

# CESAR CHAVEZ ACADEMY DAEP

7814 Alameda Ave. El Paso, TX 79915  
Tel. 915-434-9600  
Fax 915-779-2068

## INTAKE PACKET 2018-2019

*THE CESAR CHAVEZ UNIFORM IS MANDATORY FOR  
THE INTAKE MEETING.*

**Parents/Legal Guardian and Students:** Please read and fill out all forms before your scheduled intake (*do not detach any pages*). You will also be required to bring \$5.00 to purchase your student ID. Students will be able to keep their ID at the end of their placement. Any *lost* IDs will be replaced at the cost of \$5.00.

PLEASE BE ON TIME FOR YOUR APPOINTMENT, INTAKES ARE BY APPOINTMENT ONLY.

Date of Intake Meeting \_\_\_\_\_

Parent Acknowledgement \_\_\_\_\_ Date Received \_\_\_\_\_



# Cesar Chavez Academy

## DAEP

7814 Alameda Ave. El Paso, TX 79915  
Tel. 915-434-9600  
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### Please bring the following items with you to the intake:

- Immunization records (Shot records)
- Birth Certificate
- Student's Social Security Card
- Current Address with Recent Utility Bill
- Food Stamp Assistance Case Number, if Applicable
- Power of Attorney/Notarized Letter, if Applicable
- **COMPLETE CESAR CHAVEZ UNIFORM MUST BE WORN FOR THE INTAKE MEETING:**

**POLO SHIRT WITH CCA LOGO:**

**Gray Polo:** regular high school student

**Green Polo:** high school JJAEP student

**Red Polo:** regular middle school student

**Blue Polo:** middle school JJAEP student

**CCA-logo polo shirts are available for purchase at:**

- Mex-Tex Uniforms 1805 Hunter Dr. 915-590-1965

**Pants may be purchased at Walmart, K-Mart, Kohl's, or elsewhere, as long as they meet the CCA dress code.**

**Uniform rules are strictly enforced. The student will not be permitted to attend class if the uniform is incomplete. Parents need to inspect student's attire before leaving for school.**

### PLEASE REFER TO THE DRESS CODE SECTION OF THIS PACKET

Feel free to contact Cesar Chavez Academy for further assistance at 434-9600.

Below this line for CCA Staff ONLY

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\_\_\_\_\_ I acknowledge receipt of these items, which are a requirement for the intake meeting.

Initials

\_\_\_\_\_  
Staff Initials



# Cesar Chavez Academy

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## DRESS CODE

**PURPOSE:** The dress code is established to teach grooming and hygiene, to instill discipline, to prevent disruption, to avoid safety hazards, and to teach respect for authority.

**UNIFORM APPEARANCE:** Students are expected to arrive in school uniform and groomed in a manner that is clean and neat, that will not be a health or safety hazard to themselves or to others. Students out of compliance will be given an opportunity to correct the problem. Failure to correct the problem will require an immediate parent conference. Students with severe violations may be sent home to change into appropriate clothing, returning to campus immediately. Failure to return will result in an unexcused absence.

### **Facial Appearance:**

#### **MALES:**

- No facial hair. Beards, goatees, & mustaches will not be permitted. Non-complying students will be escorted to the restroom to shave. Parents will be required to pay for razors supplied by CCA.
- Students must shave every morning before coming to school.
- Sideburns will be allowed down to mid-ear only. Sideburns must be maintained at all times.
- Cutting or shaving of eyebrows is NOT permitted; parent must provide an eye brow pencil.
- ALL fingernails will be kept short and trimmed at all times.

#### **FEMALES:**

- No make-up of any kind to include but not limited to: lipstick, Chap Stick, blush, eye liner, brow liner, shadow, mascara, etc.
- All fingernails will be kept short and trimmed. Nail polish or artificial nails will not be permitted.
- Non-complying students will be escorted to the restroom to wash off make-up.

### **Tattoos / Body Markings:**

- ALL tattoos on the arms must be covered with a white long-sleeve undershirt.
- ALL other visible tattoos such as knuckles, behind the ear, neck, and hands must be covered with band aids furnished by the parent/student daily.
- Parents will be required to pay for band aids supplied by CCA.

### **Haircuts:**

- All students will maintain a clean appearance at all times.
- Hair must not cover face or eyes.
- **No** spiked hair or mohawks, of any length, are allowed. **No** gel, hair spray or mousse; **No** shaved designed haircuts.



- Male's hair must be **no longer than 1" in length**.
- Students with complete long hair (male or female) must have hair pulled away from the face into a full pony tail and behind the ears. Use of a black elastic hair band is required.
- **Full pony tails** must be at the base of the head.
- NO "scrunchies", head bands, bobbie pins, barrettes, clips, etc.
- No braids, no hair extensions, no twists, no cornrows, etc.
- Student's hair must be of natural hair color (no colors that may cause a distraction; no multi-color).

### **Jewelry:**

- **NO** jewelry, religious or otherwise, watches or body piercing jewelry, are permitted. ALL jewelry will be confiscated and discarded at the discretion of Administration.

### **Shirts:**

- Polo shirts of the appropriate school colors, and with the CCA logo are required.
- Shirts will remain tucked in **at all times**, until the student is off campus.
- For safety and security reasons, students must wear only plain white undershirts under their uniform polo (e.g. short-sleeve, long-sleeve, or tank top).
- **NO** strapless.
- Oversized uniform polos, or undershirts, will not be permitted. Undershirts larger than polo shirt will be removed.

### **Pants/Belts:**

- **BLACK** pleated or straight-front slacks are required.
- Pants will be worn at or above the waistline at all times and properly secured by a plain black belt.
- Insignia, logo, military, or woven belts are not permitted.
- **No** baggy pants, saggy pants, bell-bottoms, cut pant legs, dragging pant legs, capri's, hip huggers/low rise, jeans, cargo pants, skinny fit, slim fit, or side pockets.
- Pants must be the appropriate size for the student, not to exceed ONE INCH LARGER than his /her waist OR excessively tight so as not to create a distraction.
- Pant length should touch the top of the shoe's heel and not be frayed at the edges. NO shorts, leggings, and/or sweat pants under the uniform pants are permitted.

### **Shoes:**

- Solid black (**including the shoe trim and laces**) tennis shoes only. Tennis shoes may be laced with regular width laces, or may be slip-on style.
- Thick or colored shoe laces will not be allowed. Shoes will remain laced and tied properly throughout the day.
- Extra socks in shoes will not be permitted.
- Open-toed shoes such as sandals or steel-toed shoes will not be allowed.
- Socks must be plain WHITE; NO logos or designs
- Metal tabs on shoes/laces, must be removed.



**Winter Clothing:**

- A plain sweatshirt matching the assigned uniform color will be permitted during cold weather conditions.
- Hooded sweatshirts to include “hoodies” will not be permitted.
- Sweatshirts must FIT the student. NO oversized sweatshirts are allowed. Sweaters are NOT allowed.
- Plain white long sleeve shirt may be worn under student’s polo shirt.

**Hygiene:**

- Practice good personal hygiene habits: shower daily, brush your teeth regularly, wash your clothes often.

**Additional Items:**

- No cell phones or pagers at any time. A \$15 fee charge will be assessed for the confiscated items.
- No electronic equipment of any kind allowed. For example, toys, games, C.D. Players
- No weapons of any type. This includes small pocket knives and/or cutting instruments.
- Gum and candy will be confiscated.
- Loose items in pockets and/or notebooks will be confiscated, i.e. any personal items.
- Students will not be allowed to enter the restroom while in possession of any type of writing utensil. Pens/pencils will be confiscated and not returned.
- Students will not be permitted to bring wallets or purses.

**Resources:** Dress code developed in accordance with JJAEP State guidelines.

Below this line for CCA Staff ONLY

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\_\_\_\_\_ I acknowledge receipt of the **Dress Code**, which outlines student dress requirements at  
Initials Cesar Chavez Academy.

\_\_\_\_\_



Staff Initials



# Cesar Chavez Academy

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## STANDARDS FOR STUDENT CONDUCT

### **Each student is expected to:**

- Demonstrate courtesy, even when others do not.
- Behave in a responsible manner, always exercising self-discipline.
- Attend all classes, regularly and on time.
- Prepare for each class; take appropriate materials and assignments to class.
- Meet district and campus standards of grooming and dress.
- Obey all campus and classroom rules.
- Respect the rights and privileges of students, teachers, and other district staff and volunteers.
- Respect the property of others, including district property and facilities.
- Cooperate with and assist the school staff in maintaining safety, order, and discipline.
- Adhere to the requirements of the Student Code of Conduct.
- All secondary school students must wear school issued name badges.

### **Techniques:**

**The following discipline management techniques may be used—alone in combination, or as part of progressive interventions - for behavior prohibited by the Student Code of Conduct or by campus or classroom rules:**

- Verbal correction, oral or written
- Cooling-off time or “time-out”
- Seating changes within the classroom or vehicles owned or operated by the district
- Confiscation of items that disrupt the educational process
- Behavioral contracts
- Advising by teachers, counselors, or administrative personnel
- Parent-teacher conferences
- Grade reductions for cheating, plagiarism, and as otherwise permitted by policy
- Detention, including outside regular school hours
- Sending the student to the office or other assigned area, or to in-school suspension



# Cesar Chavez Academy

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- Assignment of on-campus community service, including outside regular school hours
- Temporary or permanent withdrawal of privileges
- School-assessed and school-administered probation
- In-School Suspension (SAC)
- Out-of-school suspension
- Continued Placement in a DAEP
- Placement and/or expulsion in a Juvenile Justice Alternative Educational Program
- Referral to an outside agency or legal authority for criminal prosecution in addition to disciplinary measures imposed by the district
- Restriction or revocation of district transportation privileges
- Other strategies and consequences as determined by school officials

**USE OF TECHNIQUES ARE DEPENDENT ON THE STUDENT'S BEHAVIOR.**

Below this line for CCA Staff ONLY

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\_\_\_\_\_ I acknowledge receipt of the School Rules, which are enforced strictly at Cesar Chavez  
Initials Academy.

\_\_\_\_\_  
Staff Initials





# Cesar Chavez Academy

## Student Contract

I, \_\_\_\_\_, having been placed at Cesar Chavez Academy, fully understand the terms of this contract.

- I will be responsible for my academics, behavior and attitude while at Cesar Chavez.
- I will be responsible to attend school daily-and on time.
- I will be a good citizen by following school rules regarding behavior and expectations.
- I will be responsible for completing all work with 85% accuracy.
- I will avoid violence.
- I will use the school's process of conflict resolution as necessary.
- I will avoid the use of profanity.
- I will be respectful and not insult, argue, or use profanity against faculty, staff, or other students.
- I will follow all staff directives promptly.
- I will set positive goals for myself and will develop plans for reaching them.
- I will follow the dress code.
- I will not chew gum on school grounds.

I understand that failure to honor this contract may result in consequences from the administrator for non-compliance.

## Parent Contract

I, \_\_\_\_\_, understand that my son/daughter has been placed at Cesar Chavez Academy for violation of the Student Code of Conduct at my child's home campus.

- It is my responsibility to have my son/daughter attend school daily and arrive ontime.
- My son/daughter will adhere to the school policy regarding behavior and expectations.
- I will monitor my child's whereabouts and activities outside of school.
- I will remain **readily accessible for school contact** by keeping an updated phone number and address on file in the school office.
- I will participate in two (2) parental involvement activities while my son/daughter is enrolled at Cesar Chavez and acknowledge that my child's release date may be affected on non-compliance.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intake Representative

\_\_\_\_\_  
Date



# Cesar Chavez Academy

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## Conflict Resolution Policy and Procedures

Students will not take matters into their own hands. Citations will be issued by police officers for any verbal or physical violence. If a problem exists with another student, the student will utilize the Campus Resolution Policy.

1. Inform any teacher or aide immediately if you have a problem that may result in an immediate physical confrontation.
2. Inform any teacher or aide as soon as possible if you have a problem that you feel may escalate into an argument or a physical confrontation.
3. Inform any teacher or aide if you feel that you are the object of someone's gossip.
4. Inform any teacher or aide if you feel that you are being harassed, intimidated, or threatened by anyone.
5. Do not get into an argument, confrontation, or fight with anyone.
6. CIS will be notified of your problem immediately. All information is strictly confidential. Your **CIS Coordinator** will help you resolve your conflict in a peaceful and respectable manner.

_____	_____
Parent/Guardian Signature	Date
_____	_____
Student Signature	Date
_____	_____
Intake Representative	Date



# Cesar Chavez Academy

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TO: Parents / Guardians  
FROM: CCA Principal  
SUBJECT: Absence from School

Texas State Law **requires** that students be enrolled in school between the ages of 6 and 18 years old and **must be present** at least **90% of the days** a course or program is offered during the nine week-period (in the case of this campus) in order to receive credit for courses successfully completed. If a student fails to attend school the required 90% of the days and those absences are not excused by the campus committee, the parents will be notified that the student has lost credit and the student's record will reflect no credit (NC). Students will continue under the office discipline management program and must continue to comply with the compulsory attendance law even though credit has been lost.

Parents are advised of the following regarding absences:

- **Students must bring a note to school for each absence.** Failure to present the note within 72 hours will result in an unexcused absence.
- After the third unexcused absence, parents will be issued a written warning notice about possible court action.
- If the student has a doctor's appointment, the **doctor's note** must be presented to Attendance Office or absence will be unexcused.
- If the student has a legal appointment (i.e. court), notice must be presented to Attendance Office or absence will be unexcused.
- Excessive absences may result in the extension of the student's CCA placement.
- Truancy court will be filed when necessary.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intake Representative

\_\_\_\_\_  
Date



# Cesar Chavez Academy

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## **Title I Parent-School Compact**

Page 1

### **The Parents' Responsibility:**

As a parent,

- I will support the Six Character Counts Traits which are trustworthiness, respect, responsibility, fairness, caring and citizenship.
- I will ensure that my son/daughter attends school daily dressed appropriately according to CCA dress code and arrive to school on time.
- I will create a quiet workplace for my son/daughter to complete homework assignments and give him/her assistance when needed.
- I will attend functions that take place outside the school setting in the community.
- I will read and discuss current events with my son/daughter at home to promote understanding and awareness of diverse issues and how these issues are relevant to the Six Pillars of Character Counts.
- I will seek information regarding my son's/daughter's progress by attending conferences with teachers, principals and other district personnel.
- I will help my son/daughter establish a routine for school days. Also prepare his/her uniform at night and establish an assigned bedtime and wake-up time.
- I will expect my son/daughter to conduct him/herself in a manner appropriate to his/her age level and will discipline him/her in a nurturing supportive environment.
- I will be responsible to teacher requests and will discuss any concerns regarding my son/daughter in a responsible and respectful manner.
- I will communicate the importance of education by setting high expectations for my son/daughter, the teachers and the principals that guarantee a quality education for my son/daughter.
- I will model the belief that learning takes place at school and at home, and that learning is a life-long process.
- I acknowledge that my son/daughter may not be released from Cesar Chavez Academy until I have participated in two (2) parental involvement activities while my son/daughter is enrolled at Cesar Chavez Academy.



# Cesar Chavez Academy

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## **Title I Parent-School Compact**

Page 2

### **The School's Responsibility:**

- The Academy will implement and train the faculty and staff in the Six Pillars of Character Counts to address student issues emphasizing values, good character, and exercising good judgment.
- The Academy will establish procedures and calendars for communicating with parents.
- Parents will be notified of school events in a timely, efficient manner.
- Training sessions/workshops will be offered to parents and community members relative to diverse topics and issues.
- The Academy will be used to foster the growth and advancement of the community by offering its usage for parent training workshops before, during, and after the regular school day.
- Schools will convey instructional thrusts and initiatives to parents at school-wide meetings and parent conferences.
- The administration and teachers will communicate the grade level and individual expectations on district and state mandated tests.
- Instruction will focus on the development of social skills, communicating with peers and adults, working cooperatively and life skills.
- We commit to serving all students and will do it with the dedication, compassion, and high expectations we would set if our own children were enrolled at Cesar Chavez Academy.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intake Representative

\_\_\_\_\_  
Date



# Cesar Chavez Academy

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## Graduation Requirements

Students assigned to the Disciplinary Alternative Education Program at Cesar Chavez Academy will be provided the opportunity to complete coursework required for graduation. Coursework may be completed through Cesar Chavez Academy course offerings, courses available through the computer-based program, or through an arrangement between Cesar Chavez Academy staff and teachers and counselors at the sending school. Some coursework may be completed upon return to the sending school if Cesar Chavez Academy does not offer the course or possess the resources to do so. Consideration will be made for seniors scheduled to graduate that year to ensure that they meet graduation requirements. These provisions are available to all JJAEP students at no cost to the student or parent/guardian.

_____ Parent/Guardian Signature	_____ Date
_____ Student Signature	_____ Date
_____ Intake Representative	_____ Date

Graduation Requirements for JJAEP students will be addressed in accordance with the Texas Education Code.



# Cesar Chavez Academy

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## School Transportation

A parent, or another responsible adult, is required to bring the student to school and pick him/her up after school each day. **Middle school students must be on campus by 8:00 AM and picked up no later than by at 3:45 PM. High school students must be on campus by 7:30 AM and picked up no later than at 3:15 PM.** All parents must make the necessary arrangements in order to insure prompt pick up of students every day.

In the event of an emergency, if someone other than yourself will be transporting your son/daughter, please notify the campus in advance.

Parents who bring their child late to school must park their vehicle, escort their child into the office, and wait until their child has been searched and cleared.

_____	_____
Parent/Guardian Signature	Date
_____	_____
Student Signature	Date
_____	_____
Intake Representative	Date



# César Chávez Academy



7814 Alameda Ave., El Paso, TX 79915  
(915)434-9600  
Fax: (915)779-2068

## CRIMINAL TRESPASS WARNING

### SECTION 30.05 CRIMINAL TRESPASS

- (A) A person commits an offense if he/she enters or remains on property or in a building of another without effective consent and he/she:
  - (1) Had notice that the entry was forbidden; or
  - (2) Received notice to depart but failed to do so.
  
- (B) For purpose of this section:
  - (1) Entry means the intrusion of the entire body; and
  - (2) Notice means:
    - a) Oral or written communication by the owner or someone with apparent authority to act for the owner;
    - b) Fencing or the other enclosure obviously designed to exclude intruders or to contain livestock; or
    - c) A sign or signs posted on the property or at entrance to the building, reasonably likely to come to the attention of intruders indicating that entry is forbidden.

An offense under this section is a CLASS B misdemeanor unless it is committed in a habitation or the actor carries a deadly weapon on about his/her person during the commission of the offense, in which event becomes a CLASS A misdemeanor.

*I have read the above statement and understand that if I come on the campus of \_\_\_\_\_ WITHOUT permission, I am in violation of SECTION 30.05 of the TEXAS law, and subject to arrest.*

(PLEASE PRINT)

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

D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ School ID#: \_\_\_\_\_

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

Officer's Name: \_\_\_\_\_ Witness: \_\_\_\_\_

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

Ysleta independent School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs, activities or employment. El Distrito Escolar de Ysleta no discrimina en base a raza, color, nacionalidad, sexo, discapacidad, y/o edad, en sus programas, actividades o empleo.





## CESAR CHAVEZ ACADEMY Guidance and Counseling

7814 Alameda Ave.  
El Paso, Texas 79915  
(915)434-9600

Dear Parents:

Part of the curriculum, here at CCA, is to present information to our students that is vital in order for them to make wiser, more informed choices in their lives, and hopefully to learn from their mistakes. Therefore, the Counselor and CIS (Communities in Schools) will be having presentations covering various topics throughout the year. We would like your approval and permission to cover the following, but not limited, topics: Dangers of Gangs and Drugs, Communication, Sexual Responsibility/STDs, Choices, Hygiene, Careers and Goals, Sexual Harassment/Bullying, Peer Pressure and Suicide. If you have questions or concerns, please feel free to call us.

My son/daughter \_\_\_\_\_, has my permission to attend these presentations.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_.

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Queridos Padres:

Parte del curriculum, aquí en la Academia de César Chávez, es presentar información a nuestros estudiantes para que ellos puedan hacer mejores decisiones y que aprendan de sus errores. Por eso la Consejera conjunto con CIS (Comunidades en Escuelas) tendremos presentaciones sobre varios temas, incluyendo pero sin limitar: Los peligros de las Pandillas y Drogas, la Comunicación, la Responsabilidad Sexual/Enfermedades Sexuales, Decisiones, el Higiene, Oficios y Metas, el Acosto Sexual, la Intimidación, Preción de Amigos y el Suicidio. Si tiene preguntas, por favor llámenos.

Mi hijo/hija \_\_\_\_\_, tiene mi permiso de participar en estas presentaciones.

Firma de Padre \_\_\_\_\_ Fecha \_\_\_\_\_.

*Graciela Torres, CIS  
High School  
915-434-9616*

*Mary Louise Galaviz, Counselor  
High School  
915-434-9606*

*Jessica Ayala, CIS  
Middle School  
915-434-9661*

*Armando Gallego, Counselor  
Middle School  
915-434-9806*





## MHE-MP-F056.2 – Migrant Family Survey

Parent(s) Name (s) \_\_\_\_\_

Address \_\_\_\_\_ Zip Code 799 \_\_\_\_\_ Telephone \_\_\_\_\_

Name(s) of student(s) \_\_\_\_\_ School District **YISD** \_\_\_\_\_

\_\_\_\_\_ School/Head Start Site **CESAR CHAVEZ ACADEMY** \_\_\_\_\_  
(If applicable)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your child may qualify as a migrant student and be eligible for services like conferences for parents and students, summer program SMART and information on scholarships to attend a university or college. Please answer the following questions. If you answer **YES** to any of the questions, we will contact you for further information.

1. Have you and your family traveled or moved across school district or state boundaries within the past three years in order to seek or obtain work in any of the following:

a) picking onion, chile, lettuce, tomato, grapes, pecans, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_

b) packing or processing vegetables, fruits, fish, chicken, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_

c) in dairies, fisheries, or slaughtering? Yes \_\_\_\_\_ No \_\_\_\_\_

Thank you for your cooperation.



**YSLETA INDEPENDENT SCHOOL DISTRICT  
ADMISSIONS**

**REQUEST FOR FOOD ALLERGY INFORMATION**

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety. (Texas Education Code, Chapter 25, Sec. 25.0022)

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that required immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food.

**NO INFORMATION TO REPORT, Check here**

Food	Nature of allergic reaction to the food

**To Request a Special Diet, Modification of a Meal Plan or Provide Other Information From your Doctor about your Child's Food Allergy, You Must Contact the School Nurse, Cafeteria Manager, or School Administrator Where Your Child Attends School**

The District will maintain the confidentiality of the information provided above and may disclose the information to teacher, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

**You must see the school nurse if your child requires medication for any allergy.**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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

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

Date form was received by the school: \_\_\_\_\_



**Exhibit 1A**

**Texas Education Agency  
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

**Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)**

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

**Part 2. Race: What is the person's race? (Choose one or more)**

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_ Student/Staff Name (please print)

\_\_\_\_\_ (Parent/Guardian)/(Staff) Signature

\_\_\_\_\_ Student/Staff Identification Number

\_\_\_\_\_ Date

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.	
Ethnicity – choose only one:  <input type="checkbox"/> Hispanic / Latino  <input type="checkbox"/> Not Hispanic/Latino	Race – choose one or more: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Observer signature:	Campus and Date:

**Texas Education Agency – March 2010**



THE DISTRICT

Socioeconomic Information Form

Formulario de información socioeconómica

\*CONFIDENTIAL\*

\*CONFIDENTIAL\*

Student Name, Student Grade, Student DOB, School Name CESAR CHAVEZ, Student ID

SECTION A (Sección A)

Does your household receive Supplemental Nutrition Assistance (SNAP)? Does your household receive Temporary Assistance to Needy Families (TANF)?

If you answered YES on either of the above, skip SECTION B and continue to the SIGNATURE section.

SECTION B (Complete only if all answers in SECTION A are NO)

Sección B (completar solo si todas las respuestas en la sección A son NO)

How many members are in the household (include all adults and children)?

TOTAL YEARLY INCOME BEFORE DEDUCTIONS OF ALL HOUSEHOLD MEMBERS (check one box below):

Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's compensation, unemployment and all other sources of income (before any type of deductions)

Effective from July 1, 2017 to June 30, 2018

Income brackets: \$0 - \$22,311, \$22,312 - 30,044, \$30,045 - 37,777, \$37,778 - 45,510, \$45,511 - 53,243, \$53,244 - 60,976, \$60,977 - 68,709, \$68,710 - 76,442, \$76,443 - 84,175, \$84,176 - 91,908, \$91,909 - 99,641, \$99,642 - 107,374, \$107,375 - 115,107, \$115,108 - 122,840, \$122,841 - 130,573, \$130,574 and above

SIGNATURE (FIRMA)

I certify that all the information on this form is true and that all income is reported. I understand the school will receive federal funds and will be rated for accountability based on the information I provide.

Parent/Guardian Name (Print), Parent/Guardian Signature, Date



**STUDENT EMERGENCY INFORMATION  
&  
CONSENT FOR MEDICAL TREATMENT**

ID# \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone / Beeper # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Workplace \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone / Beeper # \_\_\_\_\_

Father's Name \_\_\_\_\_ Workplace \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact (Relative or Friend) \_\_\_\_\_ Phone No. \_\_\_\_\_

Emergency Contact (Relative or Friend) \_\_\_\_\_ Phone No. \_\_\_\_\_

Emergency Hospital \_\_\_\_\_ Military Sponsor Number \_\_\_\_\_ Insurance Company \_\_\_\_\_

Medicaid Number \_\_\_\_\_ CHIP Number \_\_\_\_\_ Insurance Policy Number \_\_\_\_\_

List Medical Problems your child has: \_\_\_\_\_ List medications your child is taking: \_\_\_\_\_

\_\_\_\_\_

List Allergies: \_\_\_\_\_ Name of Doctor prescribing medication: \_\_\_\_\_

\_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT**

I authorize an authority of Ysleta Independent School District to give consent to a physician and/or hospital for emergency medical and/or surgical treatment of my child for injuries/illness which require such treatment during school hours or after hours while attending school sponsored activities provided an authorized school representative is present.

I understand that YISD/YISD Representative will not assume any financial responsibility for expense for such treatment and that the school will notify us as soon as possible following an emergency, but in no way is treatment to be delayed until we have been notified.

I also authorize my child to participate in health services and screenings provided by the school.

HIPAA Compliance: I authorize the release of medical information regarding my child's medical condition to appropriate school personnel. I authorize the release of medical records regarding my child's condition:  
 Yes  NO

**PARENTS:**  
**PLEASE INITIAL CHOICE** \_\_\_\_\_ Condition \_\_\_\_\_  
 \_\_\_\_\_ Healthcare Provider \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Ysleta Independent School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs, activities or employment.





**ATTENTION PARENTS/GUARDIANS with children of ALL GRADE levels:**

## **Did You Know?**

In order to comply with laws and codes of the Texas Education Agency, the Ysleta Independent School District is revising our procedures for notification to parents regarding loss of credit/grade retention due to excessive absences. In accordance with State Code 25.087, the following will **not** be reported as an absence:

- Court (such as truancy court, or summoned to civil/federal court)
- Doctor's appointments (must have commenced class or returned to school on the same day of appointment)
- Observance of Religious Holy Day(s)
- Approved school activities, field trips, or any valid on-campus business

\*All of the above are subject to proper documentation.

Any absence that does not fit in the above category (whether excused or not) **will** be reported as an absence, and **will** therefore be counted when determining whether a student will lose credit for a course (high school) or be retained (middle and elementary levels).

**According to State Code 25.092, students must be in attendance 90% of the total number of days a class meets in order to receive credit for a course or to be promoted to the next grade level.** Students who have dropped below 90%, but have not yet dropped below 75% of attendance will be placed on a credit redemption plan approved by the principal. *For students who fail this redemption plan or whose attendance falls below 75%, may be evaluated by a campus Attendance Committee to determine if the student can redeem credit/promotion and under what circumstances.* The committee may take excused absences into consideration when rendering a decision.

**Daily attendance in school is critical for the academic success of your child.** Studies have shown that students who miss too much school often fall behind in their school -work, and, as a result, they may not progress in school with their peers. All too often, these students drop out and do not graduate. We know that you want academic success for your child just as we do. However, please be advised that your child's attendance at school is mandatory by state law and that you, as the parent or guardian, may be held accountable by state courts. Furthermore, excessive absences may result in loss of credit for classes necessary for promotion or graduation.

**Please notify the school attendance office, either in writing or by a phone call, whenever your child must miss school for any reason. Such notification will help to ensure that for excused absences, your child will be allowed to make up the work missed.**

If you have questions or if you wish to discuss the contents of this letter, please contact the principal or administrator in charge of attendance at your child's school.





## Failure to Attend School

**FINE: \$500**

### Texas Education Code Sections 25.085 - 25.095

(Visit Texas Statutes Education Code website at: <http://tlo2.tlc.state.tx.us/statutes/edtoc.html> and search for these codes under Chapter 25)

Under **§25.085**, a child is required to attend school if the child:

1. Is at least 6 years old; or
2. Is under 6 years of age and previously enrolled in first grade; or
3. Has not reached the child's 18<sup>th</sup> birthday; or
4. Voluntarily enrolls after 18<sup>th</sup> birthday; or
5. Is enrolled in pre-kindergarten or kindergarten; or
6. Is enrolled in an extended year program; or
7. Is required to attend tutorial classes

Under **§25.094**, a child commits the offense of failure to attend school if the child:

1. Is required to attend school (as stated in §25.085 paragraph above); and
2. Is absent:
  - a. 10 or more days or parts of days within a 6 month period, or
  - b. 3 or more days, or parts of days within a 4 week period, and
3. These absences are unexcused.

Under **§25.095**, the campus shall notify parents if a student is failing to attend school:

1. The student or parent is subject to prosecution (see §25.093 below).
2. Parents will be informed that it is their duty to monitor the student's school attendance and require the student to attend school.
3. A conference between parent and school officials shall take place to discuss absences.
4. The fact that a parent does not receive prior absence warnings does not create a defense for the prosecution.
5. In this section, "parent" includes a person standing in parental relation.

Under **§25.093**, a parent commits an offense and an attendance officer or other appropriate school official shall file a complaint against the parent if:

1. The child has absences for the amount of time specified under §25.094 above.
2. A warning is issued as stated in §25.095 above.
3. The parent with criminal negligence fails to require the child to attend school as required by law.
4. The parent and child will be summoned to a justice court in the applicable precinct.
5. An offense under this subsection is considered a Class C misdemeanor

**Comprehensive Care Center  
300 Vocational Drive  
El Paso TX 79915**

**\*TVFC – Texas Vaccines for Children**

The Comprehensive Care Center provides the following services to all students and their children who are enrolled in the Ysleta ISD:

**Medical Services**

- General Primary Health Care
- Sports Physicals
- Diagnosis and Treatment of Acute Illnesses
- Diagnosis and Treatment of Minor Injuries
- Diagnosis and Treatment of Sexually Transmitted Diseases
- Laboratory Testing
- Pregnancy Testing and Counseling
- Health Education
- Nutrition Education
- Immunizations (as per TVFC protocol\*)
- ADD/ADHD Evaluations (\$25.00)

Cost for Services: \$20.00 per medical visit  
\$10.00 one immunization  
\$15.00 two or more  
Immunizations  
Laboratory tests are additional

**Dental Services**

- Examinations
- Cleanings and Fluoride Treatments
- Fillings
- Repair of broken/chipped teeth
- X-rays
- Limited extractions
- Pulpotomy
- Sealants
- Education on Oral Hygiene

Cost for services is reduced and varies according to procedure.

Estimates are available

All Services Available by Appointment

Only Please call (915) 434-7200 to  
schedule an appointment

**We Are Open All Summer**

El Centro de Cuidados Comprensivos ofrece los siguientes servicios a todos los estudiantes y sus hijos del distrito de Ysleta:

**Servicios Medicos**

- Cuidado General de Salud
- Físicos para deportes
- Diagnostico y Tratamiento de enfermedades Agudas
- Tratamientos de Heridas Menores
- Diagnostico y Tratamiento de Enfermedades Transmitidas Sexualmente
- Pruebas de Laboratorio
- Pruebas de Embarazo y Consejera
- Educación de Salud
- Educación de Nutrición
- Vacunas (por el protocolo de TVFC\*)
- Evaluaciones de ADD/ADHD (\$25.00)

Costo por servicios: \$20.00 por visita  
\$10.00 por una vacuna  
\$15.00 por dos o mas vacunas  
Costo adicional por cualquier trabajo de laboratorio.

**Servicios Dentales**

- Chequeos
- Limpieza de dientes
- Rellenos
- Reparación de dientes quebrados
- Rayos X
- Extracciones limitadas
- Endodoncia limitada
- Educación de Hiegene Oral

Costo por los servicios: Reducido; varia dependiendo del tratamiento.

Ofrecemos presupuestos

Nuestro Servicios Son Disponibles por Cita  
Solamente

Por Favor llame (915) 434-7200 Para hacer una  
cita

**Estamos Abierto Durante El Verano**