



Newman International Academy

2023-2024 Enrollment Packet

Building the whole person for the whole world with wisdom, stature and favor!

Vision: Newman International Academy District is dedicated to raising a generation/generations of well-rounded individuals who will realize their worth and purpose, find their interest and gifting, develop their skills, reach their highest potential, and meet the demands of this nation and world by receiving personalized educational experiences in a disciplined, nurturing and character-building environment facilitated through partnership between faculty, students, parents and community.

In order to complete your Enrollment, here are next steps:

Step 1. Complete TEA Charter Student Admission Application.

Step 2. Complete 2023-24 Enrollment Packet.

Step 3. Collect all required documents.

Step 4. Bring completed TEA Charter Student Admission Application, completed Enrollment Packet and **ALL** required documents to the campus front office.

Step 5. You will be contacted for a Principal Informational Meeting.

Step 6. Once you have attended this meeting and all paperwork submitted, you will be notified if you are offered a seat at Newman International Academy.

Please note, the completed TEA Charter Student Admission Application, the Newman 23-24 Enrollment Packet and ALL required documents must be submitted in order to finalize enrollment. Enrollment is not complete until all required documents are on file. **Any falsification of records or omission of information is grounds for immediate dismissal and may prevent NIA from providing required services for your student.** Please call the campus office with any questions.

Required Documents:

- 1. Utility Bill (proof of residence)
- 2. Discipline Records/Discipline letter from previous school (Pursuant to TEC 12.111 (a) (6), NIA may deny admission to students with documented histories of a criminal offense, juvenile court adjudication, or discipline problems under TEC Chapter 37 A.)
- Completed Enrollment Packet
- Student's Birth Certificate (copy)
- Student's Social Security Card/Passport (copy)
- Parent/Guardian's Driver's License (copy)
- Report Card (most recent copy)
- Immunization Records (Student cannot attend without current immunizations or an exemption on file.)

Required Documents (If Applicable to Student):

- Transcript for grades 9-12
- Special Education, 504 & Dyslexia Records (Full individual evaluation, eligibility report, & last ARD or 504 form)
- Guardian/Conservator paperwork
- Department of Family and Protective Services paperwork
- Military Dependent paperwork
- SNAP, TANF, or other Income Eligibility (if establishing free Pre-K eligibility)
- Home Language Survey. The state of Texas require that a Home Language Survey be completed for **ALL** student who are enrolling in a Texas public and charter school for the first time.

https://cdns5-ss18.sharpschool.com/UserFiles/Servers/Server_173995/Image/Hidden%20Documents/2023-24/hls-tea-state-letter-all-08-2023-1.pdf

Newman International Academy will not discriminate in admissions based on gender, national origin, ethnicity, religion, disability, academic ability, artistic ability or athletic ability or the district the child would otherwise attend. Newman International Academy will admit students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities, generally accorded or made available to students at the school.

In the past year, has the student been serviced under the Special Education umbrella in any of the following areas:

- | | | |
|--|--|---|
| <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"/> Intellectual Disability | <input type="checkbox"/> Visually Impaired |
| | <input type="checkbox"/> Hearing Impaired | |

Please note your Campus Selection:

- | | |
|--|--------------------------|
| [NIAA] Fielder Campus (PreK—4th) | <input type="checkbox"/> |
| [NIAA] Site Campus (5th—6th) | <input type="checkbox"/> |
| [NIAAG] Gibbins Campus (7th—12th) | <input type="checkbox"/> |
| [NICH] Cedar Hill Elem Campus (PreK—6th) | <input type="checkbox"/> |
| [NICH] Cedar Hill Sec Campus (7th—12th) | <input type="checkbox"/> |
| [NIAM] Mansfield Campus (K—6th) | <input type="checkbox"/> |
| [NIAME] Mansfield East Campus (PreK—6th) | <input type="checkbox"/> |
| [NIAB] Bethlehem Campus (K-6th) | <input type="checkbox"/> |
| [NIAFW] Fort Worth Campus (PreK—6th) | <input type="checkbox"/> |
| [NIAW] Watauga Campus (PreK—6th) | <input type="checkbox"/> |

STUDENT INFORMATION		For Office Only:		
Grade For 2023—2024 School Year: _____		Enrollment Date: _____		
		Withdrawal Date: _____		
Student's Last Name	First Middle	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth ____/____/____	
Student's Social Security Number ____ - ____ - ____		Ethnicity? (Hispanic, white, etc.)		Country of Birth
Street address	Apt. Number	City/State/Zip		
Home Phone	Child lives with Parent? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other <input type="checkbox"/> Legal Guardian			
PARENT/GUARDIAN INFORMATION				
Father's Last Name	First Name	Middle Name	Home Phone	
Street address	Apt Number	City/State/ZIP		Cell
Employer	Employer Phone	Occupation	Email	
Mother's Last Name	First Name	Middle Name	Home Phone	
Street address	Apt Number	City/State/ZIP		Cell
Employer	Employer Phone	Occupation	Email	
FAMILY STATUS				
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____				
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	Driver's License # & State	Phone	2 nd Phone
Secondary Emergency Contact:	Relationship	Driver's License # & State	Phone	2 nd Phone
Third Emergency Contact:	Relationship	Driver's License # & State	Phone	2 nd Phone

Please note your Campus Selection:

- [NIAA] Fielder Campus (PreK—4th)
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- [NICH] Cedar Hill Sec Campus (7th—12th)
- [NIAM] Mansfield Campus (K—6th)
- [NIAME] Mansfield East Campus (PreK—6th)
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- [NIAFW] Fort Worth Campus (PreK—6th)
- [NIAW] Watauga Campus (PreK—6th)

Student Grade 2023-2024: _____

What School District do you live in? _____

What School would your child normally attend? _____

Has your child previously been enrolled at NIA? Yes No

If so, what year(s) and which campus? _____

Is your child currently being homeschooled? Yes No

Please select 3 of the top reasons you are enrolling your child at Newman.

- Academic Excellence
- Athletics
- Caring Staff
- Campus Size/ Class Size
- Campus Facilities
- Co-Curricular Classes (Chess, Debate, CS Lewis, Robotics, Cybersecurity)
- Character/ Discipline Emphasis
- Dual credit options
- Friends/Relatives at Newman
- Fine Arts (art, music & theater classes and performances)
- International Focus/ Diversity
- Location
- Safety/ Security
- Specific class/program (please specify which one): _____
- Vision/ Values

How did you hear about NIA?

- NIA Parent
- Word of Mouth
- Google Ad
- Mailer
- Sign
- Staff
- TV
- Radio
- Magazine

Please note your Campus Selection:

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Newman International Academy

STUDENT DISCIPLINARY ATTESTATION DISCLOSURE

Has the student been in an Alternative Disciplinary Campus in the past year?

Yes No

DAEP (Disciplinary Alternative Education Program)
JJAEP (Juvenile Justice Alternative Education Program)
OTHER (OTRO) _____

When (dates) _____

For what reason:

Has the student ever been suspended or expelled from school?

Yes No

When (dates) _____

Does the student have a documented history of criminal offense?

Yes No

If yes, please explain _____

Does the student have a documented history of discipline problems?

Yes No

If yes, please explain: _____

Has this student been subject to a school threat assessment review?

Yes No

You are also required to provide discipline records as part of the enrollment process.

I attest that all of the above information is true to the best of my knowledge, and recognize that any falsification of records is grounds for immediate dismissal.

Parent/Guardian Signature: _____ Date: _____

New Student Enrollment Packet

Student Name _____

DOB _____

Grade 2023—2024 _____



Please note your Campus Selection:

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- [NIAA] Site Campus (5th— 6th)
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- [NIAW] Watauga Campus (PreK—6th)

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 go 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 date 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 (71FR 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 people 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

This space is reserved for Local school observer – upon completion and entering date in student software system, file this form in student’s permanent folder.

Ethnicity—Choose only one

- Hispanic/Latino
- Not Hispanic/Latino

Race—Choose all that apply

- American Indian or Alaska Native
- Native or Other Pacific Islander
- Asian
- White
- Black or African American

Student Name _____

DOB _____

Grade 2023—2024 _____



Please note your Campus Selection:

- [NIAA] Fielder Campus (PreK—4th)
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Newman International Academy District

STUDENT RELEASE AUTHORIZATION

For Students Not Picked Up by Parent/Guardian

Dear Parents/Guardians:

Helping our students get home safely and in accordance with parent instructions is a primary concern at Newman International Academy. In order to ensure our students safety concerning pickup from school and/or a designated routine to return home, we would like your help.

For the safety of our students, any individual other than parents/guardians or anyone listed below who arrives to pick up a child may be asked to report to the office for proper identification. A valid form of identification is required when submitting this form. **Any changes to this form must be made in person by student’s Parent/Guardian.**

Car Pick-up/ Driving/ Car Service

Bicycle

My child’s authorized method of getting home after school each day is:

Walking

Day Care

Student drivers must fill out and submit the "Student Driver Approval Form" and provide vehicle information and proof of license. Upon approval, you will be provided with vehicle stickers and a parking space.

Full Name	Relationship (ex: Neighbor, Grandparent, Car Service, Daycare, Student Driver, etc.)	Phone Number	Driver’s License # and state to verify identity (if available)

Please fill out the table below for any adults/ student drivers/ car service/ daycares that are allowed to pick up your student. No need to list Parents/Guardians.

Optional

In addition to the

method(s) listed above, I give

permission for my student to ride the following

NIA shuttle:

NIAM—NIAME NIAME—NIAAG NIAFW—NIAAG

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 information.

Parent/Guardian Name (Please print): _____

Parent/Guardian Signature: _____ **Date:** _____

Student Name _____

DOB _____

Grade 2023—2024 _____



Please note your Campus Selection:

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- [NIAFW] Fort Worth Campus (PreK—6th)
- [NIAW] Watauga Campus (PreK—6th)

Newman International Academy District

STUDENT RESIDENCY QUESTIONNAIRE

Name of Student: _____ Gender: Male
Last First Middle Female

Date of Birth: ____/____/____ Grade: _____ ID#: _____
Month Day Year (preschool-12) (Optional)

Address: _____ Phone: _____

The answer you give below 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 don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate.

Where is the student currently living? (Please check *one* box.)

- 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 Foster Home

Print name of Parent, Guardian, or Student
(if unaccompanied homeless youth) _____

Signature of Parent, Guardian, or Student
(if unaccompanied homeless youth) _____ Date: _____

Student Name _____

DOB _____

Grade 2023—2024 _____



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Family Survey

Today's Date: _____ District: _____ Campus: _____ Grade: _____

Student Name: _____ Date of Birth: _____

The Family Survey will identify students who may qualify for additional educational services based on a family member working in a temporary location for agriculture. In the state of Texas, all districts must assist in identification.

<p>1. In the past three years, have you and your child(ren) lived somewhere or just stayed overnight to do temporary (11 months or shorter) or weekend work? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>2. Have you performed any of the jobs listed below (temporarily or seasonally) (for example: hauling hay, welding on a ranch, picking, meat processing, cannery, dairy, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please check all that apply below.)</p>			
 <input type="checkbox"/>	 <input type="checkbox"/>		
 <input type="checkbox"/>	 <input type="checkbox"/>		
<p>Working with fruit, vegetables, grain, peanuts, cotton, wheat, sugar beets, farms, ranches, fields, vineyards</p>	<p>Working in a cannery, granary, or packing plant</p>		
<p>Working on a dairy, temporarily</p>		<p>Baling and hauling hay</p>	
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
<p>Working in a <u>slaughter house</u></p>	<p>Working on a poultry farm or fishery</p>	<p>Working in a plant nursery or orchard; growing or harvesting trees</p>	
<p>Building fence, farm/ranch welding, or other similar work, please explain: _____</p>			

Please complete below:
 Parent 1/Guardian Name: _____ Parent 2/Guardian Name: _____

Home Address/Apt Name: _____
Street City Zip

Telephone Numbers: _____

Mailing Address: (Check if same as home address) _____
Street City Zip

The information provided below will be kept confidential.
For School Use Only: Please email surveys with YES responses to migrant@esc11.net.

Student Name _____

DOB _____

Grade 2023—2024 _____



Please note your Campus Select on:

- [NIAA] Filder Campus (PreK—4th)
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Family Survey

Fecha: _____ Distrito: _____ Escuela: _____ Grado: _____

Nombre del Estudiante: _____ Fecha de Nacimiento: _____

La encuesta familiar identifica a estudiantes quienes podrían calificar para servicios educativos adicionales basados en un miembro de su familia que haya trabajado temporalmente en agricultura. En el estado de Texas todos los distritos deben ayudar en la identificación.

1. En los últimos tres años, ¿han vivido usted y su hijo(s) en algún lugar o simplemente se quedaron durante la noche para hacer un trabajo temporal (11 meses o menos) o un trabajo durante un fin de semana? <input type="checkbox"/> No <input type="checkbox"/> Sí			
2. ¿Ha realizado alguno de los trabajos enumerados a continuación (temporal o estacionalmente) (por ejemplo: acarrear heno, soldar en un rancho, recoger, procesar carne, enlatar, lechería, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Sí (En caso afirmativo, marque todos lo que correspondan a continuación.)			
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
Trabajo en la siembra o cosecha de frutas, verduras, granos, cacahuates, algodón, trigo, batatón, ranchos ganaderos, campos de cultivo, viñedos.	Trabajo en fábricas de conservas, granero o plantas empaadoras.	Trabajo temporal en lecherías.	Empacando y transportando paja.
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
Trabajo en el matadero de animales o cortando carnes crudas.	Trabajo en granjas de aves de corral o mariscos.	Trabajo en un vivero o huerta; cultivando o talando árboles.	Construyendo o soldando bardas en los ranchos, o algún otro trabajo parecido a esto. explique en la línea de abajo: _____

Por favor complete el resto de la información siguiente:

Nombre del Padre/Tutor 1: _____ Nombre del Padre/Tutor 2: _____

Domicilio/apartamento: _____
 Calle Ciudad Código Postal

Numero de Teléfono: _____

Dirección de correo postal (Marque si es el mismo domicilio.): _____
 Calle Ciudad Código Postal

**Toda su información será confidencial. Solo para uso de la escuela:
 Por favor envíe todas las encuestas con respuesta SÍ, a migrant@esc11.net.**

Student Name _____

DOB _____

Grade 2023—2024 _____



Please note your Campus Selection:

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Authorization for Release of Records

Name of Former School

Name of School District

Fax Number

From the office of the registrar:

The following student has enrolled in Newman International Academy:

Student's Name

Grade 2022—2023

Date of Birth

I give permission for all school records to be released to Newman International Academy.

Parent/Guardian Signature: _____

Date: _____

To above student's former school:

Please fax, email or mail the above student's transcript, along with the necessary documents that are checked below needed for enrollment.

Thank you for your assistance.

Date of Request _____

Fax to: Newman International Academy District- 682-331-7096 or email to enrollment@newmanacademy.org

- √ Complete transcript of grades and last report card
- √ Standardized test scores (STAAR, TAKS, TELPAS, etc.)
- √ Copy of Birth Certificate
- √ Social Security Card or Student PEIMS ID#
- √ Immunization/Medical Records
- √ Attendance Record
- √ LPAC Folder
- √ Behavior Documentation/Suspensions/Expulsions
- √ Special Education
- √ 504 & Dyslexia Records
- √ Speech, Occupational, and/or Physical Therapy
- √ ESL Bilingual Assessment Records
- √ Home Language Survey

Student Name _____

DOB _____

Grade 2023—2024 _____



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HEALTH LETTER

Dear Parent:

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 parents 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 your student who attends Newman International Academy. These procedures and policies are as follows:

IMMUNIZATIONS

- All immunization records must be presented at time of application to the school and must be up to date.
- It is the responsibility of the parent to keep immunizations current.
- A written record of administration of the needed immunization must be given to the school nurse or her representative within one month of the due date.
- **The child will not be allowed to come to school until the child has received the immunization and the nurse has received the record.**

MEDICATIONS

The school nurse or other trained non-healthcare personnel may administer medication when such treatment is necessary for school attendance and cannot otherwise be accomplished. All medications, given three times per day or less, should be given outside of school hours. For example: three times a day medications can be given before school, after school, and at bedtime. If necessary for medications to be given at school the following conditions must be met:

Prescribed medication:

- The first dose must be given at home in case of unexpected allergic reaction.
- Medication must be brought in by parent in original container, properly labeled by the pharmacy. Parents must supply any special equipment necessary to administer medication.
- Medication will not be given without specific written request signed by a parent/guardian **and** physician.
- Medication must be kept in the clinic, with the exception of inhalers that physicians may deem necessary for student to carry on their person. In this case, physician must complete the authorization to self-administer. All rules regarding medication given at school still apply. If student is misusing inhaler, the privilege will be revoked. A second inhaler should be kept in the clinic.

Over-the-counter medications: Same rules apply as with prescribed medications except that they can be given with parent authorization only, physician signatures are not required. The medication can only be given as directed by the manufacturer and must be FDA approved.

End of the school year: All medications must be picked up from the clinic by the last day of school. Any medications left at the school will be disposed of by the nurse the following day.

Student Name _____

DOB _____

Grade 2023—2024 _____



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ILLNESS

- Students must be free from fever, vomiting and/or diarrhea without fever reducing medications for twenty-four hours before returning to the school after an illness.
- No child with any type of communicable disease will be allowed to attend school until the disease has run its course and the child is no longer contagious. It will be the decision of the school nurse and/or administrative staff whether or not a child is ready to return to school after an illness with a contagious disease.

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.
- If the student wishes to participate in a restricted activity, the physician must give a written statement that the student is physically able to participate in the activity.

EMERGENCY CONTACT

- It is imperative that school officials be able to contact one of the parents or a designated emergency contact in the event of a medical emergency or other incident occurring with your child. Any change of phone number 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.

Parent/Guardian Signature: _____

Date: _____

Student Name _____

DOB _____

Grade 2023—2024 _____



Please note your Campus Selection:

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NURSES EMERGENCY INFORMATION SHEET

STUDENT INFORMATION				
Student's Last Name	First	Middle	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth
Street address		Apartment No.	City/State	Zip Code
Home Phone	Child lives with Parent? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other <input type="checkbox"/> Legal Guardian			
PARENT/GUARDIAN INFORMATION				
Father's Last Name	First Name	Middle Name	Home Phone	
Street address	Apt Number	City/State/ZIP	Cell	
Employer	Employer Phone	Occupation	Email	
Mother's Last Name	First Name	Middle Name	Home Phone	
Street address	Apt Number	City/State/ZIP	Cell	
Employer	Employer Phone	Occupation	Email	
FAMILY STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____				
EMERGENCY INFORMATION				
In case of a MEDICAL EMERGENCY, the school will call the paramedics and 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 the case of an emergency.				
Physician's Name	Address	City	Telephone	
Preferred Hospital:				
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 Name _____

DOB _____

Grade 2023—2024 _____



Please note your Campus Selection:

- [NIAA] Fielder Campus (PreK—4th)
- [NIAA] Site Campus (5th– 6th)
- [NIAAG] Gibbins Campus (7th—12th)
- [NICH] Cedar Hill Elem Campus (PreK—6th)
- [NICH] Cedar Hill Sec Campus (7th—12th)
- [NIAM] Mansfield Campus (K—6th)
- [NIAME] Mansfield East Campus (PreK—6th)
- [NIAB] Bethlehem Campus (K-6th)
- [NIAFW] Fort Worth Campus (PreK—6th)
- [NIAW] Watauga Campus (PreK—6th)

NIA Socio-economic Information Form
CONFIDENTIAL

Student Name _____ Student Grade _____ Date of Birth _____

NIA is required to collect and report the socioeconomic status of each student to the Texas Education Agency for purposes of the annual state accountability ratings and for federal reporting. Please note that this form is not sent to the Texas Education Agency and that the income levels indicated for your family are not reported to the Texas Education Agency. Only the Economic Disadvantaged status of each student as determined by the information provided is reported to the Texas Education Agency.

SECTION A

Do you receive Supplemental Nutrition Assistance (SNAP)? Yes No
Do you receive Temporary Assistance to Needy Families (TANF)? Yes No

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)

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

TOTAL INCOME BEFORE DEDUCTIONS OF **ALL** HOUSEHOLD MEMBERS (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**)

\$ _____ Annually Monthly Bi-Weekly Weekly

SIGNATURE Please check one of the following two boxes as appropriate.

In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA) no student shall be required, as part of any program funded in whole or in part by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent or legal guardian.

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.

I choose not to provide this information. I understand that the school’s federal funds and accountability rating may be affected by my choice.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Socio-economic Status and Free and Reduced Meals

In addition to providing your child access to nutritious meals, **the Free and Reduced Meals application also helps Newman qualify for funding** (such as Title I, Part A) for your child's campus. This funding helps us serve children who are at greater risk of struggling in school. The information you provide in the application gives demographic and community information that doesn't only pay for school meals—it can also be used for salaries of Interventionists, Instructional Coaches, Instructional Guides, and to purchase computers and other needed equipment.

Newman International Academy provides nutritious meals to our students through NSLP and SBP. Please complete the Free and Reduced Meals Application form online at www.schoolcafe.com or request a paper form in your campus school office. *(This form is updated in July of each year. Please make sure you fill out the application for the correct school year. TDA requires a new application each school year.)*

LPAC

LANGUAGE PROFICIENCY ASSESSMENT COMMITTEE

Home Language Surveys



Student Name: _____

District Name: _____

Student ID#: _____

Campus Name: _____

HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey only administered during **initial** enrollment in Texas public schools)

To be completed by Parent or Guardian for students enrolling in Prekindergarten* through grade 8 (or by students in grades 9-12).

* Prekindergarten includes any student enrolling in a 3- or 4-year-old school program.

Part One:

The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

Please answer the questions below about the languages your child or family uses. If your responses indicate the use of a language other than English, the school will conduct a language proficiency assessment to determine how well your child communicates in English. This information will be used to determine any appropriate linguistic supports and inform instructional recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

This survey shall be kept in each student's permanent record folder. A copy of this survey shall follow the student while enrolled in any public or open enrolled charter school in Texas.

Part Two:

Please answer the questions to the best of your ability.

1. Which languages are used at home? _____
2. Which languages are used by the child at home? _____
3. If the child had a previous home setting, which languages were used? If there was no previous home setting, answer Not Applicable (N/A). _____

By checking this box, I understand a request to correct an error to this Home Language Survey can only happen if:

- 1) my child has not yet been assessed for English proficiency; and
- 2) corrections are made within two calendar weeks of my child's enrollment date.

Note: Please contact your school about the benefits of bilingual education services. The following resources may also provide information on program services that foster bilingualism.

- [Parent/ Guardian Rights](#)
- [Bilingual Education Program](#)
- [Program Information Videos](#)

Please visit the Emergent Bilingual Support Portal (txel.org) for additional information.

Signature of Parent/Guardian _____ Date _____

Signature of Student if Grades 9-12 _____ Date _____

Nombre del Estudiante: _____

Distrito: _____

#ID del Estudiante: _____

Escuela: _____

CUESTIONARIO SOBRE EL IDIOMA USADO EN EL HOGAR

19 TAC Chapter 89, Subchapter BB, §89.1215

(El cuestionario sobre el idioma usado en el hogar administrado solamente durante la matriculación inicial en escuelas públicas en Texas)

Este cuestionario debe de completarse por el padre o tutor para estudiantes que cursen desde Prekínder* hasta el octavo grado (o por el estudiante si cursa grados del 9-12)

*Prekínder incluye cualquier estudiante matriculado en programas para niños de 3 o 4 años de edad.

Primera Parte:

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. Es la responsabilidad del padre o tutor, no de la escuela, proporcionar la información del idioma requerida por las siguientes preguntas.

Estimado padre o tutor:

Por favor, responda las siguientes preguntas sobre los idiomas que usa su hijo(a) o su familia. Si sus respuestas indican el uso de un idioma que no sea inglés, la escuela llevará a cabo una evaluación de dominio del idioma para determinar qué tan bien se comunica su hijo(a) en inglés. Esta información se utilizará para determinar cualquier apoyo lingüístico apropiado e informar las recomendaciones de instrucción. Si tiene preguntas sobre el propósito y el uso del cuestionario sobre el idioma del hogar, o si desea ayuda para completar el formulario, comuníquese con el personal de su escuela/distrito.

Este cuestionario se mantendrá en la carpeta de registro permanente de cada estudiante. Una copia de este cuestionario seguirá al estudiante mientras esté matriculado en cualquier escuela pública o una escuela autónoma de inscripción abierta de Texas.

Segunda Parte:

Por favor, responda a las preguntas lo mejor que pueda.

1. ¿Cuáles idiomas se usan en el hogar? _____
2. ¿Cuáles idiomas usa el estudiante en el hogar? _____
3. Si el estudiante tenía un entorno familiar anterior, ¿cuáles idiomas se utilizaban? Si no tenía un entorno familiar anterior, responda No aplicable (N/A). _____

Al marcar este casillero, yo entiendo que una corrección a este cuestionario solo puede suceder si:

- 1) mi hijo/(a) aún no ha sido evaluado para el dominio del inglés; y
- 2) las correcciones se realizan en un plazo de dos semanas naturales a partir de la fecha de matriculación de mi hijo(a).

Nota: Por favor, póngase en contacto con su escuela para informarse sobre los beneficios de los servicios de la educación bilingüe. Los siguientes recursos también pueden proporcionarle información sobre los servicios del programa que fomentan el bilingüismo.

- [Derechos de los padres/tutores](#)
- [Educación bilingüe](#)
- [Videos informativos para padres](#)

Por favor, visite el portal Apoyando a estudiantes bilingües emergentes en Texas (txel.org) para obtener información adicional.

Firma del padre/tutor _____ Fecha _____

Firma del estudiante si está en los grados 9-12 _____ Fecha _____