



2023 - 2024 Bussey Cheer

**Information, Handbook,
Application, & Signature pages**





Dear parents & cheerleader candidate,

It is our hope to build a fun, safe, encouraging, responsible, brave, teachable, kind, and confident cheer team that works together to emulate unity, joy, and support on behalf of Bussey Middle School.

Being a cheerleader is an honor. Cheerleaders and spirit groups exist to promote good sportsmanship, citizenship, wholesome, and enthusiastic school spirit. They are, however, first and foremost representatives of their school. Cheerleaders should exemplify both individual and group behavior suitable to their position and in accordance with the expectations stated in the GISD Student Code of Conduct. Members of these groups have a fundamental responsibility to play a leadership role in building teamwork and helping the school achieve its goals and objectives. Because of these responsibilities, members of the cheerleading squad will be expected to maintain a higher standard of behavior both on and off campus and academic achievement than that of their peers.

Candidates, this is a great opportunity to learn & grow in cheer, dance, teamwork, and leadership. Remember that you are a deciding factor of what the environment will be like on this team if you are a teammate. When you join Cheer you are agreeing to challenge yourself in new ways while contributing to a safe & uplifting environment where your teammates can challenge themselves, grow, and share their ideas.

When you join cheer, you are representing Bussey Middle School by participating in a strong (and fun) support system.

Cheers!

Chassity Sims and Kennedy Brannon

BMS Cheer Sponsors

Emails: csims@garlandisd.net & kbrannon@garlandisd.net



2023 - 2024
Bussey Cheer
Important Dates

Thursday, March 9, 2023
Pre-Tryout Parent Meeting

@ BMS Cafeteria

6:00 - 7:00 PM

Mandatory to try-out

Monday-Friday

March 27-31

Try-out Clinic

@ BMS Gym

4:30 - 5:30 M-F

Application & signed forms due upon arrival

Saturday, April 1

Try-outs

@ Garland High School

8:00 am - 5:00 pm

early May, date TBD

Uniform Fitting/

Newly elected cheer meeting

After school – 5:30 pm

mid May, date TBD

Fees Due

All fees must be paid to TeamLeader online portal by this date

Summer Camp, dates TBD

3-day Day Camp

More details to come.

Cheer Classic, February 2024

More details to come.



Cheer Expectations from the GISD Fine Arts Handbook



Purpose (pg. 2)

The purpose of the Garland Independent School District Fine Arts is to promote spirit and sportsmanship at school functions and to serve as a performing group representing our schools throughout the community, state, and nation. Instructional and performance activities are affirmatively directed toward the development of individual member improvement, resulting in a highly skilled performance group. **Each student selected must be cognizant of the time commitment and individual dedication demanded in striving for personal improvement and teamwork through responsibility and discipline.** Students are exposed to instruction, practices, performances, competitions, and community service opportunities that result in the development of responsibility, self-respect, and that encourage honest effort in striving for excellence. These opportunities also develop character, teamwork, and pride in quality performance and physical fitness by emphasizing the maintenance of high standards.

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All items listed above must be read before the parent and cheerleader sign the Handbook Signature pages.

*** Items marked with an asterisk will be addressed at our interest meeting.**



Excerpts from Appendix F: Middle School Cheer

Cheering Activities

In accordance with UIL rules, high school cheerleading squads are only permitted to cheer at one contest per school week. It would not be a violation for cheerleaders to cheer at a double header (two contests at the same site on one school night) or to participate in a pep rally prior to a contest and also lead cheers at the contest even though both occur during the school week. Friday night and weekend contests do not count toward the one contest per week rule.

Games-Football, Basketball, Volleyball

Games can be covered by any squad at the discretion of the campus administration and sponsor.

District Show-off/Competition

The district will host an event in the Spring. This is a mandatory event.

Other Activities

Additional activities such as competitions and community events, etc. will be at the discretion of the sponsor and the campus principal. Cheerleaders are required to attend each of these events.

Cost of Middle School Cheer

In order to keep middle school cheer affordable to all students, the Garland Independent School District places a \$450.00 spending limit on camps, practice wear and accessories, \$300 if not paying for camp.

Bussey Cheer's approximate cost for Cheer gear and accessories (Warm-up jacket & pants, shoes, backpack, poms, briefs, bow, and 1 camp outfit: t-shirt and shorts.) **is \$250.**

Payment

Payments will be made to the online Payment Portal on TeamLeader's website. **A link to the portal will be sent to parents' email upon acceptance to the team.**

Cheer Costs Covered by the District

GISD will provide each cheerleader with a cheer skirt, and 1 shell. (This is the uniform). Members are required to return the district-provided uniform pieces upon leaving the team, with a dated cleaning receipt attached, or must pay laundering fees as determined by the coach. As these uniform pieces are GISD property, failure to return them will result in disciplinary action by school administration. A record of all uniforms and equipment issued to members will be kept. Students will be assessed the replacement cost of items not returned. Items with excessive abuse and/or items deemed unusable or destroyed must also be replaced at the student's expense.



Action Items for now:

The following must be completed and turned in to cheer sponsors upon arrival at the Tryout clinic:

- ☐ **Get connected to the Cheer Tryouts Canvas Course**
- ☐ **Application page completed & signed** (enclosed in this packet)
- ☐ **Handbook read & Signature Pages signed** (enclosed in packet)
- ☐ **Pre-Participation Medical Evaluation-Medical History form completed** (enclosed in packet)
 - ☐ *If you answer "yes" to any questions on the pre-participation form, you will need to get a Physical dated no sooner than April 1 to bring to Tryouts.*
- ☐ **Concussion Acknowledgement form signed** (enclosed in packet)
- ☐ **Notice of Release of Student Information form signed** (enclosed in packet) **Only 1 of the 3 different language forms needs to be signed*
- ☐ **Tryout Attire:** a plain white t-shirt with no visible logo, a black short and any type of white athletic shoe. Hair should be up and/or out of the candidate's face. Any accessory or addition to the outfit (rings, bracelets, hair bows etc.) are not allowed.



Garland Independent School District Cheer Application Name: _____

_____ ID# _____

Grade Next Year: 7th or 8th (circle one)

Age: _____ Birthday: _____

Student email: _____

Parent/Guardian's Name: _____

Parent/Guardian's Phone Number: _____

Email: _____

School Enrolled for Next Year: **Bussey Middle School**

Participation in the GISD cheerleading program carries both a significant time and financial commitment. Each cheerleader is expected to meet all financial responsibilities identified by their specific campus. Dedication to, and the prioritization of, cheerleading is obligatory from all cheerleaders to meet the objectives of the program. Candidates selected to be a member of the squad are expected to maintain their commitment to the activity for the full cheerleading year. Prior to making commitments to be involved in other school activities, cheerleaders should carefully consider specific program requirements, as involvement in other activities may cause participation and time conflicts with cheerleading duties. Any cheerleader who voluntarily quits the team before the end of the cheerleading year without the approval of the principal and sponsor will not be allowed to try out for the next year on any GISD campus.

I understand the above and confirm that I have not voluntarily quit any cheerleading squad at any GISD campus.

Student Signature _____ Date: _____

Guardian Signature _____ Date: _____



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 may be required to ride to and from some 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 may be required to ride to and from some 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 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 2023

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.

1. Have you had a medical illness or injury since your last check **No** short of breath with exercise? **No**
up or physical? ☐ 13. **Yes**
Yes ☐ Have you ever gotten unexpectedly

2. ☐ ☐ ☐ ☐

Have you been hospitalized overnight in the past year? Have you ever had surgery? ☐ ☐ ☐ Do you have seasonal allergies that require medical treatment?

Have you ever had prior testing for the heart ordered by a

Do you have asthma?

3. ☐ ☐ 14. ☐ ☐ Do you use any special protective or corrective equipment or

physician?

☐

☐

Have you ever passed out during or after exercise?

☐

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)?

Do you get tired more quickly than your friends do during

☐ ☐ 15. ☐ ☐

Have you ever had a sprain, strain, or swelling after injury?

☐

Have you ever had chest pain during or after exercise?

exercise? ☐

Have you ever had racing of your heart or skipped heartbeats? ☐

Have you had high blood pressure or high cholesterol? ☐

☐ ☐ ☐ Have you had any other problems with pain or swelling in

Have you ever been told you have a heart death before age 50?

murmur? Has any family member or relative ☐ ☐ ☐

died of heart problems or of sudden unexplained muscles, tendons, bones, or joints?

If yes, check appropriate box and explain below:

Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long

☐ Neck ☐ Forearm ☐ Thigh

☐ ☐ ☐ Head ☐ Elbow ☐ Hip

QT syndrome or other ion channelopathy (Brugada heart rhythm? syndrome, etc), Marfan's syndrome, or abnormal ☐

☐ Back ☐ Wrist ☐ Knee ☐ Chest ☐ Hand ☐ Shin/Calf

Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?

☐ ☐ Shoulder ☐ Finger ☐ Ankle ☐ Upper Arm ☐ Foot

Has a physician ever denied or restricted your participation in activities for any heart problems?

☐ ☐ 16. 17. ☐ ☐ Do you want to weigh more or less than you do now? Do you feel stressed out? ☐ ☐

Have you ever had a head injury or concussion?

☐ ☐ 18. Have you ever been diagnosed with or treated for sickle cell ☐ ☐

4.

Have you ever been knocked out, become unconscious, or lost 4.

☐ ☐ trait or sickle cell disease?

your memory?

If yes, how many times? _____ When was your last concussion? _____ How severe was each one? (Explain below) Have you ever had a seizure?

☐ ☐
Females Only

☐

☐

Do you have frequent or severe headaches?

19. When was your first menstrual period?

When was your most recent menstrual period?

How much time do you usually have from the start of one period to the start of another? _____

How many periods have you had in the last year? _____



Have you ever had numbness or tingling in your arms, hands, legs or feet? ☐ ☐ ☐

What was the longest time between periods in the last year? _____ *0DIHV Only*

Have you ever had a stinger, burner, or pinched nerve? ☐ ☐

'o \oX hDYe Dn\ WesWicXIDU swellinJ oU PDsses? BBBB

Are you under a doctor's care? ☐ ☐

5. Are you missing any paired organs? ☐ ☐

"O FMFDUSPDBSEJPHSBN &\$(JT OPU SFRVJSFE * IBvF SFBE
BOE VOEFSTUBOE UIF

\$Ue \RX PiVVinJ a WeVWiFle" _____

7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or

☐ ☐ ☐ ☐

using an inhaler? 8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?

JOGPSNBUJPO BCPVU DBSEJBD TDSFFOJOH
PO UIF 6*- 4VEEFO \$BSEJBD "SSFTU
"XBSFOFTT 'PSN #Z DIFDLJOH UIJT CPY *

9. Have you ever been dizzy during or after exercise? ☐ ☐

rashes, acne, warts, had any problems with your eyes or vision? ☐ ☐

fungus, or blisters)? ☐ ☐

(;3/\$.1 ¶<(6- \$16:(56 ,1 7+(%2: %(/2:
DWWDFK DQRWKHU VKHHW LI QHFHVVDU\

10. Do you have any current skin problems (for example, itching,

11. Have you ever become ill from exercising in the heat? ☐ ☐ 12. Have you

.W LV XQGHUVWRRG WKDW HYHQ WKRXJK SURWHFWLYH HTXLSPHQW LV ZRUQ E\ DWKOHWHV ZKHQHYHU QHHGHG WKH SRVVLEOLW\ RI DQ
DFFLGHQW VWLOO UHPDLQV\ IHLWKHU WKH 8QLYHUVLW\ QWHUVFKRODVWL /HDJXH QRU WKH VFKRRO DVVXPHV DQ\ UHVSQVLEOLW\ LQ FDUH DQ
DFFLGHQW RFFXUV

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, 3(5)250\$1&(2R 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*

Lymph
Heart-Auscultation of the heart
the supine
Heart-Auscultation of the heart
the standing
Heart-Lower extremity



Genitalia (males if indicated)

Marfan's stigmata
pectus excavatum,
Hypermobility,

*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.

Revised 2017



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/ Guardian Signature _____ **Date** _____

Student Signature _____ **Date** _____

Notice

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

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.

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

Padre/Tutor: Por favor señale una de las siguientes opciones ☐ **SÍ** – 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.

- ☐ **SÍ** – 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 permito 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.

Pháp luật tiểu bang quy định học khu phải cung cấp cho quý vị thông tin sau đây:

Những thông tin nhất định về học sinh của học khu được coi là thông tin danh mục và sẽ được công bố cho bất kỳ ai tuân thủ các thủ tục về yêu cầu thông tin trừ khi phụ huynh hoặc người giám hộ phản đối việc cung cấp thông tin thư mục về học sinh đó. Nếu quý vị không muốn Garland ISD tiết lộ thông tin thư mục từ hồ sơ học tập của con quý vị mà không có văn bản chấp thuận trước của quý vị, thì quý vị phải thông báo cho học khu bằng văn bản trong vòng mười ngày kể từ ngày học đầu tiên của con quý vị trong năm học này.

Điều này có nghĩa là học khu phải cung cấp thông tin cá nhân nhất định (gọi là “thông tin danh mục”) về con quý vị cho bất kỳ ai yêu cầu, trừ khi quý vị có văn bản yêu cầu học khu không được cung cấp. Ngoài ra, quý vị có quyền báo cho học khu rằng học khu được, hoặc không được, sử dụng những thông tin cá nhân nhất định về con quý vị cho những mục đích cụ thể mà trường học tài trợ. Học khu cung cấp cho quý vị biểu mẫu này để quý vị có thể cho biết mong muốn của quý vị về những vấn đề này.

(Xem Thông Tin Danh Mục trong cuốn Sổ Tay Học Sinh để biết thêm thông tin.)

Garland Independent School District đã quyết định những thông tin sau đây làm thông tin danh mục:

- | | | |
|---------------------------------------|-----------------------------------|-------------------------------------|
| • Họ tên học sinh • Địa chỉ | danh hiệu và các giải thưởng được | • Tham gia vào các hoạt động và thể |
| • Số điện thoại • Địa chỉ email • Ảnh | nhận • Số ngày đi học | thao được công nhận chính thức |
| • Ngày và nơi sinh | • Cấp lớp | • Cân nặng và chiều cao, có phải là |
| • Lĩnh vực học tập chính • Bằng cấp, | • Trường theo học gần nhất | thành viên đội điền kinh không |

Chưa mẹ/Người giám hộ: Xin chọn một trong những lựa chọn bên dưới

- ☐ CÓ – Thông Tin Danh Mục về con tôi có thể được công bố cho công chúng. Bất kỳ ai yêu cầu thông tin danh mục về học sinh GISD đều có thể được nhận thông tin.
- ☐ CÓ – Thông Tin Danh Mục về con tôi có thể được công bố chỉ cho mục đích quảng bá về học khu. Điều này bao gồm, nhưng không giới hạn với: các ấn phẩm về các hoạt động ngoại khóa, sách niên giám, bản tin học khu/học xá, các danh bạ khu học xá, công bố thông tin cho truyền thông địa phương, tin tức truyền thông, trang web học khu/học xá, video học khu/học xá, các ấn phẩm học khu/học xá, mạng xã hội học khu/học xá và sự công nhận của công chúng.
- ☐ KHÔNG – Không được công bố Thông Tin Danh Mục về con tôi. Đánh dấu vào ô này, tôi hiểu rằng tên, ảnh.... của con tôi, sẽ Không được đưa vào các ấn phẩm học khu/học xá – kể cả sách niên giám – hoặc công bố cho truyền thông. Tôi cũng hiểu rằng yêu cầu này được đưa ra hàng năm để có hiệu lực áp dụng cho từng năm học.

Họ Tên Học Sinh (xin viết chữ in)

Họ Tên Tên Đệm ID# Học Sinh Lớp

Chữ Ký Phụ Huynh Ngày

Nếu mẫu giấy này không được gửi lại trong thời gian cụ thể nêu trên, học khu sẽ cho rằng quý vị đã cho phép cung cấp thông tin này.