



NEWGULF ELEMENTARY SCHOOL

P.O. Drawer 9
Boling, Texas 77420

1867 Burning Stone Drive
Boling, Texas 77420

(979) 657-2837

Gerald Floyd
Principal

Sarah Wilkins
Counselor

Karen Kulak
Secretary

Stephanie Blonar
Secretary

Registration Information

Information you must provide for registration includes:

- Two proofs of residence(lease or deed and utility bill which can be electricity bill, gas bill or water bill)
- Birth certificate or equivalent
- Student's social security card
- Immunization record indicating the child is fully immunized or is on schedule to be fully immunized
- Most recent report card or transcript(last report card indicating that the student is promoted or placed in the next grade)

Please ask anyone registering their child whether they have been in the following special programs.

DATE: _____

Yes

E.S.L _____

Special Ed. _____

Lang. arts _____

Math _____

O.H.I _____

Chapter One _____

Gifted & Talented _____

Physical Disabilities

STUDENT BUS INFORMATION

DATE

GRADE

NAME _____

MAILING ADDRESS _____

TELEPHONE NO. _____

PLACE OF RESIDENCE (Be specific- This information will assure your child being place on the right bus)

Do you have a student now attending the Boling Schools? Yes _____ No _____

Bus Number _____ Drivers Name _____



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REQUEST FOR RECORDS

REQUESTING RECORDS FROM:

SCHOOL NAME

SEND TO: Newgulf Elementary School
Drawer 9
Boling, Tx 77420

Telephone Number: 979-657-2837
Fax Number: 979-6573604

STUDENT NAME: _____

CURRENT GRADE: _____

PLEASE SEND:

- 1. Standardized testing information
- 2. Grades, Current and Previous years
- 3. Health Records
- 4. Birth Certificate
- 5. Social Security Number/PEIMS ID Number
- 6. Athletic Physical
- 7. Other _____

Parent Signature: _____ Date: _____

Boling ISD
Reporting School District

241-901
County/District

Wharton
County

Boling, Texas
Post Office

CERTIFICATE TO ESTABLISH AGE, GRADE AND RESIDENCE
SCHOOL YEAR _____ - _____

NAME OF PUPIL	DATE OF BIRTH	AGE	GRADE
_____	_____ MONTH/DAY/YEAR	_____ Sept. 1, 20__	_____

DECLARATION OF PARENT OR GUARDIAN

We moved into Boling ISD on:

Month/Day/ Year

The above pupil transferred into Boling ISD:

Date

The above pupil has been enrolled in :

Name & Address of School

The above pupil is enrolling:

Name of Campus

I hereby certify that all the information given in this declaration is correct.

Date

Signature of Parent or Guardian

This certificate, when completely executed established the eligibility of the child listed herein to earn average daily attendance for the reporting district and /or transportation allotments for the sending district by the above pupil.

INSTRUCTIONS

To be valid, ALL ITEMS MUST BE COMPLETED. This form is to be used to establish the eligibility of children who are legal residents of the district, but whose name(s) is not on the census roll or who has not been transferred into this district. These children should be those:

- Over eighteen(18) years of age, but not yet twenty-one(21) on Septmeber 1 of the current school year:
- Whose name(s) is not on the census roll either through error or because he has moved into the district after January 31 of the preceding year. Where it is the purpose of the parent to transfer to another district, the children whose age, grade and residence is established on this form; a special Transfer Application will also be completed and filed with the Superintendent.

I certify the above information is true and correct to the best of my knowledge.

Signature of Principal

BOLING INDEPENDENT SCHOOL DISTRICT
BOLING, TEXAS

HOME LANGUAGE SURVEY
GRADES K-8

Name of Child _____

Campus _____ Grade _____

TO BE FILLED IN BY PARENT OR GUARDIAN:

1. What language is spoken in your home most of the time? _____

2. What language does your child speak most of the time? _____

Signature of Parent/Guardian

Date

Cuestionario De Idioma Hogareno
Grades K-8

Nombere del Nino (a) _____

Escuela _____ Grade _____

DEBE DE COMPLETARESE POR EL PADRE O GUARDIAN:

1. ¿Cual es el idioma que mas se habla en su hogar? _____

2. ¿Cual es el idioma que mas habla su nino (a)? _____

Firma del Padre o Guardian

Fecha

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 <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic/Latino	Race – choose one or more: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> 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 América Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.
- Asiático** – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.
- Negro o Africano-Americano** – Una persona con orígenes de cualquier grupo racial negro de África.
- Nativo de Hawai u otras islas del pacífico** – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.
- Blanco** – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

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

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

Número de Identificación del
Estudiante/Miembro del personal

Fecha

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

<p>Ethnicity – choose only one:</p> <p><input type="checkbox"/> Hispanic / Latino</p> <p><input type="checkbox"/> Not Hispanic/Latino</p>	<p>Race – choose one or more:</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p>
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Observer signature:

Campus and Date:

School: _____ Grade: _____

Name of Student: _____ Teacher: _____

Name of Parent/Guardian: _____

Home Address: _____ City: _____ Zip code: _____

Telephone # (home) _____ (work) _____

EMPLOYMENT SURVEY

Your child may be eligible for supplemental services if he/she qualifies as a migratory student. To help us, please answer the following questions. If you qualify, we will contact you for further information.

Please return this form to your child's school as soon as possible.

Has your family left the school district to search for work in the last three years?
_____ YES _____ NO

If yes, from _____ to _____
(City, State or Country) (City, State or Country)

Did you move in search of work? _____ Yes _____ No

If YES, did you search for or obtain work in any of the following activities (X those that apply)

_____ Agriculture
Preparing the soil
Planting fruits/vegetables
Irrigating fruits or vegetables
Harvesting fruit or vegetables
Transporting fruits or vegetables
Packing fruits or vegetables
Canning fruits or vegetables
_____ other activity

_____ Livestock
horses/deer/cows
Herding
Feeding
Loading and unloading livestock
Transporting livestock
Processing
Packing meat
_____ other activity

_____ Chicken
Building/cleaning coops
Feeding chicks
Gathering eggs

Transporting chickens
Processing chickens
Packing and icing parts
_____ other activity

_____ Fishing
Washing nets
Sorting and cleaning fish,
Shrimp, oysters, crawfish
Filleting fish
Marinating, canning, labeling
Transporting
_____ other activity

_____ Cows(Dairy)
Calving
Feeding calves
Herding
Milking
Building/repairing fences
Transporting
_____ other activity

_____ Nursery
Irrigation
Potting
Cultivating
Planting
Weeding
Cutting trees (for Christmas)
_____ other activity

Was the work _____ temporary or _____ seasonal?

