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# SUMMER SEMESTER 2011 PACKET

## MIDDLE SCHOOL

### Summer Semester Coordinators

High School Coordinator:	Dr. Dolly Adams	(830) 221-2900
Middle School Coordinator:	Karen Stevens	(830) 221-2950
Bilingual Coordinator:	Jose Salazar	(830) 221-2626
ESY/Special Ed. Coordinator:	Cindie Walker	(830) 221-2047
SSI 5 <sup>th</sup> /8 <sup>th</sup> Grade Coordinator:	Kathy Williams	(830) 221-2114

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# MIDDLE SCHOOL

## STUDENT AND PARENT HANDBOOK

### REGISTRATION PROCEDURES:

- Registration is May 2, 2011 through June 9, 2011 for Summer Semester Session 1.
- Students may register for Session 2 through June 30, 2011.
- Students will be able to register at their home campuses in the counseling offices through June 9, 2011.
- Students must fill out the required Summer Semester documents and receive the appropriate signatures in order to register for the summer classes.

### OUT OF DISTRICT STUDENTS:

- If a student normally attends a school other than CISD, but is staying/living with a parent who resides within the district boundaries, this student will be treated as an in-district student.
- NBISD students will pay in-district fees.

### REGISTRATION PACKET/MATERIALS:

Students will be required to complete and return the following documents:

- Tuition Waiver Form (if eligible)
- Middle School Summer Semester 2011 Registration Form
- Receipt of Summer Semester 2011 Student and Parent Handbook
- Student Agreement for Acceptable Use of Electronic Communication System
- Transportation Request Form (if requesting transportation)
- Summer Semester 2011 – Student Emergency Card

### ATTENDANCE:

There are no excused absences during Summer Semester.

- Missing one day in Summer Semester is equivalent to missing two weeks during the regular term.
- A maximum of 1 absence is permitted during each session of Summer Semester.
- Students with more than 1 absence may be withdrawn from class and lose their credit. There are no refunds.

### TARDINESS:

- Because of the short length of class sessions and academic intensity, prompt and consistent attendance is required.
- Students who are tardy (more than 10 minutes late) three times are subject to withdrawal from class without refund or credit. *Note:* 3 tardies = 1 absence.

### STUDENT ID:

Secondary students will be required to wear their Comal ISD student ID badges during the Summer Semester.

**CLOSED CAMPUS:**

- Summer Semester Program is a CLOSED CAMPUS. Once students arrive at the campus, they are not allowed to leave to purchase breakfast or lunch off-campus.

**FREE AND REDUCED LUNCH STATUS:**

Students will be identified for free and reduced lunches based on their status for the current school year.

- Breakfast and lunch will be available for all students. The cost for meals will be the same as the previous school year.
- Students who qualify for free and reduced lunch during the 2010-2011 school year will qualify during the summer as well.

**DISCIPLINE MANAGEMENT:**

Students attending Summer Semester in CISD are held to the STUDENT CODE OF CONDUCT and Discipline Management System of CISD. Infractions of the CISD Code of Conduct may cause withdrawal from Summer Semester without a refund.

Minor Infraction:

- Student and Parents will be given two warnings by phone and/or in writing.
- The third minor infraction will constitute removal from the Summer Semester program.

Major Infraction:

- Any major infraction, including, but not limited to, drugs, alcohol, weapons, and other to be determined by administration, will constitute an immediate removal from Summer Semester and will be subject to disciplinary action determined by the CISD Student Code of Conduct.

The CISD CODE OF CONDUCT may be accessed at [www.comalisd.org](http://www.comalisd.org).

**DOCUMENTATION OF CREDITS EARNED:**

- A copy of the Notification of Summer Credit form will be provided to the student to keep for their records.
- Students from out of district will use the Notification of Summer Credit form to document credits earned.

**TUITION WAIVER PROCEDURE:**

Students may qualify for a reduced tuition if one of the following criteria is met:

- Resides in residential placement facility----- Free Tuition
- Migrant status----- Free Tuition
- Homeless status----- Free Tuition
- SSI 8th Grade Reading/Math eligible----- Free Tuition
- Free lunch status----- pay \$25 per course
- Reduced Lunch status----- pay \$50 per course

The Tuition Waiver Form on page 4 must be filled out and returned with registration packet to student's home campus.

**CDC:**

Students enrolled in CDC at the end of the school year will complete their hours during summer at the CDC campus during Summer Semester Session I. If you have any questions or for more information, please contact Karen Stevens at (830) 221-2590.

# Tuition Waiver Form - Summer Semester 2011

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Campus:** \_\_\_\_\_

Waiver of tuition for CISD Summer Semester, 2011 is being requested for the following reason(s):

- Resides in a residential placement facility
- Migrant program
- Homeless
- Attended DAEP/CDC during 2010/2011 school year
- Free lunch (student pays \$25.00 per course)
- Reduced lunch (student pays \$50.00 per course)
- Other (explain below)

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## Office Use Only:

- Tuition waiver approved
  - Tuition waiver not approved
- Reason: \_\_\_\_\_

Counselor's Signature \_\_\_\_\_  
(Home Campus)

Principal's Signature \_\_\_\_\_  
(Home Campus)

# Extended School Year (ESY) Services (SPECIAL EDUCATION)

**Program Coordinator – Cindie Walker**

**PROGRAM DESCRIPTION:** Provided to students receiving special education services that because of a lack of instruction would regress in a major life domain and would not be able to recoup the skill without intensive intervention, which would affect their programming and/or least restrictive environment.

**DATES:**

Summer Semester Dates	Time		Campus Locations	
	Student	Staff	Hill Country	In Town
June 13 - June 30, 2011 and July 11 - July 28, 2010 (No school on Fridays)	8:00 - 12:00	7:30 - 12:30	Elementary - BBES Secondary - SBMS	Elementary & Secondary - FES

**STAFF TO STUDENT RATIO:** Varies – determined by student need.

**TRANSPORTATION:** Determined by ARD.

**CURRICULUM:** Students will work on IEP goals/objectives addressing areas of regression in critical skill areas.

**BREAKS/SNACKS:** Breakfast and snacks will be provided.

**STUDENT REGISTRATION:** Determined by ARD (**there is no registration form to submit for this service.**)

## School Success Initiative (SSI) 8th Grade Program: Program Coordinator – Kathy Williams

**PROGRAM DESCRIPTION:** Intensive Learning interventions in the areas of 8<sup>th</sup> grade reading and mathematics.

**TUITION:** No fee - eligibility based on TAKS Reading and TAKS Math scores. Parents must complete Middle School Summer Semester 2011 Registration Form to apply for this program. Approval of registration determined by campus counselor.

**DATES:**

Summer Semester Dates	Time		TAKS Testing Dates		Campus Locations	
	Student	Staff	Math	Reading		
June 6 – June 30, 2011 (No School on Fridays)	8:00–10:00 and/or 10:00–12:00	7:30–12:30	6/28/11	6/29/11 *(6/30/11 if needed for the dyslexia bundle)	Morningside Elementary	Bill Brown Elementary

**STAFF TO STUDENT RATIO:** 1:10

**TRANSPORTATION:** Parents can provide transportation or request district transportation at no cost to the student/parent from designated locations. Transportation locations are included on the Transportation Request Form (pg. 10).

**CURRICULUM:** Based on individual student needs which will be identified by TAKS test results. Teachers and curriculum coordinators will be responsible for gathering materials to support instruction

**BREAKS/SNACKS:** Snacks will be provided and breaks are built into the students' day. Breakfast will be available at no cost to students who qualify for free or reduced meals. Lunch will not be provided as the students' day ends at 12:00.

# SSI 8<sup>th</sup> Grade Summer Semester 2011 Registration Form

Student Name: \_\_\_\_\_ CISD ID # \_\_\_\_\_

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

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

\_\_\_\_\_

E-mail address: \_\_\_\_\_

Home Campus: \_\_\_\_\_ Grade 2010/11: \_\_\_\_\_ DOB: \_\_\_\_\_

\*Parent phone number \_\_\_\_\_

**\*It is very important that we have a working phone number. The campus principal may need to contact you regarding Summer Semester registration.**

**Summer School Site (check only one):**

Bill Brown Elementary School

Morningside Elementary School

Please indicate if student has an IEP or 504 Accommodation Plan: \_\_\_\_\_ **IEP** \_\_\_\_\_ **504 Plan**

Campus should attach a copy of the most recent accommodations page including TAKS accommodations.  
Do not attach the entire IEP or 504 Plan.

Parents, please indicate below which program your child will be enrolled in for summer school:

School Success Initiative (for students who will be taking the 3<sup>rd</sup> administration of the TAKS test)  
\_\_\_\_\_ 8<sup>th</sup> Grade **Reading** \_\_\_\_\_ 8<sup>th</sup> Grade **Math**

Please indicate session preference: \_\_\_\_\_ 8:00 – 10:00 a.m. Session I

\_\_\_\_\_ 10:00 – 12:00 p.m. Session II

Campus Counselor or Administrator Signature: \_\_\_\_\_

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

## **PARENTS,**

**Please return completed packet to your child's teacher including:**

- SSI 8<sup>th</sup> Grade Summer Semester 2011 Registration Form
- Receipt of Summer Semester 2011 Middle School Student and Parent Handbook
- CISD Acceptable Use Policy Student and Parent Agreement
- Transportation Request Form (if requesting transportation) pg. 8-9
- Summer Semester 2011 – Student Emergency Card

\*CISD Campus Counselors/Staff forward SSI 8<sup>th</sup> Grade Registration packet (including accommodations page and/or TAKS accommodations from IEP or 504 Plan) to:

BBES Site selection: ATTN: Kevin Howell @ SVMS

MES Site selection: ATTN: Kathy Thomas @ MES

# Transportation Request Form SSI 8<sup>th</sup> Grade

Summer school transportation is provided at no cost to the students. Parents must complete the following information.

*This form must be turned in with the summer school registration packet.*

**Print**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Which campus and program did your student attend in the 2010-2011 school year? \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Parent's cell number: \_\_\_\_\_

Parent's work number: \_\_\_\_\_ Other: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Emergency contact's phone numbers: \_\_\_\_\_

**Check**

My student *will not* ride the shuttle bus.

My student **will ride** the shuttle bus. Shuttle times and pick up/drop off locations are listed below. Please indicate which shuttle your child will be accessing by placing a check mark on column.

Bill Brown Elementary Route 1		
	TIME	LOCATION
	6:49 am 12:40 pm 4:10 pm	JANA LN & JESSICA LN
	6:58 am 12:49 pm 4:19 pm	1470 CYPRESS COVE RD
	7:03 am 12:54 pm 4:24 pm	REBECCA CREEK RD & SUNSET PARK
	7:14 am 12:26 pm 3:56 pm	CYPRESS GARDENS BLVD & HONDA PASS
	7:18 am 12:30 pm 4:00 pm	INDIAN CANYON & LONE SHADOW
	7:22 am 12:21 pm 3:51 pm	INDIAN HILLS ENTRANCE
	7:28 am 12:13 pm 3:43 pm	COYOTE RIDGE DR & COYOTE VISTA
	7:38 am 12:07 pm 3:37 pm	RIVER CROSSING BLVD & STEEPLEBROOK

Bill Brown Elementary Route 3		
	TIME	LOCATION
	6:45 am 12:58 pm 4:28 pm	FM 306 & NORTH PARK RD (PARKING LOT)
	6:52 am 12:51 pm 4:21 pm	PECAN ROW & SATTLER RD
	6:58 am 1:12 pm 4:21 pm	FM 2673 & ISLAND VIEW DR
	7:03 am 12:41 pm 4:11 pm	DOROTHY DR & OLD SATTLER RD
	7:08 am 12:33 pm 4:03 pm	GREENWOOD ST & OVERHILL ST
	7:11 am 12:35 pm 4:05 pm	HIDDEN FAWN & SCENIC RUN & SIR GALAHAD
	7:29 am 12:15 pm 3:45 pm	1400 RIDGE CREEK LN
	7:36 am 12:06 pm 3:36 pm	17059 STATE HWY 46 W

Bill Brown Elementary Route 2		
	TIME	LOCATION
	6:51 am 12:50 pm 4:20 pm	REBECCA CREEK RD & SPLIT MOUNTAIN
	7:13 am 12:31 pm 4:01 pm	7200 SPRING BRANCH RD
	7:26 am 12:18 pm 3:48 pm	CACTUS CT & QUAIL HILL DR
	7:26 am 12:18 pm 3:48 pm	DOVE TREE RD & QUAIL HILL DR
	7:31 am 12:10 pm 3:40 pm	CROWN DR & GRASSLAND
	7:32 am 12:10 pm 3:40 pm	CALICHE CT & CROWN DR
	7:33 am 12:11 pm 3:41 pm	CHESTNUT SPGS & HILLSIDE OAKS
	7:33 am 12:12 pm 3:42 pm	HILLSIDE OAKS & WINDMILL BREEZE
	7:35 am 12:13 pm 3:43 pm	BULVERDE RD & HILLSIDE OAKS
	7:40 am 12:03 pm 3:33 pm	ALGERITA LN & FARHILLS DR & LIMESTONE CIR
	7:41 am 12:04 pm 3:34 pm	ANGELS HILL RD & FARHILLS DR

Bill Brown Elementary Route 4		
	TIME	LOCATION
	6:52 am 12:52 pm 4:22 pm	OLYMPUS (BY PARK)
	7:05 am 12:14 pm 3:44 pm	COCHISE TRL & NYACK PASS
	7:06 am 12:15 pm 3:45 pm	CRAZY HORSE DR & NAKOOSA DR
	7:07 am 12:17 pm 3:47 pm	PAPOOSE PASS & PINE EAGLE LN
	7:08 am 12:18 pm 3:48 pm	CRAZY HORSE DR & WAUKEE PASS
	7:12 am 12:21 pm 3:51 pm	MISTY WATER LN & TIMBERLINE DR (PARK)
	7:17 am 12:26 pm 3:46 pm	MOCK ORANGE & OVERLOOK PKWY
	7:23 am 12:33 pm 4:03 pm	WILDERNESS OAK & WILLARD PATH
	7:24 am 12:34 pm 4:04 pm	PRESERVE CREST & PRESERVE PKWY
	7:31 am 12:41 pm 4:11 pm	TRINITY FALLS & TRINITY PARK

<b>Morningside Elementary Route 1</b>		
	<b>TIME</b>	<b>LOCATION</b>
	7:09 am 12:19 pm 3:49 pm	FREIHEIT RD & LAKE FRONT AVE
	7:10 am 12:20 pm 3:50 pm	DUNLAP DR & DUNLAP LP (CLOSEST TO HWY 46)
	7:11 am 12:21 pm 3:51 pm	MISTY ACRES DR & STATE HWY 46 S
	7:12 am 12:22 pm 3:52 pm	1073 RIVERTREE DR
	7:21 am 12:32 pm 4:02 pm	SAUDER DR & SAUDER FARMS RD
	7:23 am 12:34 pm 4:04 pm	BESS ST & CENTER ST
	7:32 am 12:44 pm 4:14 pm	STONE GATE DR & STONE PT
	7:33 am 12:45 pm 4:15 pm	STONE BRANCH & STONE GATE DR
	7:36 am 12:48 pm 4:18 pm	123 ALVES LN
	7:37 am 12:49 pm 4:19 pm	DOLLAR DR & STATE HWY 46 S
	7:38 am 12:50 pm 4:20 pm	BARTELS ST (BEHIND CONVENIENCE STORE)
	7:38 am 12:50 pm 4:20 pm	BARTELS ST & BRAUNFELS EAST DR
	7:39 am 12:51 pm 4:21 pm	VALERO DR & VENTURA DR

<b>Morningside Elementary Route 2</b>		
	<b>TIME</b>	<b>LOCATION</b>
	7:13 am 12:20 pm 3:42 pm	EMERALD LN & LIMESTONE DR
	7:14 am 12:21 pm 3:43 pm	DOVE CREST LOOP & LIMESTONE DR
	7:17 am 12:24 pm 3:50 pm	POST RD & RICHTER LN
	7:19 am 12:26 pm 3:51 pm	GLENBROOK DR & GRUENE RD
	7:20 am 12:27 pm 3:53 pm	GRUENE RD & WELL ST
	7:21 am 12:28 pm 3:56 pm	ANHALT DR & LAHN RD
	7:25 am 12:32 pm 4:00 pm	FAIR LN & HILLCREST DR
	7:27 am 12:35 pm 4:04 pm	RIVERSIDE DR & SANDLEWOOD DR
	7:32 am 12:40 pm 4:10 pm	CAMELBACK DR & CLUB CROSSING
	7:37 am 12:45 pm 4:15 pm	FM 306 & WINDGATE DR

<b>Morningside Elementary Route 3</b>		
	<b>TIME</b>	<b>LOCATION</b>
	6:52 am 12:27 pm 4:02 pm	GOODWIN LN & NORTHGATE CIR
	6:53 am 12:28 pm 4:03 pm	GOODWIN LN & NORTHWAY DR
	6:56 am 12:31 pm 4:05 pm	LONESOME QUAIL & MORNING QUAIL
	6:58 am 12:33 pm 4:07 pm	NORTHWEST CROSSING DR & OLD COACH DR
	7:06 am 12:41 pm 4:16 pm	HAVENWOOD BLVD & OTTER WAY
	7:17 am 12:52 pm 4:27 pm	CANEY CREEK RD & YORK CREEK RD
	7:22 am 12:58 pm 4:33 pm	ROLLING RDG & WILDFLOWER TRL
	7:28 am 1:03 pm 4:38 pm	185 WATSON LN E

<b>Morningside Elementary Route 4</b>		
	<b>TIME</b>	<b>LOCATION</b>
	6:57 am 12:25 pm 3:55 pm	7735 FM 482
	7:00 am 12:28 pm 3:58 pm	18905 IH 35 N ACCESS RD
	7:04 am 12:35 pm 4:02 pm	CORRIDOR OAKS & FM 1103
	7:18 am 12:49 pm 4:16 pm	GREEN VALLEY RD & KOEHLER RD
	7:29 am 1:00 pm 4:27 pm	4762 OLD HIGHWAY 81
	7:29 am 1:01 pm 4:28 pm	5000 OLD HIGHWAY 81
	7:31 am 1:02 pm 4:29 pm	LOUELLA DR & RUSCH LN
	7:32 am 1:04 pm 4:30 pm	5078 FM 482
	7:33 am 1:05 pm 4:31 pm	4863 FM 482
	7:34 am 1:06 pm 4:32 pm	4752 FM 482
	7:36 am 1:07 pm 4:34 pm	4104 FM 482
	7:36 am 1:08 pm 4:35 pm	3824 FM 482
	7:44 am 1:15 pm 4:42 pm	1820 WALD RD
	7:45 am 1:16 pm 4:43 pm	1698 WALD RD
	7:48 am 1:19 pm 4:46 pm	141 RUECKLE RD

Special notes or considerations:

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## Middle School Credit Recovery: Program Coordinator – Karen Stevens

**PROGRAM DESCRIPTION:** Courses will be provided to students who have not passed core subject areas and will not be promoted to the next grade level. Classes will be offered for a 5-hour block per subject area each day. Students may recover a maximum of 1 course per summer session.

**TUITION:**

In-District	Out of District
\$150 for 1 session	<b>NOT AVAILABLE</b>

**DATES:**

	Summer Semester Dates	Program	Student	Staff	Campus Location
<b>Session 1: **CDC Middle School Students Only</b>	June 13 to June 30, 2011 (No school on Fridays)	Instructor Led	8:00 - 1:00	7:30 - 1:30	CDC
<b>Session 2: All other Middle School Students</b>	July 11 to July 28, 2011 (No school on Fridays)	Instructor Led	8:00 - 1:00	7:30 - 1:30	CDC

**TRANSPORTATION:** Parents can provide transportation or request district transportation at no cost to the student/parent from designated locations. Transportation locations are included on the Transportation Request Form (pg. 10).

**MIDDLE SCHOOL COURSES OFFERED:** All course offerings are contingent upon minimum number of students enrolling in course.

	6 <sup>th</sup> Grade	7 <sup>th</sup> Grade	8 <sup>th</sup> Grade
<b>Session 1 And Session 2</b>	Language Arts Math Science Social Studies	Language Arts Math Science Social Studies	Language Arts Math Science Social Studies

**CURRICULUM:** State adopted textbooks and materials to meet the TEKS.

**MEALS:** Breakfast and lunch will be available at the same cost as the previous school year. Student with a free/reduced lunch status will still apply.



# Receipt of Summer Semester MS Handbook

By signing below, I am indicating that I have received a copy of the **Summer Semester 2011 Middle School Student and Parent Handbook**.

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

\_\_\_\_\_  
10-11 Grade Classification

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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## CISD Acceptable Use Policy

### STUDENT AGREEMENT FOR ACCEPTABLE USE OF THE ELECTRONIC COMMUNICATIONS SYSTEM

#### STUDENT AGREEMENT:

Grade \_\_\_\_\_ Campus Name \_\_\_\_\_

I understand that my computer use is not private and that the District will monitor my activity on the computer system. I have read the District's electronic communications system policy and administrative regulations and agree to abide by their provisions. I understand that violation of these provisions may result in suspension or revocation of system access and other disciplinary action consistent with District policies.

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

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

#### PARENT AGREEMENT:

I have read the District's Guidelines for Acceptable Use of Comal Independent School District Technology Resources, and this agreement form. In consideration for the privilege of my child using the District's electronic communications system, and in consideration for having access to the public networks, I hereby release the District, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from child's use of, or inability to use, the system, including, without limitation, the type of damage identified in the District's policy, and administrative regulations.

Parent's Name (please print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

# Transportation Request Form – Middle School

Summer school transportation is provided at no cost to the students. Parents must complete the following information. *This form must be turned in with the summer school registration paperwork.*

**Print**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Which campus and program did your student attend in the 2010-2011 school year? \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Parent's cell number: \_\_\_\_\_

Parent's work number: \_\_\_\_\_ Other: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Emergency contact's phone numbers: \_\_\_\_\_

**Check**

\_\_\_\_\_ My student **will not** ride the shuttle bus.

\_\_\_\_\_ My student **will ride** the shuttle bus. Shuttle times and pick up/drop off locations are listed below. Please indicate which shuttle your child will be accessing by placing a check mark on column.



<b>ROUTE 1</b>			
	AM PICK UP TIME	PM DROP OFF TIME	LOCATION
<input type="checkbox"/>	6:33 AM	2:09 PM	Timberwood Park Elementary
<input type="checkbox"/>	6:45 AM	1:57 PM	Specht Elementary
<input type="checkbox"/>	7:01 AM	1:41 PM	Johnson Ranch Elementary

  

<b>ROUTE 2</b>			
	AM PICK UP TIME	PM DROP OFF TIME	LOCATION
<input type="checkbox"/>	6:50 AM	1:52 AM	Bill Brown Elementary (Front)
<input type="checkbox"/>	7:05 AM	1:36 PM	Smithson Valley Middle School

  

<b>ROUTE 3</b>			
	AM PICK UP TIME	PM DROP OFF TIME	LOCATION
<input type="checkbox"/>	7:00 AM	1:43 PM	Startzville Elementary
<input type="checkbox"/>	7:17 AM	1:27 PM	Mountain Valley Middle School

  

<b>ROUTE 4</b>			
	AM PICK UP TIME	PM DROP OFF TIME	LOCATION
<input type="checkbox"/>	6:42 AM	1:40 PM	Rebecca Creek Elementary
<input type="checkbox"/>	7:00 AM	1:59 PM	Canyon Lake High School

  

<b>ROUTE 5</b>			
	AM PICK UP TIME	PM DROP OFF TIME	LOCATION
<input type="checkbox"/>	7:13 AM	1:42 PM	Garden Ridge Elementary
<input type="checkbox"/>	7:38 AM	1:17 PM	Morningside Elementary

  

<b>ROUTE 6</b>			
	AM PICK UP TIME	PM DROP OFF TIME	LOCATION
<input type="checkbox"/>	6:58 AM	1:12 PM	Clear Springs Elementary
<input type="checkbox"/>	7:20 AM	1:34 PM	Oak Creek Elementary
<input type="checkbox"/>	7:31 AM	1:45 PM	Hoffman Lane Elementary

Special notes or considerations:

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## Summer Semester 2011 - Student Emergency Card

Student Name: \_\_\_\_\_ Male/Female Birthdate: \_\_\_\_\_  
Last, First Middle ( Circle )

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ Student lives with: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work: ( ) \_\_\_\_\_ - \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work: ( ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone 1: ( ) \_\_\_\_\_ - \_\_\_\_\_ Phone 2: ( ) \_\_\_\_\_ - \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Medical Insurance:  Uninsured  Medicaid/CHIPS  Private Insurance

Please check any conditions your child has which may require attention at school: (check all that apply)

(Authorization forms are required for all medical care- please visit the school nurse before the first day of school)

- Diabetes  Asthma  Seizures  History of severe allergic reactions (from) \_\_\_\_\_
- Requires medications at school (list) \_\_\_\_\_
- Requires medical treatments/procedures at school (list) \_\_\_\_\_
- Other: \_\_\_\_\_

Health information may be shared with your student's teachers, as needed, to promote immediate medical care in an emergency. I consent to school officials authorizing emergency medical treatments if parents/guardians cannot be contacted.

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