

Scurry-Rosser ISD

www.scurry-rosser.com

Scurry-Rosser Elementary
9511 Silver Creek Dr
Scurry, TX 75158
972-452-8823 *1300

Scurry-Rosser Middle School
10729 S State Hwy 34
Scurry, TX 75158
972-452-8823 *1200

Scurry-Rosser High School
8321 S State Hwy 34
Scurry, TX 75158
972-452-8823 *1100

STUDENT ENROLLMENT CHECKLIST

STUDENT NAME: _____ GRADE: _____

THE FOLLOWING DOCUMENTS ARE REQUIRED – NO EXCEPTIONS:

- ☐ Official Birth Certificate
- ☐ Social Security Card
- ☐ Updated Immunization Record
- ☐ Proof of Residency
- ☐ Copy of Parent/Guardian Valid State Issued Picture ID

Please indicate reason(s) for any missing items and/or attempts made to obtain the missing items and the results: _____

OFFICE USE ONLY

ITEMS LISTED SHOULD BE IN STUDENT'S CUMULATIVE FILE:

- ☐ Student Record Request
- ☐ Registration Form
- ☐ Home Language Survey
- ☐ Ethnicity and Race Data Questionnaire
- ☐ At-Risk/Special Programs Questionnaire

ITEMS LISTED SHOULD BE DISPERSED TO APPROPRIATE DEPARTMENT:

- ☐ Health Information
- ☐ Emergency Care Authorization
- ☐ Permission for Participation
- ☐ Corporal Punishment
- ☐ Compulsory Attendance & Truancy Letter
- ☐ Acknowledgement Student Code of Conduct/Electronic Display Personal Information
- ☐ Google Consent

ITEMS LISTED SHOULD BE SENT DIRECTLY TO ADMINISTRATION:

- ☐ Free/Reduced Lunch Application
- ☐ Student Residence Form
- ☐ Family Survey

This information/checklist was verified by: _____ (Name of school staff) Date: _____

For office use only: Cumulative file

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STUDENT RECORDS REQUEST 2022-2023

Student Name:	Date of Birth:
SS #:	Current Grade:
Previous School:	City, State:

I give permission to release records to Scurry-Rosser ISD.

Parent Signature: _____ Parent Phone #: _____

Please send the following information:

____ Withdrawal Form
____ Copy of Birth Certificate
____ Copy of SS Card
____ Immunization Records
____ Academic Records (Include state test,
Readiness scores, etc)

____ Attendance Records
____ Discipline Records
____ Most Recent Report Card
____ Withdrawal Grades
____ Special Programs (Speech, Dys,
At-Risk, G/T, etc.)

Please Fax Records to:

Scurry- Rosser Elementary - 972-452-3434

Scurry-Rosser Middle School - 972-452-8902

Scurry-Rosser High School - 972-452-3694

Scurry-Rosser High School Registration Form for School Year 2022 - 2023

Campus Name: Scurry-Rosser High School

Campus Phone: (972) 452-8823

Campus Fax: (972) 452-3694

STUDENT INFORMATION

Local ID	Student Name	Grade Level	Orig Entry Dt	Track	SSN	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Pacific Islander
						<input type="checkbox"/> White	<input type="checkbox"/> Black
						<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian
Gender	Date of Birth	Birth Place	Age (Sept 1st)	Texas Unique ID			
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 or Health Concerns: _____	

SIBLING INFORMATION

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

BUS INFORMATION

Eligible: _____	Seat: _____	Special Requirements
Route: _____	Run: _____	Transportation: _____
Pickup Stop: _____	Dropoff Stop: _____	Special Seating: _____
Pickup Assigned: _____	Dropoff Assigned: _____	Wheelchair: _____
Pickup Route: _____	Dropoff Route: _____	

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: _____

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STUDENT EMERGENCY CARE AUTHORIZATION 2022 - 2023

An Emergency Form is required to be on file for each student

It is the parent's responsibility to notify SRISD of any changes that affect this form

Student Name:	
Parent Name:	Parent Name:
Contact #:	Contact #:

Please list the name of other ADULTS who are authorized to pick up your student, either in the case of an emergency, or if you are unable to pick up the student. Students will not be released to persons not listed below.

This adult should be able to show their current valid picture ID to pick up the student. By initialing above "Authorized" on the right side of each adult's contact information, you are authorizing school personnel to release information to the adult regarding your child when an emergency occurs.

To avoid confusion and help the students develop a routine, we ask that you refrain from making transportation changes as often as possible.

If you MUST make a transportation change, please send a note to school with your child or call the school before 1:30 p.m. No changes will be made unless a parent has called or sent a note. Those listed on this form may NOT make transportation changes; they are only authorized to pick up the student.

Name	Phone	Relationship	Authorized
Name	Phone	Relationship	Authorized
Name	Phone	Relationship	Authorized
Name	Phone	Relationship	Authorized
Name	Phone	Relationship	Authorized
Name	Phone	Relationship	Authorized

For office use only: Return to Front Office

SCURRY-ROSSER INDEPENDENT SCHOOL DISTRICT
2022 – 2023 STUDENT HANDBOOK – AUTHORIZATION FORM

Student Name (Print): _____ Grade: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Name Signature: _____

1. Student Handbook Acknowledgement: My child and I have been offered the option to receive a paper copy of the SRISD Student Handbook for 2022-23 or to electronically access the handbook at the district web site **www.scurry-rosser.com**. Click on Parent Information – then click on Student Documents on the left. **I have chosen to:**

_____ Accept responsibility for accessing the 2022-23 Student Handbook online and understand the Acceptable Use Policy for technology is included in the handbook.

_____ Receive a paper copy of the 2022-23 Student Handbook - contact campus office.

2. Notice Regarding Directory Information for School Sponsored Purposes: (page 7) I have read and understand the guidelines for release of student information for school-sponsored purposes (Includes honor roll, yearbook, school newspaper, campus or district website, recognition activities, news releases or athletic programs) and I

_____ **DO** give the District permission to use information for school-sponsored purposes.

_____ **DO NOT** give the District permission to use information for school-sponsored purposes.

3. Notice Regarding Directory Information for Outside of School Purposes: (page 8) Certain information about the district students is considered directory information and must be released to **anyone** who follows the procedure for requesting the information. This objection must be made in writing within 10 school days of your child's first day of instruction for this school year. Please review pages 7 and 8 of the Student Handbook.

_____ **I DO** give permission to release Directory Information for non-school related purposes.

_____ **I DO NOT** give permission to release Directory Information for non-school related purposes.

4. Release of Student Information to Military Recruiter and Institutions of Higher Learning: I have read and understand the guidelines for release of student information to military recruiters and institutions of higher learning and I

_____ **DO** give permission to the District to release my student's name, address and telephone number.

_____ **I DO NOT** give the District permission to release my student's name, address and telephone number.

Scurry-Rosser Independent School District
10705 S. State Hwy 34 - Scurry, TX 75158
Phone 972-452-8823

Student Name: _____ **D.O.B:** _____

Prior School(s)/dates attended: _____

Did your child attend a Pre-Kindergarten or Head Start Program? If yes, where: _____

Has your child ever been involved in any of the following programs? (Please check all that apply and include any information that will assist the campus in serving your child.)

☐ **RETAINED** (repeated a grade level): If yes ,which grade: _____

☐ **GIFTED AND TALENTED**

☐ **BILINGUAL/ESL**

☐ **AT RISK**

☐ **SECTION 504:** Area of Disability - _____

Please describe what services the student received: _____

☐ **DYSLEXIA:** Please describe what services the student received: _____

☐ **SPECIAL EDUCATION - SPEECH THERAPY SERVICES**

Please describe what services the student received and are of concern (i.e., language, articulation, fluency, voice): _____

☐ **SPECIAL EDUCATION - RESOURCE CLASSES**

Area of Disability - _____

Please describe what services the student received: _____

☐ **SPECIAL EDUCATION - INCLUSION CLASSES**

Area of Disability - _____

Please describe what services the student received: _____

☐ **OTHER:** _____

☐ **NONE**

Please provide any additional information related to your child's educational programming that would assist the campus in scheduling: _____

Print Parent/Guardian Name

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

Date

Student/Staff Identification Number

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:

_____ Hispanic / Latino

_____ Not Hispanic/Latino

Race – choose one or more:

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

Observer signature:

Campus and Date:

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 America 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 África-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

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:
_____ Hispanic / Latino
_____ Not Hispanic/Latino

Race – choose one or more:
_____ American Indian or Alaska Native
_____ Asian
_____ Black or African American
_____ Native Hawaiian or Other Pacific Islander
_____ White









Observer signature:

Campus and Date:

2022-2023 Family Survey

Date:	District:	Campus:
Student Name:	Date of Birth:	Grade Level:

Dear 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.** For additional information or questions, please call: **(210) 370-5401**

<p>1. Within the past 3 years have you, or your child, moved from one school district, city or state to another? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2. If YES, did you or your child move so you could work or look for work in <u>agriculture or fishing</u>?</p> <p><input type="checkbox"/> NO (STOP here and return survey to your child's school) <input type="checkbox"/> YES (Please <input checked="" type="checkbox"/> check all that apply below)</p>			
 <p>Fruit, vegetables, sunflower, cotton, wheat, grain, on farms or ranches, fields & vineyards</p> <p><input type="checkbox"/></p>	 <p>Working in a cannery</p> <p><input type="checkbox"/></p>	 <p>Working on a dairy farm or ranch</p> <p><input type="checkbox"/></p>	 <p>Working in a fishery</p> <p><input type="checkbox"/></p>
 <p>Working on a poultry farm</p> <p><input type="checkbox"/></p>	 <p>Working in a plant nursery, orchard, tree growing or harvesting</p> <p><input type="checkbox"/></p>	 <p>Working in a slaughterhouse</p> <p><input type="checkbox"/></p>	 <p>Other similar work, please explain:</p> <p>_____</p> <p>_____</p>
<p>3. Please list all children who reside in the home who are <u>under age 22</u> and <u>NOT</u> enrolled in school:</p>			

Please complete the following information: (Please print)	
Name of Parent/Guardian:	Phone Number:
Address/City/State/Zip Code:	Email Address:

For School Use Only:

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

2022-2023 Encuesta Familiar

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

Estimados 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.

Toda la información proporcionada será mantenida confidencial. Favor de responder a las siguientes preguntas y regresar esta forma a la escuela de su hijo/hija. Para obtener más información, llame al: (210) 370-5401

1. ¿Dentro de los últimos 3 años usted, o su hijo/hija, se han mudado de un distrito escolar, ciudad o estado?

☐ Sí ☐ NO

2. ¿Si la respuesta es SÍ, se mudaron usted o su hijo/hija para poder trabajar o buscar trabajo en la agricultura o la pesca?

☐ NO (ALTO aquí y devuelva la encuesta a la escuela de su hijo/a)

☐ SÍ (FAVOR ☐ elija los que apliquen abajo)



Fruta, verduras, soya, girasol, algodón, trijo, betabel, la granja, 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 arboles

☐


Trabajando en una casa de matanza

☐


Otro trabajo similar, favor de explicar:

3. Favor de notar los niños que residen en el hogar que son menores de 22 años y que no están matriculados en la escuela:

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

Nombre de Padre/Guardina:

Número de Teléfono:

Dirección de domicilio/Ciudad/Estado/Código Postal:

Correo Electrónico:

For School Use Only:

1st Attempt:

2nd Attempt:

3rd Attempt:

SCURRY-ROSSER STUDENT RESIDENCY FORM

This information will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student _____ Grade _____ School _____

Parent/Guardian _____ Phone _____

Last School Attended _____

Current Address _____

Previous Address _____

Number of Children Enrolled in (ABC ISD) _____

Is your current address a temporary living arrangement?

☐ Yes or ☐ No

Is this a temporary living arrangement due to loss of housing, economic hardship, or financial difficulties?

☐ Yes or ☐ No

Were you displaced from your home due to a Natural Disaster? (hurricane, fire, flood, tornado, etc.)

☐ Yes or ☐ No

Type of Natural Disaster:

☐ Hurricane: _____ (Please name)

☐ Other: _____ (Please describe)

Please choose which of the following situations the student currently resides in (choose all that apply):

☐ House or apartment with parent or guardian

☐ Sharing housing with friends or family members (other than or in addition to parent/guardian)

☐ Motels/Hotels

☐ Shelter or other transitional housing

☐ Unsheltered – in a car, park, substandard housing, etc.

If you are living in shared housing, please check all the following reasons that apply:

☐ Loss of housing

☐ Economic hardship

☐ Loss of employment

☐ Parent/Guardian is currently on active duty in the U.S. Military

☐ Other (Please explain; i.e. substandard housing) _____

Are you a student living apart from your parents or guardians? ☐ Yes ☐ No

Signature of Parent/Guardian/Unaccompanied Youth/School Representative

Date

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Please read, sign and return

2022-2023

Scurry-Rosser ISD Compulsory Attendance & Truancy Warning Letter

Notice: Laws and Scurry-Rosser ISD Rules Governing Compulsory Attendance in Texas Schools

OFFICIAL NOTICE PURSUANT TO EDUCATION CODE 25.095, TO THE CHILD AND PERSON(S) STANDING IN PARENTAL RELATION TO THE CHILD. Failure to comply with the laws and rules governing compulsory attendance may result in legal action or other consequences.

Texas requires a child who is **at least 6 years of age**, or who is younger than 6 years of age and has previously been enrolled in first grade, and who has **not yet reached his/her 18th birthday** to attend school unless exempt by Sec. 25.086. Students enrolled in pre-kindergarten or kindergarten shall attend school. **Education Code 25.085**
Except as provided by Texas Education Code 25.092, a student may not be given credit for a class unless the student is in attendance for at least 90 percent of the day's class. **Education Code 25.092**

If a student is absent from school on 10 or more days or parts of days within a 6-month period in the same school year (**tardies are considered parts of days**), the student's parent is subject to prosecution under Texas Education Code Section 25.093, and the student is subject to prosecution under Texas Education Code Section 25.094. An offense under either section is a Class C misdemeanor punishable by a fine not to exceed \$500 for each offense. Each day may be a separate offense. The burden of showing that an absence should be excused is on the student or parent. **Education Code 25.093; Education Code 25.094; Education Code 25.095**

It is an affirmative defense to prosecution under Education Code 25.093 that one or more of the absences required to be proven was excused by a school official or should be excused by the court. The burden is on the defendant to show by a preponderance of the evidence that the absence has been or should be excused. A decision by the court to excuse an absence for this purpose does not affect the ability of the District to determine whether to excuse the absence for another purpose. It is an affirmative defense to prosecution under Education Code 25.094 that one or more of the absences required to be proven were excused by a school official or by the court or that one or more of the absences were involuntary, but only if there is an insufficient number of unexcused or voluntary absences remaining to constitute an offense under 25.094. The burden is on the defendant to show by a preponderance of the evidence that the absence has been excused or that the absence was involuntary. A decision by the court to excuse an absence for purposes of this section does not affect the ability of the school district to determine whether to excuse the absence for another purpose. **Education Code 25.093; Education Code 25.094**

If a student is found to have violated Section 25.094, a court may order: 1) the child to attend school without unexcused absences; 2) the child to attend GED preparatory classes or take a GED examination; 3) the child to attend a special program that the court determines to be in the best interest of the child, including an alcohol/drug abuse program; 4) the child and the parent/guardian to attend classes for students at risk of dropping out of school; 5) the child to complete reasonable community service; 6) the child to attend tutorials; and, 7) the child's driver's license be suspended or not issued. **Code of Criminal Procedure Art. 45.054**

A parent/guardian of a school age child has the responsibility to require that their child attend school regularly. When sickness or other obligation necessitates an absence, **a note signed by the parent/guardian explaining the reason for the absence is required** the day the student returns to school. If a student fails to submit a note, the absence will be considered unexcused and the student will be allowed **three (3) days to submit a written note** (*emails acceptable*) excusing the absence. **The absence will be unexcused if a parent/guardian fails to provide a note within the specified time.** A student shall be excused from attending school for the purpose of observation of religious holy days, including travel for that purpose, such days shall be limited to not more than one day for travel to and one day for travel from the site where the student will observe the religious holy days. Additionally, a student may be excused for temporary absence resulting from an appointment with a healthcare professional if that student commences classes or returns to school on the same day of the appointment. **Education Code 25.087; 19 TAC 129.21.**

A person required to attend school may be **excused for temporary absence** resulting from any unusual cause acceptable to the Superintendent, the principal or the teacher of the school in which the student is enrolled. Such causes may include, but are not limited to: 1) personal sickness; 2) family emergency; 3) documented juvenile court proceedings; 4) Board-approved extracurricular activity; or 5) approved college visitation. **Education Code 25.087** When a student's absence **for personal illness exceeds four (4) successive days**, the student shall provide a statement from a physician or health clinic verifying the illness or other condition requiring the student's extended absence from school (the school nurse is available to verify an illness on the day of the absence). The attendance committee may, if the student has established a questionable pattern of absences, also require a physician's or clinic's statement of illness after a single day's absence as a condition of classifying the absence as one for which there are extenuating circumstances. Absences such as non-school related **vacations and trips**, babysitting, working (including modeling), and non school-sponsored athletic events and programs shall be considered unexcused.

Unless specifically exempt, an enrolled student who is eligible **must attend** an extended-year program or **required tutorial classes** that are provided by the district for students identified as likely not to be promoted to the next grade level; an accelerated reading instruction program to which the student is assigned; an accelerated instruction program to which the student is assigned; a basic skills program to which the student is assigned; or a summer program provided as a disciplinary program. (Saturday School, "Thursday/Friday-Night Live" Tutorials and/or any after-hours school are considered to be extended-year programs.) **Education Code 25.085**

A person who voluntarily enrolls in school or voluntarily attends school after the person's 18th birthday shall attend school each school day for the entire period the program of instruction is offered. A school district may revoke for the remainder of the school year the enrollment of a person who has more than five absences in a semester that are not excused under Section 25.087. A person whose enrollment is revoked under this subsection may be considered an unauthorized person on school district grounds for purposes of Section 37.107.

Please sign the **ACKNOWLEDGMENT** and return the signed original to your child's school. If you have any questions, you may contact the school your child is attending.

ACKNOWLEDGMENT: I have received information governing Compulsory Attendance. My signature is only an acknowledgment that I have received this notice.

STUDENT'S NAME _____ GRADE _____ ID# _____

PARENT/GUARDIAN _____ DATE _____

Scurry-Rosser ISD

www.scurry-rosser.com

Scurry-Rosser Elementary
9511 Silver Creek Dr
Scurry, TX 75158
972-452-8823 *1300

Scurry-Rosser Middle School
10729 S State Hwy 34
Scurry, TX 75158
972-452-8823 *1200

Scurry-Rosser High School
8321 S State Hwy 34
Scurry, TX 75158
972-452-8823 *1100

****Please read, sign and return****

I, _____, understand that my child,
_____, is required to attend school every day beginning

August 11, 2022 through the end of the school year, May 18, 2023.

I further understand that school begins at 7:50 AM each Monday through Friday, and I am expected to have my child in school each day no later than the start time mentioned above. However, if I am late because of some unforeseen emergency, I must immediately call the school office as soon as I am able to. If a student arrives after the tardy bell rings at 7:50 AM they will be counted tardy. All tardies are unexcused unless accompanied by a medical excuse.. Middle School and High School take attendance every class period. If a student is more than 10 minutes late to a class, they will be counted absent.

I understand that if my child misses more than 18 days of school without adequate explanation, my child will be in danger of losing academic credit for the school year. All attendance for High School courses are based on semester attendance. If my child is absent 9 or more days during a semester, they could be in jeopardy of losing credit for that class. This includes all High School courses taught at the Middle School (Algebra 1 and BUSIM). I also understand if my child has 10 UNEXCUSED absences in a 6 month period, truancy charges (separate from loss of academic credit) may be filed with the county clerk.

I will not sign my child out for any reason other than a medical or immediate family emergency. I understand that when I take my child early he/ she is losing valuable instruction time. I also understand that ALL classes provide an opportunity to learn and taking my child early results in the loss of that opportunity.

Parent Signature: _____ Date: _____

Name of Teacher/Grade: _____

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CORPORAL PUNISHMENT 2022-2023

Corporal punishment (spanking or paddling the student) may be used as a discipline management technique as deemed appropriate by the campus administrator in accordance with the Student Code of Conduct and policy FO (LOCAL) in the district's policy manual.

Below, please indicate your decision regarding corporal punishment for your child:

_____ Corporal punishment **CAN** be used with my child.

_____ It is not necessary to contact me before using corporal punishment.

_____ Please contact me before using corporal punishment.

_____ Corporal punishment **CAN NOT** be used with my child.

STUDENT NAME: _____ GRADE LEVEL: _____

PARENT NAME: _____
(PLEASE PRINT)

PARENT SIGNATURE: _____

DATE: _____

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972-452-8823 *1100

PERMISSION FOR PARTICIPATION 2022-2023

I give permission for _____ to
participate in the following activities under the direct supervision of
the Scurry-Rosser ISD staff:

- Local Field Trips
- Transportation in School Bus
- Health Screenings/Referrals

Signature of Parent/Guardian

Date: _____

Scurry-Rosser ISD

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972-452-8823 *1100

HEALTH INFORMATION CARD 2022-2023

Dear Parents,

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 entire form and notify me of any changes (phone number, address, physician name, etc.) as they occur during the school year.

Thank you,
Your School Nurse

STUDENT NAME: : _____ GRADE: _____

NOTE: PLEASE COMPLETE AND SIGN MEDICAL INFORMATION BELOW.

PLEASE CHECK IF APPROPRIATE

____ Attention Deficit Hyperactivity Disorder
____ Asthma
Trigger _____
____ Blood Disorder
____ Diabetes
____ Dyslexia/Learning Disability
____ Eating Disorder
____ Epilepsy/Seizure Disorder

____ Hearing Disorder
____ Heart Condition
____ Kidney Disorder
____ Migraine Headaches
____ Muscular/Orthopedic Disorder
____ Psychiatric/Psychological Disorder
____ Serious Accident
____ Special Needs

ALLERGIES: Medication: _____ Reaction: _____
Food: _____ Reaction: _____
Other: _____ Reaction: _____

Recommended treatment if allergy is severe: _____

Name of Medication your child is currently taking on a regular basis: _____

Dosage: _____ For what reason? _____

Please note any concerns of which the School Nurse needs to be aware of:

I give the School Nurse permission to share my child's health information with school personnel who need to know for educational or safety reasons: _____ YES _____ NO

SIGNATURE OF PARENT OR GUARDIAN: _____

DATE: _____

PARENT'S REQUEST FOR GIVING MEDICINE AT SCHOOL

Scurry-Rosser I.S.D.

I request school personnel see that my child, _____
Child's Name
be given this medicine _____ dose _____
prescribed by _____ starting _____
Physician's Name Date
For _____
Length of time

The medication will be furnished by me and is labeled with my child's name, the name of the medicine, the amount to be given, and the number of times. I will add an approximate time of day the medicine should be taken and length of time my child may need to take this medication.

The principal and/or school nurse may call the doctor if there are any questions. Medications that are prescribed three times a day can be given at home. If there is a clear reason why the school personnel should give the medicine, please have the doctor ordering the medicine write that down.

INFORMATION MAY BE FAXED TO THE SCHOOL: ATTENTION TO NURSE:

Elementary: 972-452-3434

Middle School: 972-452-8902

High School: 972-452-3694

Should school personnel feel that it is the best interest of my child that the medication not be given on a certain day, they will notify me.

Reason for medication _____

Time to be given _____

Drug allergies? _____

ALL MEDICATIONS PRESCRIBED BY A DOCTOR MUST BE ACCOMPANIED WITH WRITTEN DOCTORS ORDERS.

Daytime Phone Number _____

Signature _____ Date _____
Parent/Guardian

2022-2023 Immunization Requirements

Requirements to enter Pre-K.

DTP	4 or 5 doses, one after 4 th Birthday.
Polio	3 or 4 doses, one after 4 th Birthday.
MMR	2 doses, #1 dose on or after 1 st Birthday.
HIB	3 or 4 doses, one after 12 months (requirement drops at age 5).
Hepatitis B	3 doses
Varicella	2 doses, #1 dose on or after 1 st Birthday, #2 dose is new law.
Hepatitis A	2 doses, 6 months apart, #1 dose after 1 st Birthday.
PCV7	4 yr. old: With 0 doses must get 1 With 1 dose at 24 mo. Is OK With 1,2,3 doses before 12 mo. Must get booster With 1 dose between 12 and 24 mo. must get booster With 2 doses between 12 and 23 mo. Is OK

Requirements to enter Kindergarten.

DTP	4 or 5 doses, one after 4 th Birthday.
Polio	3 or 4 doses, one after 4 th Birthday.
MMR	2 doses, #1 dose on or after 1 st Birthday. (new law, second does MMR, not just Measles).
HIB	N/A
Hepatitis B	3 doses
Varicella	2 doses, #1 dose on or after 1 st Birthday, #2 dose is new law.
Hepatitis A	2 doses, 6 months apart, #1 after 1 st Birthday. New Law
PCV7	N/A

Requirements to enter 1st, 2nd & 3rd Grades

DTP	4 or 5 doses, one after 4 th Birthday.
Polio	3 or 4 doses, one after 4 th Birthday.
MMR	2 doses, #1 dose on or after 1 st Birthday, #2 dose of measles
HIB	N/A
Hepatitis B	3 doses
Varicella	2 doses, #1 dose on or after 1 st Birthday
Hepatitis A	2 doses 6 months apart, #1 dose after 1 st Birthday
PCV7	N/A

STATE MANDATED SCHOOL SCREENINGS

*All screens are conducted by the School Nurse

VISION AND HEARING SCREENS

Students in Pre-K, Kindergarten, 1, 3, 5, and 7 are screened every school year. Students must fail a screen twice, before a referral is mailed to the parent. However, a referral can be made on signs and symptoms or student complaints also. Resources are available to help students who qualify, to receive a vision exam and glasses if needed. See your School Nurse for information.

The vision and hearing of all new students to second and fourth grade are also screened each school year.

SCOLIOSIS SCREENS

Students in grades 5 and 8 are screened each school year for signs of Scoliosis. Students must fail the screen twice before a referral is mailed to the parent. Boys and girls are screened separately and individually, usually during their P.E. period. A notarized statement must be obtained to opt out of this screening. Parental notification letters are sent home prior to the screening.

ACANTHOSIS NIGRICANS SCREENS

Students in grades 1, 3, 5, and 7 are screened each year for signs of Acanthosis Nigricans (A.N.). The rise in youth-onset Type 2 diabetes cases has heightened interest in children's health, particularly when A.N. signs are present at diagnosis. Acanthosis Nigricans is a black-brown velvety marker that usually appears on the back of the neck. It is the result of too much insulin in the blood. It is a pre-diabetic condition and serves as an indicator of risk of Type 2 diabetes and other chronic health problems. The height and weight of grades 3-12 is also assessed.

Early detection and an intervention of diet changes and physical activity are important. If the signs are noted, a referral will be mailed to the parent.

MEDICINE SAFETY SERIES
SCURRY-ROSSER I.S.D. MEDICATION POLICY

Requirements for Safe Medication Administration

Only those medications that are necessary for a student's medical care will be administered at school. Most medicines that are needed even up to three times a day can be given at home and should not be sent to school.

Medication that is needed for known emergencies, such as asthma or serious allergic reactions, may be stored at school.

When a student's medicine must be stored or administered at school, Texas law requires both:

- . MEDICATION in its ORIGINAL, LABELED CONTAINER*
- . WRITTEN REQUEST and DIRECTIONS

Check to make sure that the container includes all the following information:

- . Student's name (on pharmacy label or hand printed on a nonprescription container.)
- . Name of medication
- . Directions:
 - . Dose or amount
 - . Time(s) of day or when to take it
 - . How the student takes the medicine, for example, by mouth, by inhaler
 - . Current date

The parent/guardian's written request must include the same information, daytime telephone numbers, and signature.

- *For prescription medication, ask the pharmacist to prepare 2 labeled containers, marking one for "School Use" so you have proper container at both home and school.*

Communicable Diseases / School Guidelines

School Health Services falls under the guidelines of the Texas Department of State Health Services. These communicable disease guidelines are followed to prevent the spread of communicable diseases in a public school.

Children with illnesses such as fever *100.0 or over, strep throat, vomiting, diarrhea or pink eye (conjunctivitis) cannot be sent to school, until symptom free for 24 hours (un-medicated) and/or on antibiotics for 24 hours respectively.

Each student's attendance is important to everyone involved.

Thank you in advance for helping maintain a healthy environment for students and staff.

School Health Services

SCURRY-ROSSER ISD
HEAD LICE POLICY

Scurry-Rosser Schools are enforcing a **“no nit” policy**, which means that any student with nits will be sent home for treatment by parents. Students with pediculosis (head lice) shall be excluded from school until treatment with a pediculicide shampoo and removal of all nits (eggs) is accomplished. The student will have one excused absence due to pediculosis infestation for each of the first two occurrences. Any absences following will be unexcused. It is important to remember that all students are subject to compulsory attendance, so quick action is critical should your child become infected.

Your child will be allowed back in school upon examination by the nurse. At this time the nurse will decide if it is safe for the child to return to class. The child will be checked every other day for the next 10 days. If your child is found to have live nits/lice at any time during this 10 day period, they will be sent home for retreatment. Their 10 days will start over at that time.

By carefully following the steps below, you can remedy the spread of lice:

- Examine your child’s hair and scalp and other family members once each week. Drying hair with a hair dryer once a week will also help.
- If lice or nits are discovered, use a lice killing treatment such as “Nix”. Then you must **“pick the nits”**. Remove **all** of the nits by pulling, picking, cutting and combing them out of the hair. Treatment must be **repeated** in 7-10 days to be effective. One nit can re-infest your child’s hair.
- Wash all clothing and bedding in extremely hot water if it has come into contact with nits. Dry in a hot dryer. For non-washables, place in a sealed plastic bag for 14 days.
- Thoroughly vacuum rugs, upholstered furniture, and car seats. Spray household furniture and beds with a lice control spray.
- Wash your hands and your child’s hands thoroughly, especially under the nails. Watch for head scratching because it may be an early warning sign.
- Never share combs, hair brushes, hats, barrettes, and other personal items.

By working together, we can eliminate the problem of lice in our homes and schools. Please contact your child’s school if you have any additional questions.



Scurry-Rosser ISD

Student Acceptable Use of the Electronic Communications System and 1:1 Agreement

You MUST fill out this form to receive a device or use the school's electronic communications system.

STUDENT INFORMATION (PLEASE PRINT)

Last Name: _____ First Name: _____ Grade: _____

You are being given access to the District's Electronic Communications System. This system is defined as the District's network, servers, computer workstations, telephones, peripherals, applications, databases, library catalog, online resources, Internet access, e-mail and any other technology designated for use by the District for users. With this opportunity comes responsibility. It is important that you read the District policy, administrative regulations, and agreement form and ask questions if you need help in understanding them. District policies and administrative regulations are posted on the District web site. Inappropriate system use will result in the loss of the privilege to use this educational tool.

Please note that the Internet is a network of many types of communication and information networks which could be used in classroom assignments (email, blogs, wikis, podcasts, web pages, social media, etc). According to CIPA (Children's Internet Protection Act), schools must have an Internet filter in place to protect users. It is possible you may run across areas of adult content and some material you might find objectionable. While the District will use filtering technology to restrict access to such material, it is not possible to absolutely prevent such access. It will be your responsibility to follow the rules for appropriate use.

STUDENT PLEDGE FOR CHROMEBOOK USE

By signing this document you are agreeing to the following conditions:

- I will make every effort to notify campus staff of any issues related to the Chromebook and its use, regardless of the cause, as soon as possible.
- I will bring my Chromebook to school each day fully charged.
- I will file a police report in case of theft, vandalism and loss of the device within 48 hours.
- I understand that the Chromebook and all accessories are District owned and all content on the Chromebook is subject to review at any time.
- If I have any issues with my Chromebook, I understand that the charger and device will both need to be turned in together for repairs, without the charger the device will not be picked up for repairs.
- I understand if I damage, or lose the Chromebook or any accessories, myself and/or my parents/guardian are financially responsible for all expenses related to the repair or replacement.
- I agree to return all equipment issued to me in a good working condition at the end of the school year, or if I am removed to an alternative placement or withdrawn from SRISD.
- I understand that if I fail to return all equipment issued to me at the end of the school year or upon termination of my enrollment at SRISD that I as well as my parents/guardian will be responsible for payment of a replacement Chromebook and/or accessories. I also understand that failure to return any issued equipment may result in a theft report being filed with the Kaufman County Law Enforcement.

SIGNATURE

I have read and agree to the terms and conditions of the 1:1 Future Ready Guidelines and Agreement

Student Signature: _____

Parent Signature _____ Date _____

Google Parent or Guardian Consent

To Parents and Guardians,

At Scurry-Rosser ISD, we use G Suite for Education, and we are seeking your permission to provide and manage a G Suite for Education account for your child. G Suite for Education is a set of education productivity tools from Google including Gmail, Calendar, Docs, Classroom, and more used by tens of millions of students and teachers around the world. At Scurry-Rosser ISD, students will use their G Suite accounts to complete assignments, communicate with their teachers, sign into their Chromebooks, and learn 21st century digital citizenship skills.

The notice below provides answers to common questions about what Google can and can't do with your child's personal information, including:

What personal information does Google collect?

How does Google use this information?

Will Google disclose my child's personal information?

Does Google use student personal information for users in K-12 schools to target advertising?

Can my child share information with others using the G Suite for Education account?

Please read the notice below carefully, let us know of any questions, and then sign below to indicate that you've read the notice and give your consent. Once we have received a signed consent form we will be able to create your child's G Suite for Education account in time for the beginning of school on August 12th.

I give permission for Scurry-Rosser ISD to create/maintain a G Suite for Education account for my child and for Google to collect, use, and disclose information about my child only for the purposes described in the notice below.

Thank you,

Full name of student

Grade

Printed name of parent/guardian

Signature of parent/guardian

Date

G Suite for Education Notice to Parents and Guardians

This notice describes the personal information we provide to Google for these accounts and how Google collects, uses, and discloses personal information from students in connection with these accounts.

Using their G Suite for Education accounts, students may access and use the following “Core Services” offered by Google (described at https://gsuite.google.com/terms/user_features.html):

- Gmail
- Google+
- Calendar
- Chrome Sync
- Classroom
- Cloud Search
- Contacts
- Docs, Sheets, Slides, Forms
- Drive
- Groups
- Google Hangouts, Google Chat, Google Meet, Google Talk
- Jamboard
- Keep
- Sites
- Vault

In addition, we also allow students to access certain other Google services with their G Suite for Education accounts. Specifically, your child may have access to the following “Additional Services”:

Applied Digital Skills	Google Maps
Blogger	Google My Maps
Chrome Web Store	Google Photos
Currents	Google Play
FeedBurner	Google Play Console
Google Alerts	Google Public Data
Google Analytics	Google Search Console
Google Bookmarks	Google Takeout
Google Books	Google Voice
Google Cloud Platform	Material Gallery
Google Cloud Print	Scholar Profiles
Google Data Studio	Science Journal
Google Earth	Search And Assistant
Google Groups	Third-Party App Backups

Google provides information about the information it collects, as well as how it uses and discloses the information it collects from G Suite for Education accounts in its G Suite for Education Privacy Notice. You can read that notice

online at https://gsuite.google.com/terms/education_privacy.html You should review this information in its entirety, but below are answers to some common questions:

What personal information does Google collect?

When creating a student account, Scurry-Rosser ISD may provide Google with certain personal information about the student, including, for example, a name, email address, and password. Google may also collect personal information directly from students, such as telephone numbers for account recovery or a profile photo added to the G Suite for Education account.

When a student uses Google services, Google also collects information based on the use of those services. This includes:

- device information, such as the hardware model, operating system version, unique device identifiers, and mobile network information including phone number;
- log information, including details of how a user used Google services, device event information, and the user's Internet protocol (IP) address;
- location information, as determined by various technologies including IP address, GPS, and other sensors;
- unique application numbers, such as application version number; and
- cookies or similar technologies which are used to collect and store information about a browser or device, such as preferred language and other settings.

How does Google use this information?

In G Suite for Education Core Services, Google uses student personal information to provide, maintain, and protect the services. Google does not serve ads in the Core Services or use personal information collected in the Core Services for advertising purposes.

In Google Additional Services, Google uses the information collected from all Additional Services to provide, maintain, protect and improve them, to develop new ones, and to protect Google and its users. Google may also use this information to offer tailored content, such as more relevant search results. Google may combine personal information from one service with information, including personal information, from other Google services.

Does Google use student personal information for users in K-12 schools to target advertising?

No. For G Suite for Education users in primary and secondary (K-12) schools, Google does not use any user personal information (or any information associated with an G Suite for Education Account) to target ads, whether in Core Services or in other Additional Services accessed while using an G Suite for Education account.

Can my child share information with others using the G Suite for Education account?

We may allow students to access Google services such as Google Docs and Sites, which include features where users can share information with others or publicly. When users share information publicly, it may be indexable by search engines, including Google.

Will Google disclose my child's personal information?

Google will not share personal information with companies, organizations and individuals outside of Google unless one of the following circumstances applies:

- With parental or guardian consent. Google will share personal information with companies, organizations or individuals outside of Google when it has parents' consent (for users below the age of consent), which may be obtained through G Suite for Education schools.

With Scurry-Rosser ISD G Suite for Education accounts, because they are school-managed accounts, give administrators access to information stored in them.

For external processing. Google may provide personal information to affiliates or other trusted businesses or persons to process it for Google, based on Google's instructions and in compliance with the G Suite for Education privacy notice and any other appropriate confidentiality and security measures.

For legal reasons. Google will share personal information with companies, organizations or individuals outside of Google if it has a good-faith belief that access, use, preservation or disclosure of the information is reasonably necessary to:

meet any applicable law, regulation, legal process or enforceable governmental request.

enforce applicable Terms of Service, including investigation of potential violations.

detect, prevent, or otherwise address fraud, security or technical issues.

protect against harm to the rights, property or safety of Google, Google users or the public as required or permitted by law.

Google also shares non-personal information -- such as trends about the use of its services -- publicly and with its partners.

What choices do I have as a parent or guardian?

First, you can consent to the collection and use of your child's information by Google. If you don't provide your consent, we will not create a G Suite for Education account for your child, and Google will not collect or use your child's information as described in this notice.

If you consent to your child's use of G Suite for Education, you can access or request deletion of your child's G Suite for Education account by contacting Mark Sampson, Director of Technology. If you wish to stop any further collection or use of your child's information, you can request that we use the service controls available to limit your child's access to features or services, or delete your child's account entirely. You and your child can also visit <https://myaccount.google.com> while signed in to the G Suite for Education account to view and manage the personal information and settings of the account.

What if I have more questions or would like to read further?

If you have questions about our use of Google's G Suite for Education accounts or the choices available to you, please contact Mark Sampson, Director of Technology. If you want to learn more about how Google collects, uses, and discloses personal information to provide services to us, please review the [G Suite for Education Privacy Center](https://www.google.com/edu/trust/) (at <https://www.google.com/edu/trust/>), the [G Suite for Education Privacy Notice](https://gsuite.google.com/terms/education_privacy.html) (at https://gsuite.google.com/terms/education_privacy.html), and the [Google Privacy Policy](https://www.google.com/intl/en/policies/privacy/) (at <https://www.google.com/intl/en/policies/privacy/>).

The Core G Suite for Education services are provided to us under [Google's Apps for Education agreement](https://www.google.com/apps/intl/en/terms/education_terms.html) (at https://www.google.com/apps/intl/en/terms/education_terms.html)

Acceptable Use Policy:

SOME RULES FOR APPROPRIATE USE INCLUDE:

- Students will be assigned an individual account; do not share it with anyone else. Users must only open, view, modify and delete their own computer files.
- Internet use at school must be directly related to school assignments and projects.
- The account is to be used only for identified educational purposes.
- You will be held responsible at all times for the proper use of your account and must assume personal responsibility to behave ethically and responsibly. The District may suspend or revoke your access if you violate the rules.

SOME INAPPROPRIATE USES INCLUDE:

- Using the system for any illegal purpose.
- Disabling, bypassing, or attempting to disable or bypass any Internet filtering device, monitoring system or other security measures.
- Encrypting communications to avoid security review.
- Borrowing someone's account with or without permission.
- Posting personal information about yourself or others (such as addresses and phone numbers).
- Downloading or using copyrighted information without permission from the copyright holder.
- Intentionally introducing a virus to the computer system.
- Posting messages or accessing materials that are abusive, obscene, sexually oriented, threatening, harassing, damaging to another's reputation, or illegal.
- Wasting school resources through the improper or unauthorized use of the computer system (e.g. online games, gaming, Internet Radio, downloading music, watching videos, participating in chat rooms, excessive printing, etc)
- Gaining unauthorized access to restricted information or resources.
- Attempting to harm equipment

CONSEQUENCES FOR INAPPROPRIATE USE


- Suspension of access to the system;
- Revocation of the computer system account; and/or
- Other disciplinary or legal action, in accordance with the Student Code of Conduct and applicable laws.
- The student agreement must be renewed each academic year.



Scurry-Rosser ISD Nutrition Service offers online solutions


MEAL APP NOW | LUNCH MONEY NOW

Online Applications for Free & Reduced Meals

- CONTACTLESS 
- 24/7 ACCESS
- ELIMINATES INCOMPLETE APPLICATIONS
- ALLOWS DISTRICT IMMEDIATE ACCESS
- EMAIL OR U.S. MAIL NOTIFICATION
- VIEW DETERMINATION ONLINE
- SIMPLE GUIDED PROMPTS FOR DATA
- INFO NEVER SHARED WITH 3RD PARTIES
- TABLET & PHONE COMPATIBLE



Prepay for Meals/a la carte online

- CONTACTLESS 
- MODERNIZED USER INTERFACE
- 24/7 ACCESS
- RUNNING BALANCES ON RECENT ACTIVITY
- LOW BALANCE NOTICES - EMAIL & TEXT
- RECEIVE 2ND LOW BALANCE NOTICE
- MANAGE STUDENTS ON ONE SCREEN
- STORE ADDRESS FOR QUICK CHECKOUT
- ACCOUNT OR GUEST LOGIN
- SPANISH TRANSLATOR WITH GOOGLE
- TABLET/MOBILE PHONE COMPATIBLE
- DEPOSITS POST IN 10 MINUTES
during regular school hours



www.scurry-rosser.com | www.lunchmoneynow.com/lmnsr | www.mealappnow.com/manscr

Submit only one meal application (paper or online).

Do not submit a paper application if you apply online.

If you received a directly certified letter, do not submit an application, but do notify us if all students are not listed on the letter.

Non-Discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:



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Check out with 



(1) mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax:

(202) 690-7442; or
program.intake@usda.gov

(3) email:

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El Departamento de Servicio de Alimentos ofrece soluciones en línea


MEAL APP NOW | LUNCH MONEY NOW

Aplicaciones en línea

- ACCESO 24/7 
- ELIMINA LAS SOLICITUDES INCOMPLETAS
- PERMITE EL ACCESO INMEDIATO DEL DISTRITO
- CORREO ELECTRÓNICO O U.S. MAIL NOTIFICACIÓN
- COMPLETA AYUDA SECCIÓN
- PROMPTS GUIADAS SIMPLES DE DATOS
- VER DETERMINACIÓN EN LÍNEA
- COMPATIBLE CON TABLET Y TELÉFONO



Pague los alimentos en línea por adelantado

- SIN CONTACTO 
- DISEÑO MODERNO
- ACCESO 24/7
- MOSTRANDO SALDOS EN ACTIVIDADES RECIENTES
- AVISOS DE BAJO BALANCE POR EMAIL Y TEXTOS
- RECIBIR SEGUNDO AVISO DE BALANCE BAJO
- VEA VARIOS ESTUDIANTES EN UNA SOLA PANTALLA
- ASOCIACIONES FAMILIARES CON UNA CUENTA CREADA
- TRADUCTOR EN ESPAÑOL CON GOOGLE TRANSLATE
- COMPATIBILIDAD CON TABLETAS / TELÉFONO
- DEPOSITAR EL POSTE EN 10 MINUTOS
(durante las horas regulares de la escuela)



www.scurry-rosser.com | www.lunchmoneynow.com/lmnsr | www.mealappnow.com/manscr

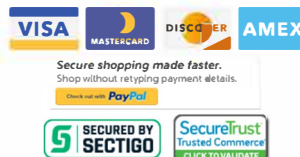
Si usted ha recibido una carta de notificación (de certificación directa) que indica que un niño califica para recibir comida gratuita, no llene una solicitud.

Complete sola una solicitud para todos los estudiantes en el hogar .

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

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Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por:



(1) correo: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; o

(3) correo electrónico: program.intake@usda.gov

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