

## ENROLLMENT / ACKNOWLEDGMENT FORM

I understand the Axtell HS/MS Student Handbook and Student Code of Conduct may be viewed on the school website, [www.axtellisd.net](http://www.axtellisd.net), and that copies are available for viewing in the school library. I understand that the handbook contains information that my child and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Student Handbook and the Code of Conduct.

Regarding student records, I understand that the federal Family Educational Rights and Privacy Act (FERPA) and state law require that "directory information" on my child be released by the District to anyone who requests it unless I object in writing to the release of any or all of this information. I also understand that to be in compliance with the No Child Left Behind Act of 2001, the District will release to military recruiters and institutions of higher education, upon request, the name, address, and telephone listing of my child, unless I direct the District not to release this information without prior written consent, as indicated below. This objection must be filed with the principal within ten school days of my child's first day of instruction for this school year.

Directory information includes my child's:

1. Name,
2. Address,
3. Telephone listing,
4. Date and place of birth,
5. Photograph,
6. Participation in officially recognized activities and sports,
7. Weight and height of members of athletic teams,
8. Dates of attendance,
9. Grade level,
10. Enrollment status,
11. Honors and awards received in school,
12. Most recent previous school attended, and
13. E-mail address.

In exercising my right to limit release of this information, I have **MARKED THROUGH** the items of directory information listed that I **DO NOT** want released without my prior written consent. Please fill out the information below and return this form.

Print name of student \_\_\_\_\_

**Signature of student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_

**Signature of parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_

911 Address:

\_\_\_\_\_

Mailing Address (if Different):

\_\_\_\_\_

Home Phone: \_\_\_\_\_

**Primary Contact Number:**

\_\_\_\_\_



Father's Work Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Mother's Work Phone:  
\_\_\_\_\_ Cell \_\_\_\_\_

**Email address for sending school information:**

\_\_\_\_\_

**Phone number to send text or phone messages to concerning your child:**

\_\_\_\_\_

**Please contact the school if your child has unique health problems we should be aware of.**

**THIS FORM MUST BE COMPETED AND RETURNED BY AUGUST 31<sup>st</sup>.**

