

ENROLLMENT and/or REGISTRATION for 2026 – 2027 School Year

Please return the following items which are attached:

1. ____ Registration Form
2. X Transfer Application (if not a resident)
3. X Transfer Agreement, Signed and Dated (if not a resident)
4. ____ Texas Education Agency Ethnicity Questionnaire
5. ____ Home Language Survey
6. ____ Media Consent Form
7. ____ Acceptable Use Guidelines
8. ____ Electronic Distribution of Student Code of Conduct and Student/Parent Handbook
9. ____ Directory Information Option Form
10. ____ Universal Permission Slip
11. ____ Allergy Form
12. ____ School Nurse Notice
13. ____ Surveillance Monitoring Notice

In addition, please provide the items listed below:

14. ____ Driver's License of Parent or Guardian (copy)
15. ____ Withdrawal from Previous School (if applicable)
16. ____ Verification of Residency (if Doss Resident)
17. ____ Birth Certificate (we will make a copy)
18. ____ Health and Immunization Records (copy)
19. ____ Social Security Card (we will make a copy)
20. ____ Power of Attorney (if applicable)
21. ____ Previous School Academic Records
22. ____ Previous School Attendance Records
23. ____ Previous School Discipline Records

Failure to include the documents needed will result in registration not being processed.
Please contact Doss CCSD if you have questions or comments (830) 669-2411.

DOSS CCSD Registration Form for School Year 2026-2027

Campus Name: DOSS ELEMENTARY

Campus Phone: (830) 669-2411

Campus Fax: (830) 669-2303

STUDENT INFORMATION

Local ID _____	Student Name _____	Grade Level _____	Orig Entry Dt _____	Track _____	SSN _____	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Pacific Islander
Gender _____	Date of Birth _____	Birth Place _____	Age (Sept 1st) _____	Texas Unique ID _____		<input type="checkbox"/> White	<input type="checkbox"/> Black
						<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian
Address: _____						Student Home Phone: _____	
Mailing Address: _____						Student Cell Phone: _____	
Student Email: _____						Will your child be using bus transportation to get to school? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____	Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	Other Ph: _____	Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other
Receive Mailouts: <input type="checkbox"/> Yes <input type="checkbox"/> No	Language Pref: <input type="checkbox"/> English <input type="checkbox"/> Spanish	Receive Mailouts: <input type="checkbox"/> Yes <input type="checkbox"/> No	Language Pref: <input type="checkbox"/> English <input type="checkbox"/> Spanish
Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Email: _____		Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Email: _____	
Svc Branch: _____	Rank: _____	Enrolling Person: _____	Svc Branch: _____
Rank: _____	Enrolling Person: _____	Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver License #: _____
Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver License #: _____	State: _____	Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No
Driver License #: _____	State: _____	Vehicle Make: _____	Model: _____
Vehicle Make: _____	Model: _____	Color: _____	Vehicle Make: _____
Color: _____	Vehicle Plate #: _____	State: _____	Vehicle Plate #: _____
Vehicle Plate #: _____	State: _____		

EMERGENCY CONTACT INFORMATION

1. Name: _____	Relation: _____	Cell Ph: _____	Home Ph: _____	Bus Ph: _____
Other Ph: _____	Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver License #: _____	State: _____
Vehicle Make: _____	Model: _____	Color: _____	Plate #: _____	State: _____
2. Name: _____	Relation: _____	Cell Ph: _____	Home Ph: _____	Bus Ph: _____
Other Ph: _____	Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____
Soc Sec Copy on File: _____	At Risk: _____	Migrant: _____
Gift: _____	LEP: _____	BIL: _____
ESL: _____	Par Per: _____	Econ: _____
Special Education: Prim: _____	Sec: _____	Tert: _____
Multi: _____		

Doss CCSD School Year 2026-2027

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.
- NotHispanic/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:

_____ Hispanic / Latino

_____ NotHispanic/Latino

Race – choose one or more:

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

Observer signature:

Campus and Date:

Texas Education Agency



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.

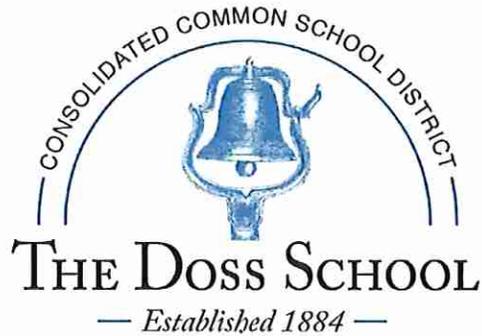
Note: Please contact your school about the benefits of bilingual education services. The following resources may also provide information on program services that foster bilingualism.

- [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 _____



Doss CCSD Media Consent Form

2026-2027

I, _____ (Legal Guardian/Parent) hereby **give permission** _____ (initial), to Doss CCSD to photograph and/or video my child, _____ for the purposes of Doss CCSD newsletters, website, social media, newspapers and any other media that may be used to publicize Doss CCSD programs and services.

I, _____ (Legal Guardian/Parent) hereby **give permission** _____ (initial), to Doss CCSD to release Directory Information which includes the following information: Student's Name, Grade, Photo, Honors/Awards, and Enrollment Status relating to my child, _____ for the purpose of use in school newsletters, school website, social media, newspapers, media, and in response to unrelated school-sponsored purposes.

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown.

I certify that I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release. I understand that if I choose to not grant permission (or revoke permission), that I must submit in writing to the Administrative Consultant no later than 1 week after the first day of school. [See *Objecting to the Release of Directory Information in the Doss CCSD Student Parent Handbook* for more information.]

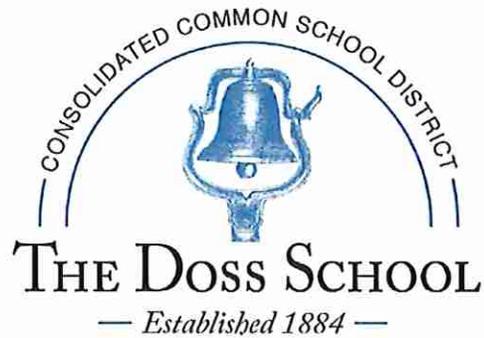
Parent/Legal Guardian (please print)

Student Name

Date of Birth

Parent/Legal Guardian's Signature

Date



**Acceptable Use Guidelines for
Electronic Communication Systems
2026-2027 Student Acknowledgment**

Availability of access

Access to the district's electronic communications networks, including the Internet, shall be made available to users primarily for instructional and administrative purposes and in accordance with administrative regulations. Limited personal use of the network shall be permitted if the use imposes no tangible cost on the District, does not unduly burden the District's computer or network resources and has no adverse effect on an employee's job performance or on a student's academic performance.

All users shall be required to acknowledge receipt and understanding of all administrative regulations governing use of the network and shall agree in writing to comply with such regulations and guidelines. Noncompliance with applicable regulations will result in disciplinary action consistent with the District policies and regulations. Violations of law may result in criminal prosecutions as well as disciplinary action by the District.

Monitor and use

Electronic mail transmission and other use of electronic communication network by users shall not be considered confidential and may be monitored at any time by designated staff to ensure appropriate use.

Disclaimer of liability

The District shall not be liable for the user's inappropriate use of the District's electronic communication resources, violations of copyright restrictions, user's mistakes or negligence or costs incurred by users. The District shall not be responsible for ensuring the accuracy of usability of any information found on the Internet.

Training

Training for all users in the proper use of the network will be provided and required users will be provided copies of the District's Acceptable Use Guidelines. Training in the District's network will emphasize the ethical use of the network's resources.

Copyright

Users of the network are required to comply with all copyright laws. Copyrighted software or data may not be placed on any system connected to the District's network without permission from the holder of the copyright. Specific authorization is required to uphold copyrighted material to the network. Prior authorization from the system administrator must be granted before any downloads are made or software of any kind is installed.

Network access

Level of access to the network is determined at the time the account is established according to the status of the user (i.e., student, teacher, etc.).

Any network user identified as having violated District system Acceptable Use Guidelines will be subject to disciplinary action consistent with District policies and regulations.

Individual User Responsibilities

The following standards will apply to all users of the District's electronic information/communication network:

1. The account belongs to the person to whom it is issued and only that person is authorized to use it.
2. Accounts are provided through the Doss CCSD in order to be used in support of the District's educational goals and in a manner consistent with the policies and procedures of Doss CCSD.
3. In order to ensure a smooth system operation, the system administrator has the authority to monitor all accounts.
4. Different access and service levels for different groups or users will be given. Doss CCSD reserves the right to block access to certain Internet sites.
5. Users are legally and ethically responsible for protecting and preserving the Doss CCSD's proprietary rights. This means that no messages disclosing sensitive, confidential, restricted, non-public, or proprietary information can be transmitted over the online system.
6. Doss CCSD reserves the right to withdraw account privileges at any time for any reason or no reason at all.

Users who violate the standards may be subject to disciplinary action in accordance with the District policy and/or legal requirements.

Vandalism prohibited

Any malicious attempt to harm or destroy District equipment or materials, data of another user of the District's network or any of the agencies or other networks that are connected to the Internet is prohibited. Deliberate attempts to compromise, degrade, or disrupt system performance may be viewed as violations of the District's policies and administrative regulations and, possible, as criminal activity under applicable state and federal laws. This includes, but is not limited to, the uploading or creating of computer viruses.

Forgery prohibited

Forgery or attempted forgery of electronic mail messages is prohibited. Attempts to read, delete, copy, or modify the electronic mail of another network user or deliberate interference with the ability of other network users to send/receive electronic mail is prohibited.

The District will cooperate fully with local, state, or federal officials in any investigation concerning or relating to misuse of the District’s electronic communication network.

Consent

As the parent or guardian of the below student:

- I have read the Acceptable Use Guidelines.
- I understand this access is provided for educational purposes.
- I recognize it is impossible for Doss CCSD to restrict access to all controversial materials, and I will not hold the District responsible for materials accessed on the network.
- I hereby give permission for my child to use the District’s network in a classroom setting.

Student’s Name (please print)

Parent/Guardian’s Name (please print)

Parent/Guardian’s Signature Date



THE DOSS SCHOOL
CONSOLIDATED COMMON SCHOOL DISTRICT

**Acknowledgment of Electronic Distribution of
Code of Conduct and Student/Parent Handbook**

My child and I have been offered the option to receive a paper copy of or to electronically access at dossccsd.org, the Doss CCSD Code of Conduct and the Student/Parent Handbook for the **2026-2027** school year.

I accept responsibility for accessing the Code of Conduct and the Student/Parent Handbook by visiting the web address listed above.

I understand that if I wish to receive a paper copy of the Code of Conduct and the Student/Parent Handbook, I must request a copy from the Doss CCSD school office.

Please indicate your choice by checking the appropriate box below:

- I choose to receive the Code of Conduct and Student/Parent Handbook in **electronic** format and accept responsibility for accessing it according to the instructions provided.
- I choose to receive a **hard copy** of the Code of Conduct and Student/Parent Handbook and understand I am required to contact the Doss CCSD school office to obtain a hard copy.

I understand that the Code of Conduct and Student/Parent Handbook contains information that my child and I may need during the school year. I also understand that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Code of Conduct and Student/Parent Handbook. If I have any questions, I will direct those questions to the Superintendent at jgeletka@doss.txed.net or 830.669.2411.

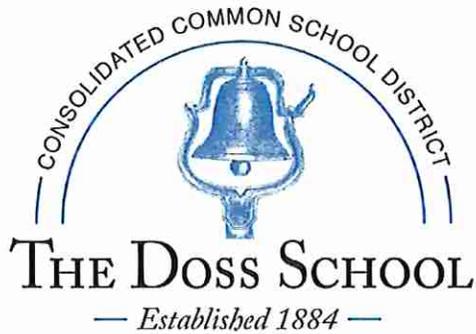
Student' Name (print) _____

Student's Signature _____

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____

Date: _____



2026-2027 Notice Regarding Directory Information and

Parent's Response Regarding Release of Student Information

State law requires the district to give you the following information:

Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about the student. If you do not want Doss Consolidated Common School District to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing.

This means that the district must give certain personal information (called "directory information") about your child to any person who requests it, unless you have told the district in writing not to do so. In addition, you have the right to tell the district that it may, or may not, use certain personal information about your child for specific school-sponsored purposes. The district is providing you the following forms so that you can communicate your wishes about these issues. [See **Objecting to the Release of Directory Information** in the Doss CCSD's Student Parent Handbook for more information.]

For the following school-sponsored purposes, Doss CCSD has designated the following information as directory information:

- Student's name
- Photograph
- Date and place of birth
- Honors and awards received
- Enrollment status

For School Sponsored Purposes-

Parent, please circle one of the choices below:

I, parent of _____ (*student's name*), [do give] [do not give] the district permission to use the information in the above list for the specified school-sponsored purposes.

Parent's signature: _____ Date: _____

Please note that if this form is not returned within the time frame noted, the district will assume that permission has been granted for the release of this information.

For all other purposes, Doss CCSD has designated the following information as directory information:

- Student's name
- Grade level
- Enrollment status

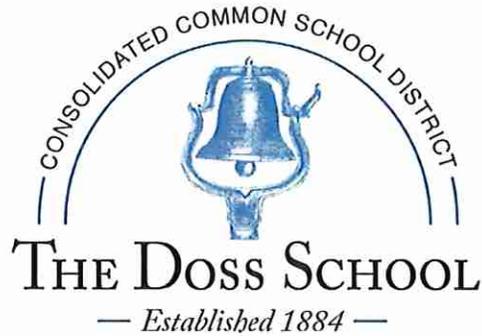
For All Other Purposes –

Parent, please circle one of the choices below:

I, parent of _____ (*student's name*), [do give] [do not give] the district permission to release the information in this list in response to a request unrelated to school-sponsored purposes.

Parent's signature: _____ Date: _____

Please note that if this form is not returned within the time frame noted, the district will assume that permission has been granted for the release of this information.



Doss CCSD
Campus Universal Permission Slip
2026-2027

Dear Parents,

Throughout the school year, the students will be going off campus to various school sponsored activities, such as UIL, field trips, and/or hearing and vision screenings.

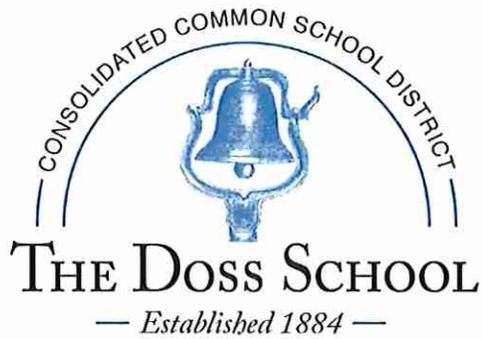
Please sign the attached universal permission slip form allowing them to participate in these outings during the 2026-2027 school year.

You will also be notified prior to each school sponsored event and would have the option to “opt out” of any activity in which you did not want your child to participate.

If you have any questions or concerns, please do not hesitate to contact Joe Geletka, Superintendent at (830) 669-2411.

Respectfully,

Doss CCSD



Doss CCSD

Universal Permission Form

August 17, 2026 - May 21, 2027

Student: _____ Grade: _____ DOB: _____

Parent/Legal Guardian: _____ Phone #: _____

Parent/Legal Guardian: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Relationship to Student: _____

Parental Consent:

I, _____ (Parent/Legal Guardian), hereby give permission for my child:

_____ (student's name), to attend and participate in any Doss CCSD school sponsored activities or events during the period of August 17, 2026 - May 21, 2027.

LIABILITY RELEASE: In consideration of Doss CCSD allowing the Participant to participate in school sponsored activities, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Doss Consolidated Common School District, its administrators, teachers, employees, volunteers and board members (collectively herein "Doss CCSD") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the school sponsored activities. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in school sponsored activities, including trips away from the school premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and school activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Doss CCSD for any liability sustained by said Doss CCSD as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my child to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/student to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Doss CCSD. My child/student and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

STUDENT'S MEDICAL INFORMATION:

Student's Name: _____ Date of Birth: _____

Primary Care Physician: _____

Phone: _____ Fax: _____

Address: _____

Name of practice: _____

Date of last Tetanus shot (required) _____

MEDICATIONS: List all medications the student will take during any trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give ALL medications to the Doss CCSD Administrative Consultant in their original containers with complete dispensing instructions before the start of the event. Students are not permitted to carry any prescription or non-prescription medication and will be sent home at the parent/guardian's expense if they do.

Medication Name, Dosage (mg, mcg, unit, gram, etc.), Quantity to dispense, Route to administer medication, Frequency to dispense, Diagnosis, and any other medication instructions. [Please include approved OTC medications that the student may take]

All containers, tubes, inhalers, creams, etc. must have student's name and date of birth either printed on a label by the pharmacy (for prescriptions) or written on container in permanent marker by parent (for OTC medications).

OTC or Rx	Medication: <i>Ex: Zyrtec</i>	Dose: <i>5 mg</i>	Quantity: <i>One Pill</i>	Frequency: <i>Every 24 hours</i>	Route: <i>Orally</i>	Diagnosis: <i>Seasonal Allergies</i>	Directions: <i>Give in the morning with food</i>

MEDICAL CONDITIONS: It is important to Doss CCSD that safety is maintained for your child and for all students attending Doss CCSD. In order to most effectively promote and maintain the safety of all students, Doss CCSD needs to be aware of medical conditions that the student has or may have. Please list all conditions below (even if a diagnosis has not been confirmed by a physician but is suspected by the parent). It is encouraged that all students be evaluated by their primary care physician on a routine basis per their physician requirements.

Condition:	Management:	Special Instructions/Needs:
<i>Example: Seasonal Allergies</i>	<i>OTC medications</i>	<i>Give Zyrtec once a day prior to outdoor activities</i>

Allergies: There are times throughout the school year when Doss CCSD with celebrate special occasions, birthdays, or other community sponsored events that may be held outdoors and/or may have foods that contain nuts, fish, etc. During these events, it is important that we are aware of all students' allergies. List any allergies that the student has or may have. Allergy is defined as an adverse reaction caused by the body's immune system in response to a foreign substance. If your child has an allergy, sensitivity, or any reaction to any substances (including but not limited to: medications, foods, environmental elements, etc.) please list the Allergy, Reaction, Severity, and Intervention below. Note: If an allergy is suspected but not confirmed, please also include in the list below. If additional precautions need to be implemented for the student's safety, please indicate this below. Thank you!

Allergy:	Reaction:	Severity:	Intervention:
<i>Example: Seasonal</i>	<i>Itchy/watery eyes</i>	<i>Mild-Moderate</i>	<i>Administer Zyrtec</i>

Additional Student Needs: Please explain any other pertinent information about the student (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

Over-the-Counter Medication Permission: Do you give permission for your child/student to be given over-the-counter medication as needed (and provided by you) and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a school sponsored event?

No _____ (initial). Contact me or get medical help if my child has any minor medical concerns.

Yes _____ (initial), I give permission for an adult youth leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.

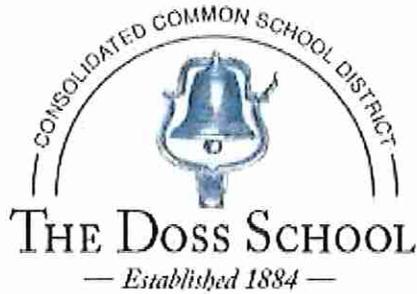
Student Name: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ Date: _____



Doss CCSD Allergy Form
2026-2027

The Doss Consolidated Common School District realizes that allergies are quite common. An allergy is defined as an adverse reaction caused by the body's immune system in response to a foreign substance. If your child has an allergy, we would greatly appreciate if you could list any and all allergies that he/she may have, below. There are times throughout the school year when we have special occasions such birthday parties or community sponsored events including events outdoors. If extra precautions need to be implemented during such events, please notate in the space provided below in addition to the student's allergy. Thank you for taking the time to provide this information to the Doss CCSD.

Student Name: _____

All Allergies (Including medications, environmental, food, and any elements that could cause the student to have an adverse reaction or that the student is sensitive to. Please include the substance that the student is allergic to, the reaction type, and the severity.)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____



Doss CCSD School Nurse Notice
2026-2027

Dear Parents and Students,

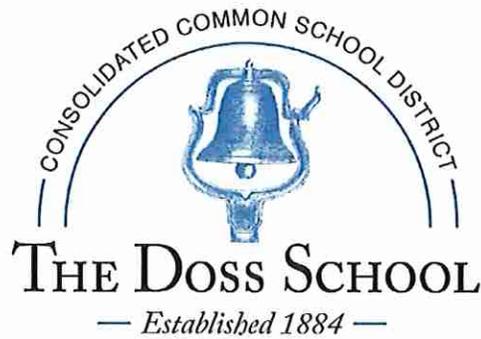
At this time, Doss CCSD, does not have a nurse on staff. For questions and/or concerns, please contact the Superintendent at (830) 669-2411.

I, _____, acknowledge that I have been informed and understand that Doss CCSD does not currently have a nurse on staff for the 2026-2027 school year.

Name of Student *Date of Birth* *Grade Level*

Name of Parent/Legal Guardian (please Print)

Signature of Parent/Legal Guardian *Date*



Doss CCSD Surveillance Monitoring Notice 2026-2027

The Board of Trustees always has the safety and security of employees and students foremost in our priorities. Because of this, and in regard for being as prepared as possible, Doss CCSD has recently installed a series of security cameras on and around our campus. The main objective of these cameras is to ensure the safety of our students and employees, but they can also be used to monitor behavior, as needed. We believe that these cameras are in the best interest of everyone at Doss CCSD. Below is a mandatory notice that we are required by law to send to all employees and students. If you have any questions, you may contact the school office at 830.669.2411. Please sign and date the acknowledgement below for our records! **Thank you!**

NOTICE TO STUDENTS, EMPLOYEES, PARENTS AND GUARDIANS REGARDING VIDEO RECORDING MONITORING FOR SAFETY AND SECURITY

Please be advised that Doss CCSD has installed video recording equipment on District property to monitor safety and security of district students and employees. The video recordings may be used to monitor student behavior for safety purposes and to assist in maintaining order.

Under the Texas Education Code, the District may make a videotape of a student if the recording is to be used for the purposes of safety, including the maintenance of order and discipline in common areas of the school or on school buses.

The District will soon post notification signs around the school. Students and employees will not be notified when a recording device has been turned on or off. The Superintendent will review recordings as needed and will document any evidence of student or employee misconduct.

A student found in violation of the Student Code of Conduct will be subject to appropriate discipline. Recordings will be treated as protected student records under the Family Educational Rights and Privacy Act (FERPA). The following guidelines will apply:

1. Recordings will remain in the custody of Doss Consolidated Common School District.
2. Employees or guardians who wish to view a recording in response to disciplinary action taken against a student may request access under the procedures set out by law.
[FL(LLEGAL)]

**Doss CCSD Surveillance Monitoring Notice
Security Camera Protocols
2026-2027**

PURPOSE:

Doss CCSD authorized the use of video cameras throughout the District for the purpose of enhancing school safety and security. The goals of the district are to promote and foster a safe and secure teaching and learning environment for students and employees, to ensure public safety for community members who visit school property and to diminish the potential for personal and district loss or destruction of property.

PROTOCOLS:

Signage and Notification: Signage will be posted at school to notify students, parents, employees, and the general public of the District's use of security cameras. Students, parents, and employees will receive additional notification at the beginning of the school year regarding the use of security cameras in the school and on the grounds. Notification will include, but not be limited to student and employee handbooks.

Camera Placement: The security cameras will be installed in public areas. These areas include, but are not limited to grounds, exterior entrances or exits to school buildings, large gathering spaces such as hallways, cafeteria, and main entries. Security cameras will not be used where there is a reasonable expectation of privacy, including, but not limited to restrooms, changing rooms, special spaces, or other private offices.

Video Viewing: Live viewing of camera surveillance will be used to identify visitors requesting entry to the main building. Live viewing will also be used for the arrival, transition, and dismissal of students in the main hallways and gathering spaces. Live viewing will be limited to authorized personnel that have been expressly designated by the Superintendent, including, but not limited to the Administrative Assistant.

The Superintendent will be responsible for viewing of all recorded surveillance. Viewing recorded data will occur only when there is a safety or security concern and may include the maintenance of order and discipline. No sound is to be monitored or recorded in connection with the video surveillance system. Recordings will be treated as protected records under Family Educational Rights and Privacy Act (FERPA).

Access to Recordings: Any video recordings used for security purposes in school buildings or grounds are the sole property of Doss CCSD. Release of such video will be made only as permissible pursuant to applicable laws and with the permission of the Superintendent. Law enforcement officials shall be granted access to video recording after giving prior notice to the Superintendent and Board of Trustees.

Data Storage: All video recordings are stored in a secure data cloud to avoid tampering and ensure confidentiality in accordance with applicable laws and regulations. At this time, recordings will be archived indefinitely. Doss CCSD will use a video surveillance service for maintenance of the security camera systems, and for the retrieval of recorded data if assistance is necessary.

Legal References: US Department of Justice, Office of Programs Published Research Report, and Family Educational Rights and Privacy (FERPA), Texas Association of School Boards Policy Consultants (TASB).

RECORDED: Protocols Presented for Board Approval; Notices Presented for Acknowledgement, 09.10.19.

I understand and acknowledge the District's procedures concerning video recording equipment on District property. I also understand that the Student or Staff Member will be held accountable for his or her conduct.

Please sign acknowledgement and return to the Doss CCSD School Office

Name of Student/Staff Member

Name of Parent/Legal Guardian (print)

Signature of Parent/Staff Member

Date