

Please complete the following forms. Once you have completed the forms you will need to save them to your computer so that you can submit them to the district after completing the txConnect registration process. Information does not automatically save to these forms. If you close the forms before saving them to your computer, the information will be lost.

\* Due to COVID-19, digital signatures are temporarily being accepted.  
Once normal operations resume, the campus may request your actual signature on all documents.

Complete pages 2 - 13 for students in all grades.  
Kindergarten students will also need to have page 14 completed.

Once you have submitted your txConnect registration to the district, email the campus registrar at the email address listed below to let her know that you have submitted the txConnect registration for your student. Include your student's full name and date of birth in the email along with a contact phone number. **The registrar will email you a secure Dropbox link so that you can submit the completed forms and all required documentation.**

**Please make sure you have all completed forms and documents saved to your computer and ready to submit prior to emailing the campus for the secure Dropbox link. Your secure Dropbox link will only be accessible for a limited time.**

**When you are ready, email the campus registrar at the following email address to request your secure Dropbox link:**

**Elementary campuses: (Elementary campuses will begin processing new student enrollments on July 27, 2020.)**

Cibolo Valley Elementary ----- [cibolovalleyreg@scuc.txed.net](mailto:cibolovalleyreg@scuc.txed.net)  
Green Valley Elementary----- [greenvalleyreg@scuc.txed.net](mailto:greenvalleyreg@scuc.txed.net)  
Paschal Elementary ----- [paschalreg@scuc.txed.net](mailto:paschalreg@scuc.txed.net)  
Rose Garden Elementary ----- [rosegardenreg@scuc.txed.net](mailto:rosegardenreg@scuc.txed.net)  
Schertz Elementary ----- [schertzreg@scuc.txed.net](mailto:schertzreg@scuc.txed.net)  
Sippel Elementary ----- [sippelreg@scuc.txed.net](mailto:sippelreg@scuc.txed.net)  
Watts Elementary ----- [wattsreg@scuc.txed.net](mailto:wattsreg@scuc.txed.net)  
Wiederstein Elementary ----- [wiedersteinreg@scuc.txed.net](mailto:wiedersteinreg@scuc.txed.net)

**Intermediate campuses: (Intermediate campuses will begin processing new student enrollments on July 27, 2020.)**

Jordan Intermediate ----- [jordanreg@scuc.txed.net](mailto:jordanreg@scuc.txed.net)  
Schlather Intermediate ----- [schlatherreg@scuc.txed.net](mailto:schlatherreg@scuc.txed.net)  
Wilder Intermediate ----- [wilderreg@scuc.txed.net](mailto:wilderreg@scuc.txed.net)

**Junior High campuses: (Junior high campuses will begin processing new student enrollments on July 27, 2020.)**

Corbett Junior High ----- [corbettreg@scuc.txed.net](mailto:corbettreg@scuc.txed.net)  
Dobie Junior High ----- [dobiereg@scuc.txed.net](mailto:dobiereg@scuc.txed.net)

**High school campuses: (High school campuses will begin processing new student enrollments on July 7, 2020.)**

Byron P Steele High School ----- [byronsteelereg@scuc.txed.net](mailto:byronsteelereg@scuc.txed.net)  
Samuel Clemens High School ----- [samuelclemensreg@scuc.txed.net](mailto:samuelclemensreg@scuc.txed.net)

**Allison Steele ELC: (Allison Steele will begin processing new student enrollments on July 22, 2020.)**

Allison Steele ELC ----- [allisonsteelereg@scuc.txed.net](mailto:allisonsteelereg@scuc.txed.net)

Thank you for your flexibility and your understanding during our district's closure due to COVID-19.

**SCHERTZ-CIBOLO-UNIVERSAL CITY ISD  
COVID-19 (CORONAVIRUS) NEW STUDENT REGISTRATION SURVEY**

Under TEA guidance, districts should request information on recent travel.

As a precaution given the global spread of the coronavirus (COVID-19) and out of concern for the health and safety of our community, we are asking all families enrolling at this time to complete this form. Your information will be kept private and only shared with federal, state and local officials *if* required and will only be used to message you with relevant health information *should* federal, state and local officials *deem it necessary*.

- **Name of Student:** \_\_\_\_\_
- **Name of Parent/Legal Guardian:** \_\_\_\_\_
- **Parent Email Address:** \_\_\_\_\_
- **Parent Phone Number:** \_\_\_\_\_
- **Where are you moving from?** \_\_\_\_\_
- **Have you or your student recently traveled on a cruise ship?**    \_\_\_\_ YES    \_\_\_\_ NO
  - **If so, what dates did you travel?** \_\_\_\_\_
- **Have you or your child recently traveled to/from an area with a high impact from coronavirus (COVID-19)?**  
\_\_\_\_ YES    \_\_\_\_ NO
  - **If so, what area? (city, state, country, etc.)** \_\_\_\_\_
  - **If so, what dates were you in the area?** \_\_\_\_\_
- **Have you, your child or anyone in your household felt sick with flu like symptoms since your travel?**  
\_\_\_\_ YES    \_\_\_\_ NO
- **Do you, your child or anyone in your household currently feel sick with flu like symptoms?**  
\_\_\_\_ YES    \_\_\_\_ NO
- **Other - If you have any additional information you need to share, please do so here:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian's Digital Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Student's Name: Last			First	M.I.	Student ID#
Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate			
Home Address – Street, City, Zip				Home Phone Number	
Parent/Guardian Name		Email Address		Cell Number	Work Number
Parent/Guardian Name		Email Address		Cell Number	Work Number
<b>Please list Persons who will assume temporary care of <u>AND / OR</u> pick up your child if you cannot be reached:</b>					
Name		Cell Number		Work Number	Relationship to Student
Name		Cell Number		Work Number	Relationship to Student
<p>In an effort to provide safe, informed care for your child at school, each year the SCUCISD Health Services Department requires the following information to complete your child's enrollment. Medical Information you provide about your child is a confidential education record. SCUCISD keeps all medical information about your child confidential as required by the Family Educational Rights and Privacy Act and other applicable laws. However, health information about your child will be communicated to SCUCISD school personnel who require the information to better serve your child.</p> <p><b>Health History: Check all health conditions that apply</b></p> <p><input type="checkbox"/> <b>Student has a 504 PLAN for health related accommodations</b></p> <p><input type="checkbox"/> <b>ADHD</b> <input type="checkbox"/> <b>ADD</b> <input type="checkbox"/> Medications taken at home <input type="checkbox"/> Medications taken at school <b>DOCTOR ORDER REQUIRED (See Nurse)</b></p> <p><input type="checkbox"/> <b>ALLERGIES (Specify &amp; describe below):</b> <input type="checkbox"/> Drug <input type="checkbox"/> Food <input type="checkbox"/> Insect</p> <p><input type="checkbox"/> DRUG - Drug(s) &amp; Reaction _____</p> <p><input type="checkbox"/> STUDENT REQUIRES EPIPEN and / or BENADRYL AT SCHOOL <b>DOCTOR ORDER REQUIRED (See Nurse)</b></p> <p><input type="checkbox"/> FOOD - List Food(s) &amp; Reaction _____</p> <p><b>FOOD ALLERGY ACTION PLAN FROM DOCTOR REQUIRED FOR SEVERE FOOD ALLERGIES (See Nurse)</b></p> <p><input type="checkbox"/> Insect – List Insect(s) &amp; Reaction: _____</p> <p><input type="checkbox"/> <b>ASTHMA</b> <b>ASTHMA ACTION PLAN FROM DOCTOR REQUIRED FOR INHALERS / NEBULIZERS TO BE GIVEN AT SCHOOL (See Nurse)</b></p> <p><input type="checkbox"/> <b>DIABETES (Specify):</b> <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2</p> <p><b>DIABETIC MANAGEMENT PLAN FROM DOCTOR REQUIRED FOR TYPE 1 DIABETES (See Nurse)</b></p> <p><input type="checkbox"/> <b>EMOTIONAL/PSYCHOLOGICAL DISORDER</b> Specify: _____</p> <p><input type="checkbox"/> <b>HEARING PROBLEMS :</b> <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Cochlear Implant <b>Other:</b> _____</p> <p><input type="checkbox"/> <b>HEART CONDITION</b> <input type="checkbox"/> Heart Defect <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> <b>Other:</b> _____</p> <p><input type="checkbox"/> <b>KIDNEY/URINARY PROBLEMS</b> Explain: _____</p> <p><input type="checkbox"/> <b>MEDICATION(S) TAKEN AT HOME/SCHOOL:</b> _____</p> <p><b>*** ALL MEDICATIONS GIVEN AT SCHOOL REQUIRE A WRITTEN ORDER FROM YOUR CHILD'S DOCTOR EVERY SCHOOL YEAR (See Nurse)***</b></p> <p><input type="checkbox"/> <b>MIGRAINES/HEADACHES</b> Explain: _____</p> <p><input type="checkbox"/> <b>SEIZURE DISORDER</b> <b>SEIZURE ACTION PLAN FROM DOCTOR REQUIRED (See Nurse)</b></p> <p>Date of last seizure _____ Type of seizures _____</p> <p><input type="checkbox"/> <b>STOMACH / INTESTINAL PROBLEMS</b> Explain: _____</p> <p><input type="checkbox"/> <b>VISION PROBLEMS:</b> <input type="checkbox"/> Wears glasses <input type="checkbox"/> Contact Lenses <input type="checkbox"/> <b>Other:</b> _____</p> <p><input type="checkbox"/> <b>SPECIAL PROCEDURE(S) AT SCHOOL</b> <b>DOCTOR ORDER REQUIRED (See Nurse):</b> _____</p> <p><input type="checkbox"/> <b>OTHER HEALTH CONCERNS:</b> _____</p> <p><input type="checkbox"/> <b>MY CHILD HAS NO HEALTH CONDITIONS AND WILL NOT REQUIRE MEDICATION / SPECIAL PROCEDURES AT SCHOOL</b></p>					
<p>I, the undersigned, do hereby authorize officials of Schertz-Cibolo-Universal City Independent School District to contact directly the persons named on this form in case of emergency for said child. In the event parents or other persons named on this form cannot be contacted, school officials are hereby authorized to take whatever actions are deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.</p>					
Date: _____ Signature of Parent/Guardian: _____					*

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Schertz-Cibolo-Universal City Independent School District  
Health Services  
1060 Elbel Road, Schertz, Texas 78154

REQUEST FOR FOOD ALLERGY INFORMATION

The District must request, 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.

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.

***Consistent with guidelines from the Texas Department of Agriculture, in order for the District to consider food substitutions for a student’s food allergies, a signed medical statement must be provided. Ask the clinic for the appropriate form.***

Student name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

\* Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Campus: \_\_\_\_\_ Student I.D. \_\_\_\_\_

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# SPECIAL PROGRAM INFORMATION

Welcome to SCUCISD. Below is a list of some services we offer in our district. If your child was receiving any of these at a previous school, please indicate below.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade Level

YES  NO English as a Second Language (ESL)/English Language Learner

YES  NO Bilingual/Dual Language

YES  NO Reading / Math Tutorials

YES  NO Dyslexia

YES  NO Gifted & Talented

YES  NO 504 Services

YES  NO Special Education

YES  NO Area of Eligibility (Handicapping Condition): \_\_\_\_\_

\_\_\_\_\_  
 YES  NO Intervention Programs

YES  NO Response to Intervention (RTI)

YES  NO Progress Monitoring Plan/Supplemental Education Plan

YES  NO Pre-AP/Honors (6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grades only)

YES  NO **NONE OF THE ABOVE**

**Please answer the following questions and provide us with any information that will assist us in choosing the best placement for your student.**

Was student expelled or suspended at the time of withdrawal from last school? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Was student enrolled in a Discipline Alternative Education Program (DAEP)? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Has student ever been retained? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If Yes, in what grade level? \_\_\_\_\_

Has student ever been enrolled in a Texas school before? Yes: \_\_\_ No: \_\_\_ If Yes, in what grade level? \_\_\_\_\_

If Yes, please provide Name of District: \_\_\_\_\_ Name of Campus: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Parent/Guardian Signature

\_\_\_\_\_ Date

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## SCHERTZ-CIBOLO-UNIVERSAL CITY INDEPENDENT SCHOOL DISTRICT

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

(Home Language Survey applicable ONLY if administered for students enrolling in pre-kindergarten through grade 12)

**\*\*\* Should you need this document in another language, please ask the campus registrar.**

**TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN PREKINDERGARTEN THROUGH GRADE 8 (OR BY STUDENT IN GRADES 9-12):** The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

To determine if your child would benefit from Bilingual and/or English as a Second Language program services, please answer the two questions below.

**If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English.** This assessment information will be used to determine if Bilingual and/or English as a Second Language program services are appropriate and to inform instructional and program placement recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

For more information on the process that must be followed, please visit the following website:

<https://projects.esc20.net/upload/page/0081/docs/JuneUpdates/EnglishLearnerIdentification-ReclassificationFlowchart.pdf>

This survey shall be kept in each student's permanent record folder.

NAME OF STUDENT: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

CAMPUS: \_\_\_\_\_

NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.

1. What language is spoken in the child's home **most of the time**? \_\_\_\_\_2. What language does the child speak **most of the time**? \_\_\_\_\_\* \_\_\_\_\_  
Signature of Parent/Guardian\_\_\_\_\_  
Date\* \_\_\_\_\_  
Signature of Student if Grades 9-12\_\_\_\_\_  
Date

NOTE: If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if: 1) your child has not yet been assessed for English proficiency; and 2) your written correction request is made within two calendar weeks of your child's enrollment date.

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**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 \*

\_\_\_\_\_  
Date

Student/Staff Identification Number

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:

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HISTORY OF SCHOOL ATTENDANCE

Student's Last Name \_\_\_\_\_ Student's First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Country of Birth \_\_\_\_\_

Where did your child live from birth until he/she started school? \_\_\_\_\_

**Schooling: Include any time child attended school even before 1<sup>st</sup> grade**

Grade(s)	School Year(s)	Name of School	State	Country
Example: KG	2016-2017	Disney Elementary	FL	US
Example: KG – 4 <sup>th</sup>	2012-2017	Disney Elementary	FL	US

\* Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Student Name \_\_\_\_\_ Grade \_\_\_\_\_ ID# \_\_\_\_\_

Please provide information on ***ALL Parents or Legal Guardians*** of student:

**Check all that apply:**

\_\_\_\_\_ **Active Duty Military** [Air Force, Army, Marines, Navy, Coast Guard] (1)

\_\_\_\_\_ **Veteran (2)** [PRIOR military personnel currently **NOT ACTIVE DUTY**]

\_\_\_\_\_ **Retiree-Veteran (3)** [Veteran who has *retired* (usually 20+ years) or *medically retired* from an active duty military service long term career]

\_\_\_\_\_ **National Guard (4)**

\_\_\_\_\_ **Reserve (5)**

\_\_\_\_\_ **Civil Service or Federal Installation Employee/ DOD Contractor** (6)

\_\_\_\_\_ **Other** -[USPS, Homeland Security, DHS, DOT, FAA, TSA, etc. OR not listed] (7). **Please explain:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **None of the above (0)**

\* Signature \_\_\_\_\_ Date \_\_\_\_\_

SCUC-ISD is a part of a Department of Defense Education Activity (DoDEA) grant to assist all of our students with transitioning into and out of our schools. *This information is used for required semester data for the US Department of Defense grant.*

If you have any questions please contact Dee Ann Thomas, DoDEA Grant Project Director at (210) 945-6275 or [dthomas@scuc.txed.net](mailto:dthomas@scuc.txed.net)



## DIRECTORY INFORMATION CONSENT FORM

Please complete this form and return it to the school within ten (10) district business days of receipt. Failure to return this form within this timeframe will be deemed consent.

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

### District Print Publications\*

- YES** SCUCISD has my permission to include my child's directory information for district print publications, selected photography companies supporting campus pictures, and other positive publicity efforts.
- NO** (Example: school yearbook and supplement, school newspaper, district newsletters, senior panoramic picture, etc.)

### District Electronic and Web Publications\*

- YES** SCUCISD has my permission to include my child's directory information in district online or E-mail publications and video broadcasts that feature positive publicity of students and employees. (Example: www.scuc.txed.net, online version of district newsletter, high school online newspaper, campus websites, District E-mail news, online video broadcasts, etc.)
- NO**

### Outside Publicity\*

- YES** SCUCISD has my permission to include my child's directory information in publicity efforts of school-related activities and accomplishments to any media outlet outside of SCUCISD. (Example: San Antonio Express-News, North East Herald, television stations, radio stations, magazines, etc.)
- NO**

*\*Your child's personal contact information will not be released in these publications. Only their name, photo or likeness, school name, grade level or age, weight and height of athletes, participation in officially recognized activities or sports, and honors or awards received would possibly be included in the publications.*

### Private Requestors

- YES** SCUCISD has my permission to release my child's directory information to any requestor in accordance with the Texas Public Information Act. (Example: vendors or others who may be soliciting products or services such as driver's education, tutoring, after-school programs, etc.)
- NO**

### High School Students Only

Federal law requires school districts receiving assistance under the Elementary and Secondary Education Act of 1965 to provide a military recruiter or an institution of higher learning, on request, with the name, address and telephone number of a secondary student unless the parent has advised the school district that they do not want the student's information disclosed without prior written consent. Schertz-Cibolo-Universal City ISD receives such assistance and is subject to this requirement.

**YES**  **NO** SCUCISD has my permission to release my child's contact information to a military recruiter.

**YES**  **NO** SCUCISD has my permission to release my child's contact information to an institute of higher learning.

The Schertz-Cibolo-Universal City Independent School District has designated the following categories of information as directory information: student's name, address, telephone listing, electronic mail address, photograph, date and place of birth, dates of attendance, grade level, enrollment status, participation in officially recognized activities and sport, weight and height of members of athletic teams, honors and awards received, and the most recent educational agency or institution attended.

**I understand that any checks in the "NO" boxes above will result in the blocking of directory information in the designated categories.**

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
\* Signature of Parent/Guardian

\_\_\_\_\_  
Date

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Campus Use  
Attach Campus  
Address/Phone/Fax Label Here



## Schertz-Cibolo-Universal City ISD Transcript Request

### Former School Information

---

Former School Name

---

Street Address

---

City

State

Zip Code

---

Phone Number

Fax Number

The following student has enrolled in our school. Please send us the records for this student, including transcript of past academic record, grades earned during the current year to date, records of attendance, immunization record, standard tests, and any other pertinent information available.

---

Student Name

Grade Level

---

Student Date of Birth

SCUCISD Campus Child Will Attend

I give consent for my child's records to be released to the above address.

---

\* Signature of Parent or Guardian

Date

---

Signature of Registrar

Date

Parental permission is no longer required when records are requested by authorized school personnel (Family Education Rights and Privacy Act, Final Rule on Educations Records, Federal Register, June 17, 1976, Vol.41, No. 118. Page 24673).

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1060 Elbel Road Schertz, TX 78154 (210) 945-6200 Fax (210) 945-6252  
[www.scuc.txed.net](http://www.scuc.txed.net)

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Dear Parent/Guardian:

According to Texas Education Code 25.085(c): All students are subject to compulsory school attendance while they are enrolled in school. Once a student is enrolled in PK or Kindergarten, a child must attend school.

You, as the parent or guardian of this student, can be charged with the offense of “parent contributing to nonattendance” if the student does not meet school attendance requirements. A fine may also be charged by the judge if it is determined you are guilty of this offense.

Please acknowledge your understanding that your student is subject to compulsory attendance laws by signing below.

Name of Student: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

\* Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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# BUS RIDER SURVEY

## PRE-K STUDENTS:

- Will your PK student be riding the school bus to school and/or home from school?
- YES      NO

## STUDENTS IN ALL OTHER GRADE LEVELS:

- If your address is eligible for bus services, will your student ride the bus to school and/or home from school?
- YES      NO

### RIDER ID WORKSHEET

DATE:	Is this student in the Dual Language Program? <b>YES</b> <b>NO</b>	BUS #: (campus use only)
STUDENT'S LAST NAME:	STUDENT'S FIRST NAME:	
PHYSICAL HOME ADDRESS:	CITY:	ZIP:
	SUB-DIVISION NAME (IF KNOWN):	
PICK UP BUS STOP LOCATION: (CAMPUS USE ONLY)		TIME: (CAMPUS USE ONLY)
DROP OFF BUS STOP LOCATION: (CAMPUS USE ONLY)		TIME: (CAMPUS USE ONLY)
HOME PHONE NUMBER:	OTHER EMERGENCY CONTACT NUMBER:	
PARENT'S NAME:		
STUDENT'S GRADE LEVEL:	STUDENT'S TEACHER: (CAMPUS USE ONLY)	

\* Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**\* Due to COVID-19, digital signatures are temporarily being accepted. Once normal operations resume, the campus may request your actual signature on all documents.**

**SCUC ISD BUS STOP SUPERVISION WAIVER FORM  
(Kindergarten students only)**

**T1**

This form must be filled out and submitted to the attending school to receive kindergarten transportation services and/or to provide permission for the District to release a **kindergarten student** at his/her designated bus stop without an adult receiving the student(s) or to identify the person(s) authorized to receive the student(s).

School \_\_\_\_\_ Bus \_\_\_\_\_

Student name: \_\_\_\_\_

Address: \_\_\_\_\_

Bus stop location: : \_\_\_\_\_

Parent information (please print first and last name) : \_\_\_\_\_

**\*PLEASE INITIAL ONLY ONE OF THE FOLLOWING CHOICES**

---

\_\_\_\_\_ I will be present at the designated bus stop to receive my child(ren).

\_\_\_\_\_ I authorize the Schertz Cibolo Universal City ISD Transportation Department to drop off my child(ren) at his/her (their) bus stop without any individual supervision.

\_\_\_\_\_ I authorize the Schertz Cibolo Universal City ISD Transportation Department to drop off my child(ren) at his/her (their) bus stop with his/her (their) older sibling(s) who is/are in the first grade or a higher grade. The older sibling must ride the same school bus.

Print name(s): \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ I authorize the Schertz Cibolo Universal City ISD Transportation Department to drop off my child(ren) under the supervision of **ONLY** the designated person(s) who is/are to receive my child(ren) when released from the school bus at his/her assigned bus stop.

1. \_\_\_\_\_

Name

Driver License #

Phone #

2. \_\_\_\_\_

Name

Driver License #

Phone #

\*It is the responsibility of the parent/guardian to contact the school to maintain an updated form.

\_\_\_\_\_ Date: \_\_\_\_\_ Phone number: \_\_\_\_\_

\* Signature of Parent(s)/Guardian(s)

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of School Administration (Principal/Vice-Principal)

School please email : [scuctransportation@scuc.txed.net](mailto:scuctransportation@scuc.txed.net), questions call (210)945-6224.

02/24/2016

**\* Due to COVID-19, digital signatures are temporarily being accepted. Once normal operations resume, the campus may request your actual signature on all documents.**