

For Office Use Only

Student Name: \_\_\_\_\_

2018-2019 Campus: \_\_\_\_\_ Grade: \_\_\_\_\_

## Education Center International Academy (ECIA)

### Campuses:

**302 North Town East Blvd, Sunnyvale, Texas 75182**  
**(p) 214-628-9152 (f) 214-628-9124**

**8200 Schrade Road, Rowlett, Texas 75088**  
**(p) 972-412-8080 (f) 214-628-9124**

**201 North Erby Campbell Blvd, Royse City, Texas 75189**  
**(p) 972-636-2600 (f) 214-628-9124**

### 2018-2019 Student Enrollment Packet

ECIA **CANNOT** accept **INCOMPLETE** enrollment packets. Please make sure you have completed the entire packet, signed where needed, and all needed documents are attached. A student is not officially enrolled at ECIA until all documentation is complete. In the event that the number of applicants exceeds the available space, a waitlist will be created.

Please contact the school office with any questions, or if you need help completing the enrollment packet.

We are pleased that you have chosen ECIA as your "School Of Choice," and we are looking forward to a rewarding school year together!

### Needed Documentation

1. Completed Enrollment Packet
2. Social Security Card
3. Up to date Immunization Records
4. State Certified Birth Certificate (hospital copies are not accepted)
5. Copy of Current Utility Bill (Electric, Gas, Water, or Lease)
6. Copy of most recent Report Card
  - "End of Year" report card must verify promotion/retention
7. Copy of latest STAAR report (grades 4-8) (out of state, homeschooled or private school students may be required to take an assessment test to determine grade level)
8. Latest TPRI student report, and or other standardized test report (grades K-3)
9. Copy of all latest applicable Educational Program Records (which may include Special Education, ESL, GT, Speech, and 504)
10. Copy of both sides of Medical Insurance Card
11. Discipline records from previous school

Date/Time Submitted: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

**For Office Use Only**

Student Name: \_\_\_\_\_

2018-2019 Campus: \_\_\_\_\_ Grade: \_\_\_\_\_

**PEIMS Student Information**

Grade for 2018-2019 Year: _____	For Office Use Only Enrollment Date: _____ Withdrawal Date: _____
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**STUDENT INFORMATION**

<b>Student Name</b>	<b>Last</b>	<b>First</b>	<b>Middle</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Birth date:</b>
<b>Street Address</b>			<b>Apt#</b>	<b>City</b>	<b>Zip Code</b>
<b>Home Phone</b> ( )			<b>Student lives with which parent?</b>		Mother/Father/Both/Other
<b>Social Security Number:</b> ____ - ____ - ____		<b>Hispanic:</b> Yes ___ No ___		<b>Race: (White, African American, etc.)</b>	

**PARENT/GUARDIAN INFORMATION**

<input type="checkbox"/>	<b>Mother's Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Home Phone</b> ( ) <b>Cell Phone</b> ( )
<b>Street Address</b> (if different from student)		<b>Apt#</b>	<b>City</b>	<b>Zip Code</b>
<b>Employer</b>		<b>Employer phone</b> ( )	<b>Occupation/Department</b>	<b>Email</b>
<input type="checkbox"/>	<b>Father's Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Home Phone</b> ( ) <b>Cell Phone</b> ( )
<b>Street Address</b> (if different from student)		<b>Apt#</b>	<b>City</b>	<b>Zip Code</b>
<b>Employer</b>		<b>Employer phone</b> ( )	<b>Occupation/Department</b>	<b>Email</b>

**STUDENT FAMILY STATUS**     Single     Married     Separated     Divorced     Other

**EMERGENCY INFORMATION**

In case of a **MEDICAL EMERGENCY**, the school will call the paramedics, and if necessary, your child will be transported to the nearest emergency room for immediate care.  
 **YES**     **NO** I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in case of an emergency.

<b>Physician's Name</b>	<b>Address</b>	<b>City</b>	<b>Telephone</b> ( )
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**Health Insurance Information** (please provide a copy of both sides of your child's medical insurance card)

In case my child becomes seriously ill or is injured, and neither parent can be reached by phone, please notify the following person(s). Please list two contacts that do not live in the household.

<b>Primary Emergency Contact</b>	<b>Relationship</b>	<b>Home Phone</b> ( )	<b>Cell</b> ( )	<b>Work</b> ( )
<b>Secondary Emergency Contact</b>	<b>Relationship</b>	<b>Home Phone</b> ( )	<b>Cell</b> ( )	<b>Work</b> ( )

<p><b>For Office Use Only</b></p> <p>Student Name: _____</p> <p>2018-2019 Campus: _____ Grade: _____</p>
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### PEIMS Student Information (cont)

Previous School	City/State	School phone number (    )												
<p>1. Has the student ever attended ECIA?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, which campus, and what year?            _____</p>	<p>4. In the past year, has the student been serviced under the Special Education umbrella in any of the following areas:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Resource Math</td> <td><input type="checkbox"/> Speech Services</td> <td><input type="checkbox"/> Content Mastery</td> </tr> <tr> <td><input type="checkbox"/> Resource English</td> <td><input type="checkbox"/> Occupational Therapy</td> <td><input type="checkbox"/> Assistive Technology</td> </tr> <tr> <td><input type="checkbox"/> Resource Social Studies</td> <td><input type="checkbox"/> Physical Therapy</td> <td><input type="checkbox"/> Counseling</td> </tr> <tr> <td><input type="checkbox"/> Resource Science</td> <td><input type="checkbox"/> Play Therapy</td> <td><input type="checkbox"/> Other</td> </tr> </table> <p style="text-align: right;">_____</p>		<input type="checkbox"/> Resource Math	<input type="checkbox"/> Speech Services	<input type="checkbox"/> Content Mastery	<input type="checkbox"/> Resource English	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> Resource Social Studies	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Counseling	<input type="checkbox"/> Resource Science	<input type="checkbox"/> Play Therapy	<input type="checkbox"/> Other
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<input type="checkbox"/> Resource Social Studies	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Counseling												
<input type="checkbox"/> Resource Science	<input type="checkbox"/> Play Therapy	<input type="checkbox"/> Other												
<p>2. Did the student attend a public school last year?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>5. Has the student ever repeated a grade?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, which grade did the student repeat? _____</p>													
<p>3. Has the student ever been in any special learning programs (ESL, Special Education, Dyslexia, GT or 504)?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If so, name the program and grade in which the student was enrolled. _____</p>	<p>6. Has the student ever been Home Schooled?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, what grade(s)? _____</p>													
<p>Does the student have a documented history of a criminal offense, juvenile court adjudication, or discipline problems under TEC chapter 37, Sub. A? If yes, please explain: _____</p> <p>_____</p>		<p><b>For Office Use Only</b></p> <p>Campus ID of Residency:            _____</p>												
<p><b>FALSIFICATION OF INFORMATION</b></p>														
<p>Under Texas law, if any person knowingly falsifies information on a form required for the enrollment of a student, that person is liable to ECIA, if the student is not eligible for enrollment in ECIA, but is enrolled on the basis of falsified information. The person is liable for the greater of:</p> <ol style="list-style-type: none"> <li>1. The maximum tuition fee ECIA may charge under 25.038 of the Texas Education Code (TEC), or</li> <li>2. The amount ECIA has budgeted for each student as maintenance and operating expenses.</li> </ol> <p>Also, ECIA may include on an enrollment form notices of the penalties provided by 37.10 of the Texas Penal Code (TPC) and the liability provided above for falsifying information on the form.</p> <p>The penalties under 37.10 TPC (dealing with falsifying government records), are as follows:            Any person who knowingly falsifies information on a form required for enrollment in a school district commits an offense under 37.10 of the TPC, which is a class 1 misdemeanor, unless the person's intent is to defraud or harm another, in which case, the offense is a felony of the third degree. The person liable for the period during which the ineligible student is enrolled, for the greater of:</p> <ol style="list-style-type: none"> <li>1. The maximum tuition fee ECIA may charge under 25.038 of the TEC, or</li> <li>2. The amount ECIA has budgeted for each student as maintenance and operating expenses.</li> </ol> <p>A class A misdemeanor is punishable by a fine not to exceed \$2,000.00; confinement in jail for a term not to exceed one year; or both such fine and imprisonment. A third degree felony is punishable by a prison sentence for any term of not more than ten years or less than two years and, additionally by a fine not to exceed \$5,000.00.</p> <p>I attest that all the above information is true to the best of my knowledge, and recognize that any falsification of records is grounds for immediate dismissal.</p>														
<p>Parent/Guardian Name (Print): _____</p>														
<p>Parent/Guardian Signature: _____ Date: _____</p>														

**For Office Use Only**

Student Name: \_\_\_\_\_

2018-2019 Campus: \_\_\_\_\_ Grade: \_\_\_\_\_

## STUDENT RELEASE AUTHORIZATION

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Please list the name(s) of the person(s) who has/have your permission to pick your child up from school **(Parent/Guardian - do not list yourself)**. ECIA **MUST** have a picture ID on file of the individual picking up your child.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

I understand that my child will not be released into the custody of any person who is not on the above list. I also understand that it is my responsibility to inform the school (in writing) of any changes that need to be made to the above list.

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HEALTH LETTER

Dear Parent/Guardian:

In order to effectively meet your child's needs during the school year, it is necessary to obtain certain health information and current phone numbers where a parent/guardian or another designated adult can be reached in case of an emergency. As a school, we have also instituted specific procedures and policies that must be followed to protect students who attend ECIA. These procedures and policies are as follows:

### IMMUNIZATIONS

- All immunization records must be presented at the time of enrollment, and must be up to date.
- Further, it is the responsibility of the parent/guardian to submit an updated immunization record to the school as they occur.
- If immunization delinquencies occur during the school year, students will be excluded from attendance until an updated immunization record is submitted to the school office.

### MEDICATION

- All medication must be provided by a parent and in the original container (No exception will be made to this policy).
- No members of the school staff will administer aspirin or medication containing aspirin, unless provided by a parent (No exceptions will be made to this policy).
- Students needing to receive medication during school hours must turn in a "Student Request Form" (available upon request), completed and signed by the parent/guardian before any medication will be administered.
- Parent/Guardian should make every effort to schedule the administration of student medication in such a manner that medication will not need to be administered during school hours.

### ILLNESS

- A student with a fever of 100.0 or more, diarrhea, or vomiting will be sent home from school. The student must be picked up within the hour.
- Students must be free of fever for 24 hours without the aid of fever reducing medications before returning to school.
- Students must be diarrhea free for 24 hours without the aid of diarrhea suppressing medications before returning to school. Diarrhea is 3 or more episodes of loose stool in a 24 hour period.
- A student must not come to school if vomiting 2 or more times in 24 hours. A student should have 1 or 2 meals without vomiting before returning to school.
- Students with a communicable disease will not be allowed to attend school until the appropriate actions have been taken. The final decision to determine whether a child can return to school is at the discretion of the campus administrator or designee.
- Students will not be allowed to attend extracurricular activities when they have been sent home ill or when they have missed school due to illness.

### RESTRICTION OF ACTIVITY

- Any student requiring restriction from any type of physical activity must have a written statement by their physician. The restriction of the physical activity must be clearly stated. The start and stop dates must also be stated on the statement.
- Restriction(s) will be in force until a written release from a physician is submitted to the school office.

**For Office Use Only**

Student Name: \_\_\_\_\_

2018-2019 Campus: \_\_\_\_\_ Grade: \_\_\_\_\_

## HEALTH LETTER (cont)

### EMERGENCY CONTACT

- It is imperative that school officials be able to contact one parent/guardian or their designee in the event of a medical emergency or illness involving your child. Any change in contact information must be given to the School Office immediately; we must be able to contact you at all times.

I agree to fully cooperate with the above policies and procedures.

Students Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only**

Student Name: \_\_\_\_\_

2018-2019 Campus: \_\_\_\_\_ Grade: \_\_\_\_\_

## MEDICAL EMERGENCY

Students name: \_\_\_\_\_ Grade: \_\_\_\_\_

In case of a **MEDICAL EMERGENCY**, the school will call the paramedics, and if necessary, your child will be transported to the nearest emergency room for immediate care.

Circle One:

**YES NO** I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in case of an emergency.

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Telephone: \_\_\_\_\_

Health Insurance Information (please provide a copy of both sides of your child's medical insurance card)

In case my child becomes seriously ill or is injured, and neither parent can be reached by phone, please notify the following person(s). Please list two contacts that do not live in the household.

Primary Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

## STUDENT HEALTH HISTORY

Students name: \_\_\_\_\_ Grade: \_\_\_\_\_

Is your child allergic to any medication, food, bee sting, etc.? Yes No

List foods, medications or any other cause of allergic reactions: \_\_\_\_\_

Does your child require an EPI pen on campus? If yes, prescription is required. Yes No

Adaptive Equipment & Special Needs: Yes No

Does your child wear glasses or contacts? Yes No

Does your child require a hearing aid? Yes No

Does your child require the use of a wheelchair, braces, cane, or crutches? Yes No

If yes, what equipment used and reason for usage: \_\_\_\_\_

Does your child require use of an inhaler or require breathing treatments? Yes No

Has your child received the Varicella (chicken pox) vaccine? Yes No

Has your child had chicken pox? If so when? Month & Year \_\_\_\_\_

Does your child have Diabetes? Yes No

If yes, does your child have a current Diabetes Care Plan? Yes No

Does your child currently have or had any other health issues? Yes No

If yes, please explain: \_\_\_\_\_

Please list all medication (including those not taken at school) that your child is currently taking:

Med Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Med Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Med Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**For Office Use Only**

Student Name: \_\_\_\_\_

2018-2019 Campus: \_\_\_\_\_ Grade: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF STUDENT RECORDS**

\_\_\_\_\_  
Name of Previous School

\_\_\_\_\_  
Name of School District

\_\_\_\_\_  
Fax Number

**Attention Registrar:**

The following student has enrolled at ECIA (Check campus): Rowlett \_\_\_\_ Sunnyvale \_\_\_\_ Royse City \_\_\_\_

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade 2018-2019

\_\_\_\_\_  
Date of Birth

I give permission for all school records to be released to ECIA.

\_\_\_\_\_  
Parent/ Guardian Name (print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Student records can be sent via TRex (057833001) for Sunnyvale, (057833002) for Rowlett, (057833003) for Royse City, or faxed to: 214-628-9124, or mail to: P.O. Box 852337, Mesquite, TX 75185-2337.

<b>For Office Use Only</b> Student Name: _____ 2018-2019 Campus: _____ Grade: _____
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## HOME LANGUAGE SURVEY

### Section 1

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

#### TO BE COMPLETED BY PARENT/GUARDIAN

1. What language is spoken in your home most of the time? \_\_\_\_\_
2. What language does your child speak most of the time? \_\_\_\_\_
3. Has your child ever lived outside of the U.S.? \_\_\_\_\_
4. When did he/she enroll in a U.S. School? \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If English is not the home language, please complete section two (2) - the "Student History" page.

<b>For Office Use Only</b> Student Name: _____ 2018-2019 Campus: _____ Grade: _____
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## STUDENT HISTORY

(To be completed only if the student's primary home language is **NOT** English)

Student Name: \_\_\_\_\_ Date student entered the U.S.: \_\_\_\_\_  
 Student Birth Date: \_\_\_\_\_ Initial date of enrollment in U.S. Schools: \_\_\_\_\_  
 Birthplace: \_\_\_\_\_ Years in the U.S. School: \_\_\_\_\_

Schools attended outside the U.S.:

School Year	Grade	Total Time Enrolled	Country

Schools Attended in the U.S.:

School Year	Grade	District	School	Duration	Language Program	TELPAS Rating	TAKS/STAAR Test History

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Student Name: \_\_\_\_\_

2018-2019 Campus: \_\_\_\_\_ Grade: \_\_\_\_\_

## STUDENT RESIDENCY QUESTIONNAIRE

Student Name: \_\_\_\_\_

The answers you give will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally required, such as proof of residency, school records, immunization records, or birth certificate.

Where is the student currently living?

- In a shelter
- With another family or other person (sometimes referred to as "Doubled-Up")
- In a hotel/motel
- In a car, park, bus, train or campsite
- Other temporary living situation (Please describe):
- In permanent housing
- In a Foster Home

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Both Parent and Student MUST Read and Sign)**

COMPUTER/INTERNET USE PERMISSION

\_\_\_\_\_ I give permission for my child to use ECIA computers for assignments, research, documents and projects. If at any time he/she accesses any prohibited site, downloads information, infringes on the copyright law, destroys the computer property of ECIA, he/she shall be responsible for replacing the property and/or may be denied computer access for a time to be determined by the teacher and campus principal, and may result in additional disciplinary action.

MEDIA RELEASE

\_\_\_\_\_ ECIA **has my permission** to include my child in films, videos and/or audio tape recordings, slides and photographs taken during classroom instruction, assessment and other school-related activities, and yearbook. I understand that this media may be produced and used for educational and promotional purposes.

\_\_\_\_\_ ECIA **does not have my permission** to include my child in films, videos and/or audio tape recordings, slides and photographs taken for any reason.

PLAYGROUND RELEASE

\_\_\_\_\_ I give permission for my child to play on the playground at ECIA. I understand that ECIA will not be liable for any injury to my child, accept in cases of intentional neglect.

TEXTBOOK AGREEMENT

\_\_\_\_\_ I hereby agree that I will be responsible for all school issued textbooks used by my child. I further agree that I will reimburse ECIA for the replacement value of any book or books that are damaged, destroyed, or misplaced by my child.

Student Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Student Name: \_\_\_\_\_

2018-2019 Campus: \_\_\_\_\_ Grade: \_\_\_\_\_

**ECIA CSD's guidelines for student dress may be more conservative than those of other districts; however, the ECIA CSD Board of Trustees has established what it feels are appropriate guidelines to teach hygiene, instill discipline, prevent disruption, and maintain a proper learning environment. Interpretation is up to each school principal, and his or her decisions regarding dress and grooming are considered final. Students will be expected to wear standard dress as defined in the Campus Handbook. If parents have questions about whether something is considered appropriate for their children to wear to school, they are encouraged to ask the school principal in advance of allowing their children to wear it.**

**Dress and Grooming Code**

1. All students must wear a school Polo shirt (any solid color). Polo's can be short or long sleeved and must be tucked in at all times.
2. If undershirts are worn, they must be white, black, or gray short or long sleeved T shirts (no thermals or designs). All shirts must be tucked in at all times.
3. Navy, black, or khaki pants must be worn. No blue jeans or denim pants, sleepwear, jogging or exercise pants are allowed.
4. Navy, black, or khaki knee-length shorts no more than 2 inches above the knee may be worn. No boxers, sleepwear, exercise shorts or basketball shorts are allowed.
5. Girls may wear knee-length navy, black, or khaki skirts (with shorts underneath), skorts or one piece jumpers. Skirts, skorts or jumpers must be no more than 2 inches above the knee (NO EXCEPTIONS).
6. All uniforms must be neat/clean and worn properly. No sagging allowed at any time. A belt (black or brown) must be worn at all times, if there are loops on the item of clothing.
7. During cold weather, students are permitted to wear a sweatshirt (any solid color) with school Polo underneath. Non-hooded college sweatshirts with school Polo underneath may be worn. Jackets will be allowed without hoods. No hoodies of any type will be allowed in classrooms.
8. Socks or tights must be solid white or black and must be worn at all time. No designs, no panty hose, fish net stockings or any other colors are permitted.
9. Students must wear athletic shoes. Shoe laces should be black, white, gray, or color of the shoe. No expensive designer athletic shoes allowed. No flashing lights, roller wheels or sequins... No boots, house shoes, high heels, cleats, flip flops, sandals, or open toe shoes.
10. Facial hair such as beards, mustaches, and goatees will not be permitted.
11. Male students will not be permitted to wear make-up or earrings.
12. Male students will be required to wear their hair cleaned and combed, above the eyes, over their ears, and above their shirt collars.
13. No Mohawks, faux hawks or hair designs will be allowed by any student. Natural hair color only.
14. Facial and tongue jewelry are not permitted. Girls may wear one pair of earrings only.
15. Female students must be well groomed. Hair must be cleaned and combed. Hair in the eyes, hair glitter, and unnatural hair color are not permitted.
16. Caps or hats are not permitted in school building. However, these item are permitted while outside.
17. Tattoos of any kind are not permitted.
18. Sponsors of extracurricular activities may set individual dress and appearance standards with the approval of the principal.
19. **During free dress days the following additional rules will apply:**
  - a. Students will not be permitted to wear see-through or sleeveless clothing, tank tops, spaghetti strap tops or have midriiffs exposed.
  - b. Clothes normally considered as undergarments are not permitted to be worn as outer garments.
  - c. Extremely sloppy or torn clothing (jeans) will not be permitted.
  - d. Apparel that advertises or depicts alcohol, drugs, nudity, tobacco products, satanic themes, skulls, gang membership, obscene language, graphics and/or other phrases that are offensive to others will not be permitted.
  - e. Any disruptive or distractive mode of clothing or appearance that adversely impacts the educational process is not acceptable and is subject to interpretation by campus principal.
  - f. Cutoffs, boxer shorts, pajama bottoms, bike shorts, short leggings as outer garments, etc., will not be allowed.
  - g. No revealing tops or bottoms are to be worn.

Student Name (Print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 2018-2019 Family Survey

## Education Center International Academy (ECIA)

District: Education Center International Academy		Campus:	
Student Name:		Age:	Grade Level:

Dear Parents,



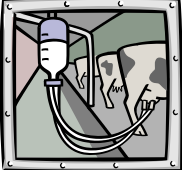


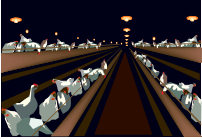


In order to better serve your children, our school district is helping the State of Texas identify students who may qualify to receive additional educational services.

**The information provided below will be kept confidential.** Please answer the following question and return this form to your child's school.

Within the past 3 years have you moved from one city or state to another so that you or your family could work or look for work in agriculture or fishing?

**NO** (STOP here and return survey to your child's school.)

**YES** (Please  check all that apply below and fill out the information requested at the bottom of this form.)

 <p>Working with fruits, vegetables, soybeans, sunflower, cotton, wheat, grain, sugar beets, agricultural farms or ranches, fields &amp; vineyards</p> <input type="checkbox"/>	 <p>Working in a cannery</p> <input type="checkbox"/>	 <p>Working in a dairy farm</p> <input type="checkbox"/>	 <p>Working in a fishery</p> <input type="checkbox"/>	 <p>Working in a slaughter house</p> <input type="checkbox"/>
 <p>Working on a poultry farm</p> <input type="checkbox"/>	 <p>Working in a plant nursery, orchard, tree growing or harvesting</p> <input type="checkbox"/>	 <p>Other similar work, please explain:</p> <p>_____</p> <p>_____</p>		

Please complete the following information: (Please print)		Best time to contact you: _____	
Parent/Guardian Name:	Home Address/Apt Name:	City:	Zip Code:
Telephone Number:	Mailing Address:	City:	Zip Code:
Home: _____			
Cellular/Work: _____			

For Office Use Only

Student Name: \_\_\_\_\_

2018-2019 Campus: \_\_\_\_\_ Grade: \_\_\_\_\_

## Education Center International Academy (ECIA) School Survey

### How did you hear about us?

\_\_\_ Former or current student or parent

\_\_\_ Postcard

\_\_\_ Flyer

\_\_\_ Magazine

\_\_\_ Newspaper

\_\_\_ Word of mouth (friend, relative, etc.)

\_\_\_ Banner

\_\_\_ Sign

\_\_\_ Billboard

\_\_\_ Other \_\_\_\_\_

Please help us reach our community by giving as many details on your above answers as possible.

Thank you.