

# LEAKEY ISD

*"Soaring to Success"*



## 2024-2025 New Student Enrollment Packet

In this packet you will find:

1. 2024-25 Registration Form
2. Student Enrollment Questionnaire
3. Pre-Kindergarten Information Form
4. Home Language Survey
5. Bus Information Form
6. Free and Reduced School Meal Application and directions

The district will need copies of the following:

1. Birth Certificate
2. Immunization Record
3. Student Social Security Card
4. Parent Identification
5. Proof of (in district) Residency. (utility, bill, lease, ect..)

This school district and its Career and Technology Education Program does not discriminate on the basis of sex, disability, race, color, age or national origin in its educational programs, activities, or employment as required by Title IX, Section 504 and Title VI.

Este district escolar y su Programa Educacional de Carrera y Tecnologia no discriminan en base a sexo, discapacidad, raza, color, edad u origen nacional en sus

P.O. Box 1129  
429 North Highway 83  
Leakey, TX 78873  
Phone: 830.232.5595 Ext. 2101  
Fax: 830.232.5535  
gantes@leakeyisd.net

**LEAKEY SCHOOL Registration Form for School Year 2024 - 2025**

Campus Name: LEAKEY SCHOOL      Campus Phone: (830) 232-5595      Campus Fax: (830) 232-5535

**STUDENT INFORMATION**

Local ID \_\_\_\_\_ Student Name \_\_\_\_\_ Grade Level \_\_\_\_\_ Orig Entry Dt \_\_\_\_\_ Track \_\_\_\_\_ SSN \_\_\_\_\_  Hispanic  Pacific Islander  
 White  Black  
Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birth Place \_\_\_\_\_ Age (Sept 1st) \_\_\_\_\_ Texas Unique ID \_\_\_\_\_  Asian  American Indian  
Address: \_\_\_\_\_ Student Home Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_  
Student Email: \_\_\_\_\_ Will your child be using bus transportation to get to school?  Yes  No

**PARENT INFORMATION**

1. Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_ 2. Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, St, Zip: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Bus Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Bus Ph: \_\_\_\_\_  
Other Ph: \_\_\_\_\_ Phone Pref:  Cell  Home  Business  Other Other Ph: \_\_\_\_\_ Phone Pref:  Cell  Home  Business  Other  
Receive Mailouts:  Yes  No Language Pref:  English  Spanish Receive Mailouts:  Yes  No Language Pref:  English  Spanish  
Emergency Contact:  Yes  No Email: \_\_\_\_\_ Emergency Contact:  Yes  No Email: \_\_\_\_\_  
Svc Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Enrolling Person: \_\_\_\_\_ Svc Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Enrolling Person: \_\_\_\_\_  
Right to Transport:  Yes  No Driver License #: \_\_\_\_\_ State: \_\_\_\_\_ Right to Transport:  Yes  No Driver License #: \_\_\_\_\_ State: \_\_\_\_\_  
Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_  
Vehicle Plate #: \_\_\_\_\_ State: \_\_\_\_\_ Vehicle Plate #: \_\_\_\_\_ State: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Bus Ph: \_\_\_\_\_  
Other Ph: \_\_\_\_\_ Phone Pref:  Cell  Home  Business  Other Right to Transport:  Yes  No Driver License #: \_\_\_\_\_ State: \_\_\_\_\_  
Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Bus Ph: \_\_\_\_\_  
Other Ph: \_\_\_\_\_ Phone Pref:  Cell  Home  Business  Other Right to Transport:  Yes  No Driver License #: \_\_\_\_\_ State: \_\_\_\_\_  
Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_  
Doctor: \_\_\_\_\_ Bus Ph: \_\_\_\_\_ Dentist: \_\_\_\_\_ Bus Ph: \_\_\_\_\_  
Hospital: \_\_\_\_\_ Bus Ph: \_\_\_\_\_ Other Medical: \_\_\_\_\_ Bus Ph: \_\_\_\_\_  
List any Allergies or Health Concerns: \_\_\_\_\_

**SIBLING INFORMATION**

Brothers/Sisters	Grade	School	Brothers/Sisters	Grade	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**BUS INFORMATION**

Eligible: \_\_\_\_\_ Seat: \_\_\_\_\_ Special Requirements \_\_\_\_\_  
Route: \_\_\_\_\_ Run: \_\_\_\_\_ Transportation: \_\_\_\_\_  
Pickup Stop: \_\_\_\_\_ Dropoff Stop: \_\_\_\_\_ Special Seating: \_\_\_\_\_  
Pickup Assigned: \_\_\_\_\_ Dropoff Assigned: \_\_\_\_\_ Wheelchair: \_\_\_\_\_  
Pickup Route: \_\_\_\_\_ Dropoff Route: \_\_\_\_\_

The above information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records or information is a violation of state law and may subject you to tuition cost for your child. I certify that the information given above is correct. I authorize the school to contact the person named on this form and the above named physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physician, or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.

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

**(For Office Use Only)**

Teacher Name: \_\_\_\_\_ Control Nbr: \_\_\_\_\_ Eligibility Code: \_\_\_\_\_  
Birth Certificate on File: \_\_\_\_\_ Mil Conn: \_\_\_\_\_ Foster Care: \_\_\_\_\_ Immunization on File: \_\_\_\_\_ Title I: \_\_\_\_\_  
Soc Sec Copy on File: \_\_\_\_\_ At Risk: \_\_\_\_\_ Migrant: \_\_\_\_\_ Hm Lng: \_\_\_\_\_  
Gift: \_\_\_\_\_ LEP: \_\_\_\_\_ BIL: \_\_\_\_\_ ESL: \_\_\_\_\_ Par Per: \_\_\_\_\_ Econ: \_\_\_\_\_ Special Education: Prim: \_\_\_\_\_ Sec: \_\_\_\_\_ Tert: \_\_\_\_\_ Multi: \_\_\_\_\_

# Leakey ISD Pre-Kindergarten Information

To have the best opportunity for your child to participate in this program, please answer all questions and return this form as soon as possible.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents' Names \_\_\_\_\_

Physical Address \_\_\_\_\_

(If over 2 miles from school, will transportation be required? \_\_\_\_\_)

Mailing Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

Parents' e-mail address \_\_\_\_\_

Parent cell numbers \_\_\_\_\_

## State-Required Information:

1. What language does your child speak most of the time? \_\_\_\_\_

2. What language is spoken in your home most of the time? \_\_\_\_\_

3. Do you have other children who participate in the free or reduced-price lunch program? \_\_\_\_\_  
If so what are their name? \_\_\_\_\_

Would you like to see if you qualify for the free or reduced-price lunch program? \_\_\_\_\_ If yes, the  
The application is attached. Please submit it as soon as possible.

4. Does the child live with one or both parents? \_\_\_\_\_ If not, what is your relationship  
with the child? \_\_\_\_\_

5. Is a parent currently on active duty in the military \_\_\_\_\_ If so, please provide the child's  
military dependent identification card to the Superintendent for verification.

6. Has the child ever been in foster care? \_\_\_\_\_

For additional information, please contact Leakey ISD Superintendent, Chris Yeschke at 830-232-5595.

Please return the form by either scanning and e-mailing OR dropping it by the Superintendent's office  
Applications will be time and date stamped. Thank you.

## STUDENT ENROLLMENT QUESTIONNAIRE

STUDENT'S NAME: \_\_\_\_\_

Please complete the following questionnaire. The responses on this questionnaire will remain confidential and will be viewed only by the school's administrators, counselors, your child's teacher(s) and special educational personnel if necessary.

On each question, please circle YES or NO answer in the space provided.

- Yes No 1. Has your child ever been in an above grade level program (example: Gifted/talented and/or honors program)? If yes, which grade(s)? \_\_\_\_\_
- Yes No 2. Has your child ever been tested for a disability? If yes please indicate in which grade tested. \_\_\_\_\_ Did they qualify? Yes \No
- Yes No 3. Has your child ever been in a special education program (example: :LifeSkills, PPCD, Inclusion, CMC)? If yes, which grade(s)?
- Yes No 4. Has your child ever qualified for Section 504? \_\_\_\_\_ Which grade'?
- Yes No. 5. Has your child ever been in a speech therapy program? If yes, indicate which grade(s)
- Yes No 6. Has your child ever been served in a Title I Reading program? If yes, in which grade(s)?
- Yes No 7. Has your child ever been in an ESL or bilingual program? If yes, indicate which grade(s).
- Ye. No 8. Has your child ever been retained? If yes, Which grade(s) \_\_\_\_\_
- Yes No 9. Has your child ever been expelled or suspended? If so, when and for what?  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other information that you feel might be useful to us for the placement of your child?

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LEAKEY I.S.D. TRANSPORTATION DEPARTMENT

BUS RIDER REGISTRATION FORM

Complete the information below to register your student for bus service. This form must be received and approved by the transportation department before a student will be assigned to a bus.

RETURN COMPLETED FORM TO LEAKEY I.S.D. TRANSPORTATION DEPARTMENT

THIS FORM MUST BE COMPLETED BY 08/15/2024

PLEASE PRINT

NAME OF STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

HOUSE NUMBER AND STREET NAME: \_\_\_\_\_

WILL RIDE THE BUS:     A.M                       P.M

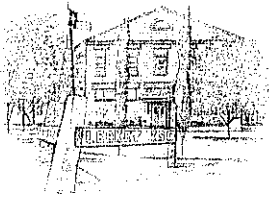
PARENT/GUARDIAN CONTACT INFORMATION:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

I acknowledge that I authorize the LISD Transportation Department to transport my student to and from the nearest bus stop based on my physical address. I acknowledge that it is my responsibility to re-register for transportation service if my address changes in the future. I acknowledge that the above request may take 3-5 business days to process, notify school administrators, bus drivers, and make necessary route changes. I acknowledge that it is my responsibility as the parent/guardian to ensure the safety of my student to and from the designated bus stop location. I further acknowledge that transportation is a privilege, not a right and my student will adhere to the LISD Bus Code of Conduct.

PARENT OR GUARDIANS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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## HOME LANGUAGE SURVEY

TO BE COMPLETED BY PARENT OR GUARDIAN (OR STUDENT IF GRADES 9-12): The state of Texas requires that the following information be completed for each student that enrolls for the first time in Texas public schools. This survey shall be kept in each student's permanent record folder.

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

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

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

2. What language does your child (do you) speak most of the time? \_\_\_\_\_

Date of initial entry into U.S. schools: \_\_\_\_\_

Have you or your family moved within the last three years to find seasonal or temporary work in the agricultural or fishing industry? \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent /Guardian or Student if Grades 9-12

\_\_\_\_\_  
Date

## Cuestionario del Idioma que se habla en el hogar

DEBE DE COMPLETARSE POR EL PADRE/MADRE/ O REPRESENTANTE LEGAL: (O POR EL ESTUDIANTE SI ESTA EN LOS GRADOS 9-12): El estado de Texas requiere que la siguiente información se complete para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Este cuestionario se archivará en el expediente del estudiante.

Nombre del Estudiante: \_\_\_\_\_

Fecha de Nacimiento: \_\_\_\_\_ Grado: \_\_\_\_\_

1. ¿Qué idioma se habla en su hogar la mayoría del tiempo? \_\_\_\_\_

2. ¿Qué idioma habla su hijo/a (usted) la mayoría del tiempo? \_\_\_\_\_

Fecha en la cuál el estudiante entro a la escuela en los Estados Unidos: \_\_\_\_\_

¿Se ha movido Ud. o su familia en los últimos tres años a fin de encontrar trabajo provisional en la industria agricola o pesquera? \_\_\_\_\_