

Welcome to Igo Elementary

Pre-K & Kindergarten

Preview Night



Tonight's GOALS

- Share with you the requirements for registering a PreK or Kindergarten student



AGENDA

- Presentation
 - Self-paced Campus Tour
 - Create a REGISTRATION appointment
 - Create a parent portal account
 - Begin online registration
 - Visit Campus and District Support

Tables





We are excited to meet you!

Principal - Dr. Brenda Jirasek

Assistant Principal - Stephanie Gutierrez

Assistant Principal- Isabel McLemore

Registrar - Dezurai Martinez

Counselor - Lori Smith

Counselor- Texanna Martin

Nurse - Heather Olson & Julie Faulkner

Admin Assistant - Kayla Waggoner

Receptionist - TBD

Bi-Lingual Liaison - Evelyn De Jesus



P.A.W.

People first, always learning, words matter, success for all

Dual Language
S.
ESL/Bilingual

Gifted and Talented

Art, Music, PE

Social Emotional Guidance



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

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 qualifying

Forms

PreK qualification Application

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

Applicant's Name: _____ DOB: _____

Age (as of 09/01/2023): _____

To be eligible for Prekindergarten, a child must be 4 years of age on September 1, 2023 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 04/01/2023]

- 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 DFPS or other official documentation showing the child is or was in TX Foster Care]

Required Registration Documents

1. Current Driver's License/any photo ID
2. Proof of Residency (current utility bill, lease ect...)
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.

step two

Make an appointment
to turn in
ALL
registration
documents

step three

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

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: _____

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:

<ul style="list-style-type: none"> • 911 Spray • Acetaminophen (for fever greater than 101.0) • Aloe Vera • Cough Drops • Diphenhydramine (for moderate allergic reactions) • Hydrocortisone cream • Hydrogen peroxide • Oral Analgesic (Oragel) 	<ul style="list-style-type: none"> • Peppermint • Baking soda plaster • Natural Tears Eye drops • Second Skin or Generic equivalent • Triple antibiotic Ointment • Tums • Eyewash
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Parent Signature: _____ Date: _____

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

