

LIBERTY DOLLS PACKET

2022-2023

Come and be a part of the Lakeview Centennial Liberty Dolls!!

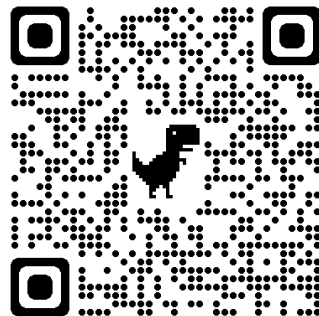
You need **NO Experience** to be on JV Drill Team!!!!

We will teach you ALL you need to know!!!



<https://forms.gle/FPirqxezV7DW3iZj9>

JV Drill Application



This packet is just for informational purposes. Use the FORM QR code above to submit all your information.

General Information about the Liberty Dolls Junior Varsity Drill Team at Lakeview Centennial High School:

Purpose: Drill team is great for all high school students because it provides them with friends who are actively supporting Lakeview before school even begins. Girls with zero dance experience are taught the fundamentals of dance and prepped to tryout for our Varsity Drill Team, the Yankee Doodle Sweethearts. Drill team builds self-esteem, provides a positive atmosphere, creates lifelong friendships, and encourages the development of self-discipline.

Officer Positions: We will not have officer positions. More *experienced dancers* and/or girls with *leadership interests* are encouraged to try out for Varsity Sweethearts drill team April 25th-29th.

Informational Meeting: More information about how Liberty Dolls will work will be discussed at the Informational Meeting on Monday, April 18th, 2022 at 6:00pm in the Lakeview Cafeteria.

Required Clothing purchases for team: Practice wear, as well as field uniform will be required.

Team Leader provides our practice wear and Cheer Etc. provides our field uniforms. Each girl and parent must attend the Fitting to choose sizes for their practice wear and uniforms. The price sheets form will be available at the Informational Meeting on Monday, April 18th at 6:00pm.

Costs: Liberty Dolls are responsible for all their own costs by their due date. This includes:

1. Purchasing Practice wear (approx.. \$300)
2. Cleaning Uniform Fee (\$30 fee)
3. Summer Camp (\$50)
4. Must buy your own extra items on your own: white ked-like shoes, jazz shoes, make-up, etc.)

Physicals: A physical will also be required by first day of summer practice, and must be dated AFTER May 1, 2022 to be valid for the new year. Will be due July 27th.

What do we do during the year?

Those who decide to join the team will have the opportunity to:

- Perform field routines at three JV football games
- Attend director designated Varsity games
- Perform at basketball games
- Perform in the Sweethearts Varsity Drill Team Spring Show
- Learn dance skills for Varsity Drill Team tryouts

In Class Next Year: If you would like to join our team next year, ***be sure to register for JV drill team when you select your classes with your 8th grade counselors.*** Then carefully read this packet, fill out all the forms and turn them in as instructed. Please be sure to keep up with all of the dates listed in the packet! If all these are not complete by the due dates, you will be removed from the class in August.

If you have any questions or concerns please contact Mrs. Berry Gondran or Mrs. Mauldin at:

972-240-3740

EJBerryG@garlandisd.net

LSMauldi@garlandisd.net

Important Dates Overview

Date	Events	Location	Time
April 18, 2022	Informational Meeting -Candle Info Pass out	LC Cafe	6:00 pm
May 6, 2022 5:00pm	LINE MEMBER APPLICATIONS DUE online!! Incomplete paperwork will NOT be accepted. -Line Application includes: <i>Your information, Fine Arts Handbook Agreement Page, Standard of Uniformity Agreement Pic of most recent Report Card, Pic of most recent Attendance Report, 3 Letters of Recommendations, Code of Conduct agreement JV Drill Team Essay</i> Due no later than Friday, May 6th by 5:00pm (Incomplete paperwork will NOT be accepted.)		
May 23, 2022	First Required Meeting	LC Cafe	6:00 pm-8:00pm
	- Candle Fundraiser Due (goes towards teamwear costs for you) - Practice wear Ordered and Paid for today - Estimated \$300.00 (brand new) due for Practice Wear to Team Leader (cash, money order, credit card) - Estimated \$30 for uniform cleaning		
June 2, 2022	First Team Practice(& candle Pick-up)	LCHS Cafeteria	6:00pm- 8:00pm
July 27, 2022	TEAM PRACTICE \$50 Camp fee due (cash) Physical Due	LCHS Cafeteria	9:00am-12:00noon
July 28, 2022	Line Camp	Garland HS	9:00-3:00pm
July 29, 2022			9:00-3:00pm
July 30, 2022			9:00-12:30pm
August 8, 2022	First Day of School		

**** Remember ALL scheduled events are MANDATORY!!**

Liberty Doll Important Dates/Details

2022-2023

Informational Meeting

On Monday, April 18, at 6:00 pm, all students interested in JV drill team at Lakeview and their parents are invited to come and learn about time and cost obligations from the director. We will discuss the *Calendar of Events, Fine Arts Handbook, Candle fundraiser, etc.*

Liberty Dolls Sign Up Deadline

The JV Drill Team Line Application, a copy of your most recent report card, a copy of your most recent attendance record, the signed Fine Arts Handbook Agreement, JV Drill Team Essay, parent signed Code of Conduct and 3 Letters of Teacher Recommendations are due on or before Friday, May 6 at 5pm. All applications must be complete in order to sign up for Liberty Dolls. **Applications will not be accepted after Friday, May 6 by 5pm using the VIRTUAL form. NO LATE APPLICATIONS WILL BE ACCEPTED.**

Officer/Squad Leader

Liberty Dolls will not have officers. If more experienced or talented dancers want to challenge themselves, we encourage you to try out for Varsity Drill Team- Sweethearts. Throughout the year, you will be placed in squads, and report to JV Sergeants and the Director.

Dancewear Fitting

A mandatory fitting will be held on Monday, May 23 at 6:00pm. At this time, Team Leader is requiring that you pay *in full* by cashiers check, money order, cash or credit card. **Personal checks will not be accepted.** Please come prepared to try on the clothing, and order and pay for your clothes same day.

Uniform Fitting

On Monday, May 23, at 6:00pm (Same as the Dancewear Fitting), You will be using school purchased uniforms, so you need to turn in your waist size, and the cleaning fee of \$30. Make sure YOU measure yourself **ACCURATELY. Cash ONLY.**

Pre-Camp Team Practices-Required

Full Team practices will be held on July 27 from 9am-12noon. The whole team will learn and practice the school songs and make other preparations for camp the next day. **The camp payment of \$50.00 (in exact cash) will be due at this time JULY 2022. You also must have your physical on this day.**

Line Camp-Required

The team will attend a mandatory line camp in the summer. The camp will be held on July 28-29 from 9:00am-3:00pm, AND July 30, from 9:00am-12:30pm at Garland High School. On the 30th, there will be showoffs at 12:30pm. This camp is where the Liberty Dolls will learn all material for performances during football and basketball season.

After School Practice

This year, Liberty Dolls are focusing on preparing for Varsity level technique. We will not be performing as much, so we will **not** have regular practices after school. However, if it is necessary, the director will call an after school practice as needed.

Practices- During school or after school

Each unexcused absence will result in points deducted based on the GISD JV Drill Team Fine Arts Handbook, and removal from upcoming performances. Missing practices, even excused, will also exclude you from upcoming performances, as you would need to be here to know your parts.

Junior Varsity Football Games

The Liberty Dolls will perform at **some District Junior Varsity** football games as designated by the director. These are scheduled on either Wednesday or Thursday evenings during the fall semester and usually fall the day just prior to Varsity football games. Attendance at all District JV games is mandatory, whether you perform or not. You must ride the bus to and from games.

Varsity Football Games

The Liberty Dolls must attend all District Varsity football games **as designated by the director**. These are scheduled on either Thursday or Friday evenings during the fall semester, and usually fall on the day after the JV football games. Attendance and transportation are the same as above. Official schedules and calendars for these games will be sent out at the beginning of football season.

Tryouts for Performances

Every performance, including football, basketball, contest or spring show, will require a tryout. Tryouts will be used to determine if the Liberty Doll has enough memory, showmanship, and technique to perform the required movements in the dance. These determinations will be made by the director, and/or assistant director and magnet coordinator for each performance. Consideration will be made to make sure girls get as many chances to perform as possible. However, it is up to each individual Liberty Doll to ask for help, feedback and to practice on their own outside of school.

Other Mandatory Performances

Liberty Dolls are required to attend two parades: the Labor Day Parade in August, as well as the MLK parade in January. Liberty Dolls are also required to attend District Dance Festival.

JV Drill Team Line Application

Name _____ ID# _____

Home Address _____

Student Cell Phone Number _____

Student Email Address _____

Father's Name _____ Work/Cell Phone # _____

Father's Email Address _____

Mother's Name _____ Work/Cell Phone # _____

Mother's Email Address _____

School Presently Attending _____

Present Grade Level _____ Birth Date _____

As a member of the Lakeview Centennial Liberty Dolls, I have fully read and understand the information packet. I will uphold the honor and dignity of being a Liberty Doll by respecting my director, officers, teammates, school, teachers, and principals at all times. I understand that I am required to attend summer camp and all practices as scheduled. I am fully aware of and agree to accept the responsibility of being a member of the Lakeview Centennial Liberty Dolls Junior Varsity Drill Team.

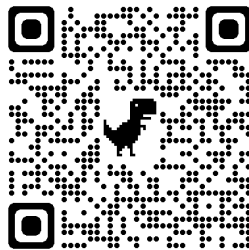
Member's Signature

Date

As a parent/guardian of a student who wishes to become a member of the Liberty Dolls, I have fully read and understand the information packet and what is expected of my student. I realize my student will be required to attend summer camp and all practices and performances. I give my student permission to participate in the Lakeview Centennial Liberty Dolls Junior Varsity Drill Team.

Parent/Guardian Signature

Date



This packet is just for informational purposes. Use the FORM linked in the QR above to submit.

Junior Varsity Drill Team

Fine Arts Handbook Agreement

As a student, and parent, we have read the Garland ISD Drill Team Fine Arts Handbook found on the GISD website at <https://garlandisd.net/media/15517/download?inline>

We understand the regulations and policies for the JV Drill Team. I agree to abide by the standards of conduct and point system while being a member of the JV Drill Team.

We also understand, as stated in the handbook, if I quit or am removed for any reason, I will not be able to wear any attire related to Liberty Dolls.

Parent Signature _____

Liberty Doll Signature _____

Standard of Uniformity

Hair:

Performance hair is high bun, no part, with all sides back and no wispies at all, using a hair tie that matches your hair color. Use a hair net, if needed to control extra hair.

Liberty Dolls will arrive at school at arranged time to avoid demerits. Liberty Dolls will not be let out of class to prepare hair for the performance.

Make up:

Red Lipstick required.

Nails:

During Performance Seasons:

Neutral Shades

No sparkle or decal of any kind on nails

Sports length per GISD Fine Arts Handbook

*Approved by Sweethearts' student committee for Standard of Uniformity, March 2022.

Liberty Doll Signature: _____

Parent Signature: _____

JUNIOR VARSITY DRILL TEAM ESSAY

Being a part of the Liberty Dolls is an honor and a privilege. Drill Team promotes school spirit, teamwork, and good sportsmanship. In 200 words or more please include the following topics:

1. Describe yourself...Things you like? Things you dislike?
What are your interests?
2. Dance Experience...Have you had any dance experience? If so, for how long have you been dancing? What is your favorite type of dance?
3. Why do you want to be a Liberty Doll?
4. What qualities will you bring to the JV Drill Team?
5. What is your favorite subject in school?
6. What are you looking forward to most about attending Lakeview Centennial High School?

Please TYPE YOUR ESSAY and turn it in with the rest of your paperwork by Friday, May 6!!

LIBERTY DOLLS

APPLICATION

CHECKLIST

1. Line Application
2. Most Recent Report Card
3. Most Recent Attendance Record
4. Standard of Uniformity Agreement
5. 3 Letters of Teacher Recommendations
6. Liberty Dolls Essay
7. JV Fine Arts Handbook Agreement
8. JV Code of Conduct Agreement
9. Standard of Uniformity Agreement

***ALL PAPERWORK MUST BE COMPLETE AND TURNED IN Electronically
Use the Google Form-**

<https://forms.gle/FPirqxezV7DW3iZj9>

BY Friday, MAY 6 by 5:00pm.

Included Below:

1. Fine Arts Handbook Agreement- Initialed and Signed by parent and student- pictures of signed turned in with electronic App.
2. Physical completed after May 1, 2022- due by July 27
3. Concussion Protocol Signed by parent- due by July 27
4. Fine Arts Media Release- due by July 27

Garland Independent School District Fine Arts Handbook
Cheerleading, Drill Team, Step, and World Dance Company
Permission, Commitment, and Signature Page

Student Name (Please Print) _____

Legal Parent/Guardian (Please Print) _____

Check the Fine Arts Group you are auditioning for/joining:

Cheer _____ Junior Varsity Drill Team _____ Varsity Drill Team _____

Step Team _____ World Dance Company _____

Please read each statement and initial. A candidate/member and a legal parent/guardian signature and date is required at the end of the statements.

Candidate/Member:

_____ I have received, read, and understand all of the information in this tryout packet and agree to abide by all rules and regulations regarding tryouts.

_____ I understand that the judges' decision is final.

_____ I have received, read, and understand the Fine Arts Handbook and agree to abide by all rules and regulations of the Fine Arts Group.

_____ I have received, read and understand the GISD District Code of Conduct and agree to abide by all rules and regulations. (Internet access www.garlandisd.com)

_____ I have received, read and understand the financial obligation involved with being a member. I also understand that I will not receive any items, but I must still attend any events/performances, if I have not fulfilled my financial contract.

_____ I have received, read and understand that in addition to yearly tryouts, to remain on the team, there may be weekly tryouts conducted by the teacher (coach, director, and sponsor).

_____ I have received, read and understand that I must pass all of my classes, with the exception of waived classes, to be eligible to perform. (Refer to TEA UIL Regulations).

_____ I have read and understand my behavior and conduct will be held to a higher standard on this team, both in and out of school.

_____ I have read and understand that I am required to attend all mandatory practices, performances, contest(s), and events. An unexcused absence will receive consequences.

_____ I understand that I am to ride to and from all events and performances on school transportation with my team. All members are to be picked up from the school after games/competitions/performances/events no later than 20 minutes after being dismissed by the teacher.

_____ I understand and agree to abide by the Standard of Uniformity (hair, makeup, and nails) that was established by a committee of my peers.

_____ I understand that I will be responsible for returning all uniforms, poms, props etc. in good condition. Uniforms must be cleaned according to the instructions given by the director/coach. A cleaning receipt attached to the uniform may be required.

Legal Parent/Guardian:

_____ I have received, read, and understand all of the information in this tryout packet and agree to abide by all rules and regulations regarding tryouts.

_____ I understand the judges' decision is final.

_____ I have received, read, and understand the Fine Arts Handbook and agree to abide by all rules and regulations of the Fine Arts Group.

_____ I have received, read and understand the GISD District Code of Conduct and agree to abide by all rules and regulations. (Internet access www.garlandisd.net)

_____ I have received, read and understand the financial obligation and payments involved with my student being a member. I also understand that my student will not receive any items, but must still attend any events/performances, if I have not fulfilled my financial contract.

_____ I have received, read and understand that in addition to yearly tryouts, to remain on the team, there may be weekly tryouts conducted by the teacher (coach, director, and sponsor).

_____ I have received, read and understand that my student must pass all classes, with the exception of waived classes, to be eligible to perform. (Refer to TEA UIL Regulations).

_____ I have read and understand that my student's behavior and conduct will be held to a higher standard on this team, both in and out of school.

_____ I have read and understand that my student is required to attend all mandatory practices, performances, contest(s), and events.

_____ I understand that my student is required to ride to and from all events and performances on school transportation with their team. All members are to be picked up from the school after games/competitions/performances/events no later than 20 minutes after being dismissed by the teacher.

_____ I understand and agree to the Standard of Uniformity (hair, makeup, and nails) that was established by a committee within the Fine Arts Group.

_____ I understand that I will be responsible for returning all uniforms, poms, props etc. in good condition. Uniforms must be cleaned according to the instructions given by the director/coach. A cleaning receipt attached to the uniform may be required.

Candidate/Member Printed Name _____

Candidate/Member Signature _____

Date _____

Legal Parent/Guardian Printed Name _____

Legal Parent/Guardian Signature _____

Date _____

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

2020

This **MEDICAL HISTORY FORM** must be completed **annually** by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____
 Address _____ Phone _____
 Grade _____ School _____
 Personal Physician _____ Phone _____
In case of emergency, contact:
 Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers in the box below**. Circle questions you don't know the answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Has any family member or relative died of heart problems or of sudden unexplained death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
Has a physician ever denied or restricted your participation in activities for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____			<i>Females Only</i>		
How severe was each one? (Explain below)			19. When was your first menstrual period? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
Have you ever had a stinger, bumer, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i>		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	20. Are you missing a testicle? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	21. Do you have any testicular swelling or masses? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN "YES" ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.
 If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.
 If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL.

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. **THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.**

For School Use Only:
 This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____
 Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____/_____/_____
brachial blood pressure while sitting
 Vision: R 20/____ L 20/_____ Corrected: Y N Pupils: Equal Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high participation and again prior to first and third years of high school participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. * *Local district policy may require an annual physical exam.*

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only) if indicated			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

Cleared
 Cleared after completing evaluation/rehabilitation for: _____

 Not cleared for: _____ Reason: _____
 Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____
 Address: _____
 Phone Number: _____
 Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance/games/matches.

El padre (o tutor) y el estudiante deben completar este **FORMULARIO DE HISTORIAL MÉDICO** *cada año* para que el estudiante pueda participar en las actividades. Estas preguntas están diseñadas para determinar si el estudiante ha desarrollado alguna condición que haga que su participación en un evento sea riesgosa.

Nombre del estudiante: (letra imprenta) _____ Sexo: _____ Edad: _____ Fecha de nacimiento: _____

Dirección: _____ Teléfono: _____

Grado: _____ Escuela: _____

Médico personal _____ Teléfono: _____

En caso de emergencia, comuníquese con:

Nombre: _____ Parentesco: _____ Teléfono: (C) _____ (T) _____

- | | Si | No | | Si | No |
|---|--------------------------|--------------------------|--|--|----------------------------------|
| 1. ¿Ha tenido una enfermedad o lesión desde su última revisión médica o examen físico? | <input type="checkbox"/> | <input type="checkbox"/> | 13. ¿Alguna vez le ha faltado el aire de manera inesperada mientras hacía ejercicio? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. ¿Ha estado hospitalizado durante al menos una noche en el último año? | <input type="checkbox"/> | <input type="checkbox"/> | ¿Tiene asma? | <input type="checkbox"/> | <input type="checkbox"/> |
| ¿Alguna vez se ha sometido a una cirugía? | <input type="checkbox"/> | <input type="checkbox"/> | ¿Tiene alergias estacionales que requieren un tratamiento médico? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. ¿Alguna vez un médico le ha solicitado que se realice pruebas cardíacas previas? | <input type="checkbox"/> | <input type="checkbox"/> | 14. ¿Utiliza algún equipo correctivo o de protección especial, o dispositivos que no suelen utilizarse para su actividad o posición (por ejemplo, rodilleras, un rollo especial para el cuello, aparatos ortopédicos para los pies, retenedores en los dientes o audífonos)? | <input type="checkbox"/> | <input type="checkbox"/> |
| ¿Alguna vez se ha desmayado mientras hacía ejercicio o después de hacerlo? ¿Alguna vez ha experimentado un dolor en el pecho mientras hacía ejercicio o después de hacerlo? | <input type="checkbox"/> | <input type="checkbox"/> | ¿Alguna vez ha tenido un esguince, distensión o hinchazón después de una lesión? ¿Se ha roto o fracturado algún hueso, o dislocado alguna articulación? | <input type="checkbox"/> | <input type="checkbox"/> |
| ¿Se cansa más rápido que sus amigos durante el ejercicio? | <input type="checkbox"/> | <input type="checkbox"/> | 15. ¿Ha tenido algún otro problema de dolor o hinchazón en los músculos, tendones, huesos o articulaciones? | <input type="checkbox"/> | <input type="checkbox"/> |
| ¿Alguna vez ha tenido latidos cardíacos acelerados o interrumpidos? ¿Ha tenido presión arterial alta o colesterol alto? | <input type="checkbox"/> | <input type="checkbox"/> | En caso afirmativo, marque la casilla correspondiente y explique en el cuadro de abajo: | | |
| ¿Alguna vez le han dicho que tiene un soplo cardíaco? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Cabeza | <input type="checkbox"/> Codo | <input type="checkbox"/> Pie |
| ¿Algún miembro de su familia o pariente ha muerto por problemas cardíacos o por muerte súbita e inesperada antes de los 50 años? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Cuello | <input type="checkbox"/> Antebrazo | <input type="checkbox"/> Muslo |
| ¿Algún miembro de su familia tiene un diagnóstico de agrandamiento del corazón (miocardiopatía dilatada), miocardiopatía hipertrófica, síndrome del QT largo u otra canalopatía iónica (como el síndrome de Brugada, entre otros), síndrome de Marfan o ritmo cardíaco anormal? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Espalda | <input type="checkbox"/> Muñeca | <input type="checkbox"/> Rodilla |
| ¿Ha tenido una infección viral grave (por ejemplo, miocarditis o mononucleosis) en el último mes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Pecho | <input type="checkbox"/> Mano | <input type="checkbox"/> Tobillo |
| ¿Alguna vez un médico le ha negado o restringido su participación en actividades debido a un problema cardíaco? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Hombro | <input type="checkbox"/> Canilla/Pantorrilla | <input type="checkbox"/> Dedo |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Brazo | | |
| 4. ¿Alguna vez ha sufrido una lesión en la cabeza o una conmoción cerebral? | <input type="checkbox"/> | <input type="checkbox"/> | 16. ¿Quiere pesar más o menos de lo que pesa ahora? | <input type="checkbox"/> | <input type="checkbox"/> |
| ¿Alguna vez lo han noqueado, ha quedado inconsciente o ha perdido la memoria? | <input type="checkbox"/> | <input type="checkbox"/> | 17. ¿Se siente estresado? | <input type="checkbox"/> | <input type="checkbox"/> |
| En caso afirmativo, ¿cuántas veces? _____ | | | 18. ¿Alguna vez le han diagnosticado o ha recibido tratamiento para el riesgo de células falciformes o la enfermedad de células falciformes? | <input type="checkbox"/> | <input type="checkbox"/> |
| ¿Cuándo fue su última conmoción cerebral? _____ | | | <i>Solo mujeres</i> | | |
| ¿Qué tan severa fue cada una? (Explique en el cuadro de abajo) | <input type="checkbox"/> | <input type="checkbox"/> | 19. ¿Cuándo tuvo su primer periodo menstrual? _____ | | |
| ¿Alguna vez ha convulsionado? | <input type="checkbox"/> | <input type="checkbox"/> | ¿Cuándo tuvo su periodo menstrual más reciente? _____ | | |
| ¿Tiene dolores de cabeza frecuentes o intensos? ¿Alguna vez ha sentido entumecimiento u hormigueo en los brazos, manos, piernas o pies? | <input type="checkbox"/> | <input type="checkbox"/> | ¿Cuánto tiempo suele pasar desde el inicio de un periodo hasta el inicio del otro? _____ | | |
| ¿Alguna vez ha tenido un nervio oprimido, irritado o pinzado? | <input type="checkbox"/> | <input type="checkbox"/> | ¿Cuántos periodos ha tenido en el último año? _____ | | |
| 5. ¿Le falta algún órgano par? | <input type="checkbox"/> | <input type="checkbox"/> | ¿Cuál fue el tiempo más largo que pasó entre un periodo y el otro en el último año? | | |
| 6. ¿Se encuentra bajo el cuidado de un médico? | <input type="checkbox"/> | <input type="checkbox"/> | <i>Solo hombres</i> | | |
| 7. ¿En la actualidad, toma algún medicamento o píldora con receta médica o sin ella (de venta libre), o utiliza un inhalador? | <input type="checkbox"/> | <input type="checkbox"/> | 20. ¿Tiene dos testículos? _____ | | |
| 8. ¿Tiene alguna alergia (por ejemplo, al polen, a medicamentos, alimentos o insectos que pican)? | <input type="checkbox"/> | <input type="checkbox"/> | 21. Tiene hinchazón o masas en los testículos? _____ | | |
| 9. ¿Alguna vez se ha mareado mientras hacía ejercicio o después de hacerlo? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 10. ¿Tiene algún problema cutáneo actual (por ejemplo, picazón, sarpullidos, acné, verrugas, hongos o ampollas)? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 11. ¿Alguna vez se ha enfermado por hacer ejercicio en el calor? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 12. ¿Ha tenido algún problema con sus ojos o visión? | <input type="checkbox"/> | <input type="checkbox"/> | | | |

No es necesario que se realice un electrocardiograma (ECG). He leído y entiendo la información sobre el examen cardíaco en el Formulario de concientización sobre paro cardíaco repentino de la UIL. Al marcar esta casilla, elijo que se le realice un ECG a mi estudiante para un examen cardíaco adicional. Entiendo que es responsabilidad de mi familia programar y pagar dicho ECG.

EXPLIQUE SUS RESPUESTAS "SÍ" EN EL CUADRO DE ABAJO (adjunte otra hoja si es necesario)

Se entiende que, a pesar de que los atletas usan un equipo de protección siempre que es necesario, la posibilidad de un accidente sigue existiendo. Ni la Liga Interescolástica Universitaria ni la escuela asumen ninguna responsabilidad en caso de que ocurra un accidente. Si, a juicio de cualquier representante de la escuela, el estudiante mencionado anteriormente necesitase atención y tratamiento inmediatos como resultado de cualquier lesión o enfermedad; por la presente solicito, autorizo y consiento que cualquier médico, entrenador deportivo, enfermero o representante de la escuela le provea tal atención y tratamiento a dicho estudiante. Por la presente acepto indemnizar y mantener indemne a la escuela y a cualquier representante de la escuela u hospital ante cualquier reclamo de cualquier persona a causa de tal atención y tratamiento de dicho estudiante.

Si, entre esta fecha y el comienzo de la participación, el estudiante manifestase alguna enfermedad o sufriera alguna lesión que pudiese limitar su participación, acepto notificar a las autoridades escolares sobre dicha enfermedad o lesión.

Por la presente declaro que, a mi leal saber y entender, mis respuestas a las preguntas anteriores son completas y correctas. No proporcionar respuestas veraces podría someter al estudiante en cuestión a las sanciones que determine la UIL.

Firma del alumno: _____ Firma del padre o tutor: _____ Fecha: _____

Cualquier respuesta afirmativa a las preguntas 1, 2, 3, 4, 5 o 6 requiere una evaluación médica adicional que puede incluir un examen físico. Se requiere una autorización por escrito de un médico, asistente médico, quiropráctico o enfermero practicante antes de participar en prácticas, juegos o partidos de la UIL. ESTE FORMULARIO DEBE ESTAR EN EL ARCHIVO ANTES DE LA PARTICIPACIÓN EN CUALQUIER ENTRENAMIENTO, PRÁCTICA, PRESENTACIÓN

Solo para uso de la escuela:

Este formulario de historial médico fue revisado por: Nombre en letra imprenta: _____ Fecha: _____ Firma: _____

EVALUACIÓN FÍSICA PREVIA A LA PARTICIPACIÓN: EXAMEN FÍSICO

Nombre del estudiante: _____ Sexo: _____ Edad: _____ Fecha de nacimiento: _____

Talla: _____ Peso: _____ Porcentaje de grasa corporal (opcional): _____ Pulso: _____ PA: _____ / _____ (_____/_____, ____/____)
Presión arterial braquial mientras está sentado

Visión: D 20/ _____ I 20/ _____ Corregida: Sí No Pupilas: Iguales Desiguales

Como requisito mínimo, este **formulario de examen físico** debe completarse antes de la participación en la escuela intermedia y otra vez antes del primer y tercer año de participación en la escuela secundaria. Asimismo, **debe** completarse si hay respuestas afirmativas a las preguntas específicas del FORMULARIO DEL HISTORIAL MÉDICO del estudiante que se encuentra en el reverso. * *La política del distrito local puede requerir un examen físico anual.*

	NORMAL	HALLAZGOS ANORMALES	INICIALES*
EXAMEN MÉDICO			
Apariencia			
Ojos/oidos/nariz/garganta			
Ganglios linfáticos			
Corazón: auscultación del corazón en posición supina			
Corazón: auscultación del corazón de pie			
Corazón: pulsos de las extremidades inferiores			
Pulsos			
Pulmones			
Abdomen			
Genitales (solo hombres)			
Piel			
Estigmas de Marfan (aracnodactilia, pectus excavatum, hipermovilidad articular, escoliosis)			

EXAMEN MUSCULOESQUELÉTICO			
Cuello			
Espalda			
Hombro/brazo			
Codo/antebrazo			
Muñeca/mano			
Cadera/muslo			
Rodilla			
Pierna/tobillo			
Pie			

* Solo para los exámenes que se realizan en estaciones

AUTORIZACIÓN

Autorizado
 Autorizado después de completar una evaluación o rehabilitación para: _____

No autorizado para: _____ Razón: _____

Recomendaciones: _____

Un médico, un asistente médico que cuente con la autorización de una Junta del Estado de Examinadores Asistentes Médicos, un enfermero registrado que cuente con el reconocimiento de la Junta de Enfermeros Examinadores, como un enfermero de prácticas avanzado, o un doctor en Quiropráctica debe completar y firmar la siguiente información. No se aceptarán los formularios de examen que tengan la firma de cualquier otro médico.

Nombre (letra imprenta) _____ Fecha del examen: _____

Dirección: _____

Número de teléfono: _____

Firma: _____

Debe completarse antes de que un estudiante participe en cualquier práctica, antes, durante o después de la escuela (tanto durante la temporada como fuera de la temporada), o en cualquier presentación, juego o partido.



CONCUSSION ACKNOWLEDGEMENT FORM

Name of Student _____

Definition of Concussion - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

Prevention – Teach and practice safe play & proper technique.
 – Follow the rules of play.
 – Make sure the required protective equipment is worn for all practices and games.
 – Protective equipment must fit properly and be inspected on a regular basis.

Signs and Symptoms of Concussion – The signs and symptoms of concussion may include but are not limited to: Headache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

Oversight - Each district shall appoint and approve a Concussion Oversight Team (COT). The COT shall include at least one physician and an athletic trainer if one is employed by the school district. Other members may include: Advanced Practice Nurse, neuropsychologist or a physician's assistant. The COT is charged with developing the Return to Play protocol based on peer reviewed scientific evidence.

Treatment of Concussion - The student-athlete/cheerleader shall be removed from practice or participation immediately if suspected to have sustained a concussion. Every student-athlete/cheerleader suspected of sustaining a concussion shall be seen by a physician before they may return to athletic or cheerleading participation. The treatment for concussion is cognitive rest. Students should limit external stimulation such as watching television, playing video games, sending text messages, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the student has received written clearance from a physician, the student-athlete/cheerleader may begin their district's Return to Play protocol as determined by the Concussion Oversight Team.

Return to Play - According to the Texas Education Code, Section 38.157:

A student removed from an interscholastic athletics practice or competition (including per UIL rule, cheerleading) under Section 38.156 may not be permitted to practice or participate again following the force or impact believed to have caused the concussion until:

- (1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student;
- (2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play;
- (3) the treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play; and
- (4) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:
 - (A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;
 - (B) have provided the treating physician's written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and
 - (C) have signed a consent form indicating that the person signing:
 - (i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;
 - (ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;
 - (iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and
 - (iv) understands the immunity provisions under Section 38.159.

 Parent or Guardian Signature

 Date

 Student Signature

 Date



FORMULARIO DE ACUSE DE RECIBO DE CONMOCIÓN CEREBRAL

Nombre de estudiante _____

Definición de conmoción cerebral: significa un proceso fisiopatológico complejo que afecta al cerebro y es causado por una fuerza física traumática o un impacto en la cabeza o el cuerpo que puede: (A) incluir una función cerebral alterada temporal o prolongada que resulta en síntomas físicos, cognitivos o emocionales o patrones de sueño alterados; e (B) implicar pérdida de conciencia.

Prevención: enseñar y practicar el juego seguro y la técnica adecuada.

- Siga las reglas del juego.
- Asegúrese de que se use el equipo de protección requerido para todas las prácticas y los juegos.
- El equipo de protección debe caber correctamente y ser inspeccionado regularmente.

Signos y síntomas de la conmoción cerebral: los signos y síntomas de la conmoción cerebral pueden incluir, entre otros: Dolor de cabeza, parecer estar aturdido o atontado, tinnitus (zumbido en los oídos), fatiga, dificultad para hablar, náuseas o vómitos, mareos, pérdida de equilibrio, visión borrosa, sensibilidad a la luz o al ruido, sensación de mareo o borroso, pérdida de memoria o confusión.

Supervisión: cada distrito designará y aprobará un Equipo de Supervisión de Conmociones cerebrales (COT). El COT debe incluir al menos un médico y un entrenador atlético si uno es empleado del distrito escolar. Otros miembros que pueden incluir: Enfermera de práctica avanzada, neuropsicólogo o asistente de médico. El COT se encarga de desarrollar el protocolo Regreso al Juego basado en evidencia científica revisada por pares.

El tratamiento de la conmoción cerebral: el estudiante-atleta/porrista deberá ser retirado de la práctica o participación de inmediato si se sospecha que tiene una conmoción cerebral. Todo estudiante-atleta/porrista sospechoso de sufrir una conmoción cerebral deberá ser visto por un médico antes de que puedan regresar a la participación de atletas o porristas. El tratamiento para la conmoción cerebral es el descanso cognitivo. Los estudiantes deben limitar la estimulación externa, como mirar televisión, jugar videojuegos, enviar mensajes de texto, usar computadora y las luces brillantes. Cuando todos los signos y síntomas de la conmoción cerebral se hayan despejado y el estudiante haya recibido la autorización escrita de un médico, el estudiante-atleta/porrista podrá comenzar el protocolo de Regreso al Juego de su distrito, según lo determinado por el Equipo de supervisión de conmociones cerebrales.

Regreso al juego: según el Código de Educación de Texas, sección 38.157:

A un estudiante retirado de una práctica o competencia interescolar de atletismo (incluidos, por regla de la UIL, los porristas) bajo la Sección 38.156 se le puede no permitir practicar o participar nuevamente después de la fuerza o el impacto que se cree que ha causado la conmoción cerebral hasta que:

- (1) el estudiante haya sido evaluado, usando protocolos médicos establecidos basados en evidencia científica revisada por pares, por un médico tratante elegido por el estudiante o el padre o el tutor del estudiante, u otra persona con autoridad legal para tomar decisiones médicas por el estudiante;
- (2) el estudiante haya completado con éxito cada requisito del protocolo de regreso al juego establecido en la Sección 38.153 necesaria para que el estudiante regrese a jugar;
- (3) el médico tratante haya proporcionado una declaración por escrito que indique que, según juicio profesional del médico, es seguro para el estudiante para volver a jugar; y
- (4) que el estudiante y el padre o el tutor del estudiante, u otra persona con autoridad legal para tomar decisiones médicas para el estudiante:
 - (A) haya reconocido que el estudiante ha completado los requisitos del protocolo de regreso al juego necesarios para que el estudiante vuelva a jugar;
 - (B) haya proporcionado la declaración escrita del médico tratante bajo la Subdivisión (3) a la persona responsable del cumplimiento del protocolo de regreso al juego bajo la Subsección (c) y la persona que tiene responsabilidades de supervisión bajo la Subsección (c); y
 - (C) haya firmado un formulario de consentimiento que indique que la persona que firma:
 - (i) haya sido informado y consiente que el estudiante participe en regresar a jugar de acuerdo con el protocolo de regreso al juego;
 - (ii) entiende los riesgos asociados con el regreso del estudiante a jugar y cumplirá con todo requisito continuo en el protocolo de regreso al juego;
 - (iii) aprueba la divulgación a las personas apropiadas, de conformidad con la Ley de Portabilidad y Responsabilidad del Seguro Médico de 1996 (Pub. L. No. 104-191), de la declaración escrita del médico tratante bajo la Subdivisión (3) y, en su caso, las recomendaciones de regreso al juego del médico tratante; y entiende las disposiciones de inmunidad bajo la Sección 38.159.

Firma del padre o el tutor

Fecha

Firma del estudiante

Fecha

Aviso



Sobre los datos de directorio y la respuesta de los padres sobre la divulgación de datos estudiantiles

La ley estatal requiere que el distrito le provea la siguiente información:

Cierta información acerca de los alumnos del distrito es considerada como datos de directorio y se divulgará a cualquier persona que siga los procedimientos de solicitud de información, a menos que el padre o tutor objete la divulgación de los datos de directorio del alumno. Si usted no desea que Garland ISD divulgue los datos de directorio del expediente educativo de su hijo sin su consentimiento escrito previo, deberá notificar al distrito por escrito dentro de diez días escolares del primer día de clases de su hijo para este año escolar.

Esto significa que el distrito se verá obligado a revelar ciertos datos personales de su hijo (conocidos como "datos de directorio"), a cualquier persona que los pida, a menos que usted haya ordenado al distrito, por escrito, no hacerlo. Además, usted tiene el derecho de indicar al distrito que puede, o no puede, usar ciertos datos personales de su hijo para efectos específicos auspiciados por la escuela. El distrito le ofrece este formulario para que usted le pueda comunicar sus deseos en relación con estos temas.

(Para más información, vea datos de directorio en el Manual Estudiantil.)

Garland Independent School District ha designado la siguiente información como datos de directorio:

- Nombre del alumno
- Fecha y lugar de nacimiento
- Escuela más recientemente asistida
- Domicilio
- Campo principal de estudios
- Participación en actividades y deportes oficialmente reconocidas
- Teléfono
- Títulos, honores y premios recibidos
- Peso y estatura, si es miembro un equipo deportivo
- Dirección de correo electrónico
- Fechas de asistencia
- Fotografía
- Nivel académico

Padre/Tutor: Por favor señale una de las siguientes opciones

- SI - Permiso divulgar al público los datos de directorio de mi alumno.** Cualquier persona que solicite datos de directorio de alumnos de GISD los puede recibir.
- SI - Permiso divulgar los datos de directorio de mi alumno solamente para fines de publicidad distrital.** Esto puede incluir, pero no se limita a: publicaciones de actividades extracurriculares, anuarios, boletines del distrito/campus, directorios de campus, comunicados de prensa para los medios locales, cobertura por los medios de comunicación, sitios web distritales/de campus, videos distritales/de campus, publicaciones distritales/de campus, redes sociales distritales/de campus y reconocimientos públicos.
- NO - No permiso divulgar los datos de directorio de mi alumno.** Al señalar esta casilla, confirmo que entiendo que el nombre de mi alumno, su fotografía, etc., **no** se incluirán en las publicaciones distritales/escolares - entre ellas, el anuario - ni se divulgarán a los medios de comunicación. Entiendo además que es necesario presentar esta solicitud anualmente para que tenga validez en cada año escolar.

Nombre del alumno *(en letra de molde)*

Apellido Primer Nombre Inicial

ID Escolar Grado

Firma del Padre/Tutor Fecha

De no entregarse este formulario en el plazo especificado arriba, el distrito supondrá que se ha dado permiso para divulgar esta información.

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 Garland ISD to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing within ten school days of your child's first day of instruction for this school year.

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 this form so you can communicate your wishes about these issues.

[See *Directory Information in the Student Handbook* for more information.]

Garland Independent School District has designated the following information as directory information:

- Student's name
- Address
- Telephone listing
- E-mail address
- Photograph
- Date and place of birth
- Major field of study
- Degrees, honors, and awards received
- Dates of attendance
- Grade level
- Most recent school previously attended
- Participation in officially recognized activities and sports
- Weight and height, if a member of an athletic team

Parent/guardian: Please select one of the choices below

- I want directory information about my child released to the public. Anyone requesting directory information for GISD students may receive it.
- I want directory information about my child released only for district publicity. This could include, but is not limited to: extracurricular activity publications, yearbooks, district/campus newsletters, campus directories, news releases to local media, media coverage, district/campus websites, district/campus videos, district/campus publications, district/campus social media and public recognitions.
- I do not want directory information about my child released. By marking this box, I understand that my child's name, photograph, etc., will NOT be included in district/school publications—including the yearbook—or released to the media. I also understand that this request must be made annually to be valid for each school year.

Student Name (please print)

Last _____ First _____ Middle Initial _____

Student ID# _____ Grade _____

Parent signature _____ Date _____

If this form is not returned within the specified timeframe above, the district will assume that permission has been granted for the release of this information.