

Miller Grove Independent School District

"Home of the Fighting Hornets"

7819 FM 275 South, Cumby, Texas 75433

Phone: 903-459-3288

Fax: 903-459-3744

Steve Johnson-Superintendent

Jamie Fox-Elem. Principal

Gary Billingsley-Sec. Principal

Dear Parent/Guardian,

We want to take this opportunity to welcome each student to Miller Grove School for the 2015-2016 school year. *Please fill out this packet and return to your child's teacher.*

Attached you will find:

- 1) **'15-'16 SCHOOL YEAR CALENDAR.** All teacher work days, student holidays, and weather days are marked accordingly.
- 2) **SCHOOL MESSENGER.** Automated telephone and email notification system.
- 3) **CORPORAL PUNISHMENT.** This is a form to waive or accept corporal punishment.
- 4) **STUDENT DATA UPDATE FORM.** Please show any changes on the attached data form copy (from prior year student information). *If no change is needed, please fill in the student's name and write NO CHANGE on the top of the form.*
- 5) **APPLICATION FOR FREE OR REDUCED BREAKFAST/LUNCH.** Qualifying families help generate extra funds needed by the district as well as helping the school to qualify for grants and other federal programs. Please note, the price of regular breakfast is PK-5 \$1.25 and 6-12 \$1.50, and lunch is PK-5th \$2.45 and 6th-12th \$2.75. Parents and guests eating lunch with a student will be charged \$3.25. *For more information on the cafeteria procedures please see Handbook pg. 53.*
- 6) **MEDICATION FORM.** Medication will only be given to a student whose parent/guardian has completed a "Permission for Medication" form **AND HAS SUPPLIED THE SCHOOL WITH A BOTTLE OF THE PRESCRIPTION/NON-PRESCRIPTION MEDICATIONS (WITH THE STUDENT'S NAME CLEARLY WRITTEN ON THE BOTTLE).** The form will be kept on file in the office along with the medication. *See page 46-47 in Student Handbook. Note: Medication that has expired will be thrown away.*
- 7) **PARENT/STUDENT AGREEMENT FORM FOR ACCESS TO TECHNOLOGY.** Please complete the technology information form to allow your student access to the Internet and other technology devices. Information on this program is attached.
- 8) **EMPLOYMENT SURVEY & HOMELESS SURVEY.** These two surveys are required by the TEA to be filled out and submitted to the school each year even if the family does not qualify for the program.
- 9) **ACKNOWLEDGEMENT OF ELECTRONIC DISTRIBUTION OF CODE OF CONDUCT & STUDENT HANDBOOK.** This acknowledgement states that the parent has read and agreed to either view the Student Handbook and Code of Conduct online at the school's website (www.mgisd.net) or wishes to receive a paper copy of these two documents.
- 10) **ACCESS TO PARENT GRADEBOOK.** If you would like access to the txConnect (parent GradeBook) please contact Laurie Meadows (lmeadows@mgisd.net).

Your cooperation in this matter is appreciated. The administration, faculty, and staff are looking forward to a great school year. If you have any questions, please feel free to contact the office at any time.

Thank you,

Laurie Meadows

Miller Grove ISD | 2015-2016 CALENDAR

	Days Listed by Category		Total
	1 st	2 nd	
Teacher WK/Ins	7	3	10
Instructional Days	79	98	177
Total Teacher Days	86	101	187
*Waiver granted allowing extra staff dev. days			

17-21 Staff Development
24 First Day of Instruction
Begin 1st Six Weeks

AUGUST 2015						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	SD	SD	SD	SD	SD	22
23	24	25	26	27	28	29
30	31					

FEBRUARY 2016						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	SD	27
28	29					

19 End 4th 6 Weeks
22 Begin 5th 6 Weeks
26 Staff Development

7 Labor Day – School Holiday

SEPTEMBER 2015						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

MARCH 2016						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

14-18 Spring Break
29-31 STAAR Testing

2 End 1st 6 Weeks
5 Begin 2nd 6 Weeks

OCTOBER 2015						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

APRIL 2016						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

15 End 5th 6 Weeks
18 Begin 6th 6 Weeks
29 Bad Weather Day

6 End 2nd 6 Weeks
9 Begin 3rd 6 Weeks
23-24 Staff Development
25-27 Thanksgiving Holiday

NOVEMBER 2015						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	SD	SD	25	26	27	28
29	30					

MAY 2016						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

2-6 STAAR EOC
9-12 STAAR 3-8 Testing
13 Bad Weather Day
30 Memorial Day-Holiday

7-11 STAAR EOC Testing
17-18 Semester Exams/Early Release @ Noon
18 End 3rd Six Weeks
21-31 Christmas Day

DECEMBER 2015						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

JUNE 2016						
S	M	T	W	Th	F	S
			1	2	SD	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

1-2 Semester Exams/Early Release @ Noon
2 Last day of Instruction/End 6th 6 Weeks
2 JH Graduation
3 Staff Development
3 HS Graduation
21-22 STAAR 5 & 8 Retests

1 New Year's Holiday
4 Staff Development
5 Begin 4th 6 Weeks
18 M.L. K. Day – School Holiday

JANUARY 2016						
S	M	T	W	Th	F	S
					1	2
3	SD	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

JULY 2016						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

4 Independence Day
11-14 STAAR EOC Retests

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“SCHOOL MESSENGER” - AUTOMATED TELEPHONE & E-MAIL NOTIFICATION SYSTEM

Parents,

Miller Grove ISD is equipped with an automated notification system to strengthen the communication channel between Parent and School. Parents will receive notifications by phone and e-mail in English/Spanish. The system will be used to notify parents of school alerts, such as, early school closing, lockdowns, school bus problems, or other emergency situations. If a student is absent from school, the notification system will send out a message notifying parents of the absence and remind parents to contact the school or send an absentee note upon the student’s return to school. Another use of the system will be to inform parents of special events occurring at the school, such as, Meet the Teacher Night, the Fall Carnival, or special presentation events. Events, such as scheduled athletic events, holidays, state testing, and spring break, can be viewed on the school website calendar at www.mgisd.net.

Included in the first day of school of form packet that every student will bring home is a **Registration/Student Update Form**. The information provided in the “Parent Information” section will be the contacts used for the automated notification system. It is vitally important to keep the school informed of any changes to phone numbers or e-mail addresses for proper communication.

If you have any questions about the automated notification system, please contact the school at 903-459-3288.

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USE OF CORPORAL PUNISHMENT PERMISSION FORM

Corporal punishment—spanking or paddling the student—may be used as a discipline management technique in accordance with the Student Code of Conduct and policy FO (LOCAL) in the district's policy manual provided below:

Corporal punishment may be used as a discipline management technique in accordance with this policy and the Student Code of Conduct.

Corporal punishment shall not be administered to a student whose parent has submitted to the principal a signed statement for the current school year prohibiting the use of corporal punishment with his or her child. The parent may reinstate permission to use corporal punishment at any time during the school year by submitting a signed statement to the principal.

Corporal punishment shall be limited to spanking or paddling the student and shall be administered in accordance with the following guidelines:

1. The student shall be told the reason corporal punishment is being administered.
2. Corporal punishment shall be administered only by the principal or designee.
3. The instrument to be used in administering corporal punishment shall be approved by the principal.
4. Corporal punishment shall be administered in the presence of one other District professional employee and in a designated place out of view of other students.

I **give** permission for my child, _____, to have corporal punishment administered by the required designee according to the punishment guidelines.

I **do not** give permission for my child, _____, to have corporal punishment administered by the required designee according to the punishment guidelines.

Parent Signature

Date

MILLER GROVE I.S.D.

Registration / Student Update Form

Campus Name: Miller Grove I.S.D

Campus Phone: 903-459-3288

Campus Fax: 903-459-3744

STUDENT INFORMATION

Local ID _____ Student Name (Last, First, Middle) _____ Grade _____

Hispanic Pacific Islander
 White Black
 Asian American Indian

Gender _____ DOB (MM/DD/YY) _____ Birth Place (City & State) _____ Age as of Sept. 1st. (this year) _____

Address (Physical) _____ Student Home Phone _____

Address (Mailing, if different than Physical Address) _____ Student Cell _____

Name & Address of _____
 previous school child _____
 attended _____

 Student's Social Security Number

Will your child be using bus transportation to get to school? Yes No

PARENT INFORMATION

1. _____
 Parent/Guardian _____ Relation _____

Are you the enrolling Person: Yes No

Address _____

City, State, Zip _____

Employer _____

Cell Phone _____ Phone Preference

Home

Cell

Business

Other

Home Phone _____

Work Phone _____ Extension _____

Email _____

Receive Mailouts: Language Preference
 Yes No English Spanish

Service Branch & Rank: _____

Should this parent/guardian be contacted
 in case of an emergency? Yes No

2. _____
 Parent/Guardian _____ Relation _____

Are you the enrolling Person: Yes No

Address _____

City, State, Zip _____

Employer _____

Cell Phone _____ Phone Preference

Home

Cell

Business

Other

Home Phone _____

Work Phone _____ Extension _____

Email _____

Receive Mailouts: Language Preference
 Yes No English Spanish

Service Branch & Rank: _____

Should this parent/guardian be contacted
 in case of an emergency? Yes No

EMERGENCY CONTACT INFORMATION

Please list name(s) other than mom or dad

1.	_____	_____	_____	_____
	Name	Relation	Cell Phone	Home Phone
	_____	_____	_____	_____
	Work Phone	Phone Preference	Right To Transport	
		<input type="checkbox"/> Cell <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Home		
2.	_____	_____	_____	_____
	Name	Relation	Cell Phone	Home Phone
	_____	_____	_____	_____
	Work Phone	Phone Preference	Right To Transport	
		<input type="checkbox"/> Cell <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Home		
3.	_____	_____	_____	_____
	Name	Relation	Cell Phone	Home Phone
	_____	_____	_____	_____
	Work Phone	Phone Preference	Right To Transport	
		<input type="checkbox"/> Cell <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Home		
4.	_____	_____	_____	_____
	Name	Relation	Cell Phone	Home Phone
	_____	_____	_____	_____
	Work Phone	Phone Preference	Right To Transport	
		<input type="checkbox"/> Cell <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Home		

If in the event medical personnel needs to be called, please list information for the following:

Doctor: _____	Phone: _____
Dentist: _____	Phone: _____
Hospital: _____	Phone: _____

ALLERGIES

Please list any allergies your child has:

SIBLING INFORMATION

	Brothers/Sisters	Grade	School
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

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(s) named on this form and the above physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physician, or other persons name 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	DOB	Date

Did student receive any of the following Special Services (check all that apply):

_____ Migrant	_____ G/T	_____ Foster Care	_____ Special Ed.
_____ ESL/BIL	_____ Homeless	_____ 504	_____ Speech
_____ PK Military	_____ Free/Red. Lunch		

Dear Parent/Guardian:

Children need healthy meals to learn. *Miller Grove I.S.D.* offers healthy meals every school day. Breakfast costs **\$1.25 for PK-5th grade, \$1.50 for 6th-12th grade, and \$2.00 for Adults**; lunch costs **\$2.45 for PK-5th grade, \$2.75 for 6th-12th grade, and \$3.25 for Adults**. **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is **[\$0.30** for breakfast and **[\$0.40** for lunch. If you received a notification letter that a child is directly certified for free meals, do not complete an application. Let the school know if any children in the household attending school are not listed in the letter.

The questions and answers that follow and attached directions provide additional information on how to complete the application. Complete only one application for all the students in the household and return the completed application to Laurie Meadows at Miller Grove I.S.D., 7819 FM 275 S., Cumby, TX 75433. If you have questions about applying for free or reduced-price meals **please feel free to contact me at 903-459-3288, ext. 221.**

Who Can Get Free Meals?

- *Income*—Children can get free or reduced-price meals if a household's gross income is within the limits described in the *Federal Income Eligibility Guidelines*.
 - *Special Assistance Program Participants*—Children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF), are eligible for free meals.
 - *Foster*—Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
 - *Head Start, Early Head Start, and Even Start*—Children participating in these programs are eligible for free meals.
 - *Homeless, Runaway, and Migrant*—Children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told about a child's status as homeless, runaway, or migrant or you feel a child may qualify for one of these programs, please call or email Jaime Fox at 903-459-3288, ext. 253, or email jfox@mgisd.net.
 - *WIC Recipient*—Children in households participating in WIC may be eligible for free or reduced-price meals.
1. **What If I Disagree With the School's Decision About My Application?** Talk to school officials. You also may ask for a hearing by calling or writing to **Steve Johnson at 903-459-3288, ext. 222, or mailing address 7819 FM 275 S., Cumby, TX 75433.**
 2. **My Child's Application Was Approved Last Year. Do I Need To Fill Out A New One?** Yes. An application is only good for that school year and for the first few days of this school year. Send in a new application unless the school has told you that your child is eligible for the new school year.
 3. **If I Don't Qualify Now, May I Apply Later?** Yes. Apply at any time during the school year. A child with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
 4. **What If My Income Is Not Always the Same?** List the amount normally received. If a household member lost a job or had hours/wages reduced, use current income.
 5. **We Are in The Military. Do We Report Our Income Differently?** Basic pay and cash bonuses must be reported as income. Any cash value allowances for off-base housing, food, or clothing, or Family Subsistence Supplemental Allowance payments count as income. If housing is part of the Military Housing Privatization Initiative, do not include the housing allowance as income. Any additional combat pay resulting from deployment is excluded from income.
 6. **May I Apply If Someone in My Household Is Not a U.S. Citizen?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
 7. **Will Application Information Be Checked?** Yes. We may also ask you to send written proof of the reported household income.
 8. **My Family Needs More Help. Are There Other Programs We Might Apply For?** To find out how to apply for other assistance benefits, contact your local assistance office or 2-1-1.

If you have other questions or need help, call LAURIE MEADOWS AT 903-459-3288, EXT. 221. Si necesita ayuda, por favor llame al teléfono: Laurie Meadows, 903-459-3288.

Sincerely,

Laurie Meadows

MILLER GROVE ISD, 2015-2016 Multi-Child Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Step 1 Definition of **Household Member**: Anyone who is living with you and shares income and expenses, even if not related. Please read the directions for more information.

List ALL Household Members who are infants, children, and students up to and including grade 12. If more spaces are needed, use the Additional Household Member Sheet on the back.

List each child's name:

First Name	MI	Last Name	Optional Student ID Number	Student Attends School in District?	Check all that apply.	Foster	Head Start	Homeless	Migrant	Runaway
				Yes	No					
1.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Children in **Foster care**: children who meet the definition of **Homeless**, **Migrant**, or **Runaway** or who participate in **Head Start** are eligible for free meals.

If every child listed in Step 1 is a participant in one of the programs listed above, skip Steps 2 and 3 and go to Step 4.

Step 2 Please read the directions for more information.

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

If No, go to Step 3

If yes > Write the Eligibility Determination Group Number (EDG) in this space _____, skip Step 3, and go to Step 4.

Step 3 Please read the directions for more information.

Report Income for ALL Household Members (Skip this step if you entered an EDG number in Step 2).

A. Income for Children in the Household

Record total income by frequency for all children listed in Step 1. \$ _____ **Weekly** \$ _____ **Every 2 Weeks** \$ _____ **Twice per Month** \$ _____ **Monthly** \$ _____ **Annually**

B. Income for Adult Household Members (Including Yourself)

List all Household Members **not** listed in STEP 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income (without deductions) for each source in whole dollars only. Indicate the frequency of income: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Adult's First/Last Name	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/ Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
1.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
2.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
3.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
4.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
5.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

Total Household Members (Children & Adults) _____ Last Four Digits of Social Security Number (SSN) of Household Member Completing This Form: XXX-XX-__-__ Check if no SSN

Step 4 Please read the instructions for more information.

Provide Contact Information and Adult Signature.

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address/Apt # _____ City _____ State _____ ZIP _____ Daytime Phone and Email (Optional) _____

Printed Name of Adult Completing the Form _____ Signature of Adult Completing the Form _____ Today's Date _____

Additional Household Member Space—2015-2016 Multi-Child Application for Free and Reduced-Price School Meals

Step 1, Additional List ALL Household Members who are infants, children, and students up to and including grade 12. If more spaces is needed, use the Additional Household Member Sheet.

List each child's name.	First Name	MI	Last Name	Optional Student ID Number	Student Attends School in District?		Check all that apply.					
					Yes	No	Foster	Head Start	Homeless	Migrant	Runaway	
1.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 3, Additional Report Income for ALL Household Members (Skip this step if you answered Yes to Step 2).

Adult's First/Last Name	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/Child Support/Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement Social Security/ Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
1.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
2.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
3.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
4.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
5.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDIPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, and for program reviews, and law enforcement officials to help them look into violations of program rules.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).
USDA is an equal opportunity provider and employer.

Do Not Fill Out This Part. This is For School Use Only

Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number—Annual Income Conversion: Weekly x 52 | Every 2 Weeks x 26 | Twice a Month x 24 | Monthly x 12

Household Size: _____	<input type="checkbox"/> Categorical Eligibility	Total Income: _____	Per <input type="checkbox"/> Week <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Date Received:	Eligibility: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied
Reviewing/Determining Official's Signature:				Date:	Date Withdrawn:
Confirming Official's Signature:				Date:	
Follow –Up Official's Signature:				Date:	

Miller Grove ISD Solicitud de 2015-2016 de Comida Escolar Gratis y a Precio Reducido para Niños Varios (Multi-Child)
 Llene una solicitud para cada hogar. Por favor, use un bolígrafo (no un lápiz). Complete la solicitud por internet al <http://www.abccdeign.edu>

Liste a **TODOS** los miembros del hogar que son **infantes, niños y estudiantes hasta e incluyendo grado 12**. Si **no** necesita más espacio, use la hoja para anotar miembros del hogar adicionales detrás.

Parte 1
 La definición de un **Miembro de Hogar:**
 Una persona que vive en su hogar y que comparte ingresos y gastos, aunque no sea pariente. Lea las instrucciones para obtener más información.
Los niños adoptivos temporales (foster), los niños identificados como de **no tener hogar, fugitivos, migrantes**, o los que participan en **Head Start** califican para recibir comida gratis.

Liste el nombre de cada niño.

Primer Nombre	Inicial del Segundo Nombre	Apellido	Opcional: Número de identificación del estudiante	¿Asiste a la escuela en el distrito?		Marque todo lo que aplique.					
				Si	No	Niño adoptivo temporal (foster)	Head Start	Sin hogar	Migrante	Fugitivo	
1.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Si todos los niños indicados en la Parte 1 participan en un programa de la lista arriba, ignore las Partes 2 y 3, y pase directamente a la Parte 4.

Parte 2
 Lea las instrucciones para obtener más información.

¿Recibe algún miembro del hogar (incluya a usted mismo) beneficios de los programas de asistencia: SNAP, TANF, o FDDPIR?

No > Pase directamente a la Parte 3.
 Si > Escriba el número de Determinación de calificación (EDG, por sus siglas en inglés) en este espacio _____, y pase directamente a la Parte 4.

Parte 3
 Lea las instrucciones para obtener más información.

Declare el ingreso de TODOS los Miembros del Hogar (ignore este parte si escribió un número de EDG en la Parte 2).

A. Ingresos (Brutos) de los Niños del Hogar
 Anote los ingresos para todos los niños indicados en Parte 1 por frecuencia. **Semanal = W** **Cada dos semanas = E** **Dos veces por mes = T** **Mensual = M** **Anualmente = A**

B. Ingresos (Brutos) de los Adultos del Hogar (incluya a usted mismo)
 Liste a todos los Miembros del Hogar que no son listados en la Parte 1 (incluya a usted mismo) **incluso si no reciben ingresos**. Para cada Miembro del Hogar indicado que recibe ingresos, anote el ingreso (sin deducciones) total de cada fuente en dólares redondeados. **Ponga la frecuencia en que recibe su ingreso:** W=Semanal, E=Cada dos semanas, T=Dos veces por mes, M=Mensual, A=Anualmente. Si la persona no recibe ingreso, escriba '0'. Si escribe '0' o deja algún espacio en blanco, está certificando (prometiendo) que no hay ingreso para reportar.

Primer Nombre del Adulto	Apellido	Sueldo de Trabajo (Ponga el monto)	Frecuencia (Marque una con un círculo)	Asistencia pública/ Mantenimiento de niños/ Pensión alimenticia (Ponga el monto)		Frecuencia (Marque una con un círculo)	Pensiones/Jubilación/ Seguro social/SSI (Ponga el monto)	Frecuencia (Marque una con un círculo)	Otros Ingresos (Ponga el monto)	Frecuencia (Marque una con un círculo)
				Asistencia pública/ Mantenimiento de niños/ Pensión alimenticia (Ponga el monto)	Pensiones/Jubilación/ Seguro social/SSI (Ponga el monto)					
1.		\$	W-E-T-M-A	\$		W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
2.		\$	W-E-T-M-A	\$		W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
3.		\$	W-E-T-M-A	\$		W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
4.		\$	W-E-T-M-A	\$		W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
5.		\$	W-E-T-M-A	\$		W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

Total de los miembros del hogar (niños y adultos) _____ **Últimos cuatro números del Seguro Social (SSN) del miembro del hogar que llenó la solicitud:** XXX-XX-____ **Marque si no tiene un SSN**

Parte 4
 Lea las instrucciones para obtener más información.

Ponga su Información de Contacto y Firma (del Adulto)

"Certifico (juro) que toda la información en esta solicitud es cierta y que todo ingreso se ha reportado. Entiendo que esta información se da con el propósito de recibir fondos federales y que los funcionarios de la escuela pueden verificar tal información. Soy consciente de que si falsifico información a propósito, mis hijos pueden perder los beneficios de comida y me pueden procesar de acuerdo con las leyes estatales y federales que aplican."

Dirección/Apt.	Ciudad	Estado	Código Postal	Número de teléfono y correo electrónico (opcional)
El nombre del adulto que llenó la solicitud (Escriba en letra impresa)				
Firma del adulto que llenó la solicitud				
Fecha de hoy				

Hoja para Anotar Miembros del Hogar Adicionales — Solicitud de 2015-2016 de Comida Escolar Gratis y a Precio Reducido para Niños Varios (Multi-Child)

Parte 1, Adicional Liste a TODOS los miembros del hogar que son infantes, niños y estudiantes hasta e incluyendo grado 12.

Liste el nombre de cada niño.

Primer Nombre	Inicial del Segundo Nombre	Apellido	Frecuencia (Marque una con un círculo)	Asistencia pública/ Mantención de niños / Pensión alimenticia (Ponga el monto)	Frecuencia (Marque una con un círculo)	¿Asiste a la escuela en el distrito?		Niño adoptivo temporal (foster)	Head Start	Sin hogar	Migrante	Fugitivo
						Si	No					
6.												
7.												
8.												
9.												
10.												

Parte 3, Adicional Declare el Ingreso de TODOS los Miembros del Hogar (ignore este parte si respondió "Si" en la Parte 2).

Primer Nombre del Adulto/ Apellido	Sueldo de Trabajo (Ponga el monto)	Frecuencia (Marque una con un círculo)	Asistencia pública/ Mantención de niños / Pensión alimenticia (Ponga el monto)	Frecuencia (Marque una con un círculo)	Pensiones/ Jubilación/ Seguro social/ SSI (Ponga el monto)	Frecuencia (Marque una con un círculo)	Otros Ingresos (Ponga el monto)	Frecuencia (Marque una con un círculo)
6.	\$							
7.	\$							
8.	\$							
9.	\$							
10.	\$							

La Ley Nacional de Comedores Escolares Richard B. Russell pide la información arriba en esta solicitud. No tiene que dar la información, pero si usted no la provee, no podemos aprobar comida gratuita o de precio reducido para sus niños. Usted debe incluir los últimos cuatro números del Seguro Social (SSN) del miembro adulto que firma la solicitud. Los últimos cuatro números del SSN no se requieren cuando usted solicita de parte de un niño adoptivo temporal o usted incluye un número de caso del Programa de Asistencia Nutricional Suplementaria (SNAP, por sus siglas en inglés), el Programa de Asistencia Temporal Para Familias Necesitadas (TANF, por sus siglas en inglés) o el Programa de Distribución de Comida en Reservas Indígenas (FDPRI, por sus siglas en inglés) u otra identificación FDPRI de su niño. Tampoco necesita indicar el número del SSN si el miembro adulto del hogar que firma la solicitud no lo tiene. Utilizamos su información para determinar si su niño es elegible para la comida gratuita o de precio reducido, y para administrar y hacer respetar los programas de almuerzo y desayuno. Podemos compartir la información sobre su elegibilidad con los programas de educación, salud, y nutrición para ayudarles a evaluar, financiar, o determinar los beneficios de sus programas, así como con los auditores de revisión de programas, y los oficiales encargados de investigar violaciones del reglamento programático.

El Departamento de Agricultura de los Estados Unidos (USDA, por sus siglas en inglés) prohíbe la discriminación contra sus clientes, empleados y solicitantes de empleo basada en raza, color, origen nacional, edad, discapacidad, sexo, identidad de género, religión, o relación por haber iniciado una queja de derechos civiles. También se prohíbe la discriminación, cuando es pertinente, basada en creencias políticas, estado civil, estado familiar o paterno, orientación sexual, información genética, o cuando todo o parte del ingreso de una persona viene de cualquier programa pública asistencial, en el empleo, o en cualquier programa o actividad realizados o financiados por el Departamento. (No todas las bases prohibidas aplican en todos los programas y/o actividades de empleo.)

Si usted desea poner una queja de derechos civiles de discriminación, complete el Formulario del USDA de Queja de Discriminación que se encuentra en el sitio web: http://www.ascr.usda.gov/complaint_filing_cust.html El formulario también puede obtenerse en cualquier oficina del USDA, o llamando al (866) 632-9992. Envíe por correo el formulario o carta de queja completada a la siguiente dirección: Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, o al fax (202) 690-7442, o por correo electrónico a: programa.intake@usda.gov.

Personas sordas, con discapacidad auditiva o de habla, pueden contactar al USDA por medio del Servicio Federal de Retransmisión al (800) 877-8339; o (800) 845-6136 (español). El USDA es un proveedor y empleador de igualdad de oportunidades.

No llene esta parte. Es solo para uso de la escuela.

Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number—Annual Income Conversion: Weekly x 52 | Every 2 Weeks x 26 | Twice a Month x 24 | Monthly x 12

Household Size: _____	<input type="checkbox"/> Categorical Eligibility	Total Income: _____	Per <input type="checkbox"/> Week <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Date: _____	Date Received: _____
Reviewing/Determining Official's Signature: _____	Confirming Official's Signature: _____	Follow-Up Official's Signature: _____	Date: _____	Date: _____	Date Withdrawn: _____

Eligibility: Free Reduced Denied

Miller Grove Independent School District

"Home of the Fighting Hornets"

7819 FM 275 South, Cumby, Texas 75433

Phone: 903-459-3288

Fax: 903-459-3744

Steve Johnson-Superintendent

Jamie Fox-Elem. Principal

Gary Billingsley-Sec. Principal

Dear Parent/Guardian,

It is required by the Texas Department of Health that the school administers all prescription and over the counter medications to students. Please have your child/children bring their medication(s) to the office with the completed form found at the bottom of this page. This form will be kept on file showing the school has permission to give your child medication.

NOTE: We are not allowed to give your child ANY medication that is not his/hers, and are not allowed to give them ANY of their own without your signature showing your consent. Your cooperation in this matter is very much appreciated. Any expired medication will be thrown away. If you have any questions please call the school at 903-459-3288, ext. 221.

Thank you,

Laurie Meadows
Miller Grove ISD

Miller Grove ISD Permission to administer medication

I give my permission for the school office personnel to administer medication to:

NAME: _____

GRADE: _____

NAME OF MEDICATION(S): _____

DOSAGE: _____

TIME TO BE GIVEN: _____

Parent/Guardian Signature

Date

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Queridos Padres/Guardias,

Es requerido por el Departamento de Salud de Tejas que la escuela administrese toda medicina recetada tanto como medicamento vendido en tiendas regulares a los estudiantes por medio de la oficina. Por favor asegurese que su hijo/a traigan su medicamento a la oficina con la porcion abajo llenada. Este documento sera mantenido en la oficina para mostrar que la escuela tiene permiso para dar medicamento a el estudiante. Su colaboracion en este asunto es muy agradecida. En caso de que tenga cualquier pregunta por favor de llamar a la escuela a 903-459-3724, ext. 221.

Muchas Gracias,

Laurie Meadows
Miller Grove ISD

Miller Grove ISD Permiso de administrar medicamento

Yo doy mi permiso para que los trabajadores de la oficina de la escuela den medicamento a:

NOMBRE: _____

GRADO: _____

NOMBRE DE LA MEDICINA: _____

CANTIDAD DE MEDICINA: _____

HORA QUE DEBE SER DADA: _____

Firma de Padre/Guardia

Fecha

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Technology Use & Internet Protection Policy

Acceptable use of Technology (Policy CQ Local):

The use of the district's technology shall be governed by the following policies

The Superintendent or designee shall implement, monitor and evaluate electronic media resources for instructional and administrative purposes.

The superintendent or designee shall develop and implement administrative regulations, guidelines, and user agreements, consistent with the purposes and mission of the District and with law and policy governing copyright.

Availability of Access:

Access to the district's electronic communications system, including the Internet, shall be made available to students and employees exclusively for instructional and administrative purposes and in accordance with administrative regulations. Limited personal use of the system shall be permitted if the use:

- Imposes no tangible cost on the District
- Does not unduly burden the District's computer or network resources; and
- Has no adverse effect on an employee's job performance or on a student's academic performance.

Access to the district's electronic communications system, including the Internet, shall be made available to members of the public, in accordance with administrative regulations. Such use may be permitted so long as the use:

- Imposes no measurable cost on the District; and
- Does not unduly burden the District's computer or network resources

Access to the District's electronic communications system is a privilege. All users shall be required to acknowledge receipt and understanding of all administrative regulations governing use of the system and shall agree in writing to comply with such regulations and guidelines. Noncompliance with applicable regulations may result in suspension of privileges or other disciplinary actions consistent with District policies. [See DH, FNC, FNCJ, FO, and the Student Code of Conduct] Violations of law may result in criminal prosecution as well as disciplinary actions by the district.

Monitored Use (Policy CQ Legal):

Electronic mail transmissions and other use of the electronic communications systems (such as chat rooms) by students and employees shall not be considered confidential and will be monitored at all times by designated District staff to ensure appropriate use of educational or administrative purposes. All students will be monitored actively by District staff while using the District's technology to access the Internet.

COPPA/CIPA Compliance:

Miller Grove Independent School District will act as parents whenever a child is required to disclose personal information over the Internet. Disclosure will only be for educational purposes and under the direct supervision of a teacher in a filtered environment.

Disclaimer of Liability:

Miller Grove ISD does not discriminate on the basis of race, color, sex, age, national origin, religion, sexual orientation, or disability in matters affecting employment or in providing access to programs. Inquiries related to the policies of Miller Grove ISD should be directed to: Mr. Steve Johnson, 903-459-3288.

The District shall not be liable for users' inappropriate use of electronic communication resources or violations of copyright restrictions, users' mistakes or negligence, or costs incurred by users. The District shall not be responsible for ensuring the accuracy or usability of any information found on the Internet.

The Superintendent or designee will oversee the District's electronic communications system.

Oversight of the posting of official district, campus, or department materials on the District's electronic communication system will be the responsibility of the superintendent, principal, or designee.

The District's system will be used only for administrative and educational purposes consistent with the District's mission and goals. Commercial user of the District's system is strictly prohibited.

Training:

The District will provide training to employees in proper use of the system and will provide all users with copies of acceptable use guidelines. All training in the user of the District's system will emphasize the ethical use of the resource.

Copyright:

Copyrighted software or data may not be placed on any system connected to the District's system without permission from the holder of the copyright. Only the owner(s) or individuals the owner specifically authorizes may upload copyrighted material to the system.

System Access:

Access to the District's electronic communications system will be governed as follows:

With approval of the Superintendent, principal, or designee, users will be granted appropriate access to the District's system(s).

Any system users identified as having violated District, campus, and/or department acceptable use guidelines will be subject to disciplinary action consistent with District policies and regulations.

System Coordinator's Responsibilities:

The system coordinator (superintendent, principal, or designee) for the electronic communications system will:

1. Be responsible for the disseminating and enforcing applicable District policies and acceptable use guidelines for the District's system(s).
2. Ensure that all users of the District's system complete and sign an agreement to abide by District policies and administrative regulations regarding such use. All such agreements shall be kept on file by the principal.
3. Ensure that all employees supervising students who use the District's system provided training emphasizing the appropriate uses of these resources.
4. Be authorized to monitor or examine all system activities deemed appropriate to ensure proper user of the system.
5. Be authorized to set limits for disk utilization on the system, as needed.

Individual User Responsibilities:

The following standards will apply to all users of the District's electronic information/communications system. Users who violate these standards may be subject to disciplinary action in accordance with District policies and regulations:

System Conduct

1. The system may not be used for illegal purposes, in support of illegal activities, or for any other activity prohibited by district policy.
2. System users may not use another person's ID or password.
3. The system may not be used for illegal purposes, in support of illegal activities, or for any other activity prohibited by district policy.

4. System users may not use another person's ID or password.
5. System users shall maintain electronic information in accordance with established guidelines.
6. System users may not upload programs to the District's system without appropriate authorization.
7. System users may not knowingly bring prohibited materials into the District's electronic communications system.
8. System users may not use equipment for hacking, or
9. Any unlawful purpose.

Users who violate these standards may be subject to disciplinary action in accordance with District policy and/or legal actions.

Vandalism Prohibited:

Any malicious attempt to harm or destroy District equipment or materials, data of another user of the District's system, or any of the agencies or other networks that are connected to the Internet is prohibited. Deliberate attempts to compromise, degrade, or disrupt system performance may be viewed as violations of District policies and administrative regulations and, possibly, as criminal activity under applicable state and federal laws. This includes, but is not limited to, the uploading or creating of computer viruses.

Forgery Prohibited:

Forgery or attempted forgery of electronic mail messages is prohibited. Attempts to read, delete, copy, or modify the electronic mail of other system users or deliberate interference with the ability of other system users to send/receive electronic mail is prohibited.

Limitation or Suspension of System User Access:

The district may limit or suspend system users' access to the District's system upon violation of District policy administrative regulations regarding acceptable user.

Warning:

System users and parents of students with access to the District's electronic communication system should be aware that use of the system may provide access to the other electronic communications systems in the global electronic network that may contain inaccurate or objectionable material.

Disclaimer:

The District's system is provided on an "as is, as available" basis. The District does not make any warranties, whether express or implied with respect to any services provided by the system and any information or software contained therein. The District does not warrant that the functions or services performed by, or that the information or software contained on, the system will meet the system users' requirements, or that the system will be uninterrupted or error-free, or that defect will be corrected.

Opinions, advice, services, and all other information expressed by system users, information providers, service providers, or other third party individuals in the system are those of the providers and not the District.

The District will cooperate fully with local, state, or federal officials in any investigation concerning or relating to misuse of the District's electronic communication.

Filtering of the Internet:

The Internet services of Miller Grove ISD are obtained through the Northeast Texas Regional Telecommunications Network (NTRETN). NTRETN services are filtered by the M86 security content filter for objectionable sites in accordance with the Children's Internet Protection Act.

- The filtering system blocks access to:
- Obscenity
- Child pornography
- Material harmful to minors

Education of Students for Online Safety:

Students will be educated on proper conduct and online safety precautions along with cyber bullying through instruction by teachers, principals, and district staff throughout the year and technology applications courses offered by the District.

Access to Technology, the Internet and Permission to Showcase Work

Student

Name: _____ Grade: _____

I have read Miller Grove Independent School District's Electronic Communication System Policy and Internet Protection Plan, and administrative regulations and agree to abide by their provisions. I understand that violation of these provisions may result in limitation or suspension of privilege to access the District's system.

Student Signature: _____ Date: _____

Parent/Guardian:

I have read Miller Grove Independent School District's Electronic Communication System Policy and Internet Protection Plan, and administrative regulations. In consideration for the privilege of using Miller Grove Independent School District's Electronic Communication System and in consideration of having access to the public networks, I hereby release the Miller Grove Independent School District, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system, including, without limitation the type of damages identified in the district's policy and administrative regulations.

_____ I give my permission for Miller Grove Independent School District to showcase my child's work by publishing such products to the Internet or using project for educational presentations. I understand that work published or used in any manner will be of an educational nature with educational purposes.

_____ I do NOT give permission for my child's work to be used or published in any manner.

Signature of Parent/Guardian

Date

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EMPLOYMENT SURVEY

The school district implements a program for students who move to enable their families to pursue employment in agriculture or fishing. This district may be eligible to receive federal funds and to provide services to students who meet the program requirements. In order to gather data about the student population, each family is being asked to complete the following questionnaire. The district appreciates your willingness to assist us in this matter.

Name(s) of children (ages 0-21) residing in your home.

Parent/Guardian _____

Teacher _____ School _____

Does the following apply to **YOU** or **ANYONE LIVING IN YOUR HOUSE:**

1. Moved within the past three (3) years? Yes No
2. Employed in an agricultural activity such as: Yes No
- | | |
|--|------------------------------------|
| ___ production of crops | ___ milk production |
| ___ beef cattle farming or feed lots | ___ chicken, egg, and poultry |
| ___ hog farms or feed lots | ___ hatcheries |
| ___ poultry processing | ___ dairy farming |
| ___ hay baling or harvesting | ___ dairy heifer replacement farms |
| ___ cutting and harvesting of trees | ___ irrigation |
| ___ landscaping / nursery | |
| ___ other agricultural activities (please specify) _____ | |

3. Applied for employment in any agricultural or fishing activities in the last three (3) years: Yes No
If yes, what activity?

4. Seeking employment in any agricultural or fishing activity: Yes No

5. Temporarily left current residence to work in another city, state or country Yes No

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ACKNOWLEDGMENT

Student Code of Conduct and Student Handbook

Electronic Distribution Acknowledgment

Dear Student and Parent:

As required by state law, the board of trustees has officially adopted the Student Code of Conduct in order to promote a safe and orderly learning environment for every student.

We urge you to read this publication thoroughly and to discuss it with your family. If you have any questions about the required conduct and consequences for misconduct, we encourage you to ask for an explanation from the student's teacher or campus administrator.

The student and parent should each sign this page in the space provided below, and then return the page to the student's school.

Thank you.

Steve Johnson
Superintendent

We acknowledge that we have been offered the option to receive a paper copy of the Miller Grove Student Code of Conduct and Student Handbook for the 2014-2015 school year or to electronically access them on the district's Web site at www.mgisd.net. We understand that students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Code.

We have chosen to:

- Receive a paper copy of the Student Code of Conduct and the Student Handbook
- Accept responsibility for accessing the Student Code of Conduct and the Student Handbook on the district's Web site.

Print name of student: _____

Signature of student: _____

Print name of parent: _____

Signature of parent: _____

Date: _____

Grade level: _____

Please sign this page and return it to the student's school. Thank you.

MILLER GROVE ISD

DRUG POLICY



**INTERROGATIONS
BY SCHOOL OFFICIALS**

Administrators, teachers, and other professional personnel have the authority to question a student about the student's own conduct or the conduct of other students. In the context of school discipline, students have no claim to the right not to incriminate themselves.

**BY POLICE OR OTHER
AUTHORITIES**

For provisions pertaining to student questioning by law enforcement officials or other lawful authorities, see GRA (LOCAL).

SEARCHES

**LOCKERS AND
VEHICLES**

Students have full responsibility for the security of their lockers and for vehicles parked on school property. It is the student's responsibility to ensure that lockers and vehicles are locked and that the keys and combinations are not given to others. Students will not place, keep or maintain any articles or materials forbidden by District policy in lockers or in vehicles parked on school property.

Lockers are school property and remain under the school's control at all times. School officials may search vehicles parked on school property if there is reasonable cause to believe that they contain articles or materials prohibited items in their lockers or in vehicles parked on school property.

If a vehicle subject to search is locked, the student will be asked to unlock the vehicle. If the student refuses, a school official will contact the student's parents. If the parents also refuse to permit a search of the vehicle, school officials will turn the matter over to local law enforcement officials.

USE OF TRAINED DOGS

The District shall use specially trained nonaggressive dogs to sniff out and alert officials to the current presence of concealed prohibited items, illicit substances defined in FNCF (LEGAL), and alcohol. This program is implemented in response to drug and alcohol-related problems in District schools, with the objective of maintaining a safe school environment conducive to education.

Such visits to school shall be unannounced. The dogs shall be used to sniff vacant classrooms, vacant common areas, the areas around student lockers, and the areas around vehicles parked on school property. The dogs shall not be used with students. If a dog alerts to a locker, a vehicle, or an item in a classroom, it may be searched by school officials. Searches of vehicles shall be conducted as described above.

INITIAL TESTS

Samples shall be taken under conditions that are no more intrusive to students than the conditions experienced in a public restroom. The Superintendent, in cooperation with the selected drug testing provider, shall develop administrative regulations for collection and testing.

Any student who refuses to be tested during a semester or who tampers with, or assists others in tampering with, any sample shall be removed from extracurricular activities.

All students desiring to participate in school-sponsored extracurricular activities shall be tested at the beginning of the school year, semester, or specific activity. Testing shall occur at a time, place, and date scheduled by the principal in cooperation with the testing agency, and without prior announcement.

RANDOM TESTS

Random tests shall be conducted from time to time during the school year or semester. Students shall be assigned numbers running consecutively. A record of the numbers and the students to whom they are assigned shall be maintained under confidential conditions in the principal's office.

The company used in testing will generate a list of numbers for each testing date. Students shall not be notified in advance of any drug test. When selected for testing, students shall be escorted to the school's testing site by a school employee and shall remain under employee supervision until a sample is provided. If a student in school fails to report for testing at the appointed time, he or she shall be removed from the activity.

REASONABLE SUSPICION

TESTS

The District shall require any junior high or high school student subject to this policy to submit to an alcohol or drug screen/test when a school official has reasonable suspicion to believe a student is under the influence. Testing must be based on the school official's specific observations concerning the student's appearance, behavior, speech, or body odor. Information provided by a reliable source based on personal knowledge may also constitute reasonable suspicion. Reasonable suspicion arises if a student's property or locker causes the school's drug dog to alert.

POSSITIVE RESULTS

All positive results shall be confirmed by a second, more definitive test before being reported as positive. When there is a confirmed positive test result, the following steps shall be taken:

1. The school official to whom results are reported shall notify the principal and athletic director, if the student is in interscholastic athletics.
2. The principal shall notify the student's parent or guardian, the student, and the sponsor or coach of the affected activity. The principal shall inform parents of the opportunity to respond to a positive test. The principal shall schedule a meeting with the student assistance coordinator, the parent or guardian, the student, and the student's physician, to develop a plan of assistance for the student.
3. At the meeting, the principal shall give the student and parent a copy of the test results and provide them an opportunity to offer an explanation for the results. Parents may also request a

retest of the original specimen to confirm the results, but the retest shall be at the parent expense. A request to retest must be made in writing within 48-hours of the meeting with the principal, and payment for the retest must be included with the request.

SANCTIONS

The student shall be removed from participation, including practice or competition, until the following criteria are fulfilled.

Consequences of an initial confirmed positive test result will be as follows:

1. Required conference with parent or guardian;
2. Referral to school counselor for substance abuse counseling;
3. A 30 calendar day suspension from all school sponsored extracurricular activities, including practices;
4. Retesting at the end of suspension, achieving a negative test before resuming extracurricular activities;
5. Retesting with each random testing group for one calendar year.

Consequences of a second confirmed positive test result will be as follows:

1. Required conference with parent or guardian;
2. Referral to school counselor or substance abuse counseling;
3. Suspension from extracurricular activities for one calendar year.

Consequences of a third confirmed positive test result will be as follows:

1. Required conference with parent or guardian;
2. Referral to school counselor or substance abuse counseling;
3. Student career suspension from extracurricular activities.

Any student who tests positive, receives counseling, and is reinstated shall be retested once a month for as long as he or she participates in school sponsored extracurricular activities for the remainder of the school year. If a student tests positive a second time, the period of counseling shall be 30 days.

APPEAL

An appeal of the sanction may be instituted by the parent by giving written notice to the Superintendent within five days: The student shall be ineligible for participation pending the appeal. Using the procedures in FNG (LOCAL) for a Level Three presentation, the Board shall determine whether the sanction was justified.

Miller Grove Independent School District

"Home of the Fighting Hornets"

7819 FM 275 South, Cumby, Texas 75433

Phone: 903-459-3288

Fax: 903-459-3744

Steve Johnson-Superintendent

Jamie Fox-Elem. Principal

Gary Billingsley-Sec. Principal

Please check your preference and return to the High School office as soon as possible.

I, _____ parent of _____ give my permission for my child to be tested for drugs as part of the Miller Grove ISD's Drug Policy. I understand that my child will be held responsible for the consequences if there is a positive result during a screening.

I, _____ parent of _____ do not give permission for my child to be drug tested for any reason.

Date _____