



Doss Consolidated Common School District
11431 Ranch Road 648 ♦ P. O. Box 50 ♦ Doss, TX 78618
(830) 669-2411 ♦ (830) 669-2303 (Fax)

ENROLLMENT and/or REGISTRATION for 2021-22 School Year

Please return the following items which are attached:

1. Doss CCSD Registration Form, Attached
2. Transfer Application (if not a resident)
3. Transfer Agreement, Signed and Dated
4. Texas Education Agency Ethnicity Questionnaire
5. Home Language Survey
6. Pre-Kindergarten Parent Survey & Income Eligibility Guidelines
7. Media Consent Form
8. Acceptable Use Guidelines
9. Student Code of Conduct and Student/Parent Handbook Option & Acknowledgement Forms
10. Directory Information Option Form
11. Universal Permission Slip
12. Allergy Form
13. No Nurse on Site Acknowledgment
14. Security Camera Notice

In addition, please provide the items listed below:

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

***Bring and/or return all documents to the School Office**

Failure to include the documents needed will result in application/registration not being processed.

Please contact Doss CCSD if you have questions or comments (830) 669-2411

DOSS ELEMENTARY Registration Form for School Year 2021 - 2022

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 _____ Hispanic Pacific Islander
 White Black
 Asian American Indian
Gender _____ Date of Birth _____ Birth Place _____ Age (Sept 1st) _____ Texas Unique ID _____
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: _____

DOSS CONSOLIDATED COMMON SCHOOL DISTRICT
11431 RANCH ROAD 648 ♦ P.O. Box 50 ♦ DOSS, TEXAS 78618
(830) 669-2411 ♦ (830) 669-2303 FAX

STUDENT TRANSFER APPLICATION

Date of Application: _____

School Year Applying For: 2021-2022

Legal Name of Student		Grade	(for year applying)
Birth Date (mmddyr)		Sex	
District and Campus of Residence (Example: Harper Elementary)			
School Currently Attending			
Student qualifies for these special services/programs	<input type="checkbox"/> Special Education <input type="checkbox"/> ESL / Bilingual <input type="checkbox"/> None of the above <input type="checkbox"/> Other _____	<input type="checkbox"/> 504 <input type="checkbox"/> Dyslexia	
Name of Parent/Guardian			
Street Address			
City		Zip	
Home Phone		Business Phone	Cell Phone
Email Address			

AFTER READING RULES ON BACK AND THIS STATEMENT, SIGN BELOW: I have read carefully, considered, and agree to ALL of the conditions as stated on this form. I understand that any falsification of information shall cause this application for transfer to be denied and/or revoked. In addition, falsification of documents or records is a criminal offense under Section 37.1 Penal Code. I also attest in the preceding year the student has not engaged in conduct or misbehavior resulting in removal to an alternative education program or expulsion, the student has not engaged in delinquent conduct or conduct in need of supervision nor is on probation or other conditional release for that conduct, nor has the student been convicted of a criminal offense or is on other conditional release for an offense. I attest that all representations I have made in this document are true and correct.

 Date Signature of Parent/Guardian

FOR DISTRICT USE ONLY

The above transfer was Approved Disapproved

 Superintendent or Designee Date

PLEASE READ THE CONDITIONS FOR TRANSFER AS STATED BELOW:

1. Doss CCSD does not charge tuition for inter-district transfers.
2. Approval is from year to year. A new Transfer Agreement will need to be filled out and signed every year.
3. The District will assign students based on appropriate programming, class size, and staffing.
4. The transfer may be denied for the following reasons:
 - a. Admission of the student would cause overcrowding of classes;
 - b. Admission of the student would cause the district to hire additional personnel;
 - c. The student's prior attendance record;
 - d. The student's prior discipline record; and
 - e. Other lawful reasons determined by the district.
5. The Transfer Agreement must be signed and submitted with this Transfer Application.
6. The following documents **MUST** be provided before your child's application can be considered: most recent report card, court documents (if applicable,) attendance records, test and/or assessment scores, and discipline records.
7. The transfer student must follow all rules, regulations and expectations of the District, including those for student conduct, attendance, academics and parental involvement. Violation of the District's rules and regulations may result in revocation of the transfer agreement. See Board Policy FDA (Local)
8. Transportation is to be provided by the parent/guardian for approved transfer unless parent/guardian choose an existing Doss School bus route/stop.
9. It is the responsibility of the parent or guardian to notify the Doss School of any address changes.
10. Doss CCSD does not have a lunch program. It is the responsibility of the parent or guardian to provide a healthy lunch and snack. Microwaves are provided in the school lunch room.
- 11. Failure to include or disclose any of the above information may result in a student's application being denied.**
- 12. Any falsification of information is a Class A Misdemeanor and can lead to legal action.**

My signature grants permission for Doss CCSD personnel to contact my child's school for information.

PARENT/GUARDIAN SIGNATURE: _____

DATE SIGNED: _____

Doss CCSD School District Transfer Agreement 2021-2022

This Transfer Agreement establishes the terms and conditions for _____ (“student”) to attend Doss Consolidated Common School District (“District”) as a transfer student for the 2021-2022 school year.

The student’s parent or other person having lawful control of the student, _____ (“parent”), requests the student be permitted to attend Doss CCSD and agrees to the following terms/conditions for the transfer:

1. The following must be provided with the application: Report Cards, Attendance Records, Assessment Records, Special Program Data, and Discipline History.
2. This transfer is effective for the current school year only. District approval of this transfer creates no right or expectation that the student will be admitted as a transfer for any subsequent school year. All transfer students must reapply every school year.
3. This transfer is approved for the named student only. District approval of this transfer creates no right or expectation that another student from the same family will be admitted as a transfer.
4. The student must maintain acceptable levels of attendance and compliance with District rules and regulations, including the Student Code of Conduct, throughout the entire school year. Acceptable levels are defined as:
 - a. Academic Achievement that does not place the student at risk of losing credit for the year in more than one subject area, or at risk of being retained for the year;
 - b. Attendance that does not place the student at risk of losing credit under Education Code 25.092 or require the District to warn the parent and student of truancy proceedings under the Code.
 - c. Compliance with the District’s rules, including the Student Code of Conduct, such that no offenses result in removal to a disciplinary alternative education program or expulsion, and no more than two referrals are made within a grading period for other misconduct.
5. In accordance with Board policy FDA (LOCAL), the Superintendent or designee may revoke the transfer of a student who fails to maintain an acceptable level of attendance or compliance with District rules and regulations, including the Student Code of Conduct. Notice of revocation will be sent to the district of residence.
6. If this agreement is revoked, revocation ordinarily will be effective at the end of a semester; however, the Superintendent or designee has discretion to revoke the transfer immediately if the student’s continued attendance threatens the safety of other students or teachers or will be detrimental to the educational process.
7. The student and parent acknowledge that eligibility of transfer students for participation in any UIL activity or other activities governed by UIL rules and regulations will be determined in accordance with UIL rules and regulations.
8. Parents must take an active role in Doss CCSD school activities; including but not limited to attendance at school functions, such as the end of semester programs and the end-of-year program and fundraiser.
9. Bus transportation is a privilege and proper conduct is expected.
10. Except as modified by this transfer agreement, the student will be subject to all policies, regulations, rights, privileges, and responsibilities of enrollment in the District as if he or she resided in the District.

The District and the parent agree that this transfer agreement is the entire agreement controlling the admission and enrollment of the student in the District for the 2021-2022 school year.

Parent Name: _____ **Student Name:** _____

Parent Signature and Date Signed: _____

District Signature and Date Signed: _____