-DEL RIO CISD offers healthy meals every school day. Breakfast costs are free at all district campuses; lunch costs are free at all district campuses.. **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is free at all district campuses for breakfast and free at all district campuses. for lunch. If you received a notification letter that a child is directly certified for free meals, do not complete an application. Let the school know if any children in the household attending school are not listed in the letter.

The questions and answers that follow and attached directions provide additional information on how to complete the application. Complete only one application for all the students in the household and return the completed application to SFDRCISD Food Service Department. Call (830) 778-4187 or (830) 778-4181 to schedule your appointment. If you have questions about applying for free or reduced-price meals, please call (830) 778-4187 or (830) 778-4181.

1. **Who can get free meals?**
   - **Income** - Children can get free or reduced-price meals if a household's gross income is within the limits described in the Federal Income Eligibility Guidelines.
   - **Special Assistance Program Participants** - Children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF), are eligible for free meals.
   - **Foster** - Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
   - **Head Start or Early Head Start** - Children participating in these programs are eligible for free meals.
   - **Homeless, Runaway, and Migrant** - Children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told about a child's status as homeless, runaway, or migrant or you feel a child may qualify for one of these programs, please call or email Ms. Ruby Adams, Federal & State Program Director, at (830) 778-4152 or email rufina.adams@sfdr-cisd.org.
   - **WIC Recipient** - Children in households participating in WIC may be eligible for free or reduced-price meals.

2. **What If I Disagree With the School's Decision About My Application?** Talk to school officials. You also may ask for a hearing by calling or writing to Amy Childress, Chief Financial Officer, SFDRCISD, PO Box 428002, Del Rio, TX 78842, (830) 778-4005, or email amy.childress@sfdr-cisd.org.

3. **My Child's Application Was Approved Last Year. Do I Need To Fill Out A New One?** Yes. An application is only good for that school year and for the first few days of this school year. Send in a new application unless the school has told you that your child is eligible for the new school year.

4. **If I Don't Qualify Now, May I Apply Later?** Yes. Apply at any time during the school year. A child with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.

5. **What If My Income Is Not Always the Same?** List the amount normally received. If a household member lost a job or had hours/wages reduced, use current income.

6. **We Are in The Military. Do We Report Our Income Differently?** Basic pay and cash bonuses must be reported as income. Any cash value allowances for off-base housing, food, or clothing, or Family Subsistence Supplemental Allowance payments count as income. If housing is part of the Military Housing Privatization Initiative, do not include the housing allowance as income. Any additional combat pay resulting from deployment is excluded from income.

7. **May I Apply If Someone in My Household Is Not a U.S. Citizen?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.

8. **Will Application Information Be Checked?** Yes. We may also ask you to send written proof of the reported household income.

Step 2. Parent will review all information listed and check the box indicating parent reviewed information provided and would like to continue the application. Once checked, parent will click Next button.

Multi-Child Application for Free and Reduced-Price School Meals

Previous   Next   Print   Back

Directions for Applying. Please select the option below after reviewing all information. Questions can be directed to contact information supplied in the Letter to Parents.

☐ I have read the Directions for Applying and would like to continue the application

Please use these instructions to complete the free or reduced-price school meals application. Submit one application per household, even if the children in the household attend more than one school in SAN FELIPE-DEL RIO CISD. Please use a **pen** (not a pencil) when completing the paper application.

The application must be filled out completely in order for the school to make a determination if the children in your household qualify for free or reduced-price school meals. An incomplete application cannot be approved. Please contact please call (830) 778-4187 or (830) 778-4181 with your questions.

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

Reduced-Price Meal Income Eligibility Guidelines

July 1, 2021 - June 30, 2022

Family Size	Annually	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	23,828	1,986	993	917	459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589

For each additional family member add:

8,399	700	350	324	162

Step 1: List All Household Members Who Are Infants, Children, And Students Up To and Including Grade 12.
- List each child's name.
  - Print the first name, middle initial, and last name for each child in the household in the spaces provided. If there are more children in the household than lines on the application, use the back of the application to record additional names.

Step 3. Parent will review the Income Eligibility Guidelines and determine if they wish to continue with completing the application.

Reduced-Price Meal Income Eligibility Guidelines
July 1, 2021 - June 30, 2022

Family Size	Annually	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	23,828	1,986	993	917	459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
For each additional family member add:					
	8,399	700	350	324	162

If parent does not wish to further complete the application, check the box I do not qualify or wish to complete application.

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.
If you do not qualify for benefits or do not wish to complete an application, check the option below.

☐ I do not qualify for benefits or do not wish to complete an application

If parent wishes to continue check the Next button.

Multi-Child Application for Free and Reduced-Price School Meals   Previous   Next   Print   Back

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.
If you do not qualify for benefits or do not wish to complete an application, check the option below.

☐ I do not qualify for benefits or do not wish to complete an application

Reduced-Price Meal Income Eligibility Guidelines
July 1, 2021 - June 30, 2022

Family Size	Annually	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	23,828	1,986	993	917	459
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7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
For each additional family member add:					
	8,399	700	350	324	162

Step 4. Parent will read the Privacy Act Statement and click the Next button.

Multi-Child Application for Free and Reduced-Price School Meals   Previous   Next   Print   Back

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Step 5. Parent will read the Non-discrimination Statement and click the Next button.

Multi-Child Application for Free and Reduced-Price School Meals	Previous	Next	Print	Back

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

The above address is for discrimination complaint purposes only.
Return this complete application to your school, not USDA.

Step 6. Parent will list ALL members of the household with the requested information, if applicable. Once completed, click Next button.

Multi-Child Application for Free and Reduced-Price School Meals	Previous	Next	Print	Back

Step 1. List ALL Household Members who are infants, children, and students up to and including grade 12. If more spaces are needed, use the Additional Household Member Sheet. **If every child** listed in Step 1 is a participant in one of the programs listed above, skip Steps 2 and 3 and go to Step 4.

☐ Add More Names to Application

Definition of **Household Member:** Anyone who is living with you and shares income and expenses, even if not related. Please read the directions for more information. Children in **Foster care** and children who meet the definition of **Homeless, Migrant,** or **Runaway** or who participate in **Head Start** are eligible for free meals.

List each child's name (First, Middle Initial, Last)	Student Attends School in District?	Grade	Optional: Student ID Number	Foster	Head Start	Homeless	Migrant	Runaway
(Example) Student A. Smith	✓	04		☐	☐	☐	☐	☐
1.	☐			☐	☐	☐	☐	☐
2.	☐			☐	☐	☐	☐	☐
3.	☐			☐	☐	☐	☐	☐
4.	☐			☐	☐	☐	☐	☐
5.	☐			☐	☐	☐	☐	☐
6.	☐			☐	☐	☐	☐	☐

Check all that apply

Step 7. Parent will read question shown and select the box of assistance programs, if applicable. Once step is completed, click Next button.

Multi-Child Application for Free and Reduced-Price School Meals	Previous	Next	Print	Back

Step 2. Do any Household Members (including you) currently participate in one or more of the following assistance programs?

☐ SNAP, TANF, or FDPIR
If you didn't check the box: Go to Step 3.

If you checked the box: Write the Eligibility Determination Group Number (EDG) in this space, skip Step 3, and go to Step 4.
EDG: _____

Step 8. Parent will enter income for household members. Once completed, click Next button.

Step 9. Parent will provide contact information and signature. Select Click to Sign. Parent will see a pop up with an electronic signature agreement. Once read, click I Agree.

After signature has been provided, click Next button.

Step 10. Parent will select Submit Application.

Multi-Child Application for Free and Reduced-Price School Meals

Please review the completed application and click the button to submit the application.

➡️ Submit Application ❗ NOTE: The application has not yet been submitted. This application will not be considered until the **Submit Application** button is clicked.

Step 11. Once application is submitted, parent will see a message indicating application was successfully submitted. Click Ok.

Application Helper 📷

The Food Service application was successfully submitted.

➡️ OK
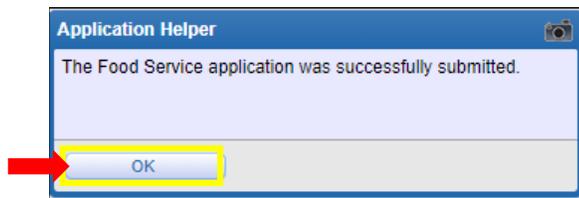
CEP Form Applies to Campuses: Elementary, 104, 043, & 044.

Step 2. Parent will read the message displayed, and select the next button to begin.

NOTE: To view the forms in full screen select the [⤢ View Full Screen] link.

FORM 1. Complete Step 1 (if applicable) on the CEP Survey form.

FORM 1. Cont. Complete Step 2 and 3 of CEP Survey form.

Step 2:
How many total members are in the household (include ALL adults and children)? [_____]

Total Yearly Income (BEFORE DEDUCTIONS) of ALL Household Members - Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's compensation, unemployment, and all other sources of income.
Total $ [_____]

Step 3:
In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA) no student shall be required, as part of any program funded in whole or in part by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent or legal guardian.

☑ I certify that all information on this form is true and that all income is reported. I understand the school will receive federal funds and will be rated for accountability based on the information I provide.

☐ I choose not to provide this information. I understand that the school's disbursement of federal funds and accountability ratings may be affected by my choice.

Parent/Guardian Name: [_____]   Parent/Guardian Signature: [Signature]   Date: [_____]

STOP HERE

FORM 1 Cont. Once all steps have been completed select the *Complete Step 1 and move to Step 2* button.

| Print | Complete Step 1 and move to Step 2 |

San Felipe Del Rio Consolidated Independent School District
Community Eligibility Provision (CEP) Survey
2021 - 2022
CONFIDENTIAL

NOTE: If this Step is not taken the form will not be officially completed.

IMPORTANT INFORMATION:

Parents can confirm if the form is completed by viewing the green check mark shown next to the form. If there is not a green check mark, the form has not been fully completed.

Welcome to the 2021 - 2022 school year!

1. Community Eligibility Survey
✓ Completed 08/04/2021 8:32am

FORM 2. Parent will read and acknowledge the SFDRCISD Student Code of Conduct (SCOC), and select which method to receive the SCOC.

FORM 2 Cont. The parent will sign/date the form, and click the *Complete Step 2 and move to Step 3* button.

FORM 3. The parent will read and acknowledge the SFDRCISD Cell Phone and Electronic Device Policy, and sign/date the form.

Print

SAN FELIPE DEL RIO CISD
Cell Phone and Electronic Device Policy
Acknowledgment Form
(Regulation of Cell Phones and Other Electronic Communication Devices)
2021 – 2022

Electronic communications at school and at school-related functions are subject to regulation by the District.

This Cell Phone and Electronic Device Policy Acknowledgement Form grants authority and permission to the District to regulate electronic communication devices when these devices are brought to and/or used while on school property or when attending school-related functions and events. Such communication devices include but are not limited to cellular phones and other hand-held electronic devices.

These regulations are made necessary in light of the unique opportunities these devices create for violations of law, school policies and to perpetrate conduct disruptive of an educational environment essential to the District's educational program. These concerns are exacerbated by electronic security protections and the personal size of these devices, which are often carried concealed in pockets and purses.

All students and parents/guardians who allow their child to possess or use such devices on school property or at school-related activities are required to review the established regulations and sign this form in acknowledgment of the District's Cell Phone and Electronic Devices Policy.

Regulations to the student use of cell phones or other hand-held electronic devices include the following:

- The District prohibits the use of cell phones during the instructional day for all elementary and middle school students. High school students may be permitted to use their cell phones under certain conditions.
- The District prohibits the use of cell phones in locker rooms or restroom areas while at school, in the hallways during passing periods, and in the library.

Student's Name: _____ OtherID: _____ Campus: DRMS 7TH GRADE CAMPUS

Parent/Guardian Name: _____ or _____

Signature: _____ Date: _____

FORM 3. Cont. After signing/dating the form, click the *Complete Step 3 and move to Step 4* button.

Print   Complete Step 3 and move to Step 4

SAN FELIPE DEL RIO CISD
Cell Phone and Electronic Device Policy
Acknowledgment Form
(Regulation of Cell Phones and Other Electronic Communication Devices)
2021 - 2022

FORM 4. Parent will read and acknowledge the Notice of Release of Directory Information.

Print

SAN FELIPE DEL RIO CISD
Family Educational Rights and Privacy Act (FERPA)
Notice of Release of Directory Information
2021 – 2022

The Family Educational Rights and Privacy Act, or FERPA, permits the district to disclose appropriately designated "directory information" from a student's education records without written consent.

"Directory information" means information contained in an educational record of a student that would generally be considered harmful or an invasion of privacy if disclosed. the law permits the District to designate certain personal information as "directory information."

Examples include:

- A student's photograph (for publication in the school yearbook);
- A student's name and grade level (for communicating class and teacher assignments);
- The name, weight, and height of an athlete (for publication in a school athletic program);
- A list of student birthdays (for generating school-wide or classroom recognition);
- A student's name and photograph (posted on a district-approved and managed social media platform); and
- The names and grade levels of students submitted by the district to a local newspaper or other community publication (to recognize the A/B honor roll for a specific grading period.)

☐ I acknowledge that I have received information on the District's directory information and how to opt-out of the release of such information during the *Student/Family Information Verification.*

FORM 4 Cont. Parent will sign/date the form.

☑ I acknowledge that I have received information on the District's directory information and how to opt-out of the release of such information during the *Student/Family Information Verification.*

Student's Name: _____, _____ ,Grade ____ , _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: 08/04/2021

FORM 4 Cont. After signing/dating the form, click the *Complete Step 4 and move to Step 5* button.

Print   Complete Step 4 and move to Step 5

SAN FELIPE DEL RIO CISD
Family Educational Rights and Privacy Act (FERPA)
Notice of Release of Directory Information
2021 - 2022

FORM 5. Parent will review and select the areas to which they agree/consent regarding the Parent Consent Form for District Non-Emergency Mass Communications.

Print

PARENT CONSENT FORM FOR
DISTRICT NON-EMERGENCY MASS COMMUNICATIONS

☑ I have been offered the option to receive non-emergency calls or texts from an automatic telephone dialing system or an artificial or prerecorded voice to my wireless telephone number.

☑ I consent to receive non-emergency calls or texts from an automatic telephone dialing system or an artificial or prerecorded voice to my wireless telephone number and accept responsibility for notifying the District immediately when my wireless telephone number has changed.

☑ If I have any questions regarding the automatic telephone dialing system or an artificial or prerecorded voice mass communications system, I should direct those questions to the principal at my child's campus.

FORM 5 Cont. Parent will enter Phone/Mobile Phone Number and Sign/Date the form.

Parent's Name	Phone/Mobile Phone Number

Parent/Guardian Signature: _____ Date: 08/04/2021

FORM 5 Cont. After signing and dating the form, click the _Complete Step 5 and move to Step 6_ button.

Print   Complete Step 5 and move to Step 6

PARENT CONSENT FORM FOR
DISTRICT NON-EMERGENCY MASS COMMUNICATIONS

FORM 6. The parent will read and Sign/Date the Cell Phone and Electronic Device Policy.

Print

SAN FELIPE DEL RIO CISD
Cell Phone and Electronic Device Policy
Acknowledgment Form
(Regulation of Cell Phones and Other Electronic Communication Devices)
2021 - 2022

Electronic communications at school and at school-related functions are subject to regulation by the District.

This Cell Phone and Electronic Device Policy Acknowledgement Form grants authority and permission to the District to regulate electronic communication devices when these devices are brought to and/or used while on school property or when attending school-related functions and events. Such communication devices include but are not limited to cellular phones and other hand-held electronic devices.

These regulations are made necessary in light of the unique opportunities these devices create for violations of law, school policies and to perpetrate conduct disruptive of an educational environment essential to the District's educational program. These concerns are exacerbated by electronic security protections and the personal size of these devices, which are often carried concealed in pockets and purses.

All students and parents/guardians who allow their child to possess or use such devices on school property or at school-related activities are required to review the established regulations and sign this form in acknowledgment of the District's Cell Phone and Electronic Devices Policy.

Student's Name: _____ OtherID: _____ Campus: _____

Parent/Guardian Name: _____ or _____

Signature: _____ Date: _____

FORM 6 Cont. After signing/dating the form, click the *Complete Step 6 and move to Step 7* button.

FORM 7. Parent will read and select the Military Connected coding that applies for student.

FORM 7 Cont. Once the Military Connected coding has been selected, the parent will sign and date the form.

FORM 7 Cont. After signing/dating the form, click the *Complete Step 7 and move to Step 8* button.

Print

Complete Step 7 and move to Step 8

SAN FELIPE DEL RIO CISD
Military Indicator Form
2021 - 2022

FORM 8. Parent will read and complete the Food Allergy & Anaphylaxis Emergency Care Plan for student, if applicable.

Print

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN
2020 - 2021

(The District must request, annually and at the time of enrollment, that the parent or guardian of each student attending the District disclose the student's food allergies. This form will satisfy this requirement. Additional information provided by the student's health care provider may be submitted with this form. [See policies FD and FL])

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food.

Food	Nature of allergic reaction to the food

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy. [See FL]

FORM 8 Cont. After reviewing and completing the Care Plan fields, parent will sign and date the form.

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy. [See FL]

Student Name: _____ , _____ , DOB _____ , Grade _____

Parent/Guardian Name: _____ or _____

Home Phone: _____ Phone 2: _____

Parent/Guardian Signature: _____ Date: _____

FORM 8 Cont. After signing/dating the form, click the *Complete Step 8 and move to Step 9* button.

Print   Complete Step 8 and move to Step 9

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

2020 - 2021

FORM 9. Parent will read and complete the Health & Emergency Information form.

Ensure to enter parent/guardian contact information, including those who may be reached in the event the campus cannot make contact with parent/guardian.

DEAR PARENTS:

THE FACULTY OF YOUR CHILD'S SCHOOL IS DEDICATED TO PROVIDING THE BEST CARE POSSIBLE FOR YOUR CHILD WHILE HE/SHE IS AT SCHOOL. YOU CAN HELP US DO THIS BY PROVIDING THE FOLLOWING INFORMATION FOR EMERGENCY MEDICAL CARE SHOULD YOUR CHILD BECOME ILL OR BE INJURED WHILE AT SCHOOL.

HOW MAY WE CONTACT YOU DURING SCHOOL HOURS?

PARENT/GUARDIAN 1: _____ EMPLOYER: _____ PHONE: _____

PARENT/GUARDIAN 2: _____ EMPLOYER: _____ PHONE: _____

If we are unable to reach you, who may we contact to take responsibility for your child?

NAME: _____ RELATIONSHIP _____ PHONE _____

NAME: _____ RELATIONSHIP _____ PHONE _____

NAME: _____ RELATIONSHIP _____ PHONE _____

****

PLEASE COMPLETE THE FOLLOWING HEALTH INFORMATION
DOES YOUR CHILD HAVE OR EVER HAD ANY OF THE FOLLOWING CONDITIONS?

CONDITION	YR	CONDITION	YR	CONDITION	YR
HEART PROBLEMS	▼	LIVER DISEASE	▼	SEVERE ALLERGY REQUIRING AN EPI PEN	▼
ASTHMA	▼	HEARING LOSS	▼	OTHER HEALTH PROBLEMS	▼
ARTHRITIS	▼	DIABETES	▼		▼
KIDNEY/URINE PROBLEMS	▼	SEIZURES	▼		▼

If you checked a condition above, please visit with the school nurse to provide further documentation.

CHILD'S DOCTOR/HEALTH CARE PROVIDER: _____ PHONE: _____

PLEASE LIST ANY MEDICATIONS YOUR CHILD TAKES AT HOME ON A REGULAR OR ON AN AS-NEEDED BASIS

1. _____ 2. _____

3. _____ 4. _____

IF YOUR CHILD HAS ANY SPECIAL PRECAUTIONS, RESTRICTIONS/LIMITATIONS, PLEASE VISIT WITH THE SCHOOL NURSE AND PROVIDE UPDATED MEDICAL DOCUMENTATION.

FORM 9 Cont. Once form has been completed, parent will sign/date the form.

THE INFORMATION ABOVE IS CONSIDERED CONFIDENTIAL AND WILL BE KEPT IN YOUR CHILD'S HEALTH RECORD IN THE SCHOOL NURSE'S OFFICE. SCHOOL PERSONNEL WILL BE INFORMED ON A "**NEED TO KNOW**" BASIS FOR THE CARE AND WELL-BEING OF YOUR CHILD. IF THERE ARE ANY CHANGES TO THE ABOVE INFORMATION DURING THE SCHOOL YEAR, PLEASE CONTACT THE SCHOOL NURSE. CURRENT INFORMATION IS IMPORTANT TO ASSURE PROMPT CARE OF YOUR CHILD.

IN THE EVENT SCHOOL OFFICIALS ARE UNABLE TO CONTACT ME (THE PARENT/LEGAL GUARDIAN) OR PERSONS LISTED ABOVE AS EMERGENCY CONTACTS, THE SCHOOL OFFICIALS ARE HEREBY AUTHORIZED TO TAKE ACTION, WHICH IN THEIR JUDGEMENT IS DEEMED NECESSARY FOR THE HEALTH OF MY CHILD. I WILL NOT HOLD THE SCHOOL DISTRICT OR PERSONNEL RESPONSIBLE FOR THE EMERGENCY CARE AND/OR TRANSPORTATION OF MY CHILD.

PARENT/GUARDIAN:

SIGNATURE: _____ DATE: _____ PHONE: _____

FORM 9. Cont. After signing/dating form, click the *Complete Step 9 and move to Step 10* button.

Print   ☐ *I do not wish to fill out this optional form*   Complete Step 9 and move to Step 10

SAN FELIPE DEL RIO CISD
HEALTH SERVICES
HEALTH & EMERGENCY INFORMATION
2021 - 2022

FORM 10. Parent will read the Ethnicity/Race message and click the continue button.

Step 10. Verify Ethnicity and Race (Required)

Dear Parent or Guardian:

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).

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 ethnicity and race.
United States Federal Register (71 FR 44866)

Thank you.

Continue

FORM 10 Cont. Parent will answer BOTH questions 1 and 2.

Step 10. Verify Ethnicity and Race (Required)

Please answer **BOTH** questions 1 and 2.

1. Is _____ Hispanic or Latino?
   ☐ No, My Child is not Hispanic or Latino
   ☐ Yes, My Child is Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

2. What is _____ race? *(Please mark all that apply)*
   ☐ **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 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, e.g., 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

   [Complete Step 10 and move to Step 11a]

FORM 10 Cont. After answering questions 1 and 2, parent will click the *Complete Step 10 and move to Step 11a button*.

2022 Student/Family Information Verification

_____ 2021-2022)

Step 10. Verify Ethnicity and Race (Required)

Please answer **BOTH** questions 1 and 2.

1. Is _____ Hispanic or Latino?
   ☐ No, My Child is not Hispanic or Latino
   ☑ Yes, My Child is Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

2. What is _____ race? *(Please mark all that apply)*
   ☐ **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 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, e.g., 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

   [Complete Step 10 and move to Step 11a]

FORM 11a. Parent will verify and update Student Information, if needed.

FORM 11a Cont. Once information has been reviewed and verified, parent will click the _Complete Step 11a and move to Step 11b_ button.

FORM 11b. Parent will verify and update Family Address, if needed. Once reviewed and verified parent will click *Complete Step 11b and move to Step 11c button.*

FORM 11c. Parent will verify and update Family Information, if needed. Once reviewed and verified parent will click the *Complete Step 11c and move to Step 11d* button.

FORM 11d. Parent will verify and update Emergency Information, if needed. Once reviewed and verified, parent will click the *Complete Step 11d and move to Step 11e* button.

FORM 11e. Parent will verify and update Emergency Contacts, if needed.

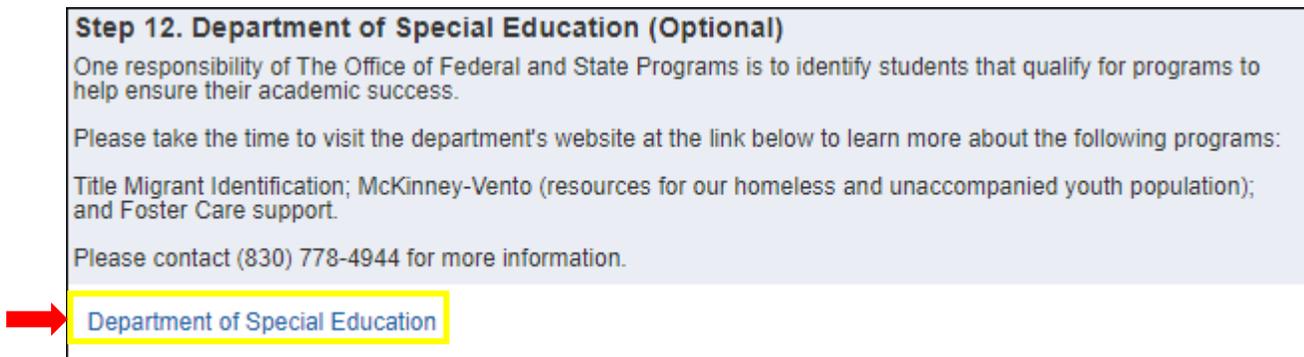**FORM 11e Cont.** Once parent has verified Emergency Contacts click the *Complete Step 11e and move to Step 11f* button.

FORM 11f. Parent will verify *Student Health Information*. Once verified, click the *Complete Step 11f and move to Step 12* button.

Step 11f. Verify Student Information: Health Information
(Required)   [Undo]

➡️ [Complete Step 11f and move to Step 12]

FORM 12. Parent will read the *Department of Special Education* message and click the link titled: **Department of Special Education.**

Step 12. Department of Special Education (Optional)

One responsibility of The Office of Federal and State Programs is to identify students that qualify for programs to help ensure their academic success.

Please take the time to visit the department's website at the link below to learn more about the following programs:

Title Migrant Identification; McKinney-Vento (resources for our homeless and unaccompanied youth population); and Foster Care support.

Please contact (830) 778-4944 for more information.

➡️ Department of Special Education

FORM 12 Cont. Parent will view a pop up screen from the SFDRCISD webpage for the Special Ed department. Parent may exit page at their convenience.

FORM 12 Cont. After reviewing information parent will click the *Complete Step 12 and move to Step 13* button.
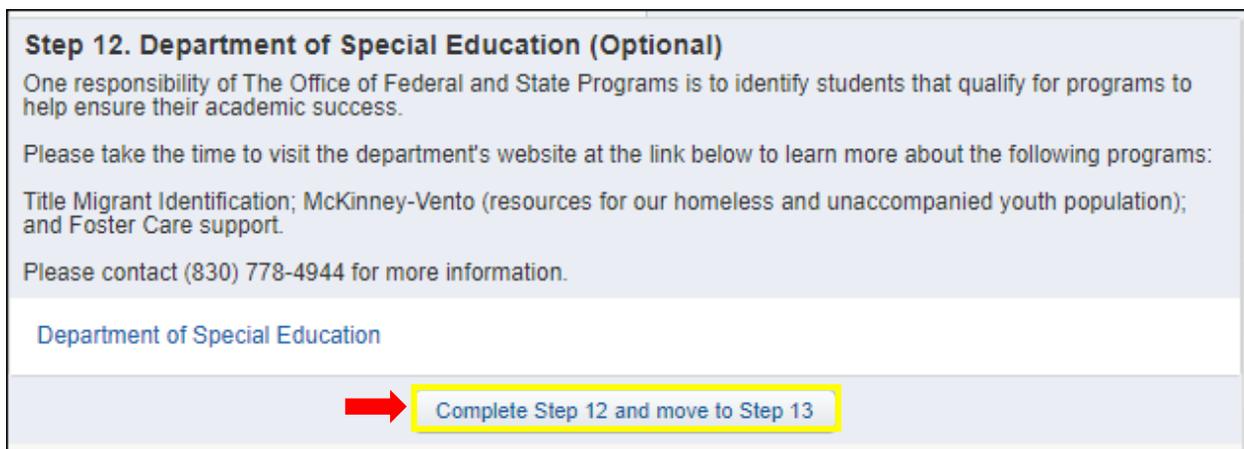
Step 12. Department of Special Education (Optional)

One responsibility of The Office of Federal and State Programs is to identify students that qualify for programs to help ensure their academic success.

Please take the time to visit the department's website at the link below to learn more about the following programs:

Title Migrant Identification; McKinney-Vento (resources for our homeless and unaccompanied youth population); and Foster Care support.

Please contact (830) 778-4944 for more information.

Department of Special Education

➡️ [Complete Step 12 and move to Step 13]

FORM 13. Parent will read the *Department of Federal and State Programs* message and click the link titled: **Department of Federal and State Programs.**

Step 13. Department of Federal and State Programs (Optional)

One responsibility of The Office of Federal and State Programs is to identify students that qualify for programs to help ensure their academic success.

Please take the time to visit the department's website at the link below to learn more about the following programs:

Title Migrant Identification; McKinney-Vento (resources for our homeless and unaccompanied youth population); and Foster Care support.

Please contact (830) 778-4944 for more information.

Department of Federal and State Programs

FORM 13 Cont. Parent will view a pop up screen from the SFDRCISD webpage for the Federal and State Programs department. Parent may exit page at their convenience.

FORM 13 Cont. After reviewing information parent will click the *Complete Step 13 and move to Step 14* button.

Step 13. Department of Federal and State Programs (Optional)

One responsibility of The Office of Federal and State Programs is to identify students that qualify for programs to help ensure their academic success.

Please take the time to visit the department's website at the link below to learn more about the following programs:

Title Migrant Identification; McKinney-Vento (resources for our homeless and unaccompanied youth population); and Foster Care support.

Please contact (830) 778-4944 for more information.

Department of Federal and State Programs

Complete Step 13 and move to Step 14

FORM 14. Parent will read the *McKinney-Vento Family Survey message* and click the link titled: **McKinney-Vento Family Survey.**

Step 14. McKinney-Vento Family Survey (Optional)

Students from Families in Transition are those who lack a fixed, adequate or regular nighttime residence due to economic hardship.

If the circumstances above apply to you, please complete the survey and visit with Ruby Adams, McKinney-Vento Liaison at 830-778-4124, 902 Cantu Rd, Annex II

McKinney-Vento Family Survey

FORM 14 Cont. Parent will view a pop up screen of the 2021-2022 McKinney-Vento Parent Survey. Parent may exit screen at their convenience.

FORM 14 Cont. After reviewing information parent will click the *Complete Step 14 and move to Step 15 button*.

Step 14. McKinney-Vento Family Survey (Optional)

Students from Families in Transition are those who lack a fixed, adequate or regular nighttime residence due to economic hardship.

If the circumstances above apply to you, please complete the survey and visit with Ruby Adams, McKinney-Vento Liaison at 830-778-4124, 902 Cantu Rd, Annex II

McKinney-Vento Family Survey

Complete Step 14 and move to Step 15

FORM 15. Parent will click and review the link titled: **Migrant Occupational Survey.**

Step 15. Migrant Occupational Survey (Optional)

Migrant Occupational Survey

FORM 15 Cont. Parent will view a pop up screen of the Migrant Occupational Survey. Parent may exit screen at their convenience.

FORM 15 Cont. After reviewing information parent will click the *Complete Step 15 and move to Step 16* button.

Step 15. Migrant Occupational Survey (Optional)

Migrant Occupational Survey

Complete Step 15 and move to Step 16

FORM 16. Parents will click on the link titled: **(Child's School Name).**

Step 16. North Heights Elementary Campus (Optional)

North Heights Elementary Campus

FORM 16 Cont. Parent will view a pop up screen from the SFDRCISD webpage for the Campus. Parent may exit page at their convenience.

FORM 16 Cont. After reviewing information parent will click on the *Complete Step 16 and move to Step 17* button.

Step 16. North Heights Elementary Campus (Optional)

North Heights Elementary Campus

Complete Step 16 and move to Step 17

FORM 17. Parent will be prompted to Complete 2022 Student Family Information Verification. All steps listed **must** reflect as Completed before submitting.

Step 17. Complete 2022 Student/Family Information Verification (Required)
By completing 2022 Student/Family Information Verification, you are confirming that the Steps below have been finished.
Are you sure you want to complete 2022 Student/Family Information Verification for DOMINIC?

Review 2022 Student/Family Information Verification Steps

Step 1)	Community Eligibility Survey	Completed 08/31/2021 4:16pm
Step 2)	Student Code of Conduct Acknowledgement	Completed 08/31/2021 4:10pm
Step 3)	Acceptable Use Policy	Completed 08/31/2021 4:11pm
Step 4)	Notice of Release of Directory Informaton	Completed 08/31/2021 4:12pm
Step 5)	Consent for Non-Emergency Mass Communication	Completed 08/31/2021 4:12pm
Step 6)	Cell Phone & Electronic Device Policy	Completed 08/31/2021 4:12pm
Step 7)	Military Indicator Form	Completed 08/31/2021 4:13pm
Step 8)	Food Allergy & Anaphylaxis Emergency Care	Completed 08/31/2021 4:13pm
Step 9)	Health & Emergency Information	Completed 08/31/2021 4:15pm
Step 10)	Verify Ethnicity and Race	Completed 08/26/2021 10:21am
No Requested Changes exist for Step 10.		
Step 11)	Verify Student Information	Completed 08/31/2021 4:16pm
No Requested Changes exist for Step 11.		
Step 12)	Department of Special Education	Completed 08/31/2021 3:42pm
Step 13)	Department of Federal and State Programs	Completed 08/31/2021 3:49pm
Step 14)	McKinney-Vento Family Survey	Completed 08/31/2021 3:55pm
Step 15)	Migrant Occupational Survey	Completed 08/31/2021 3:59pm
Step 16)	North Heights Elementary Campus	Completed 08/31/2021 4:17pm

Guardian Name: Guardian Address:

Submit 2022 Student/Family
Information Verification