

# New Student Registration\*

2016-2017  
Enrollment Packet

*\* If you are a returning student, it is not necessary for you to fill this out, UNLESS your information has changed.\**

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

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Upon enrollment, please fill out ALL of the attached forms and return them with the items listed below.

\_\_\_\_\_ Copy of Birth Certificate                      \_\_\_\_\_ Copy of Utility Bill for proof of residence  
\_\_\_\_\_ Copy of Driver's License – Parent or Guardian                      \_\_\_\_\_ Copy of Social Security Card

Previous School Attended: \_\_\_\_\_

Phone # \_\_\_\_\_

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

## New Student General Information

1. Has this student ever been retained or held back a grade? \_\_\_\_\_  
If yes, what grade or grades? \_\_\_\_\_
2. Has the student ever been enrolled in Cross Roads ISD? \_\_\_\_\_  
If yes, what grade or grades? \_\_\_\_\_
3. Is this student in Special Ed? \_\_\_\_\_
4. Is this student classified as a 504 student? \_\_\_\_\_  
If yes, why? \_\_\_\_\_
5. Is this student in a Gifted and Talented program? \_\_\_\_\_
6. Is this student in an ESL or Bilingual program? \_\_\_\_\_
7. Has this student ever been in an alternative education program? \_\_\_\_\_
8. Has this student left a district pending placement in an AEP? \_\_\_\_\_
9. Is this student dyslexic? \_\_\_\_\_  
If so, are they in a dyslexia program? \_\_\_\_\_
10. Is this student in speech therapy? \_\_\_\_\_

---

**Cross Roads High School  
New Student Enrollment Checklist  
Year 2016-2017**

Student \_\_\_\_\_ Locker # \_\_\_\_\_

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

**File in Individual Folders—Office**

- Registration Form 2016-2017
- Electronic Communications Acceptable Use Policy
- Required Family Survey (Migrant Survey)
- Student Handbook & Code of Conduct Acknowledgment form
- Directory Information-Parent's Response (OPT OUT FORM)
- Military Recruiters- Parents Response (OPT OUT FORM)
- Corporal Punishment Letter
- Title 1 Compact

**For Student Permanent Folder**

- Birth Certificate
- Copy of Social Security Card
- Copy of Parents/Guardian's Driver's License
- Ethnicity and Race Data Questionnaire
- Proof of Residence Form- Copy of Utility Bill + Another Form
- Home Language Survey
- Guarantee of Legal Guardian or Parental Authority
- Falsification of Information to Enroll a Student

**For School Nurse**

- Immunization Records (New Student)
- Emergence & Illness Card

**For Cafeteria**

- Lunch Application- Optional

## PROOF OF RESIDENCE FORM

According to the Texas Education Code Chapter 25- Section 25.001, Cross Roads Independent School District may require evidence that a person is eligible to attend the District at the time the school considers application for admission of a student to the district. The district may make reasonable inquiries to verify a student's eligibility for admission.

A person who knowingly falsifies information on a form required for enrollment of a student in the district is liable to the district if the student is not eligible for enrollment in the district, but is enrolled on the basis of false information. The person is liable for the period during which the student is enrolled, for the greater of:

- the maximum tuition fee the district may charge under Section 25.038 of the Texas Education Code, or
- the amount the district has budgeted for each student as maintenance and operating expense

In addition, the individual who knowingly falsifies this information is also in violation of Texas Criminal Laws penal Code Section 37.10. An offense under this section is a felony of the third degree.

\_\_\_\_\_ CHECK IF THIS IS A NEW ADDRESS

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**Please provide a copy of a utility bill...**

Own \_\_\_\_\_ Buying \_\_\_\_\_ Renting \_\_\_\_\_ Renting from whom: \_\_\_\_\_

Physical location of your home: (Example: 1 mile north of Cross Roads School on Hwy. 59; Shady Oaks subdivision on Pecan Circle) \_\_\_\_\_

\_\_\_\_\_

Physical description of your home: (Example: red brick with green trim and white shingles)

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

## Guarantee of Legal Guardian or Parental Authority

Date of Enrollment: \_\_\_\_\_

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

Name of Person Enrolling Student: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

\*If person enrolling student has caretaking responsibilities for the child but is not a lawful parent (example: stepparent, close family member, etc....), then a lawful parent must sign below to authorize the person enrolling to act in relation to all decisions about this student.

As lawful parent, I authorize the person enrolling my child to act in relation to all decisions related to him/her. I furthermore guarantee that I am the lawful parent of this child.

Name of Lawful Parent (please print): \_\_\_\_\_

Signature of Lawful Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE PROVIDE A COPY OF DRIVERS LICENSE**

### Falsification of Information to Enroll a Student

#### Penal Code 37.10

A person commits an offense if he makes, presents, or uses any record, document, or thing with knowledge of its falsity and with intent that it be taken as a genuine governmental record (a)(1), or makes presents, or uses a governmental record with knowledge of its falsity (a)(5).

An offense under this section is a felony of the third degree if it is shown on the trial of the offense that the governmental record was a public school record, report, or assessment instrument required under Chapter 39, Education Code, or was a license, certificate, permit, seal, title, letter of patent, or similar document issued by government, by another state, or by the United States, unless the actor's intent is to defraud or harm another, in which event the offense is a felony of the second degree (c)(2).

An offense under this section is a Class C misdemeanor if it is shown on the trial of the offense that the governmental record is a governmental record that is required for enrollment of a student in a school district and was used by the actor to establish the residency of the student (c)(3).

#### Education Code 25.001

In addition to the penalty provided by Section 37.10, Penal Code, a person who knowingly falsifies information on a form required for enrollment of a student in a school district is liable to the district if the student is not eligible for enrollment in the district but is enrolled on the basis of the false information. The person is liable, for the period during which the ineligible student is enrolled, for the greater of:

1. the maximum tuition fee the district may charge under Section 25.038; or
2. the amount the district has budgeted for each student as maintenance and operating expenses (3)(h).

I have read the above excerpts from the Texas Penal Code and Texas Education Code. I understand that fraudulent enrollment of a student under false pretenses is an offense and crime under Texas law. I furthermore attest that I am a full-time resident of the Cross Roads Independent School District, living at the address indicated below. I understand that verification of my residence may be investigated by school officials or area law enforcement officers.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

**CROSS ROADS HIGH SCHOOL Registration Form for School Year 2016 - 2017**

Campus Name: CROSS ROADS HIGH SCHOOL

Campus Phone: (903) 489-1275

Campus Fax: (903) 489-1108

**STUDENT INFORMATION**

Local ID _____	Student Name _____	Grade Level _____	Ong Entry Dt _____	Track _____	SSN _____	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Pacific Islander
						<input type="checkbox"/> White	<input type="checkbox"/> Black
Gender _____	Date of Birth _____	Birth Place _____	Age (Sept 1st, 2016) _____			<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian
Address: _____						Student Home Phone: _____	
Mailing Address: _____						Student Cell Phone: _____	
Student Email: _____						Will your child be using bus transportation to get to school? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**PARENT INFORMATION**

1. Guardian: _____	Relation: _____	2. Guardian: _____	Relation: _____
Address: _____		Address: _____	
City, St, Zip: _____		City, St, Zip: _____	
Employer: _____		Employer: _____	
Cell Ph: _____ Home Ph: _____ Bus Ph: _____		Cell Ph: _____ Home Ph: _____ Bus Ph: _____	
Other Ph: _____ Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other		Other Ph: _____ Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	
Receive Mailouts: <input type="checkbox"/> Yes <input type="checkbox"/> No Language Pref: <input type="checkbox"/> English <input type="checkbox"/> Spanish		Receive Mailouts: <input type="checkbox"/> Yes <input type="checkbox"/> No Language Pref: <input type="checkbox"/> English <input type="checkbox"/> Spanish	
Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Email: _____		Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Email: _____	
Svc Branch: _____ Rank: _____ Enrolling Person: _____		Svc Branch: _____ Rank: _____ Enrolling Person: _____	
Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License #: _____ State: _____		Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License #: _____ State: _____	
Vehicle Make: _____ Model: _____ Color: _____		Vehicle Make: _____ Model: _____ Color: _____	
Vehicle Plate #: _____ State: _____		Vehicle Plate #: _____ State: _____	

**EMERGENCY CONTACT INFORMATION**

1. Name: _____	Relation: _____	Cell Ph: _____	Home Ph: _____	Bus Ph: _____
Other Ph: _____ Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other		Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License #: _____ State: _____		
Vehicle Make: _____ Model: _____ Color: _____		Plate #: _____ State: _____		
2. Name: _____	Relation: _____	Cell Ph: _____	Home Ph: _____	Bus Ph: _____
Other Ph: _____ Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other		Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License #: _____ State: _____		
Vehicle Make: _____ Model: _____ Color: _____		Plate #: _____ State: _____		
Doctor: _____ Bus Ph: _____		Dentist: _____ Bus Ph: _____		
Hospital: _____ Bus Ph: _____		Other Medical: _____ Bus Ph: _____		
List any Allergies: _____				

**SIBLING INFORMATION**

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

The above information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records or information is a violation of state law and may subject you to tuition cost for your child. I certify that the information given above is correct. I authorize the school to contact the person named on this form and the above named physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physician, or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.

Parent or Guardian Signature \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

**(For Office Use Only)**

Teacher Name: _____	Control Nbr: _____	Eligibility Code: _____
Birth Certificate on File: _____	Mil Conn: _____ Foster Care: _____	Immunization on File: _____ Title I: _____
Soc Sec Copy on File: _____	At Risk: _____ Migrant: _____	Hm Lng: _____
Gift: _____ LEP: _____ BIL: _____ ESL: _____	Par Per: _____ Econ: _____	Special Education: Prim: _____ Sec: _____ Tert: _____ Multi: _____



# CROSS ROADS INDEPENDENT SCHOOL DISTRICT

## EMERGENCY & ILLNESS INFORMATION

### IMPORTANT: RETURN THE FIRST WEEK OF SCHOOL

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Phone No. \_\_\_\_\_

### PLACE OF EMPLOYMENT

Father \_\_\_\_\_ Working Hours \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother \_\_\_\_\_ Working Hours \_\_\_\_\_ Business Phone \_\_\_\_\_

### NAME OF LOCAL PERSON TO CONTACT IF PARENT(S) ARE'T AVAILABLE. (THIS MUST BE COMPLETED.)

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

## HEALTH INFORMATION

DOES YOUR CHILD HAVE ANY UNUSUAL HEALTH CONDITIONS?  YES  NO IF YES, PLEASE INDICATE BELOW:

- |   |  |
|---|--|
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Bee Sting Allergy           |
| <input type="checkbox"/> Kidney/Bladder   | <input type="checkbox"/> Other Allergy (List): _____ |
| <input type="checkbox"/> Arthritis  | <input type="checkbox"/> Internal Irregularities     |
| <input type="checkbox"/> Diabetes - <input type="checkbox"/> Mild <input type="checkbox"/> Severe | <input type="checkbox"/> Convulsive Seizures         |
| <input type="checkbox"/> Sight Impairment   | <input type="checkbox"/> Surgical                    |
| <input type="checkbox"/> Wears Glasses  | <input type="checkbox"/> Fractures                   |
| <input type="checkbox"/> Deafness   | <input type="checkbox"/> Heart                       |
| <input type="checkbox"/> Physical Handicap (Describe): _____                                      | <input type="checkbox"/> Other _____                 |

## PHYSICIAN / DENTIST INFORMATION

Family Doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_

Family Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_

## INSURANCE INFORMATION

Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_

## RELEASE

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgment in calling the physician indicated above, or if not available, to transport the child to a hospital emergency room. Likewise, your signature below is not sufficient for the release of confidential information protected by Federal Law.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**SPECIAL NOTE:** Please notify school officials immediately as to changes or modifications to any/all information stated.

the 1990s, the number of people in the UK with a long-term condition has increased from 10.2 million to 16.3 million (10.2% of the population to 12.2% of the population) (Department of Health 2002). The prevalence of long-term conditions is expected to increase further as the population ages (Department of Health 2002).

There are a number of reasons why people with long-term conditions are at risk of poor health and poor quality of life. People with long-term conditions are often older, and older people are at risk of poor health and poor quality of life (Department of Health 2002). People with long-term conditions are often less educated, and less educated people are at risk of poor health and poor quality of life (Department of Health 2002). People with long-term conditions are often less affluent, and less affluent people are at risk of poor health and poor quality of life (Department of Health 2002).

People with long-term conditions are often less healthy, and less healthy people are at risk of poor health and poor quality of life (Department of Health 2002). People with long-term conditions are often less active, and less active people are at risk of poor health and poor quality of life (Department of Health 2002). People with long-term conditions are often less socially isolated, and less socially isolated people are at risk of poor health and poor quality of life (Department of Health 2002).

People with long-term conditions are often less satisfied with their health and quality of life, and less satisfied people are at risk of poor health and poor quality of life (Department of Health 2002). People with long-term conditions are often less satisfied with their care, and less satisfied people are at risk of poor health and poor quality of life (Department of Health 2002). People with long-term conditions are often less satisfied with their life, and less satisfied people are at risk of poor health and poor quality of life (Department of Health 2002).

People with long-term conditions are often less satisfied with their life, and less satisfied people are at risk of poor health and poor quality of life (Department of Health 2002). People with long-term conditions are often less satisfied with their life, and less satisfied people are at risk of poor health and poor quality of life (Department of Health 2002). People with long-term conditions are often less satisfied with their life, and less satisfied people are at risk of poor health and poor quality of life (Department of Health 2002).

People with long-term conditions are often less satisfied with their life, and less satisfied people are at risk of poor health and poor quality of life (Department of Health 2002). People with long-term conditions are often less satisfied with their life, and less satisfied people are at risk of poor health and poor quality of life (Department of Health 2002). People with long-term conditions are often less satisfied with their life, and less satisfied people are at risk of poor health and poor quality of life (Department of Health 2002).

People with long-term conditions are often less satisfied with their life, and less satisfied people are at risk of poor health and poor quality of life (Department of Health 2002). People with long-term conditions are often less satisfied with their life, and less satisfied people are at risk of poor health and poor quality of life (Department of Health 2002). People with long-term conditions are often less satisfied with their life, and less satisfied people are at risk of poor health and poor quality of life (Department of Health 2002).



# Electronic Communications Acceptable Use Policy

## Electronic Communications

Electronic communications are available to students, teachers, administrator, and staff in the Cross Roads Independent School District. Electronic communications services include email, Internet Access, local and wide-area networks and any other resources available through the use of the District's network. We are very pleased to offer this service to Cross Roads Independent School District and believe electronic communications offer vast, diverse and unique resources to both students and teachers. Our goal in providing this service to teachers and students is to promote educational excellence in Cross Roads schools by facilitating resource sharing and innovation amid communication.

## Internet

The internet is an electronic highway connecting thousands of computers and millions of individual subscribers. This gives access to the following:

- Electronic mail communication with people all over the world.
- Information and news from a variety of sources such as NASA and other research agencies
- Public domain software and shareware of all types
- Discussion groups on a plethora of topics
- Access to many university library catalogs, the Library of Congress, and others

## Network

Networks are groups of people and computers who share information and services. Networks can share information and services within a location (school), within an organization (Cross Roads ISD), and worldwide through the Internet.

With access to computers amid people also comes the availability of material that may not be considered to be of educational value in the context of the school setting. Cross Roads Independent School District has taken precautions to restrict access to controversial information. Cross Roads Independent School District firmly believes the valuable information and interaction available on this network far outweighs the possibility that users may obtain material that is not consistent with the educational goals of the District.

## Privileges

Electronic communication is coordinated through a complex association of government agencies, regional, state, and local networks. In addition, the smooth operation of all electronic communications relies upon the proper conduct of the end users that must adhere to strict guidelines. These guidelines are provided within this AUP so those users are aware of the responsibilities they are about to acquire. In general, this requires efficient, ethical, and legal utilization of all electronic resources. If a Cross Roads Independent School District user violates any of these provisions, his/her account may be terminated and/or limited, and future access could possibly be denied. Violations will be dealt with according to district, state, and/or federal policies and laws. The signatures at the end of this document are legally binding and indicate the parties who signed have read the terms and conditions carefully and understand their significance.

## Regulations and Guidelines

CROSS ROADS INDEPENDENT SCHOOL DISTRICT is responsible for securing its network and computing systems in a reasonable and economically feasible degree against unauthorized access and/or abuse, while making them accessible for authorized and legitimate users. This responsibility includes informing users of expected standards of conduct and the punitive measure for not adhering to them. Any attempt to violate the provisions of these regulations and guidelines will result in disciplinary action in the form of temporary revocation of user accounts, regardless of the success or failure of the attempt. Permanent revocations can result from disciplinary actions taken by CROSS ROADS INDEPENDENT SCHOOL DISTRICT.

## Disclaimer

The District's electronic communications are provided on an "as is, as available" basis. CROSS ROADS INDEPENDENT SCHOOL DISTRICT does not warrant that the functions or services performed by, or that information or software contained on the system will meet the system user's requirements, or that the system will be uninterrupted or error-free, or that defects will be corrected. Opinions, advice, services, and all other information expressed by system users, information providers, service providers, or other third party individuals in the system are those of the providers and not the District. The District shall not be liable for users' inappropriate use of electronic communication resources or violations of copyright restrictions or costs incurred by users. The user agrees that this limitation is intended to and does release the District from any claims, damages, or losses that may occur out of the use of this system. This District will cooperate fully with local, state, or federal officials in any investigation concerning or relating to the misuse of the District's electronic communications system.

## SPECIFIC TERMS AND CONDITIONS

### Acceptable Use

The purpose of providing electronic communications is to support education and research by providing access to unique resources and the opportunity for collaborative work. The use of your account must be in support of education and research and consistent with the rules appropriate for that resource.

Acceptable use prohibitions include, but are not limited to the following:

- Copying commercial software or other material in violation of federal copyright laws
- Deletion, examination, copying, or modification of files and/or data belonging to other users without their prior consent
- Causing any unauthorized, deliberate action which damages or disrupts a computing system, alters its normal performance, or causes it to malfunction regardless of system location or time duration
- Accessing another users' account without prior consent or accessing a restricted account without the prior consent of the responsible party
- Transmission of pornographic material
- Violation of law by transmission of any material in violation of any U.S. or state regulation. This includes but is not limited to, copyrighted material, threatening or obscene material or material protected by trade secret. If such an event should occur, CROSS ROADS INDEPENDENT SCHOOL DISTRICT will fully comply with the authorities to provide any information necessary for the litigation process.
- Gaining illegal access to computer or networks ("hacking")
- Use for financial gain or commercial activity, such as product advertisement or personal advertisement
- Sending unsolicited junk mail or chain letters
- Use of electronic communications for political lobbying
- Vandalism, which is defined as any malicious attempt to harm or destroy data of another user, the electronic communications, or any networks that are connected to the electronic communications. This includes, but is not limited to, the uploading or creation of computer viruses
- Forgery of electronic mail
- Downloading software will not be allowed on District hardware without permission of the supervising teacher or administrator. Teachers must contact the Technology Director before downloading any software.
- The person in whose name an account is issued is responsible at all times for its proper use

### Privilege Use

The use of electronic communications is a privilege, not a right, and inappropriate use may result in cancellation or restriction of those privileges. All electronic communications, including, but not limited to, e-mail, Internet activity and network resources may be monitored at any time by the system administrators. No electronic communications activity using District resources is considered private. The system administrators will routinely perform maintenance and monitoring of the system that may lead to the discovery that a user has violated policy or law. Additionally, an individualized search will be conducted if there is a reasonable suspicion that a user has violated a policy or law. The system administrators will deem what is appropriate use and their decision is final. Also, the system administrators may deny access at any time as required or as they deem appropriate and without notice. The administration, faculty, and staff of CROSS ROADS INDEPENDENT SCHOOL DISTRICT may request the system administrators to deny, revoke, or suspend specific user accounts.

### Network Etiquette

# Electronic Communications Acceptable Use Policy

Users are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to, the following:

- Be polite. Do not get abusive in messages to others.
- Use appropriate language. Do not swear, use vulgarities or any other inappropriate language, as accepted by community standards. Illegal activities are strictly forbidden.
- Do not reveal personal addresses or phone numbers or those of students or colleagues.
- Note that electronic mail is not guaranteed to be private. People who operate the system do have access to all mail. Messages relating to or in support of illegal activities will be reported to the authorities.
- Do not use electronic resources in such a way that would disrupt their use by others.
- Do not attempt to gain access to locations on networks where specific privileges have not been given.
- All communications and information accessible via electronic communications should be assumed to be copyrighted unless otherwise stated.

## Warranty

CROSS ROADS INDEPENDENT SCHOOL DISTRICT, its Board, agents, and staff members make no warranties of any kind, whether expressed or implied, for the service it is providing. CROSS ROADS INDEPENDENT SCHOOL DISTRICT will not be responsible to users or liable for any claims, losses, or damages you suffer. This includes loss of data resulting from delay, non-delivery, misdelivery, or service interruption caused by its own negligence or your errors or omissions. Use of any information obtained via the Internet is at your own risk. CROSS ROADS INDEPENDENT SCHOOL DISTRICT specifically denies any responsibility for the accuracy or quality of information obtained through its services.

## Security

Security on any electronic communications system is a high priority, especially when the system involves many users. If a user can identify a security problem on the network, the user must notify a system administrator. Do not demonstrate the problem to other users. Do not use another individual's account without written permission from that individual. Attempts to log on the network as another user will result in cancellation of user privileges. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to the network. The system administrators can monitor all computers at any time.

## Vandalism

Vandalism will result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm or destroy data of another user or any of the other networks that are connected to the Internet backbone. This includes, but is not limited to, the uploading/downloading or creation of computer viruses, gaining illegal access to a computer or network, or altering electronic information belonging to others. When applicable, law enforcement agencies may be involved.

## Damages

The user specifically agrees to reimburse CROSS ROADS INDEPENDENT SCHOOL DISTRICT and the system administrators for any losses, costs, or damages, including reasonable attorneys' fees incurred by the CROSS ROADS INDEPENDENT SCHOOL DISTRICT and the system administrators relating to or arising out of any breach of the electronic communications policy by the user.

## Antiviral Software

A computer virus is a malicious program that can attach itself to executable files and operating system files on both floppies and hard disks. Viruses can destroy data and in some cases damage hardware. Viruses are spread by sharing files and disks, and by downloading programs for the Internet or e-mail. If you have antiviral software loaded on your computer, this software must not be tampered with. Virus attacks should be reported to the system administrators. Intentionally introducing or spreading a virus will be considered vandalism and will result in the cancellation of privileges.

## Portable Computers

Portable computers, which are not purchased by CROSS ROADS INDEPENDENT SCHOOL DISTRICT, may not be connected to the District's network or phone lines without the expressed permission of the Technology Director.

## STUDENT

*(You must read and sign this agreement)*

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Grade Level and/or Teacher

I have read and understand the District's Acceptable Use Policy. I agree to follow the rules contained in this policy. I understand that if I violate the rules my access can be terminated and I may face other disciplinary measures. Depending on the seriousness of the violation, appropriate legal action may be taken.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

We have chosen to:

- Receive a paper copy of the Electronic Communications Acceptable Use Policy.
- Accept responsibility for accessing the Electronic Communications Acceptable Use Policy at [www.crossroadsisd.org](http://www.crossroadsisd.org)

## PARENT/GUARDIAN

*(You must read and sign this agreement)*

As the parent or guardian of this student, I have read the Cross Roads Independent School District Acceptable Use Policy. I understand that this access is designed for educational purposes. I also recognize that it is impossible for the District to restrict all controversial materials, and I will not hold them responsible for controversial materials acquired on the Internet or for the unauthorized use of the system to purchase products or services.

I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the District Acceptable Use Policy. I will emphasize to my child the importance of following the rules for personal safety. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to issue an account for my child and certify that the information contained on this form is correct.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**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

**Agencia de Educación de Texas**  
**Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal**  
**de las Escuelas Públicas de Texas**

El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).

Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.

Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).

**Parte 1. Etnicidad: ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)**

- Hispano/Latino** – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.
- No Hispano/Latino**

**Parte 2. Raza. ¿Cuál es la raza de la persona? (Escoja uno o más de uno)**

- Indio Americano o Nativo de Alaska** – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo América Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.
- Asiático** – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.
- Negro o Africano-Americano** – Una persona con orígenes de cualquier grupo racial negro de África.
- Nativo de Hawai u otras islas del pacífico** – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.
- Blanco** – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

\_\_\_\_\_  
Nombre del Estudiante/Miembro de Personal  
(por favor use letra de imprenta)

\_\_\_\_\_  
Firma (Padre/Representante legal)  
/(Miembro de personal)

\_\_\_\_\_  
Número de Identificación del  
Estudiante/Miembro del personal

\_\_\_\_\_  
Fecha

\_\_\_\_\_ **Independent School District**  
\_\_\_\_\_ **District Migrant Contact**

Your child may be eligible for educational services through the Migrant Education Program. Contact the Office of Migrant Education at \_\_\_\_\_ if you need additional information.

1. During the last three years has your family moved from one school district to another?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

2. Do you or does anyone from your family do the following temporary or seasonal work?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

*What type of work?*

_____ Farming	_____ Baling Hay	_____ Food Processing in Plants
_____ Ranching	_____ Picking Fruit or Vegetables	_____ Plant Nursery
_____ Fencing	_____ Cotton Farming/Ginning	_____ Poultry Production
_____ Dairying	_____ Combining/Harvesting Grain	_____ Clearing Land
_____ Fishing	_____ Driving Tractors/Machinery	_____ Picking Nuts, Pecans, etc.
	_____ Tree Growing or Harvesting	_____ Other Similar Work

Su niño/a puede ser elegible para recibir servicios escolares proporcionado por el programa educacional migrante. Entre el contacto con la Oficina de Educación Migrante si necesitas información adicional \_\_\_\_\_.

1. ¿ Durante los últimos tres años ha viajado su familia de un distrito escolar a otro?  
\_\_\_\_\_ Si \_\_\_\_\_ No

2. ¿ Trabaja usted o alguien en su familia en una de las siguientes actividades temporalmente?  
\_\_\_\_\_ Si \_\_\_\_\_ No

*¿ Que tipo de trabajo?*

_____ Cultivando	_____ Juntando paja	_____ Cultivando árboles
_____ En ranchos/granjas	_____ Cosecha de frutas/verduras	_____ En viveros
_____ Cercando	_____ Cultivando algodón	_____ En producción de aves
_____ En lecherías	_____ Mezclando/cosechando granos	_____ Limpiando terrenos
_____ Pescando	_____ Manejando tractores/maquinaria	_____ Recogiendo nueces, etc.
	_____ Procesando comida en fábricas	_____ Otro trabajo similar

\_\_\_\_\_ Student Name/Estudiante \_\_\_\_\_ Birthdate/Fecha de Nacimiento \_\_\_\_\_ Grade/Grado

\_\_\_\_\_ Parent Name/Padre \_\_\_\_\_ Telephone/Teléfono

**Cross Roads ISD**  
District Name

**TEXAS EDUCATION AGENCY  
DIVISION OF BILINGUAL EDUCATION**

**HOME LANGUAGE SURVEY**  
**GRADES 9-12**

Name of Student: \_\_\_\_\_

Campus: Cross Roads High School Grade: \_\_\_\_\_

To be filled in by Student:

1. What language is spoken in your home most of the time? \_\_\_\_\_
2. What language do you speak most of the time? \_\_\_\_\_

\_\_\_\_\_  
Signature of Student or Parent

\_\_\_\_\_  
Date

-----  
**Cross Roads ISD**  
Nombre del Distrito

**CUESTIONARIO DE IDIOMA HOGARENO  
ESTADO DE TEXAS  
GRADOS 9-12**

Nombre del estudiante \_\_\_\_\_

Escuela Cross Roads High School Grado \_\_\_\_\_

DEBE DE COMPLETARSE POR EL ESTUDIANTE:

1. ¿Cuál es el idioma que más se habla en su hogar?
2. ¿Cuál es el idioma que más habla usted?

\_\_\_\_\_  
Firma del Estudiante o Padre

\_\_\_\_\_  
Fecha

---

# Cross Roads Independent School District

14434 FM 59 Malakoff, TX 75148-9772

Richard Tedder, Superintendent  
(903) 489-2001  
John Miller, High School Principal  
(903) 489-1275

Cathy Sulak, Elem Principal  
(903) 489-1774  
Julie Koepp, Jr. High Principal  
(903) 489-2667

August 22, 2016

Dear Parents/Guardians:

In the Student Code and Conduct Management Plan, for Cross Roads ISD, corporal punishment is listed as a discipline technique that may be used for behavior prohibited by the Student Code of Conduct or by campus or classroom rules.

Texas Education Code 37.0011 2(C) provides parents the choice of prohibiting the use of corporal punishment for their child.

Cross Roads ISD is sending this letter home with every student so the parent/lawful guardians have the option of choosing corporal punishment or prohibiting it. Even if a parent requests the use of corporal punishment, it is the campus administrator's decision to use it.

Please fill out the information at the bottom of this letter, to let us know about the use of corporal punishment for your child.

I, \_\_\_\_\_, \_\_\_\_\_ permission for my child,  
(name of parent/guardian) give/do not give  
\_\_\_\_\_, to be administered corporal punishment.  
child's name

Sincerely,

John Miller  
CRHS Principal





**Notice Regarding Directory Information and Parent's Response  
Regarding Release of Student 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 Cross Roads ISD to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing within ten school days of the child's first day of instruction for this 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. The district is providing you this form so you can communicate your wishes about these issues. (See DIRECTORY INFORMATION on page 10 for more information).

Cross Roads ISD has designated the following information as directory information:

Student's Name, Address, Telephone listing, E-mail address, Photograph, Date and Place of Birth, Major Field of study, Degrees, honors, and awards received, Dates of attendance, Grade level, Most recent school previously attended, Participation in officially recognized activities and sports, Weight and height, if a member of an athletic team, Enrollment status, Student identification numbers or identifiers that cannot be used alone to gain access to electronic education records

**Parents: Please CIRCLE one of the choices below:**

I, parent of \_\_\_\_\_ (student's name), (DO GIVE) (DO NOT GIVE) the district permission to use the information in the above list in response to a request unrelated to the school-sponsored purposes.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent's Response Regarding Release of Student Information to  
Military Recruiters and Institutions 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 the district, 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 on page 11 for more information.]

**Parent:** Please complete the following only if you do not want your child's information released to a military recruiter or an institution of higher education without your prior consent.

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

Parent signature \_\_\_\_\_ Date \_\_\_\_\_





# Cross Roads ISD

## Title 1, Part A Elementary and Secondary Education Act



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

The purpose of the parent-school compact is to communicate a common understanding of home and school responsibilities to assure that all students attain high standards and a quality education. This agreement is a three-way partnership with a goal in mind. It is important that each person assume his or her responsibilities.

As a Parent/Guardian I Pledge to:	As a Teacher/Staff Member I Pledge to:	As a Student I Pledge to:
<ul style="list-style-type: none"> <li>Support my child by ensuring that they attend school daily and arrive at school on time</li> <li>Encourage my child to participate in school activities and to complete all assignments</li> <li>Seek information regarding my child's progress by conferencing with teachers, principals, and other school personnel</li> <li>Attend district-wide parent conferences and visit my child's classroom to discuss and participate in their education</li> <li>Participate in parent activities to contribute to the decision making process with the Cross Roads ISD</li> <li>Encourage my child to follow the rules and regulations of the school</li> </ul>	<ul style="list-style-type: none"> <li>Maintain and foster high standards of academic achievement</li> <li>Respectfully and accurately inform parents of their child's progress</li> <li>Have high expectations for myself, students, and other staff</li> <li>Maintain open lines of communication with students and parents</li> <li>Demonstrate professional behavior and a positive attitude</li> <li>Respect and value the uniqueness of each child and family</li> </ul>	<ul style="list-style-type: none"> <li>Show respect for myself, my school and other people</li> <li>Work hard to do my best in class and to complete my assignments</li> <li>Attend school regularly and on time</li> <li>Accept responsibility for my own actions</li> <li>Make an effort to do my best to learn</li> <li>Discuss with my parents what I am learning in school</li> <li>Work to resolve conflicts in positive, nonviolent ways</li> </ul>

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

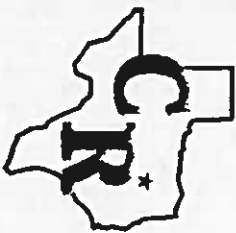
Student's Signature \_\_\_\_\_

## Parent Notifications-NCLB

School districts and campuses are required to notify parents about a number of matters relating to the school and student achievement which is required by Title 1 statute. Important notifications include:

- Parents have the right to know teacher and paraprofessional qualifications.
  - Parents have the right to know if teachers are not highly qualified.
  - Parents have the right to know about AYP progress review and the School Report Card.
  - Parents have the right to know about student achievement on state assessment and to receive frequent reports about student progress.
  - Parents have the right to know about school status regarding school improvement, corrective action, or restructuring.
  - Parents must be provided the parental involvement policy and the school-parent compact.
  - Parents of students attending an elementary school must be invited to the campus for an annual teacher-parent conference, or more frequently as needed.
  - Parents must have access to district and campus improvement plans; for Title 1 schools, the school wide plan; for Title 3 schools, the Migrant Education Plan, and for schools not meeting AYP for two or more consecutive years, the school improvement plan.
  - Parents must be informed about the rights of homeless children.
  - Parents must be invited to annual Title 1 meetings.
  - Parents must be notified when a school is identified as a "persistently dangerous school".
- The legal description is available in Public Law 107-110 Section 1118 "Parental Involvement".

Source: PLES Manual @ [www.esc16.net/dept/isserv/title1sw/materials.html](http://www.esc16.net/dept/isserv/title1sw/materials.html)



---

## Required Forms

### Acknowledgment of Electronic Distribution of Student Handbook

My child and I have been offered the option to receive a paper copy or to electronically access at [www.crossroads.org](http://www.crossroads.org) the Cross Roads High School Student Handbook for 2016-2017.

I have chosen to:

- Pick up a paper copy of the Student Handbook in the school office.
- Pick up a paper copy of the Student Code of Conduct in the school office.
- Accept responsibility for accessing the Student Handbook by visiting the website address listed above.

I understand that the handbook contains information that my child 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 **Student Code of Conduct**. If I have any questions regarding this handbook I should direct those questions to the principal at (903) 489-1275 or [mlowe@crossroadsisd.org](mailto:mlowe@crossroadsisd.org)

Printed name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of parent: \_\_\_\_\_

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

---

**Cross Roads High School**  
**2016-2017 Dress Code**

The district's dress code is established to teach grooming and hygiene, prevent disruption, minimize safety hazards and teach respect for authority. Student dress reflects the quality of the school and affects students' conduct. Students shall be dressed and groomed in a manner that is clean and neat and that will not be a health or safety hazard to themselves or others. Any article of clothing, jewelry, body decoration or hair style extreme enough to create a distraction or disturb the normal routine of the school shall be deemed inappropriate. The district prohibits any clothing or grooming that, in the principal's judgment, may reasonably be expected to cause disruption of or interference with normal school operations. The following are examples of inappropriate dress at school or school-related activities.

*All standard measure will be taken while student is standing at normal posture unless otherwise noted.*

1. Hats or caps worn in academic buildings.
2. Bandannas worn anywhere.
3. House shoes or shoes designed for beach or bath wear. Shoes must be worn at all times.
4. Obscene language or symbols, provocative pictures, advertising of tobacco or narcotics or alcohol on clothing, jewelry or body parts.
5. Symbols on clothing or jewelry that would distract or cause undue attention.
6. Racially related symbols, emblems, pictures, words, slogans or tattoos.
7. Symbols, words or slogans cut into hair that are obscene, racially related, and provocative or otherwise deemed inappropriate by the campus principal.
8. Clothing with holes or tears.
9. Clothing worn in a manner for which it was not intended; i.e., backwards, inside out, off the shoulder suspenders, etc.
10. Any accessory or clothing article deemed gang related as determined by the school administration.
11. Boys may not wear earrings. Girls may wear earrings in ears only. Nose rings, eyebrow rings, lip rings or earring worn on other visible parts of the body are prohibited. Visible tattoos on girls or boys are prohibited.
12. Dark glasses (unless prescribed by a physician).-
13. Tank tops or low cut clothing (neck or underarm).
14. Clothing that exposes bare midriffs when arms are extended to the side or forward; i.e. crop tops.
15. Excessive or distraction makeup/hair color/conspicuous fads.
16. See-through, provocative or excessively tight clothing; i.e. spandex tights, shorts or pants and excessively tight dresses and skirts.
17. Dresses, skirts and all split garments must be no shorter than 2 inches below fingertips. Any exposed leg must be at least 2 inches below fingertips.
18. Shorts must be hemmed or cuffed garments that are designed for outer wear. Shorts are to be no shorter than fingertips.
19. Cutoffs, wind shirts, short shorts, boxer shorts, P.E., athletic or jogging shorts, bicycling shorts are not allowed.
20. Students must wear appropriate undergarments.
21. Boys' pants must be worn in a manner to not expose underwear or skin and to avoid sagging. Girls' pants must be worn no lower than hips and not expose underwear.
22. Boys must be clean shaven. Sideburns must be neatly trimmed and no longer than the bottom of the ear lobes.
23. Hair must be neatly groomed at all times. Boys' hair cannot touch the collar in the back, cannot be longer than the eyebrows in the front and cannot be longer than the middle of the ear on the sides.
24. Shirts that were made to be tucked in should be tucked in.
25. Excessively large clothing may not be worn.
26. Cross Roads ISD discourages the wearing of expensive jewelry and other apparel and is not responsible for lost or stolen items.
27. Teachers/coaches/sponsors may define appropriate dress for school-sponsored trips and extracurricular activities. Students who violate those standards may be removed or excluded from the activity for a period determined by the principal or sponsor and may be subject to other disciplinary action.

***Final decisions on the appropriateness of school dress rests with the campus administrator.***

If the principal determines that a student's grooming violates the dress code, the students shall be given an opportunity to correct the problem. If not corrected, the students shall be assigned to in-school suspension for the remainder of the day or until the problem is resolved.