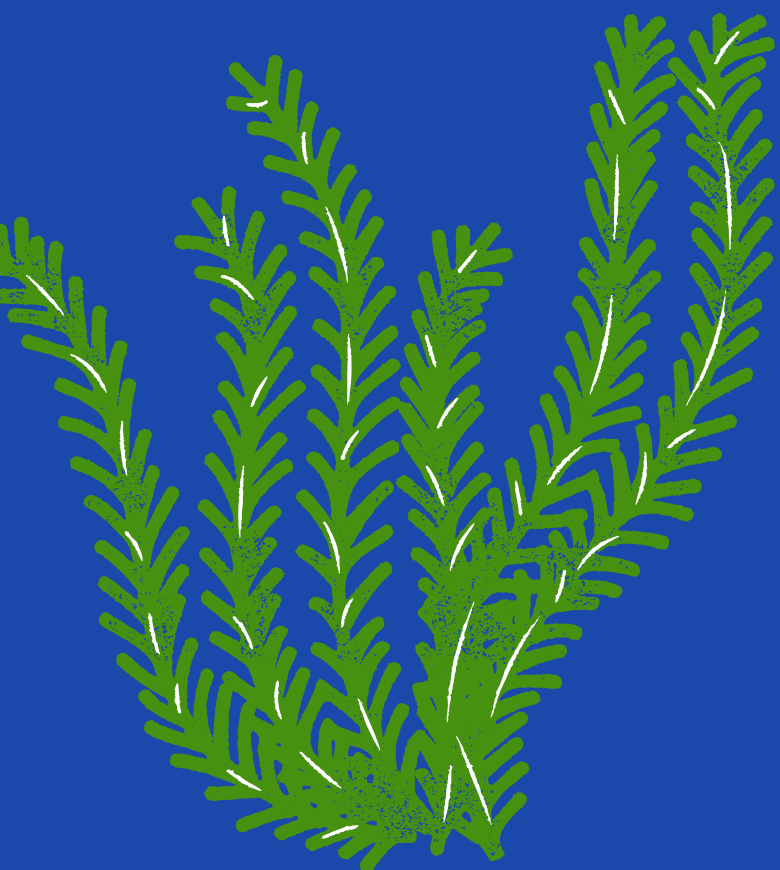


Welcome to Jarrell Elementary

**PRE-K AND
KINDERGARTEN
REGISTRATION**



WE ARE EXCITED TO MEET YOU!

Principal - Lara Hutchinson

Assistant Principal - Jaclynne Bizzell

Assistant Principal - Lupita Viveros

Registrar - Terry Kurtz

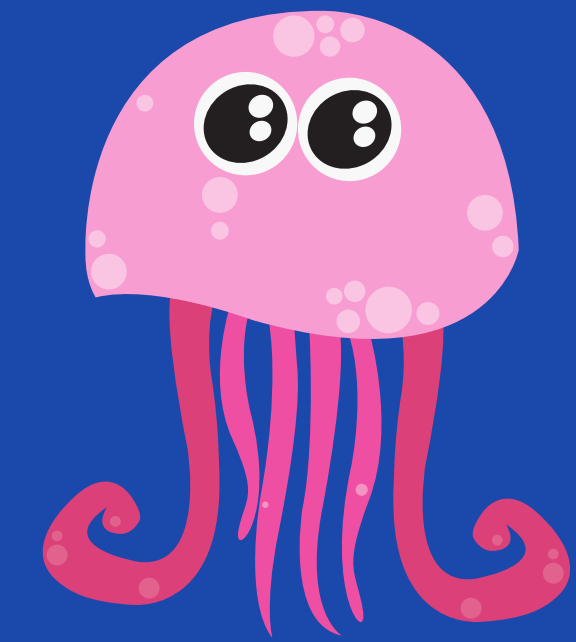
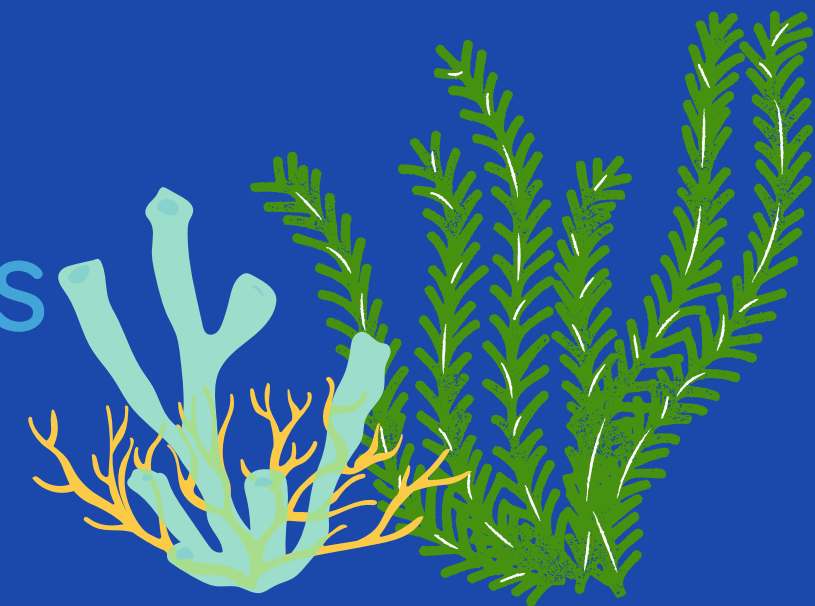
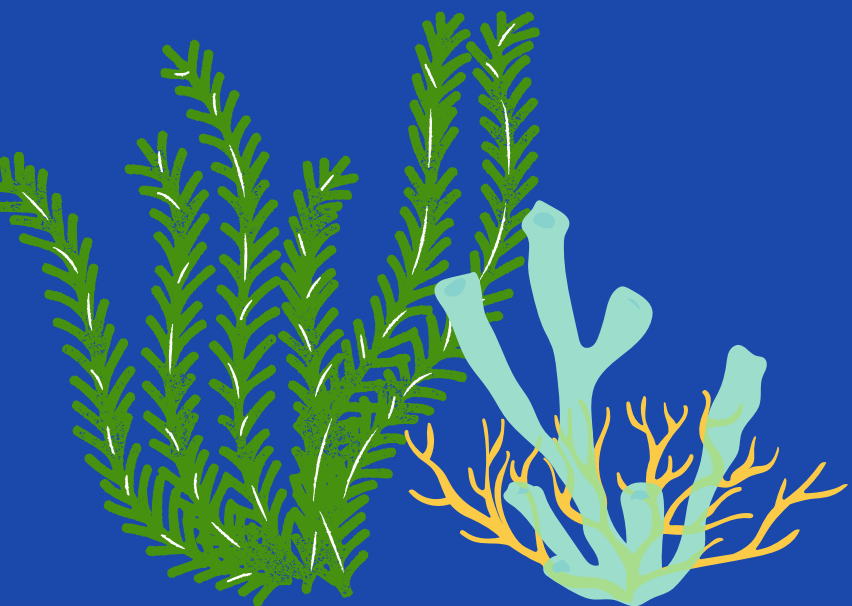
Counselor - Marilyn Alvarez

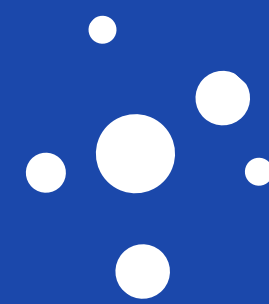
Nurse - Audrey Zuniga

Admin Assistant - Stephanie Garcia

Receptionist - Kendra Field

Bi-Lingual Liaison - Evelyn DeJesus





S.E.A.S.

SUCCESSFULLY EDUCATING ALL STUDENTS

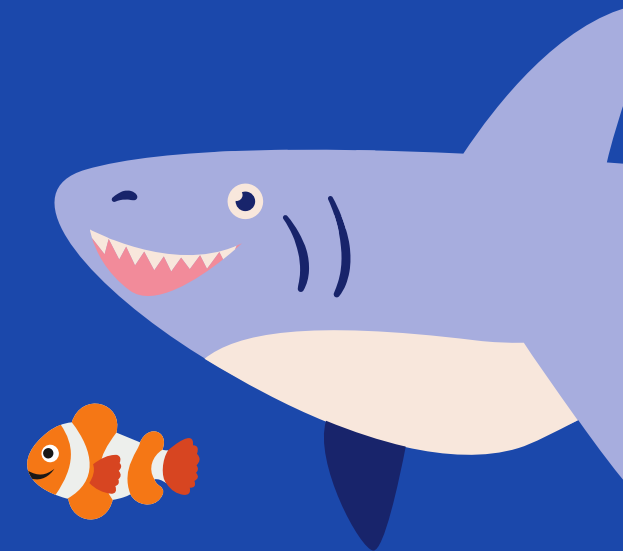
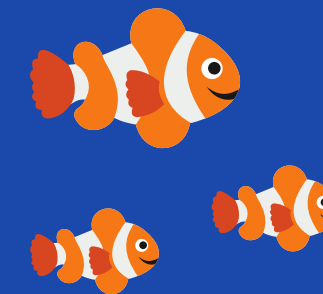
Dual Language

Gifted and Talented

ESL

Art, Music, PE

Social Emotional Guidance



Two-way Dual Language Immersion

Starting in Pk/K students have the opportunity to participate in a Two-Way Dual Language Immersion program.

This program provides native Spanish speaking students and native English speaking students the opportunity to become bilingual, biliterate, and bicultural by the end of 5th grade.



Students will develop oral and cognitive academic language proficiency in English and Spanish while acquiring grade level knowledge and skills.

The program is designed to teach children a second language in a natural way, through content instruction and everyday conversations.

Some benefits of Dual Language



- Students become bilingual, biliterate and bicultural with high levels of proficiency in the two languages
- Development of cross-cultural attitudes and global understanding
- Children who learn more than one language have a stronger sense of identity and value their own and others' cultures



- Studies show that bilingual children have greater mental flexibility and cognitive skills not only in language but also in math and other subjects
- The demands for bilingual speaking persons continues to increase throughout the world. The ability to speak, read, and write two or more languages is a great advantage in the job market.

*It is important to know that these benefits come from staying in the program for at least six or more years. Families who elect to participate in the dual language program must make a commitment to keep their child(ren) in the program through the end of elementary school for maximum potential of becoming bilingual and biliterate.

Tonight's GOALS

- Introduce you to our campus and staff
- Share with you the requirements for registering a PreK or Kindergarten student

AGENDA

- Presentation
- Stations
 - Create a REGISTRATION COMPLETION appointment
 - Begin online or paper registration
 - Self-paced Campus Tour

REGISTRATION REQUIREMENTS

Pre-Kindergarten

1. Must be 4 years of age on or by September 1, 2024
2. Must meet one of the PK eligibility requirements
3. Must receive confirmation of eligibility
4. If approved, complete registration process

Kindergarten

1. Must be 5 years of age on or by September 1, 2024
2. Does not need to meet other eligibility requirements
3. Complete registration process

PRE-K QUALIFICATION APPLICATION

Submit this application with documentation to the campus registrar for approval.

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**JARRELL INDEPENDENT SCHOOL DISTRICT
2022-2023 PREKINDERGARTEN (PK₄) QUALIFICATION APPLICATION**

Applicant's Name: _____ **DOB:** _____
Age (as of 09/01/2022): _____

To be eligible for Prekindergarten, a child must be 4 years of age on September 1, 2022 and meet one of the following requirements:

Limited English Proficient (LEP) – child is unable to speak and comprehend the English Language
[Attach Home Language Survey and Proof of OLPT Assessment Scores]

- Home Language Survey indicates that the child speaks/hears a language other than English at home: ___ Yes ___ No
- Oral Language Proficiency Test Administered: ___ Yes ___ No Scores Attached: ___ Yes ___ No

Educationally Disadvantaged (Family Income / Medicaid Status) – student is eligible to participate in the national free or reduced-price lunch program
[Complete Proof of Income Section on back no earlier than 04/01/2022]

- Income level meets requirements to participate in the National School Lunch Program: ___ Yes ___ No
- The Student receives Medicaid Free or Medicaid Reduced benefits.
- Medicaid Number: _____ Copy of Medicaid card attached: ___ Yes ___ No

Homeless – [Attach copy of approved Student Residency Questionnaire signed by the District McKinney-Vento Liaison]

- Child is homeless as defined by [42 USC Section 11302]
 - Child lacks a fixed, regular, and adequate nighttime residence
 - Child has a primary nighttime residence that is a shelter designed to provide temporary accommodations, an institution, or a place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
 - Child is living with a host family.
- Student Residency Questionnaire attached: ___ Yes ___ No

Military Dependent – child of an active duty member OR child of an injured or killed in the line of duty member of the armed forces of the US, including state military forces or a reserve component
[Attach line of duty determination, statement of service, copy of death certificate, Purple Heart orders or citation, or official letter from a commander or Department of Defense - DO NOT PHOTOCOPY MILITARY ID – COMPLETE VERIFICATION FORM] – May 4-15, During Early Enrollment online we are asking that you please send us a picture of the Military ID and we will not copy or print it.

- Military documentation attached: ___ Yes ___ No or Office Administration has seen the parent's military ID _____

Foster Care – child is or has ever been in the conservatorship of the DFPS
[Attach verification letter from TX DPFS or other official documentation showing the child is or was in TX Foster Care]

- TX Foster Care documentation Form 2085 attached: ___ Yes ___ No

Star of Texas Award - [Attach verification of the Star of Texas Award]

- Child of a person eligible for the Star of Texas Award as:
 - a peace officer under Section 3106.002, Government Code;
 - a firefighter under Section 3106.003, Government Code; or
 - an emergency medical first responder under Section 3106.004, Government Code.

JISD Employee paid PK program

- Employee Pre-K Packet is completed and turned in: ___ Yes ___ No

DETERMINATION OF ELIGIBILITY

Approved: I verify the qualifying documentation reviewed and kept in the student's official cumulative folder for auditing purposes.

Not Approved: The student does not meet eligibility requirements for enrollment in the JISD PreK₄ Program.

Signature of Administrator or Authorized Designee _____ Date Verified _____

REQUIRED REGISTRATION DOCUMENTS

1. Current Driver's License
2. Proof of Residency (current utility bill, lease)
3. Student's original birth certificate
4. Student's original social security card
5. Student's shot record

REGISTRATION IS NOT COMPLETE UNTIL ALL
DOCUMENTS HAVE BEEN SUBMITTED AT YOUR
APPOINTMENT

REGISTRATION PROCESS

STEP ONE

Complete the online registration application found at the link below.

Pre-K Pre-Qualifying form is paper only.



STEP TWO

Make an appointment to turn in **ALL** registration documents by scanning the QR Code below



STEP THREE

*Appointment
Step One is complete.*

Bring **ALL** required documents to your scheduled appointment for review and submission to complete the registration process



REGISTRATION

PACKET

FORMS

RECORDS REQUEST

If your child has never attended public school before, you do not need to complete this form.

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Jarrell Independent School District
PO Box 9
Jarrell, Texas 76537
www.jarrellisd.org

RECORDS REQUEST

Date _____

Last School & District Attended _____ City & State of that School _____

Last School Phone or Fax Number _____

Student Name _____ Grade _____ Date of Birth _____

Parent Signature & Date _____

The above named student has enrolled in our school district. He/She states that (s)he was previously enrolled in your school district.

Please forward the following information to Jarrell ISD in a timely manner.
Thank you in advance for your cooperation:

Student's Cumulative Records
Grades received at the time of withdrawal and last report card
Health Records/Birth Certificate/ Social Security Card
Test Scores
Special Program Information (504 and/or SPED) yes _____ no _____
Disciplinary Action Pending yes _____ no _____
Other Pertinent Information _____

As stated in the Family Educational Rights and Privacy Act, consent from the parent/guardian is not required for the release of records to officials of other schools or school systems in which the student seeks or intends to enroll, upon condition that the student's parent/guardian is aware of the transfer.

Sincerely,
Registrar

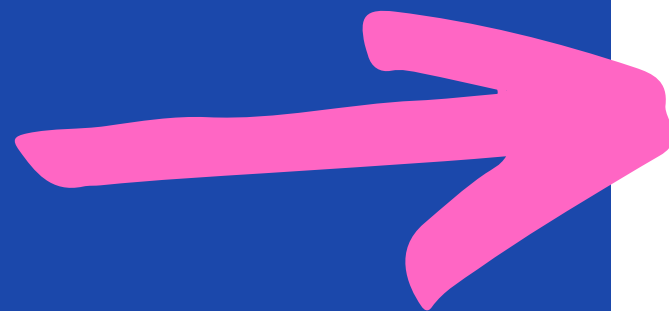
*****OFFICE USE*****

Requesting Campus: _____

Return to Fax# : _____ Email Address: _____

HOME LANGUAGE SURVEY

These two questions
are very important!
Please choose either
English **OR** Spanish.



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2022-2023 JARRELL INDEPENDENT SCHOOL

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)

**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.

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

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_esc2d.net/upload/page/0084/docs/EL%20Identification_ReclassificationFlyerchart%202018.pdf

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.

LPAC Framework Manual 2019-2020 Texas Education Agency

2024-2025 JISD SCHOOL BUS RIDER INFORMATION

AM BUS Animal: _____ PM BUS Animal: _____ School (circle): JES IGO JMS JHS 8

2022-2023 Jarrell ISD School Bus Rider Information
TRANSPORTATION REQUIRES 48 hours to process
(Please print all entries)

*Only Guardian/Grandparent Addresses are acceptable. A Grandparent's home that is within the bus zone for the student's campus of attendance will be accepted. Inter-District/Intra-District Transfer students will not be transported. Students may only ride to and from a single address, whether it is their home, grandparent's home, or child-care facility.

Student's Legal Name Grade Preferred Name

AM Student's Physical Address PM Student's Physical Address

Decline transportation services _____
Parent Signature Date
(If Declined, Do Not fill out the remainder of this form)

Parent/Guardian: _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____
Parent/Guardian: _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____
Emergency Contact: _____ Phone# _____

Pre-K through 1st Grade Students Only (Skip to Signature if Not Applicable)

The Jarrell ISD Transportation Policy requires that ALL students in Pre-K through 1st grade be met at their bus stop each afternoon. Only the Parent/Guardian or the listed adults will be authorized to receive your student. Any individual picking up a student at the bus stop must have a Government issued picture ID with them and present to bus driver if requested before student will be released. I also understand that if no one is present at the bus stop at the scheduled time, the student will be returned to the school. It is then the responsibility of the parent/guardian to pick the student up from the school. I also understand, if an authorized adult continues to fail to be at the bus stop to meet my child, my child becomes at risk of being suspended from the bus.

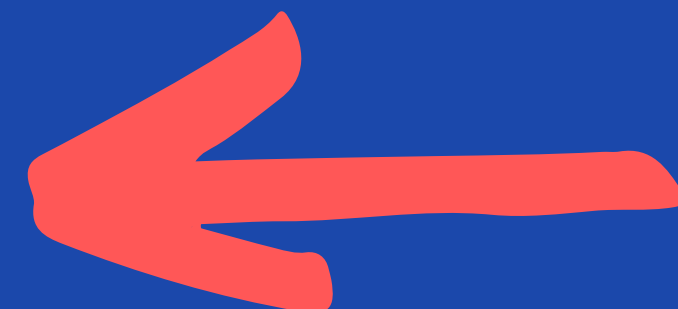
Any 2nd grader or above who is authorized to escort the above student must be listed below.
(No ID is required if the student rides the same bus).
***If any changes to this authorization (add OR delete) occurs, a new form must be completed and provided to the Elementary office; however, changes will not become effective until the information is received by Transportation Services.

Please print full name as shown on ID card (No Mr. /Mrs.).

NAME	RELATIONSHIP	Grade (if applicable)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Parent/Guardian Signature for Transportation Services Date

This is where you will indicate if an older sibling will be walking or riding the bus with the Pre-K/Kindergarten student.



HEALTH INFORMATION FORM

Vaccines are required for students who will attend a Texas school in the 2024-2025 school year.

Please be aware that students without the required immunizations or a valid exemption will not be allowed to attend school

Jarrell Independent School District 10

HEALTH INFORMATION FORM

School Year 2022-2023 Grade _____ Campus _____

Dear Parent,

It is vital that we receive the following information in the school clinic so that we may provide both emergency and routine health care for your child at school. Please complete this information and notify us of any changes including phone numbers, address, etc. as they occur during the school year.

STUDENT NAME _____
 Last First MI Birth Date Male/Female

Mother Name: _____ Primary Phone _____ Secondary Phone _____

Father Name: _____ Primary Phone _____ Secondary Phone _____

May we use these numbers for text for CareDox (our electronic medical record)? Yes No

Email Address: _____ Email Address: _____

May this E-mail address be used to have access to our electronic charting system? Yes No

I give permission for school nurse to contact my student's physician if medically necessary: Yes No

MY CHILD IS ALLERGIC TO:

Food _____	Reaction _____	(FFAF)
Medication _____	Reaction _____	
Other _____	Reaction _____	

IF SEVERE REQUIRING EPI-PEN, FILL OUT ALLERGY ACTION PLAN (see nurse for form)

PLEASE CHECK (✓) IF APPLICABLE:

<input type="checkbox"/> Wears Glasses/Contacts	<input type="checkbox"/> Y Wears Hearing Aides
<input type="checkbox"/> ADHD/ADD (add medications below)	<input type="checkbox"/> Y High Blood Pressure (add medications below)
<input type="checkbox"/> Arthritis _____	<input type="checkbox"/> Y Kidney Disorder _____
<input type="checkbox"/> Asthma (add medications below) (needs Action Plan)	<input type="checkbox"/> Y Receives Allergy Shots _____
Triggers _____	<input type="checkbox"/> Y Muscular/Orthopedic Disorder _____
<input type="checkbox"/> Heart Condition _____	<input type="checkbox"/> Y Neurological Disorder _____
<input type="checkbox"/> Blood Disorder _____	<input type="checkbox"/> Y Migraine Headaches _____
<input type="checkbox"/> Diabetes _____	<input type="checkbox"/> Y Psychiatric/Psychological Disorder _____
<input type="checkbox"/> Eating Disorder _____	<input type="checkbox"/> Y Special Needs _____
<input type="checkbox"/> Epilepsy/Seizure Disorder, Last Seizure: _____	<input type="checkbox"/> Y Spina Bifida/ _____
Triggers _____ (needs Action Plan)	<input type="checkbox"/> Y Gastrointestinal Disorder _____
<input type="checkbox"/> Spine Curvature/Scoliosis	<input type="checkbox"/> Y Other _____
If yes, please explain: _____	

MY CHILD USES THE FOLLOWING MEDICATIONS: (add additional medications to the back of this form)

Medication	Dose	Time(s) Per day	Taken at Home	Taken at School

Jarrell ISD has adopted standing orders for emergency and routine care of your student.

Standing Order Medications

Please CIRCLE medications you **DO NOT** want your child to receive:


• 911 Spray	• Peppermint
• Acetaminophen (for fever greater than 101.0)	• Baking soda plaster
• Aloe Vera	• Natural Tears Eye drops
• Cough Drops	• Second Skin or Generic equivalent
• Diphenhydramine (for moderate allergic reactions)	• Triple antibiotic Ointment
• Hydrocortisone cream	• Tums
• Hydrogen peroxide	• Eyewash
• Oral Analgesic (Oragel)	

Parent Signature: _____ Date: _____

Don't Forget...
 Please send an extra pair of clothes with your child in case of an accident at school.

ACKNOWLEDGEMENT AND RELEASE FORM

11

 **JARRELL INDEPENDENT SCHOOL DISTRICT**
Acknowledgement/Release Form

STUDENT NAME: _____ GRADE: _____

Foster Care
Student is currently in the conservatorship of the Department of Family and Protective Services. Yes No
If Yes, please provide a copy of Form 2085.

Military Connected – Educational Opportunities for Military Students (Select & complete all that apply) Active Duty <input type="checkbox"/> Reserve Duty <input type="checkbox"/> Injured/Killed in Line of Duty <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> RANK: _____ Texas National Guard RANK: _____	Pre-Kindergarten students Only Pre-Kindergarten student was previously in the conservatorship of the Department of Family and Protective Service Yes <input type="radio"/> No <input type="radio"/> Armed forces or reserved forces of the United States (Army, Navy, Air Force, Marine Corps, or Coast Guard) or Texas National Guard who has been injured or killed while on active duty. Yes <input type="radio"/> No <input type="radio"/>
--	---

Jarrell ISD has designated the following information as directory information:

- Name
- Address
- Telephone listing
- Photograph (including yearbook photo)
- Honors and awards received
- Dates of attendance
- Grade level
- Most recent school attended / attending
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams

Releases: Please select Yes or No for both questions below to provide your consent. If an item is not checked, it will be considered No.

Yes <input type="radio"/> No <input type="radio"/> I give Jarrell ISD permission to use the above information for School-Sponsored Purposes . I understand by choosing NO, my child will NOT be listed in the yearbook, honor roll, school newspaper, newsletter, photographs, videos, JISD and campus websites, general programs, etc.	Yes <input type="radio"/> No <input type="radio"/> I give JISD permission to use the above information for All Other Purposes (requests made by the general public). I understand by choosing No, my child's information will NOT be released in response to a request made by the general public (PTA director, class lists, military recruiters, scholarship information, vendors, colleges, members of the general public, etc.).
--	---

I understand that the Internet Acceptable Use Agreement is part of the Code of Conduct and contains rules for student use of JISD computer resources, including the Internet. Students use computer technology for educational purposes, and students must be supervised by a teacher when using technology. I give permission for my child to access the Internet within JISD electronic communication system.
 I **DO NOT** give permission for my child to access the Internet within JISD electronic communication system.

I agree to take responsibility to read, understand, and abide by Jarrell Independent School District's Student Code of Conduct AND Handbook, including all additional Addendums for the 2020-2021 school year which is available on the district website. I understand that my student will be held accountable for the behavior expectations and disciplinary consequences outlined in the Student Code of Conduct. I understand that the Student Code of Conduct governs all behavior at school, at school-sponsored and school-related activities, and during school-sponsored travel. I also understand the Student Code of Conduct governs some designated behaviors occurring within 300 feet of school property, some designated behaviors occurring off-campus, and for any school-related misconduct regardless of time or location. I understand that a referral for criminal prosecution is possible for certain violations of law. Failure to sign this acknowledgement form does not remove the responsibility of the student to abide by The Student Code of Conduct. ***To request a paper copy of The Student Handbook, Campus Addendums to the Handbook, and the Student Code of Conduct, please email your home campus with your request.

The information on this form is true and correct to the best of my knowledge.

Parent/Guardian Signature _____ Date _____

updated April 2021

This is a very important form and **MUST** be completed accurately and entirely.

