



2400 Cottonwood Way • San Antonio, TX 78253
PH 210-398-1250 • FX 210-645-3311

Gerardo Marquez, *Principal* • Dr. Brian T. Woods, *Superintendent*

NEW STUDENT REGISTRATION INFORMATION

Student is required to be present during enrollment process and MUST stay for the remainder of the day.

It is the responsibility of the parent/guardian to provide all items required for enrollment, failure to do so will cause delays in your student's enrollment.

The following documentation is required to complete the enrollment process at Brennan HS:

PARENT OR GUARDIAN MUST ACCOMPANY THE STUDENT

- Parent/Guardian driver's license or state ID of person(s) enrolling student

PROOF OF RESIDENCE OF PARENT/GUARDIAN

- Current utility bill (CPS or SAWS) in parent or guardian's name. **(No disconnection notice will be accepted)**

PLEASE NOTE

- If student and student's family is living with another family in the Brennan attendance area, a notarized "Affidavit of Residence" along with the resident's proof of residence (as described above) AND driver's license.
- We cannot accept a builder's contract on a home in which you are not currently residing. If your home will not be completed before the beginning of school, you will need to contact NISD Pupil Personnel – phone# (210) 397-8695 for an "Anticipated Move Contract".
- A "Power of Attorney" must be completed for students 17 years of age or younger who will not be living with a biological parent. This must be done at NISD Pupil Personnel – phone# (210) 397-8695 prior to enrolling at Brennan. **Please note that the guardian must enroll the student at Brennan.**

SCHOOL RECORDS

If the prior school requires a faxed request before releasing records, please call our office for assistance.

- Withdrawal form from previous school (required for all students enrolling during the school year)
- Unofficial transcript for 10th, 11th & 12th graders from previous school
- Final report card from previous school for incoming 9th graders

STUDENT'S IMMUNIZATION RECORDS: Immunizations must be up to date in order to enroll

STUDENT'S BIRTH CERTIFICATE

- Hospital birth certificates or baptismal certificates will not be accepted

STUDENT'S SOCIAL SECURITY CARD

Questions regarding registration shall be directed to:

**Sandra Barrera - Registrar
Phone# (210) 398-1279**

**Yvette Haubenreiser - Registrar clerk
Phone# (210) 398-1297
Fax # (210) 398-1396**



Student ID#: _____

Northside Independent School District
HOME LANGUAGE SURVEY
Cuestionario del Idioma Hogareño

DO NOT REMOVE FROM CUMULATIVE RECORD

Student name: _____ School: _____
Nombre del estudiante: Escuela:

_____/_____/_____
Date of birth: month day year Grade: Sex: M F
Fecha de nacimiento: mes día año Grado: Sexo: M F

Place of birth: _____
Lugar de nacimiento: City/Ciudad State/Estado Country/País

Has student ever attended a school in Northside ISD? Yes No
¿Ha asistido el estudiante alguna vez a una escuela de Northside? Sí No

When? _____ What school? _____
¿Cuándo? ¿Qué escuela?

School last attended: _____ City: _____ State: _____
Escuela anterior: Ciudad: Estado:

1. What language is spoken in your home most of the time? _____
¿Qué idioma se habla en su casa la mayor parte del tiempo?
2. What language does the student speak most of the time? _____
¿Qué idioma habla el estudiante la mayor parte del tiempo?

Signature of parent/guardian
Firma del padre/tutor
(Students in grades 9-12 may sign)
(Estudiantes en grados 9-12 pueden firmar)

Telephone number/Cellular number
Número de teléfono/Número de celular

Address Zip code
Dirección Código postal

_____/_____/_____
Date: month day year
Fecha: mes día año

WHITE COPY: Student Cumulative Record

YELLOW COPY: Bilingual/ESL Department

Northside Independent School District

CAMPUS WILLIAM J. BRENNAN HS

STATEMENT OF STUDENT SERVICES

This form must be completed for all enrolling students

Name of Student: _____ DOB: _____ Grade: _____

Please check the appropriate statement below & sign:

- (1) _____ The above-named student has received Gifted and Talented Services at _____.
- (2) _____ The above-named student has received 504 services at _____.
- (3) _____ The above-named student has never received special education services.
(Including "Resource," "BMC," "Speech," or other terminology denoting special education programming.)
- (4) _____ The above-named student has received special education services in the past but was dismissed
by ARD/IEP Committee at _____.

OR

- (5) _____ The above-named student received special education services at his/her previous school.

*If this option is checked:

- Please report to the special education office: (a) to provide information about your previous school's special education services and (b) to schedule an ARD/IEP Meeting.
- Please allow Counselor or Special Education representative to copy any special education records you may have.

- (6) _____ The above named child is a foster child under Child Protective Services.
- (7) _____ 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.

Parent Name

Parent Signature

Phone Number

Date

Distrito Escolar Independiente del Norte

ESCUELA : WILLIAM J. BRENNAN HS

DECLARACIÓN DE SERVICIOS ESTUDIANTILES

Este formulario se debe llenar para todos los estudiantes que se inscriban

Nombre del estudiante: _____ Fecha de nac.: _____ Grado: _____

Por favor, marque la declaración apropiada de abajo y firme:

- (1) _____ El estudiante que se menciona arriba ha recibido servicios para estudiantes Dotados y Talentosos en _____.
- (2) _____ El estudiante que se menciona arriba ha recibido servicios 504 en _____.
- (3) _____ El estudiante que se menciona arriba nunca ha recibido servicios de educación especial.
(Esto incluye "Recursos", "BMC", "Terapia del habla" u otra terminología que denote programas de educación especial).
- (4) _____ El estudiante mencionado arriba ha recibido educación especial en el pasado pero fue dado de alta por el Comité ARD/IEP en _____.

O

- (5) _____ El estudiante mencionado arriba recibió servicios de educación especial en su escuela anterior.

*Se marca esta opción:

- Por favor repórtelo a la oficina de educación especial: (a) para proveer información acerca de los servicios de educación especial de su escuela anterior y (b) para programar una Reunión ARD/IEP.
- Por favor, permita que el Consejero o representante de Educación Especial copie cualquier registro de educación especial que pueda tener.

- (6) _____ El niño(a) mencionado arriba, es un niño(a) bajo los Servicios de Protección Infantil.

- (7) _____ Este formulario le permite revelar si su hijo(a) tiene o no una alergia a alimentos, o una alergia severa a alimentos que usted cree que se debe ser comunicada al Distrito para permitir que el Distrito tome las precauciones necesarias para la seguridad de su hijo(a).
"Alergia severa a alimentos" significa una reacción peligrosa, o que pone peligro la vida, que tiene el cuerpo humano a un alérgeno transmitido por alimentos introducido por medio de inhalación, ingestión o contacto con la piel que requiere atención médica inmediata.

Por favor, haga una lista de cualquier alimento al cual su hijo(a) es alérgico(a) o gravemente alérgico(a), así como la naturaleza de la reacción alérgica de su hijo(a) al alimento.

Alimento:	Naturaleza de la reacción alérgica al alimento:

El Distrito mantendrá la confidencialidad de la información provista anteriormente y tal vez divulgue la información a los maestros, consejeros escolares, enfermeras de la escuela y a cualquier otro personal apropiado dentro de los límites del Acta de Derechos Educativos y de Privacidad para las Familias y Políticas del Distrito.

Nombre de padre

Firma del padre

Número de teléfono

Fecha

2016-2017 Family Survey

Date:	District: Northside ISD	School:
Student Name:	Date of Birth:	Grade Level:

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. Please answer the following questions and return this form to your child's school. The information provided below will be kept confidential.

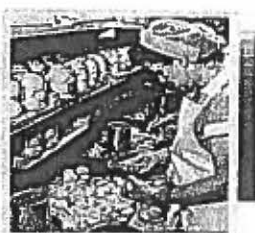
1. Within the past 3 years have you, or your child, moved from one school district, city, or state to another? YES or NO
2. If yes, did you, or your child, move so you could work or look for work in agriculture or fishing?

☐ NO (STOP here and return survey to your child's school.)

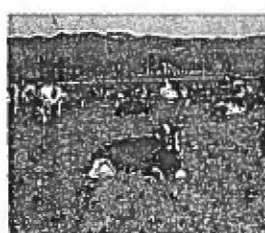
☐ YES (Please ☒ check all that apply below)



Fruit, vegetables,
sunflower, cotton, wheat,
grain, on farms or ranches,
fields & vineyards

☐


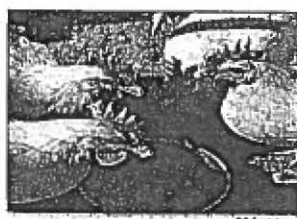
Working in a cannery

☐


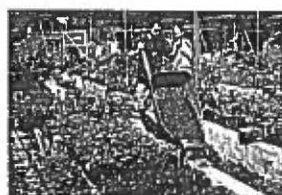
Working on a dairy farm or
ranch.

☐


Working in a fishery

☐


Working on a poultry farm

☐


Working in a plant nursery,
orchard, tree growing or
harvesting

☐


Working in a slaughterhouse

☐


Other similar work, please explain:

Please complete the following information: (Please print)		Best time to contact you: _____	
Parent/Guardian:	Home Address:	City:	Zip Code:
Telephone Number:	Mailing Address:	City:	Zip Code:
Please list any children who reside in the home who are under age 22 and not enrolled in school:			

For School Use Only: Please scan and email survey with two YES responses to carolyn.rozelle@nisd.net

For ESC 20
Use Only:

1 st Attempt:	2 nd Attempt:	3 rd Attempt:

2016-2017 Encuesta de familia

Fecha:	Distrito: Northside ISD	Escuela:
Nombre del estudiante:	Fecha de Nacimiento :	Grado:

Padres,

Para mejorar los servicios de sus hijos, el distrito está colaborando con el estado de Texas para identificar a los estudiantes que pueden calificar para recibir servicios educativos adicionales. Favor de responder a las siguientes preguntas y regresar esta forma a la escuela de su hijo/hija. **Toda la información proporcionada será mantenida confidencial.**

1. Dentro de los últimos 3 años, ¿usted, o su hijo/hija, se ha mudado de distrito escolar, ciudad, o estado?
SI o NO

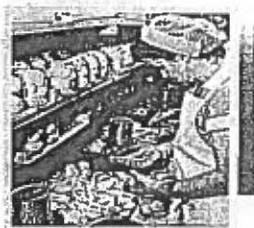
2. Si respondió SI, ¿usted, o su hijo/a, se mudó para trabajar o buscar trabajo de agricultura o de pesca?

☐ NO (ALTO Regrese la encuesta a la escuela de su hijo/a.)

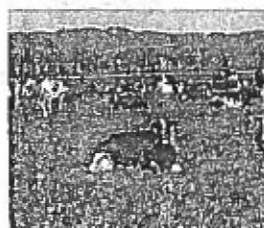
☐ SI (FAVOR ☒ elija los que apliquen abajo)



Fruta, verduras, soya,
girasol, algodón, trigo,
betabel, la granja o ranchos,
campos y viñedos

☐


Trabajando enlatando frutas o verduras

☐


Trabajando en una
lechería o rancho

☐


Trabajando en la pesca

☐

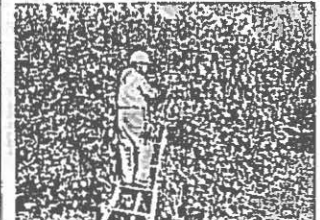

Trabajando en granjas
de aves

☐


Trabajando en un vivero de plantas,
plantando o cosechando árboles

☐


Trabajando en un
matadero

☐


Otro trabajo similar, favor de
explicar:

Favor de llenar lo siguiente: (Favor de usar letra de molde)

Mejor hora para comunicarse con usted: _____

Padre/Guardian:	Dirección de domicilio:	Ciudad:	Código Postal:
Numero de Telefono:	Dirección Postal:	Ciudad:	Código Postal:

Por favor enumere todos los niños que residen en el domicilio, que son menores de 22 años y que no están matriculados en la escuela:

For Campus Use Only: Please scan and email survey with two YES responses to carolyn.rozelle@nisd.net

For ESC 20
Use Only:

1st Attempt:

2nd Attempt:

3rd Attempt:

2016-2017 Parent-Student Authorization Form: High School

Please return this form to your child's teacher or the school office within the first 10 days of instruction.
Failure to return this form will result in a default YES for each of the six items below.

According to the Family Education Rights and Privacy Act (FERPA) Federal law and the Texas Public Information Act, 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. If you do not want NISD to disclose your child's directory information without your prior written consent, you must notify the district in writing by the end of the first 10 days of instruction. Failure to return this form will result in the release of directory information upon request.

A parent is allowed to record their objection to the release of all directory information on one or more specific category of directory information. NISD has designated the following information as directory information:

- Student's name, address, and telephone number
- Photograph, participation in officially recognized activities and sports, and weight/height of athletic team members
- Dates of attendance, grade level, enrollment status, degrees, honors, major fields of study, awards received in school, and most recent school attended

Any checks in the "NO" boxes below will result in the blocking of directory information in the designated categories.

District Publications

NISD has my permission to release directory information for District publications, selected photography companies supporting campus pictures, and positive publicity (name and picture in yearbook, newsletters, awards, honors, PTA, booster clubs, etc.) **Example: If you check the "no" box, your child's name will NOT appear in the District newsletter, the school yearbook if she/he won an award, or in any panoramic pictures.**

☐ Yes ☐ No

Publications Outside The District

NISD has my permission to release directory information to any publication outside of Northside. **Example: If you check the "no" box, any information about your child will NOT be released to a newspaper or magazine.**

☐ Yes ☐ No

Private Requestors

NISD has my permission to release directory information (name, address, phone number, etc.) to any requestor in accordance with the Texas Public Information Act (PIA). The PIA requires NISD to release this type of information to any company, individual, or group that requests it. **Example: If you check the "no" box, your child's directory information will NOT be released to vendors or others who may be soliciting products and services via mail or phone solicitation.**

☐ Yes ☐ No

Federal law requires districts receiving assistance under the Elementary and Secondary Education Act of 1965(20 U.S.C. Section 6301 et seq.) to provide a military recruiter or an institution of higher education, upon request, with the name, address, and telephone number of a secondary student unless the parent has advised the District that they do not want the student's information disclosed without the prior written consent. NISD has my permission to provide directory information to be released to a military recruiter.

☐ Yes ☐ No

NISD has my permission to provide to an institution of higher education with the name, address, and telephone number of my secondary student.

☐ Yes ☐ No

Free Application for Federal Student Aid (FAFSA)

NISD has been selected to participate in the U.S. Department of Education's (USDE) FAFSA Completion Project and will also be participating in the TxCAN project. These projects are designed to assist schools in determining which of their senior students have not completed a FAFSA form for the upcoming school year. In order to participate in the project, NISD is required to disclose personal information of seniors to these organizations. NISD has my permission to release this information for these projects.

☐ Yes ☐ No

---CONTINUED ON THE BACK---

Acceptable Use of the District's Technology Resources

(Please reference Sections B and E of the Student-Parent Handbook.)

Parent:

I have read the Student and Parent Agreement for the Acceptable Use of the District's Technology Resources, District policies and the Administrative Regulation found in Sections B and E of the Handbook, in consideration for the privilege of my child using the District's Technology Resources, and in consideration for having access to the public networks, I hereby release the District, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use the system, including, without limitation, the type of damage identified in the District's policies and administrative regulation.

I give permission for my child to participate in the District's Technology Resources, utilizing a District-provided device and/or a personal wireless or mobile device, and certify that the information contained on this form is correct.

☐ Yes ☐ No

If permission is given, the student must read the following Student section.

If permission is not given, your child will NOT be able to use networked District devices, library online services, nor a personal device at school during this time.

Student:

I understand that my computer use is not private and that the District may monitor my activity on the District's Technology Resources, including a personal wireless or mobile device, while at school.

I have read the Student and Parent Agreement for the Acceptable Use of the District's Technology Resources, District policies, and the Administrative Regulation found in Sections B and E of the Handbook, and agree to abide by their provisions. I understand that violation of these provisions may result in suspension or revocation of system access, including the privilege of bringing a personal device to school, and/or other appropriate disciplinary or legal action in accordance with the Student Code of Conduct and applicable laws.

Web Publishing/Interactive Websites

All NISD campuses are able to use the Internet's rich resources, and also publish information on the Internet. As part of the curriculum, the school may wish to publish a variety of student products on the Internet. The types of products may include, but are not limited to: creative writing, artwork, slide and audio/visual presentations produced by the students and their teachers.

We will not publish student grades, test scores, home addresses, phone numbers, or other information protected by federal regulations. **Your permission is needed for any of the following to be published by Northside ISD:**

1) Child's work 2) Child's first and last name 3) Inclusion of your child in a digital image or video clip

The Administrative Regulation for Acceptable Use addresses the District's policies and guidelines on web publication restrictions and privacy of minors in further detail. If you have any questions or concerns, please contact Campus Administration or the Campus Webmaster at your child's school.

My child's work, first and last name, and/or my child's inclusion in a digital image or video clip may be electronically displayed and published by the Northside Independent School District.

☐ Yes ☐ No

I give permission for my child to use Northside ISD approved 3rd party applications such as online instructional materials, interactive websites, and Google Apps for Education. I understand that these sites may require my child to set up an account with a username and password. I understand that each site will have its own terms of service and my child will follow the published terms of service for the applications they use.

☐ Yes ☐ No

Student's Name (Please Print)

Student ID

GRADE LEVEL

Student's Signature

Date

Parent/Guardian Signature

Date

Parent's Name (Please Print)

Parent: My signature above certifies that I have read the above forms and agree to allow Northside ISD to proceed with the marked authorizations above as it affects my child's Directory Information, access, and publishing.



NOTICE

Please Read the following and sign below:



Acknowledgment of Option for Electronic Distribution of the Student / Parent Handbook

In our continued efforts to be as efficient as possible, the Northside Website will now be the primary source for access to the **Student Parent Handbook** and the **Student Code of Conduct**. Families who do not have Internet access or prefer a hard copy can receive one at their campus on request. Please complete the requested information below and return it to your child's teacher.

My child and I have been offered the option to receive a paper copy of the Northside ISD Student/ Parent Handbook or to electronically access it at <http://www.nisd.net>. I understand that the handbook contains information that my child and I may need during the school year, including the Technology Acceptable Use Policy, the Student Code of Conduct, the laws regarding student records and information on the compulsory attendance laws.

I have chosen to:

_____ Access the Student/Parent Handbook and Student Code of Conduct by visiting the Web address listed above.

_____ Receive a paper copy of the Student Handbook.

All students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Student Code of Conduct.

A paper copy of the handbook will be available to you in the administrative office of your child's school.

Date: _____

Printed Name of Student: _____

Student ID Number: _____

Teacher / Grade Level: _____

Signature of Student: _____

Signature of Parent: _____

PLEASE COMPLETE AND RETURN THIS PAGE TO YOUR CHILD'S SCHOOL