

STUDENT ENROLLMENT FORM 2025-2026

Student's Legal Name (as appears on birth certificate): _____
(First) (Middle) (Last) (Jr., III, etc)

Grade Level: _____ Date of Birth: _____ Place of Birth: _____

State ID or Social Security Number: _____ Gender: ___M ___F

Is there a Custody Judgment Regarding this Child that the School needs to have on file? ___YES ___NO

Student's Address _____ City _____ Zip _____

Mailing Address (If PO Box is used) _____ City _____ Zip _____

Person Enrolling Student _____ Relationship (if not listed below): _____

Primary Parent/Guardian Information (with whom the student lives) ___Both Parents or ___Father ___Step Father or ___Mother ___Step Mother or ___Other Guardian

Parent/Guardian's Name #1: _____ Relationship to Student: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

***Phone number you would like to receive emergency and regular automated messages from the school: (____) _____ - _____

Email Address: _____

Parent/Guardian's Name #2: _____ Relationship to Student: _____

Address of P/G #2 (if different) _____ City _____ Zip _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email Address: _____

Other siblings in WISD and their campus: _____

Emergency Contacts (To be used only if the Parent/Guardian cannot be reached; they may also pick up/check out my child from school)

Contact's Name #1: _____ Relationship to Student: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Contact's Name #2: _____ Relationship to Student: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Contact's Name #3: _____ Relationship to Student: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Last District/School Campus attended: _____

Indicate if the student has been previously enrolled in the following programs/services:

___Special Education ___Gifted/Talented Education ___504 ___Title 1 Services ___Dyslexia ___Bilingual/ESL ___Retained

Signature of Person Enrolling Student

Date

Office Use Only: Entry Date _____ Entry Code _____ Local ID# _____

Request for Records _____ Received _____ Shot Records _____

Copy of Parent/Guardian Driver's License _____ Campus _____



Waxahachie

INDEPENDENT SCHOOL DISTRICT

411 N. Gibson St. Waxahachie, TX 75165 • 972-923-4631 Phone • 972-923-4759 Fax • [wisd.org](http://www.wisd.org)

To the Parent/Guardian of all Waxahachie ISD Students:

The ability to monitor your child's grades, attendance, health (including vaccination compliance), schedule (including teacher email), demographic and family information and the ability to change your email address done from your internet access at home. We are providing this information through our Skyward Family Access feature. This secured access requires an Internet connection and a confidential login ID and password issued by the school.

For additional information, please contact the campus front office.

NOTICE: IF YOU HAVE ALREADY REGISGTERED FOR FAMILY ACCESS, THERE IS NO NEED TO ENROLL AGAIN.

To register with Family Access, please complete the following information. *Please print clearly*

Head of Household: _____ Email: _____

Spouse: _____ Email: _____

Address: _____ Phone number: _____

Are you requesting a joint account or separate accounts? ☐ One joint account ☐ Separate accounts

Student Name: _____ Campus/Grade: _____

Student Name: _____ Campus/Grade: _____

Student Name: _____ Campus/Grade: _____

Additional information we may need to know in order to best process your application (for example, 2 families who share custody of the same students and need separate accounts for each):

Within 10 days, you will receive an email with your user name and password. Once your password is received, start at the home page of your internet browser. Navigate to our website at www.wisd.org or any WISD campus website. Click on the "Skyward Family Access" link. We recommend that you immediately change your default password. If you experience difficulty or have any question about this service, please contact your school office.

For School use only:

Each parent/guardian must show a photo ID and each parent/guardian must have a working email address and access to the internet.

Legal Guardianship verified ☐ Type of ID ☐ Driver's License ☐ Other ☐ Describe _____

Person/Campus verifying photo ID: _____ Date: _____

Email notification sent: _____ Date: _____

2025-2026 PEIMS Data Standards
Appendix F: Ethnicity and Race Reporting Guidance

**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:

Texas Education Agency

STUDENT HEALTH FORM 2025-2026

Student's Legal Name (as appears on birth certificate): _____
 _____ (First) _____ (Middle) _____ (Last) _____ (Jr., III, etc)

Date of Birth: _____ Gender: M F Grade Level _____ State ID or Social Security Number: _____

Student's Address _____ City _____ Zip _____

Mailing Address (If PO Box is used) _____ City _____ Zip _____

Primary Parent/Guardian Information (with whom the student lives) __ Both Parents or __ Father __ Step Father or __ Mother __ Step Mother or __ Other Guardian

Parent/Guardian's Name #1: _____ Relationship to Student: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email Address: _____

Parent/Guardian's Name #2: _____ Relationship to Student: _____

Address of P/G #2 (if different) _____ City _____ Zip _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email Address: _____

Emergency Contacts (To be used only if the Parent/Guardian cannot be reached; they may also pick up/check out my child from school)

Contact's Name #1: _____ Relationship to Student: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Contact's Name #2: _____ Relationship to Student: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Doctor Name: _____ Business Phone Number: _____

Permission to Treat and/or Transport

In the event your child is seriously ill or injured, do WISD personnel have your permission to assess and treat your child? ____ Yes ____ No

If you answered NO to the above question, please attach instructions to this form.

In the event district efforts to reach you have failed and your child is seriously ill or injured, school personnel may call 911 to have your child transported to the nearest medical facility.

Medication My student may have	Acetaminophen	Ibuprofen	Cough Drops
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If the student is to have more than the recommended dose, please include written order from physician.

Has your child ever been diagnosed with the following, if so what and when?							
ADD <input type="checkbox"/>	ADHD <input type="checkbox"/>	Asthma <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Seizures <input type="checkbox"/>			
Vision Issues <input type="checkbox"/>	Hearing Issues <input type="checkbox"/>	Bladder/Kidney Issues <input type="checkbox"/>	Bone/Joint Issues <input type="checkbox"/>	Heart Trouble <input type="checkbox"/>			
Dates of Diagnosis:							
Other Health issues:							

Does your child have allergies to medications, foods, the environment, etc.?	
Allergy	Reactions

Does your child take medications? ____ Yes ____ No If yes, what medication and dosage? _____

Does your child have a health condition that limits his/her activity? ____ Yes ____ No If yes, describe: _____

ALERT: Any medication requiring administration during school hours must be brought to the nurse in the original container. Signed and dated documentation from the health care provider is required along with the Medication Administration Form signed by the parent/guardian.

Signature of Parent/Guardian _____ Date: _____

State law requires Waxahachie ISD to publish the following information:

Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about the student. **If you do not want Waxahachie ISD to disclose directory information from your child's education records without your prior written consent; you must notify Waxahachie ISD in writing by September 5, 2025, or within ten school days of your child's first day of instruction for the 2025-2026 school year.**

This means that the district must give certain personal information (called "directory information") about your child to any person who requests it, unless you have told the district in writing not to do so. In addition, you have the right to tell the district that it may or may not use certain personal information about your child for specific school-sponsored purposes (For example, the yearbook, district or campus website or social media, performance programs, etc.). The district is providing this form so you can communicate your wishes about these issues. [See "Directory Information" in your child's Student Handbook for more information.]

For all purposes (including all school-sponsored purposes), Waxahachie ISD has designated the following information as directory information:

- | | |
|--|--|
| ▪ Student's name | ▪ Dates of attendance |
| ▪ Photograph | ▪ Grade level |
| ▪ Date of birth | ▪ Most recent school previously attended |
| ▪ Major field of study | ▪ Participation in officially recognized activities and sports |
| ▪ Degrees, honors, and awards received | ▪ Weight and height, if a member of an athletic team |

Name of Student: _____ Grade Level: _____

Parent/Guardian's Name: _____ Gender: M F

Relationship to Student: _____ E-mail Address: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Residence Address: _____ City _____ Zip _____

Please circle **YES** I do give permission to release the information or circle **NO** I do not give permission to release the information.

YES OR NO: "Local" Student information is used within the district like yearbooks, photographs, sports information such as rosters and programs or articles where students' directory information is identified. This also includes providing a list of student names, grade levels, and parent email addresses to school photo vendors, to be used only for providing information about school photos, as well as photo ordering information.

YES OR NO: "Public" Student information is used outside the district such as newspapers and other media.

YES OR NO: "Law Enforcement" Student information consisting of the student's name, address, telephone listing, electronic mail address, photograph, date and place of birth, dates of attendance, grade level and enrollment status will be provided upon request to law enforcement entities, such as the Waxahachie Police Department, Ellis County Sheriff's Office, Ellis County & District Attorney's Office, Texas Department of Public Safety or Federal Bureau of Investigations, should such information be necessary to further a law enforcement purpose conducted by said law enforcement entity.

Parent/Guardian: *Note: By not giving permission to release this information, your child's picture will not be in the school yearbook, your child's name/photo will not be used in local media and/or district/campus website/social media, etc.*

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Secondary Students ONLY – Additional Option Regarding Military Recruiters and Inst. of Higher Education

Federal law requires that the district release to military recruiters and institutions of higher education, upon request, the name, address, and phone number of secondary school students enrolled in Waxahachie ISD, unless the parent or eligible student directs the district not to release information to these types of requestors without prior written consent. [See "Release of Student Information to Military Recruiters and Institutions of Higher Education" in your child's Student Handbook for more information.]

YES OR NO: "Higher Ed" Student information is sent to institutions of higher education.

YES OR NO: "Military" Student information is sent to military recruiters.

I, parent/guardian of _____ (student's name), request that the district not release my child's name, address, and telephone number to a military recruiter or institution of higher education upon their request without my prior written consent.

Waxahachie Independent School District
2025-2026 STUDENT CODE OF CONDUCT & TECHNOLOGY

Dear WISD Parents/Guardians and Students,

Below, you will find the Waxahachie Independent School District (WISD) Student Code of Conduct and Technology Responsible Use Policy Acknowledgement Form. This form must be signed and dated by both a parent or guardian and student and returned to your Waxahachie Independent School District (WISD) campus.

In an effort to conserve paper and continue to be more fiscally responsible, the district leadership team has once again decided to launch this year's Student Code of Conduct on the district website. This paperless Code is located on the front page of the district website at: <http://www.wisd.org> under the "Students" tab. A master copy of the Code is located in each campus front office, and all parents may pick up a free, printed copy of the Code at your WISD campus or the WISD Administration Building.

WISD takes great pride and responsibility in maintaining safety and security on all campuses. It is the district's goal to work together with the community to promote a safe and orderly learning environment for every student.

Sincerely,
Director of Student Services

STUDENT CODE OF CONDUCT

My student and I have been offered the option to receive a paper copy or electronically access the 2025-2026 WISD Student Code of Conduct at <http://www.wisd.org>. Check one of the following options:

_____ Receive a paper copy of the Student Code of Conduct.

_____ Accept responsibility for accessing the Student Code of Conduct by visiting the Web address listed above. I understand that the Code contains information that my student and I may need during the school year, and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Code. If I have any questions regarding the Code, I should direct those questions to the campus principal or other appropriate administrator. I have read a copy of the 2025-2026 WISD's Student Code of Conduct and understand the offenses listed.

TECHNOLOGY ACCEPTABLE USE POLICY

Students Grades PreK-12:

I understand that my use of technology on district provided resources is not private and may be viewed by district officials, including, if applicable, text messaging, search history, and social media activity. I understand that the district will provide me with third party accounts (such as [Google Workspace for Education](#), [Canva for Education](#), [Adobe](#), [Microsoft Office 365](#)) that must adhere to the Acceptable Use Guidelines. Any other third-party accounts that I use for educational purposes must also adhere to the Acceptable Use Guidelines. With teacher guidance, I will use AI tools responsibly as educational aids to enhance my learning and understanding. I will not use AI to plagiarize or cheat on assignments, tests, or any other academic work.

Waxahachie ISD believes in the educational value of technology and its potential to support student learning by facilitating resource sharing, innovation, and communication. By using content filtering technology, WISD will make every effort to protect students and staff members from any misuses or abuses while using district technology resources. While every effort is made to provide the most secure learning environment, it is not possible to absolutely prevent access (accidental or otherwise) to inappropriate content. It is each user's responsibility to follow the guidelines for appropriate and acceptable use.

WISD will educate all students about appropriate online behavior, including interacting with others online and cyberbullying awareness and response. This places WISD in compliance with federal CIPA (Children's Internet Protection Act) requirements.

Your signatures indicate acknowledgement and understanding of the following standards and that the guidelines have been reviewed by parent/guardian and child. As a user of this service, your child will be expected to abide by the following rules of network etiquette.

Network Guidelines

1. Personal Safety

- a. I will not post personal contact information about myself or other people without the permission of my parent, teacher, or owner of the information. Personal contact information includes, but is not limited to, photographs, addresses, telephone numbers, and/or social media account information.
- b. I will not agree to meet with someone I have met online without a parent's approval.
- c. I will promptly disclose to my teacher or other school employee any message I receive that is inappropriate.

2. Illegal Activities

- a. I will not attempt to gain unauthorized access to WISD network resources or to any other computer system to go beyond my authorized access. This includes attempting to log in through another person's account or access another person's files.
- b. I will not make deliberate attempts to disrupt the computer system or destroy data by spreading computer viruses or by any other means.
- c. I will not use WISD's network to engage in any other illegal act, including threatening the safety of another person, financial crimes, or other actions that are generally held as illegal in a criminal court.
- d. I will not read, move, rename, edit, delete, or in any way alter the files that have been created or organized by others, unless instructed to do so as part of an assignment.
- e. I will not install software on any WISD computer or on the WISD network without direct supervision of WISD staff.
- f. I will not alter hardware or software setups on any WISD computer resource.

3. Security

- a. I am responsible for my individual account and will take all reasonable precautions to prevent others from being able to use my account.
- b. I will immediately notify a teacher or administrator if I have identified a possible security problem with the network or peripheral computers. I will not search for these security problems, because this may be construed as an illegal attempt to gain access.
- c. I will take all precautions to avoid the spread of computer viruses.
- d. I may connect personal (non-WISD) wireless devices such as laptops, smartphones, or tablets to the wireless network provided by WISD. I understand that I am expected to abide by the Acceptable Use Guidelines while using my personal equipment at school. I understand that the district may monitor my activity while using my personal equipment connected to the district network.
- e. I understand that WISD is not responsible for any damage, theft, or misuse of a personal device brought to school or other district events.

4. Inappropriate Language
 - a. Restrictions against inappropriate language apply to public messages, private messages, and material created for assignments to be posted online.
 - b. I will not use obscene, profane, lewd, vulgar, rude, inflammatory, threatening, or disrespectful language.
 - c. I will not engage in personal attacks, including prejudicial or discriminatory attacks.
 - d. I will not harass another person. Harassment is persistently acting in a manner that knowingly distresses or annoys another person. If I am told by a person to stop sending them messages, I will stop.
 - e. I will not knowingly or recklessly post false or defamatory information about a person or organization.
5. Respect for Privacy
 - a. I will not repost or share a message that was sent to me privately without permission of the person who sent me the message.
 - b. I will not post or share, including air-dropping, private information about another person.
6. Respecting Resource Limits
 - a. I will use the technology at my school only for educational and career development activities.
 - b. I will not post chain letters or engage in spamming. Spamming is sending/air-dropping and annoying or unnecessary message to a large number of people.
 - c. I will not download or use games, pictures, videos, music, instant messaging, email, file sharing applications, programs, executables, or anything else unless I have direct authorization from a teacher, it is legal for me to have the files, and the files support a classroom assignment.
 - d. I understand that WISD personnel may monitor and access any equipment connected to WISD network resources, including my computer activity. WISD personnel may delete any files that are not for a classroom assignment.
7. Plagiarism and Copyright Infringement
 - a. I will not plagiarize works that I find on the Internet or on the computers at my school. Plagiarism is taking the ideas or writings of others and presenting them as if they were your own.
 - b. I will respect the rights of copyright owners. Copyright infringement occurs when I inappropriately reproduce a work that is protected by a copyright, including images and music. If a work contains language that specifies appropriate use of that work, I will follow the expressed requirements. If I am unsure whether or not I can use a work, I will request permission from the copyright owner. If I am confused by copyright law, I will ask a teacher to clarify.
8. Inappropriate Access to Material
 - a. I will not use district resources (network, hardware, student Google account, etc.) to access or store material that is profane, obscene (pornographic), advocates illegal acts, or advocates violence or discrimination toward other people.
 - b. If I mistakenly access inappropriate information, I will immediately tell my teacher or an administrator and will not attempt to access the inappropriate information again.
 - c. My parent will instruct me if they think there is additional material that they think would be inappropriate for me to access. The district fully expects that I will follow my parent's instructions in this matter.
 - d. I understand that Internet access is provided for support of classroom assignments, and I will not attempt to surf anonymously or modify the computer in any way to allow me access to websites or applications I am not authorized to use.
9. Consequences
 - a. Appropriate disciplinary or legal action in accordance with the Student Code of Conduct and applicable laws including monetary damages.
 - b. Suspension of access to district technology, including the district network.
 - c. Revocation of the district's electronic communication system account(s) and/or termination of system user account, including revocation of any district-owned devices. The district may deny, revoke, or suspend a specific user's access to the district's system or district-owned devices with or without cause or notice for lack of use, violation of policy or regulations regarding acceptable network use, or as a result of disciplinary actions against the user.
 - d. Possible criminal action for illegal activity.
10. Publishing student work
 - a. WISD is committed to protecting the privacy and safety of all students. There are times when teachers and administrators feel it is appropriate to recognize students and their work in a public forum. Examples of this include publishing a team roster, exhibiting student work on the Internet, publishing multimedia presentations, and inviting local media to report on school events. WISD takes every precaution to ensure that such disclosure is limited to appropriate school-related work and events and handled in a responsible and ethical manner.

Student: I understand my responsibility to follow the rules and regulations set forth by the Waxahachie ISD Acceptable Use Policy for Technology and agree to abide by the policy. I understand the consequences that can occur as a result of violations of this policy.

☐ Parent: I understand and accept responsibility to ensure my child abides by the Waxahachie ISD Acceptable Use Policy for Technology. I understand that device insurance is offered (<https://www.wisd.org/Domain/255>.) If I choose to opt out of the device insurance, I may be financially responsible for covering the cost of repairs or replacement as a result of intentional damage as determined by campus administration.

Waxahachie ISD has an initiative to provide 1:1 mobile device for our students. This means Waxahachie ISD may provide a personal electronic device for student access to digital textbooks, approved educational applications, and other appropriate on-line educational resources for each student to use as part of the educational process. All students will be issued a device.

Students may be issued a laptop and a charger to use in their classes each day. Students are expected to bring the device, fully charged, ready to use for learning to each class period. If a student has a personal laptop/Chromebook, he or she may choose to opt out of receiving a Waxahachie ISD device. Smartphones are not an acceptable device for opting out. If a student chooses to opt out, he or she will be asked to provide a personal laptop/ Chromebook to use at school daily. Personal laptops/Chromebooks will not be serviced by Waxahachie ISD personnel. To opt out, please contact your campus front office. For additional device information and replacement cost, click [here](#).

Waxahachie ISD adheres to The Children's Internet Protection Act (CIPA) guidelines which were enacted by Congress in 2000 to address concerns about children's access to obscene or harmful content over the Internet. You can access more information about CIPA at

<https://www.fcc.gov/consumers/guides/childrens-internet-protection-act>.

Name of Student (please print): _____ Grade Level: _____

WISD Campus: _____ Signature of Student: _____

Signature of Parent/Guardian: _____ Date: _____

Foster Care 2025-2026

THE LEGISLATURE OF THE STATE OF TEXAS has enacted an amendment on SECTION 1 Section 7.029, Education Code to include the following:

This legislation requires schools to recognize and collect data as to the foster care status of all students.

Student Name: _____ Date of Birth: _____

Guardian Name: _____

If Known: Student ID: _____ Grade: _____ Campus: _____

Please check one box below to indicate if the following applies to your child:

For all students:

☐

Student is currently in the conservatorship of the Department of Family and Protective Services

For Pre-Kindergarten students ONLY:

☐

Pre-kindergarten student was previously in the conservatorship of the Department of Family and Protective Services

Guardian Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO YOUR CHILD'S CAMPUS ONLY IF
YOUR CHILD MEETS ONE OF ABOVE THE CRITERIA.

TEA Required Data for 2025-2026

Military Connected Student Form



Beginning in the 2013-2014 school year, the Texas Legislature passed a bill requiring that school districts report **all** military-connected students – not just Pre-Kindergarten as in previous years for eligibility criteria for PK.

Student Name: _____ **Date of Birth:** _____

Parent Name: _____

If Known: Student ID: _____ **Grade:** _____ **Campus:** _____

Please check the appropriate option below:

For students in grade KG-12:

____ Student is Not a Military Connected Student.

____ Student in grade KG-12 is a dependent of an active duty member of the United States Military.

____ Student in grade KG-12 is a dependent of a current member of the Texas National Guard (Army, Air Guard or State Guard).

____ Student in grade KG-12 is a dependent of a current member of a Reserve Force in the United States Military.

____ Student in grade KG-12 is a dependent of a **former** member of one of the following:
The United States Military
The Texas National Guard (Army, Air Guard, or State Guard)
A Reserve Force in the United States Military

____ Student in grade KG-12 was a dependent of a member of a Military or Reserve Force in the United States Military who was killed in the line of duty.

For Pre-Kindergarten students ONLY:

____ Student is Not a Military Connected Student.

Pre-Kindergarten Student is:

____ 1) a dependent of an active duty member of the Armed Forces of the United States, including the State Military Forces or a Reserve component of the Armed Forces, who is ordered to active duty by proper authority, or

____ 2) a child of a member of the armed forces of the United States, including the State Military Forces or a Reserve component of the Armed Forces, who was injured or killed while serving on active duty.

Note: A student remains eligible for enrollment if the child's parent leaves the Armed Forces or is no longer on active duty after the child begins Pre-Kindergarten class.

Guardian Signature: _____ **Date:** _____

PLEASE RETURN THIS FORM TO YOUR CHILD'S CAMPUS

Waxahachie Independent School District 2025-2026 Family Survey

District: Waxahachie ISD	Campus:	
Student Name:	Age:	Grade Level:

Dear Parents,



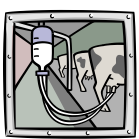





In order to better serve your children, our school district is helping the State of Texas identify students who may qualify to receive additional educational services. **The information provided below will be kept confidential.**

Please answer the following question and return this form to your child's school.

1. Within the past 3 years have you moved from one city or state to another so that you or your family 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 and fill out the information requested at the bottom of this form.)

 Working with fruits, vegetables, soybeans, sunflower, cotton, wheat, grain, sugar beets, agricultural farms or ranches, fields & vineyards <input style="width: 30px; height: 20px;" type="checkbox"/>	 Working in a cannery <input style="width: 30px; height: 20px;" type="checkbox"/>	 Working in a dairy farm <input style="width: 30px; height: 20px;" type="checkbox"/>	 Working in a fishery <input style="width: 30px; height: 20px;" type="checkbox"/>	 Working in a Slaughter house <input style="width: 30px; height: 20px;" type="checkbox"/>
 Working on a poultry farm <input style="width: 30px; height: 20px;" type="checkbox"/>	 Working in a plant nursery, orchard, tree growing or harvesting <input style="width: 30px; height: 20px;" type="checkbox"/>	 Other similar work, please explain: <div style="border-bottom: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 15px;"></div>		

2. Did the children in your family go with you or join you at a later date?

☐ **NO** (STOP here and return survey to your child's school.) ☐ **YES** (Please complete below.)

Please complete the following information: (Please print)		Best time to contact you: _____	
Parent/Guardian Name:	Home Address/Apt Name:	City:	Zip Code:
Telephone Number:	Mailing Address:	City:	Zip Code:
Home: _____			
Cellular/Work: _____			

For questions, please contact: Lynda Solis, Director of Bilingual & ESL Services (972) 923-4727.
School Personnel: Please send completed survey to Lynda Solis, Curriculum Department.

STUDENT RESIDENCY QUESTIONNAIRE 2025-2026

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive. A questionnaire must be completed for each child enrolling in the Waxahachie Independent School District.

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3) (d)

Student Name: _____ Grade: _____ School: _____

Parent/Guardian: _____ Phone: _____

Previous School Attended and Campus: _____

Current Address: _____

Previous Address: _____

Number of Children Enrolled in Waxahachie ISD: _____

Is your current address a temporary living arrangement?

Yes ☐

No ☐

Is this temporary living arrangement due to loss of housing or economic hardship?

Yes ☐

No ☐

IF YOU ANSWERED YES TO EITHER OF THE ABOVE QUESTIONS PLEASE COMPLETE THE REMAINDER OF THIS FORM. IF YOU ANSWERED NO TO BOTH YOU MAY STOP HERE.

Were you displaced from your home due to a Natural Disaster? Yes ☐ No ☐

Type of Natural Disaster:

☐ Hurricane

☐ Fire

☐ Flood

☐ Tornado

☐ Other: _____ (Please describe)

Please choose which of the following situations the student currently resides in (choose all that apply):

☐ House or apartment with parent or guardian.

☐ Sharing housing with friends or family members (other than or in addition to parent/guardian).

☐ Motels/Hotels (Name of motel/hotel: _____)

☐ Shelter or other transitional housing.

☐ Unsheltered – in a car, park, substandard housing, etc.

If you are living in shared housing, please check all of the following reasons that apply:

- ☐ Loss of housing.
- ☐ Economic hardship
- ☐ Loss of employment
- ☐ Parent/guardian is currently on active duty in the U.S. Military
- ☐ Incarceration of parent/guardian
- ☐ Incapacitation of parent/guardian due to health, mental health, drugs/alcohol, or other factors.
- ☐ Other (Please explain): _____
- _____
- _____

Are you a student living apart from your parents or guardians?

Yes ☐

No ☐

Signature of Parent/Guardian/Unaccompanied Youth/School Representative

Date

I certify the above named student qualifies for provisions of the McKinney-Vento Act including meals provided by the Child Nutrition Program.

Approved _____ Not Approved _____

Date

McKinney-Vento Liaison Signature

2025-2026 Special Programs

2025-2026 Programas Especiales

Student's Legal Name (as appears on birth certificate)

Nombre Legal del Estudiante (como aparece en el acta de nacimiento):

First (Primer Nombre)

(Middle) (Segundo Nombre)

(Last) (Apellido)

(Jr., III, etc)

Grade Level/Grado: _____ Student School/Escuela: _____

Indicate if the student has been previously enrolled in the following programs/services:

Indique si el estudiante anteriormente ha estado registrado en los siguientes programas/servicios:

<input type="checkbox"/> Special Education Services Educación Especial	<input type="checkbox"/> Gifted & Talented Education Dotados/Talentoso	<input type="checkbox"/> 504 Services
<input type="checkbox"/> Title 1 Services Servicios de Título 1	<input type="checkbox"/> Dyslexia Services Servicios de Dislexia	<input type="checkbox"/> Bilingual/ESL Services Servicios de Bilingüe/ESL
<input type="checkbox"/> Retained Ha Reprobado		

Last District / School Campus attended/ **Último Distrito asistido/Última Escuela asistida:**

Parent Name/ Nombre de la Persona que está Registrando al Estudiante

Date/Fecha: _____

House Bill 4545/1416 Implementation 2025-2026
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CONFIDENTIAL

Student Name _____ Student Grade _____ Student Date of Birth _____

School Name _____ Student ID _____

House Bill 4545 was adopted in 2021 in the 87th Regular Legislative Session. HB 4545 established requirements for accelerated instruction for students who do not achieve approaches or higher on State of Texas Assessments of Academic Readiness (STAAR®).

In 2023 HB4545 was changed to HB1416 that includes a few changes. Accelerated instruction practices are required during the school year for a maximum of two subjects with an emphasis on math and reading **for students who did not pass the STAAR test in grades 3 – 8 or STAAR (EOC) end-of-course assessments in grades 9 – 12**, based on results from previous school year Spring testing cycle.

HB 4545 Disclaimer for parents:

In the event that my child is identified as a student in need of accelerated instruction, I give permission for the instruction to be delivered in a small group setting of 3 or more students.

SIGNATURE Please check one of the following two boxes as appropriate.

☐

Yes, I give permission

☐

No, I do not give permission

Parent/Guardian Name (print)

Parent/Guardian Signature

Date



Home Language Survey
Commissioner Mike Morath

1701 North Congress Avenue • Austin, Texas 78701-1494 • 512 463-9734 • 512 436-9838 FAX • tea.texas.gov

Student Name: _____

District Name: Waxahachie ISD

Student ID#: _____

Campus Name: _____

HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey only administered during **initial** enrollment in Texas public schools)

To be completed by Parent or Guardian for students enrolling in Prekindergarten* through grade 8 (or by students in grades 9-12).

* Prekindergarten includes any student enrolling in a 3- or 4-year-old school program.

Part One:

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:

Please answer the questions below about the languages your child or family uses. If your responses indicate the use of a language other than English, the school will conduct a language proficiency assessment to determine how well your child communicates in English. This information will be used to determine any appropriate linguistic supports and inform instructional 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.

This survey shall be kept in each student's permanent record folder. A copy of this survey shall follow the student while enrolled in any public or open enrolled charter school in Texas.



Part Two:

Please answer the questions to the best of your ability.

1. Which languages are used at home? _____
2. Which languages are used by the child at home? _____
3. If the child had a previous home setting, which languages were used? If there was no previous home setting, answer Not Applicable (N/A). _____

☐ **By checking this box, I understand a request to correct an error to this Home Language Survey can only happen if:**

- 1) my child has not yet been assessed for English proficiency; and
- 2) corrections are made within two calendar weeks of my child's enrollment date.

Note: Please contact your school about the benefits of bilingual education services. The following resources may also provide information on program services that foster bilingualism.

- [Parent/ Guardian Rights](#)
- [Bilingual Education Program](#)
- [Program Information Videos](#)

Please visit the Emergent Bilingual Support Portal (txel.org) for additional information.

Signature of Parent/Guardian _____ Date _____

Signature of Student if Grades 9-12 _____ Date _____