



Records/Documents List

Thank you for enrolling at South Texas ISD Rising Scholars Academy.

Copies of the following documents need to be on file with our school in order to complete enrollment. Final report card, STAAR results or Stanford/Iowa results for Private School Assessments are needed as soon as possible.

- Final report card indicating promotion to the next grade level.
 - ***For Incoming 8th grade students provide copies of 6th and 7th grade Final Report Cards.***
- Most recent STAAR scores or Achievement Test Scores (for private school or out-of-state applicants).
- Updates immunization records.
- Copy of Social Security Card and Birth Certificate.
- LPAC records (if applicable).
- Special Education, Section 504, Migrant, and ESL/LEP/Bilingual Records (if applicable).
 - ***Providing services for special programs is contingent upon the guardian providing official documentation from their current school. (Report Card indicating Special Program is NOT valid.)***
- Documentation for high school credits taken in middle school.
 - ***Transcribing these credits is contingent upon the guardian providing official documentation from their current school.***



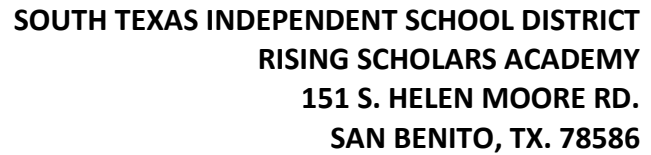
151 S. Helen Moore Road
San Benito, Texas 78586

Office Hours:

Monday – Thursday 8:00 am – 5:00 pm
Friday 8:00 am – 4:00 pm

Phone Number: (956) 399-4358

Fax: (956) 399-3570



(Autorización Para Recoger A Un Estudiante)

Father: _____

Mother: _____

Does the student live:

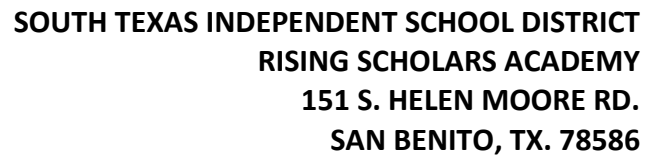
_____ Mother

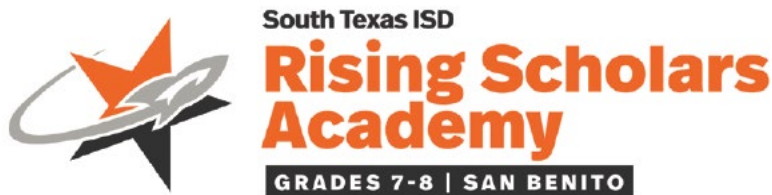
Other _____

Address: _____ **City, State, Zip Code** _____

Anote por favor nombre del padres/guardianes e individuos autorizados para recoger al estudiante. El Distrito Escolar Independiente de South Texas se reserva el derecho de pedir una foto de identificación. Individual que NO estén en la lista, no están permitido a firmar el estudiante de la escuela. Reglamentos son estrictamente aplicados para la seguridad del estudiante de Rising Scholars Academy.

[illegible]

[illegible]



South Texas Independent School District Acceptable Use of the Electronic Communications System

You are being given access to the district's electronic communications system. Through this system, you will be able to communicate with other schools, colleges, organizations, and people around the world through the Internet and other electronic information systems/networks. You will have access to hundreds of databases, libraries, and computer services all over the world.

With this educational opportunity comes responsibility. It is important that you read the district policy, administrative guidelines, and agreement form and ask questions if you need help in understanding them. Inappropriate system use will result in the loss of the privilege to use this educational tool.

Please note that the Internet is a collection of many information systems. It is possible that you may run across areas of adult content and some material you (or your parents) might find objectionable. While the district will use filtering technology to restrict access to such material, it is not possible to absolutely prevent such access. It will be your responsibility to follow the rules for appropriate use.

RULES FOR APPROPRIATE USE

You will have access only through your individual account.

The account is to be used mainly for identified educational purposes.

You will be held responsible at all times for the proper use of your account, and the district may suspend or revoke your access if you violate the rules.

INAPPROPRIATE USES

Using the system for any illegal purpose.

Disabling or attempting to disable any Internet filtering device.

Encrypting communications to avoid security review.

Using another person's account.

Posting personal information about yourself or others (such as addresses and phone numbers).

Downloading or using copyrighted information without permission from the copyright holder.

Intentionally introducing a virus to the computer system.

Posting messages or accessing materials that are abusive, obscene, sexually oriented, threatening, harassing, damaging to another's reputation, or illegal.

Wasting school resources through the improper use of the computer system.

Gaining unauthorized access to restricted information or resources.

CONSEQUENCES FOR INAPPROPRIATE USE

Disciplinary or legal action, in accordance with the Student Code of Conduct and applicable laws.

STUDENT

Name _____ Grade _____

ID # _____ School _____

I understand that my computer use is not private and that the district will monitor my activity on the computer system.

I acknowledge receipt of the district's electronic communications system policy and administrative guidelines.

Student Signature _____ Date _____

PARENT

I have read the district's electronic communications system policy and administrative guidelines. In consideration for the privilege of my child using the district's electronic communications system, and in consideration for having access to the public networks, I hereby release the district, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system, including, without limitation, the type of damage identified in the district's policy and administrative guidelines.

I give permission for my child to participate in the district's electronic communications system and certify that the information contained on this form is correct.

Parent Name (Please print) _____

Parent Signature _____

Date _____ Home Phone _____

Language Proficiency Assessment Committee (LPAC)

South Texas Independent School District
HOME LANGUAGE SURVEY – 19TAC Chapter 89, Subchapter BB §89.1215

TO BE COMPLETED BY PARENT OR GUARDIAN (OR STUDENT IF GRADES 9-12): The state of Texas requires that the following information be completed for each student that enrolls for the first time in Texas public schools. This survey shall be kept in each student's record folder.

NAME OF STUDENT _____ STUDENT ID# _____

ADDRESS _____ TELEPHONE # _____

CAMPUS: South Texas ISD Rising Scholars Academy

1. What language is spoken in your home **most** of the time? _____
2. What language does your child speak **most** of the time? _____
3. Number of years in U.S. Schools: _____
4. Has your child lived outside the U.S. for two or more consecutive years?
____ Yes ____ No ____ Non-applicable

If Yes, indicate when: *(from month/year to month/year and grade level)* _____

Signature of Parent

Date

Signature of Student if Grades 9-12

Date

Cuestionario del idioma que se habla en el hogar

DEBE COMPLETARSE POR EL PADRE/MADRE/O REPRESENTANTE LEGAL: (O POR EL ESTUDIANTE SI ESTÁ EN LOS GRADOS 9-12): El estado de Texas requiere que la siguiente información se complete para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Este cuestionario se archivará en el expediente del estudiante.

NOMBRE DEL ESTUDIANTE _____ ID# _____

DIRRECCIÓN _____ TELÉFONO _____

ESCUELA: South Texas ISD Rising Scholars Academy

1. ¿Qué idioma se habla en su hogar la **mayoría** del tiempo? _____
2. ¿Qué idioma habla su hijo/a la **mayoría** del tiempo? _____
3. ¿Cantidad de años en las escuelas de Estados Unidos? _____
4. ¿Ha vivido su hijo/a fuera de los Estados Unidos por dos o más años consecutivos?
____ Sí ____ No ____ No aplica

Si usted marcó "Sí", indique el período de tiempo: *(desde mes/año hasta mes/año y grado)* _____

Firma del Padre/Guardián

Fecha

Firma de Estudiante si en grados 9-12

Fecha

DIRECTORY INFORMATION NOTICE

Certain information about District students is considered directory information and will be released to anyone who follows procedures for requesting the information unless the parent objects to the release of the directory information about the student. If you do not want South Texas Independent School District to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing within ten (10) District business (school) days of receipt of this notice.

South Texas Independent School District has designated the student's name as directory information.

Federal law requires school districts receiving assistance under the Elementary and Secondary Education Act of 1965 to provide a military recruiter or an institution of higher learning, on request, with the name, address and telephone number of a secondary student unless the parent has advised the school district that the parent does not want the student's information disclosed without the parent's written consent. South Texas Independent School District receives such assistance, and is subject to this requirement.

PLEASE NOTE: THE DIRECTORY INFORMATION FORM IMMEDIATELY FOLLOWING THIS NOTICE REQUIRES THE MAKING OF CERTAIN CHOICES AS TO WHAT DIRECTORY INFORMATION CAN BE RELEASED ABOUT A STUDENT WITHOUT PRIOR WRITTEN CONSENT FROM THE STUDENT'S PARENT OR GUARDIAN. THAT FORM ALSO REQUIRES A CHOICE CONCERNING INFORMATION THAT MAY BE INCLUDED IN SCHOOL-SPONSORED PUBLICATIONS OR PRESENTATIONS. IF THE FORM IS NOT RETURNED OR DOES NOT INDICATE THE APPROPRIATE CONSENT, THE STUDENT WILL NOT BE INCLUDED IN ANY OF THE SCHOOL-SPONSORED PUBLICATIONS LISTED WITHOUT SPECIFIC PRIOR WRITTEN CONSENT.



Campus:/Escuela: _____

Grade:/Grado: _____

SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT - DIRECTORY INFORMATION FORM/FORMULARIO DE INFORMACION

I certify that I am the parent or guardian of _____, and the following are my choices regarding information related to my child. ***Please indicate your choices by signing your initials on the appropriate lines.***

Yo certifico que soy el padre o tutor de _____, y los siguientes son mis opciones con respecto a la información relacionada con mi hijo. ***Por favor, indique sus opciones al firmar sus iniciales en las líneas apropiadas***

Directory Information:/ Directorio de Información:

Select one response:/Seleccione una respuesta

_____ YES _____ NO: South Texas Independent School District can release, without prior written consent from me, **MY CHILD'S NAME**, the information designated by the district as student directory information.

_____ SI _____ NO: El distrito, South Texas ISD, puede revelar **cualquier** información designada como información de directorio sobre **EL NOMBRE DE MI HIJO/HIJA** sin mi consentimiento previo, por escrito.

Military Recruiter/ Institution of Higher Learning:/ Reclutador Militar / Institución de Educación Superior

Please initial below your choice regarding the release of specific student information to military recruiters or institutions of higher education without your prior consent.

Escriba sus iniciales debajo de su elección con respecto a la divulgación de información específica de estudiantes a los reclutadores militares o instituciones de educación superior sin su consentimiento previo.

_____ YES _____ NO: I **GRANT** the release of my child's **NAME, ADDRESS AND TELEPHONE NUMBER** to **MILITARY RECRUITERS** without my prior, written consent.

_____ YES _____ NO: I **GRANT** the release of my child's **NAME, ADDRESS AND TELEPHONE NUMBER** to **INSTITUTIONS OF HIGHER LEARNING** without my prior, written consent.

Media Permission:/Medios de Permiso:

_____ YES _____ NO: I hereby **GRANT** permission to use my child's name, campus, grade, hometown, picture and/or comments in materials (television, video, world-wide web, audio and printed media) used to promote school programs, recruit new students and/or dispense public information regarding South Texas ISD.

_____ SI _____ NO: Por la presente OTORGO permiso para usar el nombre de mi hijo, nombre de escuela, grado, ciudad, foto y/o comentarios en los materiales (televisión, video, world-wide web, audio y medios impresos) que se utilizan para promover los programas escolares, los estudiantes reclutar nuevos y / o dispensar información pública sobre South.Texas ISD.

Printed Name of Parent/Guardian
Nombre del Padre / Tutor

Signature of Parent/Guardian
Firma del Padre / Guardián

Date
Fecha

South Texas ISD , 2021-2022 Standard (Multi-Child) Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil). **Apply online at <http://www.southtexasisd.net>**

This Box for School Use Only.

Date Withdrawn:

Step 1: Definition of Household Member: *anyone who is living with you and shares income and expenses, even if not related.* Children in Foster care; children who meet the definition of Homeless, Migrant, or Runaway or who participate in Head Start are eligible for free meals. Please read the directions for more information.

A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12. If more spaces are needed, use the Additional Names section on the back.

List each child's name.

| First Name | MI | Last Name | Student Attends School in District? | | Grade | Optional: Student ID Number | Check all that apply. | | | | |
|------------|----|-----------|-------------------------------------|--------------------------|-------|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | Yes | No | | | Foster | Head Start | Homeless | Migrant | Runaway |
| 1. | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B. Participation in a Categorical Program

- If every child listed in Step 1 is a participant any one of the following programs—Foster, Head Start, Homeless, Migrant, or Runaway, **skip** Step 2 and **complete** Step 3.
- SNAP, TANF, or FDPIR:** Do any Household Members (including you) currently participate in SNAP, TANF, and/or FDPIR?
If **No**, **complete** Steps 2 and 3. If **Yes to SNAP/TANF** > Write the Eligibility Determination Group (EDG) number in this space _____, **skip** Step 2, and **complete** Step 3.
If **Yes to FDPIR**, check this box ☐, **skip** Step 2, and **complete** Step 3.

Step 2: Please read the directions for more information for the following questions.

Report Income for ALL Household Members (Skip this step if you entered an EDG number or checked the box to indicate participation in FDPIR in Step 1).

A. Last Four Digits of Social Security Number (SSN) of an Adult Household Member: XXX-XX ____ ☐ Check if no SSN

B. Income for Adult Household Members (Include Yourself, But Not Children. If more spaces are needed, use the Additional Names section on the back.)

List all Household Members **not** listed in STEP 1 (including yourself) **even if they do not receive income.** For each Household Member listed, if they do receive income, report total income (without deductions) for each source in whole dollars only. Indicate the frequency of income: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. If they do not receive income from any source, write '0.' If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

| Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2C.) | Work Earnings (Enter Amount) | Frequency (Circle One) | Public Assistance/ Child Support/ Alimony (Enter Amount) | Frequency (Circle One) | Pensions/Retirement/ Social Security/Supplemental Security Income (Enter Amount) | Frequency (Circle One) | All Other (Enter Amount) | Frequency (Circle One) |
|--|---------------------------------|---------------------------|---|---------------------------|---|---------------------------|-----------------------------|---------------------------|
| 1. | \$ | W-E-T-M-A | \$ | W-E-T-M-A | \$ | W-E-T-M-A | \$ | W-E-T-M-A |
| 2. | \$ | W-E-T-M-A | \$ | W-E-T-M-A | \$ | W-E-T-M-A | \$ | W-E-T-M-A |
| 3. | \$ | W-E-T-M-A | \$ | W-E-T-M-A | \$ | W-E-T-M-A | \$ | W-E-T-M-A |

C. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household. If more spaces are needed, use the Additional Names section on the back.)

Record total income by frequency for each child who receives regular income listed in Step 1.

| | Weekly | Every 2 Weeks | Twice per Month | Monthly | Annually |
|----|--------|---------------|-----------------|---------|----------|
| 1. | \$ | \$ | \$ | \$ | \$ |
| 2. | \$ | \$ | \$ | \$ | \$ |
| 3. | \$ | \$ | \$ | \$ | \$ |

D. Total Household Members (Count all children & adults living in the household) _____

Step 3: Please read the directions for more information on signing this form.

Provide Contact Information and Adult Signature. Return this application to insert mailing address, fax number, email, and/or return to your child's school.

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address/Apt #

City

State

Zip

Daytime Phone and Email (Optional)

Printed Name of Adult Household Member Signing the Form

Signature of Adult Household Member Signing the Form

Today's Date

Step 1: Additional Names

A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12. If more spaces are needed, use the Additional Household Member Sheet on the back.

List each child's name.

| First Name | MI | Last Name | Student Attends School in District? | | Grade | Optional: Student ID Number | Check all that apply. | | | | |
|------------|----|-----------|-------------------------------------|--------------------------|-------|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | Yes | No | | | Foster | Head Start | Homeless | Migrant | Runaway |
| 5. | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Step 2: Additional Names

B. Income for Adult Household Members (Include Yourself, But Not Children)

| Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2D.) | Work Earnings (Enter Amount) | Frequency (Circle One) | Public Assistance/ Child Support/ Alimony (Enter Amount) | Frequency (Circle One) | Pensions/Retirement/ Social Security/Supplemental Security Income (Enter Amount) | Frequency (Circle One) | All Other (Enter Amount) | Frequency (Circle One) |
|--|---------------------------------|---------------------------|---|---------------------------|---|---------------------------|-----------------------------|---------------------------|
| | | | | | | | | |
| 4. | \$ | W-E-T-M-A | \$ | W-E-T-M-A | \$ | W-E-T-M-A | \$ | W-E-T-M-A |
| 5. | \$ | W-E-T-M-A | \$ | W-E-T-M-A | \$ | W-E-T-M-A | \$ | W-E-T-M-A |
| 6. | \$ | W-E-T-M-A | \$ | W-E-T-M-A | \$ | W-E-T-M-A | \$ | W-E-T-M-A |

C. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household.)

Record total income by frequency for each child who receives regular income listed in Step 1.

| | Weekly | Every 2 Weeks | Twice per Month | Monthly | Annually |
|----|--------|---------------|-----------------|---------|----------|
| 1. | \$ | \$ | \$ | \$ | \$ |
| 2. | \$ | \$ | \$ | \$ | \$ |
| 3. | \$ | \$ | \$ | \$ | \$ |

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

| Do Not Fill Out This Part. This Is For School Use Only. | | | |
|---|--|--------------------------------------|--|
| Income Determination: Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number—Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice a Month x 24 Monthly x 12 Household Size: _____ Total Income: _____ Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> | | | Date Received: |
| | | | Categorical Determination: <input type="checkbox"/> |
| | | | Eligibility: Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> |
| Reviewing/Determining Official's Signature/Date | | Confirming Official's Signature/Date | |
| | | | |

COMPACT OF SHARED RESPONSIBILITIES

STISD offers a rigorous academic programs and curriculum for students. The foremost goal of our district and campuses is to prepare and inspire student to achieve their highest potential through challenging and rewarding experiences. STISD students, parents, and staff all share responsibility for student learning. By reading and signing this Compact of Shared Responsibilities, we can better understand how everyone contributes to a student's success.

SCHOOL COMMITMENT

As STISD educators who believe in our students and want them to succeed, we pledge that:

- Our school will be a safe and supportive environment that fosters students' learning and growth.
- School faculty and staff will establish positive relationships and effective communication with students, and parents/guardians.
- Teachers will devote themselves to students' learning and encourage students to put forth their best effort in all the work that they do.

STUDENT COMMITMENT

As an STISD student, I pledge that:

- I will devote myself to learning. I will come to school prepared to learn and I will ask questions and advocate for myself if I do not understand something.
- I will attend school daily, arrive promptly and remain throughout the scheduled school hours.
- I will follow the STISD dress code and behave appropriately at school and on school-sponsored trips.
- I will cooperate with teachers, staff and fellow students by conducting myself in a mature manner and showing respect for myself and for others.
- I will respect and care for all equipment, supplies and school property offered for my use.
- I will be a good messenger between home and school.

PARENT COMMITMENT

As an STISD parent, I pledge that:

- I will play an active role in my child's education, expressing high expectations and offering praise and encouragement.
- I will monitor my child's attendance, homework and participation extra-curricular activities. I will ensure that school work is a top priority.
- I will participate in school parental involvement activities and request teacher conferences when needed.
- I will communicate with school administrators and teachers regarding my child's academic progress and communicate with my child daily about his/her school day.

Student Code of Conduct Acknowledgement

Dear Student and Parent,

As required by state law, the board of trustees has officially adopted the Student Code of Conduct in order to promote a safe and orderly learning environment for every student.

We urge you to read this publication thoroughly and to discuss it with your family. If you have any questions about the required conduct and consequences for misconduct, we encourage you to ask for an explanation from the student's teacher or campus administrator. Access to the publication is located on the RSA website: <http://risingscholars.stisd.net/>

The student and parent should each sign this page in the space provided below, and then return this page to the student's school.

Thank you,

Dr. Marco A. Lara, Jr.
 Superintendent of Schools

We acknowledge that we have been informed of access to the South Texas Independent School District Code of Conduct for the 2021-2022 school year and understand that students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the code.

Print Name of Student: _____

Signature of Student: _____

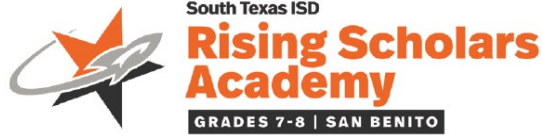
Print Name of Parent: _____

Signature of Parent: _____

Date: _____

School: South Texas ISD Rising Scholars Academy

Principal: San Juanita Ortiz



Field Trip Form

Student _____ Grade _____ School Year _____

I understand that during the 2021-22, school year my son/daughter might have the opportunity to participate in one or more field trips that will take him/her away from the Rising Scholars Academy of South Texas Campus. I also understand that these trips will be supervised by faculty and/or staff and that my child will be transported in a school-owned or contracted vehicle.

Knowing that this permission form covers all such trips, I request that my son/daughter be allowed to attend these trips. In addition, I realize that the school will send home a notice describing each trip prior to the event. If there is a specific trip in which I do not want my child to participate, I will send a denial to the trip sponsor at least a day prior to the trip. Otherwise, I realize that my permission for my child to attend any authorized field trip is covered with this form.

By giving my permission on this form, I agree to release, hold harmless, and indemnify RSA, its agents, representatives, and employees from all claims, damages, or other liabilities for injuries to my son/daughter which are not the result of gross negligence, intentional neglect, or willful or reckless conduct by the school, its agents, representatives, or employees.

Also, by giving permission on this form, I authorize any medical treatment for my child in case of an emergency and agree that I am responsible for the cost of such treatment and emergency transportation.

☐ I give my permission for my son/daughter to attend any authorized scheduled field trips offered by Rising Scholars Academy unless I inform of my denial for a field trip at least a day prior to the scheduled field trip.

☐ I deny my son/daughter permission to attend any field trips offered by Rising Scholars Academy.

Phone Number _____ this is a ☐ house ☐ work ☐ mobile phone number.

Emergency Contact (if I am not available)

Name _____ Relationship _____ Phone _____

Listed below are medical or physical conditions the trip supervisors should be aware of to ensure the safety and comfort of my child, including allergies, dietary restrictions, or needed medications.

Signature of Parent or Legal Guardian

Date



South Texas ISD

**Rising Scholars
Academy**

GRADES 7-8 | SAN BENITO

Student Name: _____

DOB: _____ Grade: _____ ID#: _____

School Year: _____

Has your child had any of the health problems listed below? Please explain if you answer yes.

| Condition: | Yes | No | Elaboration: |
|---|--------------------------|--------------------------|---|
| Allergy- Seasonal, Environmental, Food, medication. | <input type="checkbox"/> | <input type="checkbox"/> | to what? |
| ***"Severe food allergy means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medication attention. <u>If it is not listed, there will be an understanding that your child does not have any allergies.</u> "*** | | | |
| Life threatening allergies/reactions? | <input type="checkbox"/> | <input type="checkbox"/> | to what? Require medication? |
| Asthma – A doctor's written authorization is required to carry and self-administer asthma medication at school. | <input type="checkbox"/> | <input type="checkbox"/> | Has a doctor given approval for your child to carry and self-administer the medication in school? |
| Mental/Psychological Disorders | <input type="checkbox"/> | <input type="checkbox"/> | If yes, what disorder? Require medication? |
| Birth defect | <input type="checkbox"/> | <input type="checkbox"/> | |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | |
| Chronic Ear Infection | <input type="checkbox"/> | <input type="checkbox"/> | Has tubes? |
| Hearing Problems | <input type="checkbox"/> | <input type="checkbox"/> | Hearing Aids? |
| Eye - Wears glasses or contacts? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other Disorders of the Eye | <input type="checkbox"/> | <input type="checkbox"/> | |
| Epilepsy/Seizures | <input type="checkbox"/> | <input type="checkbox"/> | Date of last seizure? |
| Hepatitis | <input type="checkbox"/> | <input type="checkbox"/> | Type: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |
| Kidney/Bladder Problems | <input type="checkbox"/> | <input type="checkbox"/> | |
| Rheumatic Fever | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ulcers/Gastritis | <input type="checkbox"/> | <input type="checkbox"/> | |
| Orthopedic/Bone Problems? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Heart Problems | <input type="checkbox"/> | <input type="checkbox"/> | |
| Doctor ordered restrictions? | <input type="checkbox"/> | <input type="checkbox"/> | |

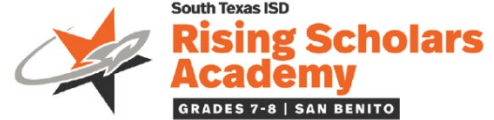
Other Conditions or Comments: _____

Questions About Your Child and Tuberculosis (TB)

Child's Name _____ Date of Birth _____

Your Name _____

Today's Date _____



We need your help to find out if your child has been exposed to the disease tuberculosis, also known as TB.

TB is caused by germs. It is usually spread to another person by coughing or sneezing. A person can have TB germs in their body but not have active TB disease. TB can be prevented and treated. Your answers to the questions below will let us know if your child might have been exposed to TB. If your answers show your child might have picked up the TB germs, we will want to give him or her a tuberculin skin test (TST). The skin test is not a vaccination. It will not prevent TB. It will only let us know if your child has the TB germs.

| Check the box that matches your answer: | Yes | No | Do Not Know |
|---|--------------------------|--------------------------|--------------------------|
| 1. Has your child been tested for TB? If yes, when? Please tell us the date ____/____/____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been told that your child had a positive tuberculin skin test (TST)? If yes, when? Please tell us the date ____/____/____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. TB can cause fever that can last days or weeks. It can cause weight loss, a bad cough (lasting over two weeks), or coughing up blood. | | | |
| a. Has your child been around anyone with any of these problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Has your child been around anyone sick with TB? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Has your child ever had any of these problems or do they have them now? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was your child born in another part of the world like Mexico or Latin America, the Caribbean, Africa, Eastern Europe, or Asia? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has your child been to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe, or Asia for more than 3 weeks? Which country or countries did your child visit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you know if your child has spent more than 3 weeks with anyone who: | | | |
| Uses needles for drug use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has AIDS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was or is in jail or prison? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has just come to the United States from another country? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FOR THE PROVIDER:

If the prior test was negative and the answer to #4 is yes, the child does not need a repeat skin test.

If the prior test was negative and occurred at least 8 weeks after the situation described in #3a, 3b, 5, or 6, the child does not need a repeat skin test.

If the prior test was positive, the child does not need a repeat skin test; but a positive answer to #3c would indicate a chest x-ray as soon as possible.

TST administered Yes ☐ No ☐

If yes, Date administered ____/____/____ Date read ____/____/____ TST reaction _____ mm

TST provider _____
Signature _____ Printed Name _____

If chest x-ray done, date _____ and results _____

Provider phone number _____ City _____ County _____

If positive, referral to local/regional health department/specialist? Yes ☐ No ☐

If yes, name of health dept./specialist _____

Contact your local or regional health department if assistance is needed.



Always Innovating

**South
Texas ISD**

RIO GRANDE VALLEY | GRADES 7-12



South Texas ISD

**Rising Scholars
Academy**

GRADES 7-8 | SAN BENITO

100 MED HIGH DR., MERCEDES, TX 78570

P: 956.565.2454

STISD.NET

REQUEST FOR FOOD ALLERGY INFORMATION

(STISD requests that the parent or guardian of each student attending any STISD school disclose the student's food allergies.)

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to STISD in order for necessary precautions to be taken.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food. **Please return this form to the Nurse's Clinic.**

If it is not returned, there will be an understanding that your child does not have a food allergy.

| Food: | Nature of allergic reaction to the food: |
|-------|--|
| | |
| | |
| | |

STISD will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy act and District policy.

Student Name: _____ Date of birth: _____ Grade: _____

Parent/Guardian Name (please print): _____

Work phone: _____ Home phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form was received by the school: _____

**STUDENT EMERGENCY RECORD
SOUTH TEXAS I.S.D.**

Grade: _____ ID#: _____

DOB: _____



South Texas ISD

**Rising Scholars
Academy**

GRADES 7-8 | SAN BENITO

School Year: _____

Entry Date: _____

| | | | |
|----------------------|-----------------|--------------------|--------------|
| Last Name of Student | First Name | Middle Name | |
| Address | City | Zip Code | |
| Home Phone | Emergency Phone | Name | Relationship |
| Name of Father | Occupation | Business Phone | Cell Phone |
| Name of Mother | Occupation | Business Phone | Cell Phone |
| Family Physician | | Choice of Hospital | |

EMERGENCY MEDICAL AUTHORIZATION

I hereby authorize District employees to administer prescription, as well as nonprescription medication, when PROVIDED by me under the following provisions.

1. The District has received a written request to administer the medication from the parent, legal guardian or other person having legal control of the student.
2. When administering the medication, the medication must be in the original container and be properly labeled.
3. Medication obtained outside of the United States shall not be administered by district employees to students unless written authorization is on file from a physician licensed to practice in the United States.

I give authorization for the school to call the family physician and to follow the recommendations of the physician. I give authorization for an ambulance to be called, if necessary. I give authorization for another doctor to treat my child in case the family physician is not available. I give authorization for my child to be given the necessary medical attention in case the school cannot communicate with me. **I will not hold the school district financially responsible for the emergency care and/or transportation of my child.**

Parent/Guardian Signature

Date

List any medication your child is taking:

At home _____

At school _____

All medication should be brought to the clinic on arrival to school. Medication should be brought to the clinic by the parent. Parents will complete proper forms when medication is dropped off





South Texas ISD

Rising Scholars Academy

GRADES 7-8 | SAN BENITO

Student Name: _____

FAMILY SURVEY



Dear Parents/Guardians,

In order to better serve your child, South Texas Independent School District would like to identify students who may qualify to receive additional educational services. **The information provided below will be kept confidential.** Please answer the following questions and return this survey form to your child's school.

Or, if you prefer, for more information, call: Candace Guillen, Social Worker 956-421-1212; email: Candace.guillen@stisd.net

1. Have you moved within the last 3 years?
Yes ____ No ____
2. If yes, have you done agricultural or fishing related work since your move? (e.g. field work, canneries, lumbering, dairy work, meat processing)
Yes ____ No ____



If you answered "yes" to both of the questions above, a school representative may contact you to find out whether your child is eligible for additional educational services. Please provide the following information:

Name of Child: _____ Age _____ Grade _____

Parent/Guardian Name: _____

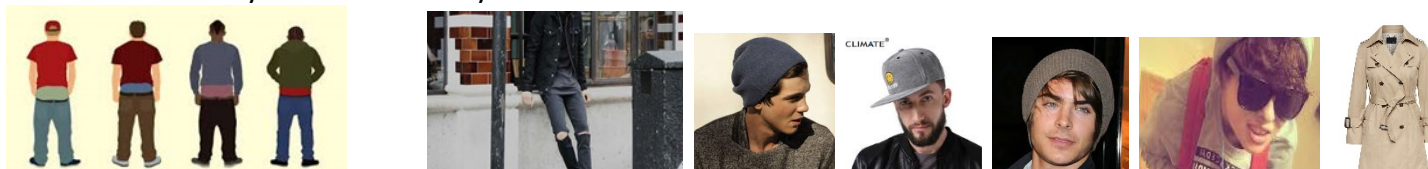
Telephone Number: _____ Best Time to Contact You: _____

DRESS CODE

This is not all-inclusive. If the Principal or designee determines that a student's grooming or clothing violates the school's dress code, the student will be given an opportunity to correct the problem at school. If not corrected, the student will be assigned to in-school suspension for the remainder of the day until the problem is corrected, or until a parent or designee brings an acceptable change of clothing to the school.

Males: **NO** torn or frayed jeans. **NO** hanging jeans. **NO** beanies, caps, hats and **NO** sun glasses. **NO** trench coats.

Shorts may be worn but may not be more than two inches above the knee.



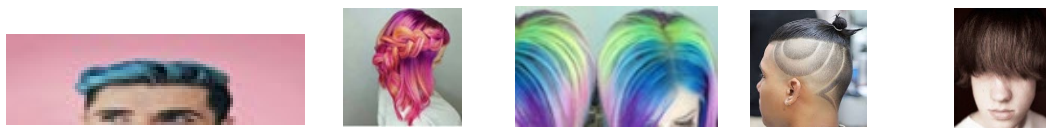
Females: **NO** torn or frayed jeans. **NO** short skirts or dresses. Skirts and dresses cannot be more than two inches above the top of kneecap (front AND back). **NO** sleeveless, spaghetti straps, low cut blouses. **NO** raceback blouses. **NO** sleepwear, flip flops, shower shoes, **NO** slippers, and **NO** trench coats. Shorts may be worn but may not be more than two inches above the knee.

NO leggings, yoga pants, mesh/fishnet stockings.



Hair color: **NO** unusual/unnatural hair color. **NO** hair cut designs.

Hair Bangs: **NO** long hair bangs. Eyes must be visible at all time.



Piercings: Males and Females may wear earrings. **NO** Nose Piercings. Piercing in any other location of the body will not be permitted at school.



Any apparel that distracts from the learning atmosphere will be considered inappropriate. Cleanliness, neatness, and good taste are the standards by which school personnel judge appropriate dress. Any apparel or unusual accessory that distract from school decorum is not acceptable as appropriate dress for school. Failure to comply with the dress code will result in further action.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Dress and Grooming

The district's dress code is established to teach grooming and hygiene, prevent disruption, and minimize safety hazards. Students and parents may determine a student's personal dress and grooming standards, provided that they comply with the following:

South Texas ISD has determined that appropriate dress and grooming positively impacts the learning environment. The following dress and grooming provisions are established to instill discipline, prevent disruption, avoid safety hazards, and to provide and maintain a safe, secure, and stable school climate. Students and parents may determine a student's personal dress and grooming standards, provided that they comply with district and school guidelines.

Students are expected to adhere to the following standards of dress and grooming:

- Students should come to school well-groomed and appropriately dressed. **Examples of inappropriate dress** would include: backless or semi-backless blouses, see-through or mesh apparel, low cut blouses, pajamas, pajama slippers, excessively baggy pants, leather jewelry and other accessories with metallic studs or spikes, blouses that expose the shoulders, excessively tight clothing, gang or cult-related clothing, absence of foundation garments, etc. This list is not meant to be all-inclusive.
- Caps may not be worn anywhere inside or outside the school building.
- Unnatural hair coloring is prohibited. Hair must not cover the eyes. Any hairstyle deemed a distraction by school personnel will not be permitted. Examples include but are not limited to mohawks, dreadlocks, spiked hair, and exaggerated braids.
- Students are not allowed to wear clothing that exposes their midriff area.
- Students are not allowed to wear sleeveless shirts or off the shoulder blouses.
- All students are required to wear appropriate footwear while on school premises. Due to safety reasons students may not wear shower shoes, flip-flops or sliders to school.
- Clothing with inappropriate advertising or statements that are lewd, offensive, vulgar, obscene or inflammatory (e.g. alcoholic beverages, sex, tobacco, drugs, gangs, death, satanic ideology etc.) are prohibited.
- Females may wear leggings with a dress, jacket/sweater or blouse that covers to below the hips.
- Males and females may wear shorts. The length of the shorts shall be no shorter than two inches above the knee. Students are not allowed to wear cut-off jeans.

Males and females may wear earrings. Female earrings must be of modest size, and males may only wear stud earrings. Piercing in any other location of the body will not be permitted at school.

If the principal determines that a student's grooming or clothing violates the school's dress code, the student will be given an opportunity to correct the problem at school. If not corrected, the student may be assigned to in-school suspension for the remainder of the day, until the problem is corrected, or until a parent or designee brings an acceptable change of clothing to the school. Repeated offenses may result in more serious disciplinary action in accordance with the Student Code of Conduct.



South Texas ISD

Rising Scholars Academy

GRADES 7-8 | SAN BENITO

Commitment Letter

Name of Prospective Student _____
Last Name First Name Middle Initial

Prospective Student Signature

Signing Date

I certify that I have read all terms and conditions included in this document. I understand that signing this Commitment Letter is voluntary, by doing so I will obey to the student compact, student handbook, and do the best to my ability to line up to the RSA Core Values and school Mission and Vision.

VISION

Rising Scholars Academy will cultivate a powerful learning environment that will inspire our students to impact their communities through stewardship and leadership.

MISSION

Rising Scholars Academy paves the foundation for academic excellence and leadership via a rigorous and innovative curriculum enhanced by a nurturing system of support, community, and opportunity for all.

Core Values

Stewardship: We are entrusted and responsible for carrying out our school's mission and ensuring learning is our priority.

Teamwork: We work hand-in-hand to support one another and achieve our goals.

Results: We hold ourselves accountable for overcoming obstacles and achieving excellent results for all students.

Integrity: We act with honesty, respect, and responsibility.

Community: We are unified by our shared vision, mission, commitments, and culture.

Perseverance: We work hard and give 100% effort, never giving up on our goals.



South Texas ISD

**Rising Scholars
Academy**

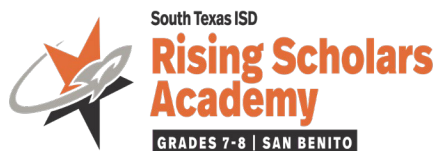
GRADES 7-8 | SAN BENITO

2021 - 2022 Bell Schedule

Bell Rings 8:20 a.m.

Morning Announcements 8:25 a.m.

| | |
|-------------------------------|-------------------------|
| 1 st Period | 8:30 a.m. – 9:50 a.m. |
| 2 nd Period | 9:53 a.m. – 11:13 a.m. |
| 7 th Lunch | 11:13 a.m. – 11:48 a.m. |
| 8 th Original AIME | 11:16 a.m. – 11:51 a.m. |
| 8 th Lunch | 11:51 a.m. – 12:26 p.m. |
| 7 th Original AIME | 11:51 a.m. – 12:26 p.m. |
| 3 rd Period | 12:29 p.m. – 1:49 p.m. |
| 4 th Period | 1:52 p.m. – 3:12 p.m. |
| AIME | 3:15 p.m. – 4:00 p.m. |
| Tutorials/Extra-Curricular | 4:05 p.m. – 5:05 p.m. |



South Texas ISD Rising Scholars Academy Block Schedule

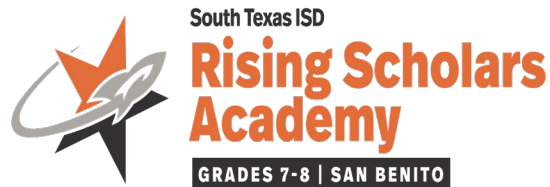
Students at South Texas ISD Rising Scholars Academy follow an A/B block schedule. There are 4 class periods during the school day, and each class is 80 minutes long. Block scheduling allows students fewer classes per day with increased instructional time in each of their classes. This type of schedule also makes homework more manageable. Below is an example of a student's schedule:

7th grade sample

| Period | Time | A Day | B Day |
|-----------------|---------------|--|--|
| 1 st | 8:30 - 9:50 | Math 8 Honors | Texas History Honors |
| 2 nd | 9:53 - 11:13 | Language Arts 7 Honors | Language Arts 7 Honors |
| Lunch | 11:13 - 11:48 | | |
| Original AIME | 11:51 - 12:26 | Photography | Photography |
| 3 rd | 12:29 - 1:49 | IPC (Integrated Physics and Chemistry) | IPC (Integrated Physics and Chemistry) |
| 4 th | 1:52 - 3:12 | PE 7 | Fundamentals of Computer Science |
| AIME | 3:15 - 4:00 | Enrichment/ Intervention | Enrichment/ Intervention |

8th grade sample

| Period | Time | A Day | B Day |
|-----------------|---------------|-----------------------------|---|
| 1 st | 8:30 - 9:50 | Algebra I Honors | U.S. History Honors |
| 2 nd | 9:53 - 11:13 | Language Arts 8 Honors | Art |
| Original AIME | 11:16 - 11:51 | Robotics | Robotics |
| Lunch | 11:51 - 12:26 | | |
| 3 rd | 12:29 - 1:49 | Biology Honors | Biology Honors |
| 4 th | 1:52 - 3:12 | Spanish I | Principles of Health Science Technology |
| AIME | 3:15 - 4:00 | Enrichment/ Intervention | Enrichment/ Intervention |



South Texas ISD Rising Scholars Academy

TWO-YEAR COURSE SEQUENCE 2021-2022

| | 7 th Grade | 8 th Grade |
|----------------|--|--|
| ELA | <ul style="list-style-type: none"> ▪ Language Arts 7 Honors <i>(meets every day)</i> ★ Reading 7 | <ul style="list-style-type: none"> ▪ Language Arts 8 Honors ❖ English I ★ Reading 8 |
| MATH | <ul style="list-style-type: none"> ▪ Math 8 Honors ▪ Math 8 <i>(meets every day)</i> | <ul style="list-style-type: none"> ❖ Algebra I Honors ❖ Algebra I <i>(meets every day)</i> ❖ Geometry Honors |
| SCIENCE | <ul style="list-style-type: none"> ❖ IPC <i>(meets every day)</i> | <ul style="list-style-type: none"> ❖ Biology <i>(meets every day)</i> |
| SOC. STUDIES | <ul style="list-style-type: none"> ▪ Texas History Honors ▪ US History Honors | <ul style="list-style-type: none"> ▪ U.S. History Honors ❖ World Geography |
| P.E./FINE ARTS | <ul style="list-style-type: none"> ▪ Physical Education 7 | <ul style="list-style-type: none"> ▪ Fine Art: Art or Music |
| ELECTIVES | <p><i>7th graders take 1 required elective</i></p> <ul style="list-style-type: none"> ❖ Fundamentals of Computer Science | <p><i>8th graders choose 2 electives</i></p> <ul style="list-style-type: none"> ❖ PLTW Gateway ❖ Principles of Health Science Technology ❖ Spanish I • Physical Education 8 |

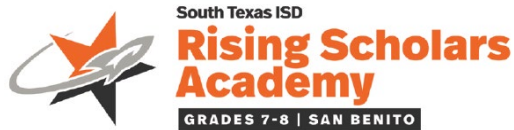
★ If required for student

❖ High school courses

IMPORTANT POLICIES AT RSA

BEVERAGES

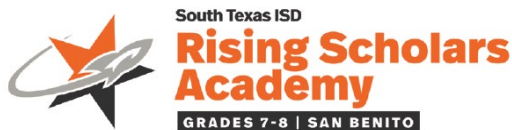
Water is the only beverage allowed to be brought on campus in its original clear, plastic bottle. All other beverages in containers are **prohibited**, i.e. Yeti, Tervis, Styrofoam cups, Starbucks, Whataburger, etc.



FOOD

Parents/guardians are welcome to bring their **OWN CHILD** breakfast or lunch during their breakfast or lunch period; however, no food can be brought or given to **ANY OTHER** student. RSA follows the USDA guidelines regarding beverages; therefore, **sodas, sports drinks or energy drinks** may NOT be included in breakfast or lunch deliveries.

Food bought from restaurants may not be taken into the cafeteria for consumption.



DELIVERIES

Flowers or other gifts will not be delivered to students until the end of the school day.

SOUTH TEXAS ISD 2021-2022 CALENDAR

A Days

| July 2021 | | | | | | | August 2021 | | | | | | | September 2021 | | | | | | |
|-----------------------------|----|----|----|----|----|----|---------------------------------|----|----|----|----|----|----|--------------------------------------|----|----|----|----|----|----|
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S |
| | | | | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | 1 | 2 | 3 | 4 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | 29 | 30 | 31 | | | | | 26 | 27 | 28 | 29 | 30 | | |
| October 2021 | | | | | | | November 2021 | | | | | | | December 2021 | | | | | | |
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S |
| | | | | | 1 | 2 | | 1 | 2 | 3 | 4 | 5 | 6 | | | | 1 | 2 | 3 | 4 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | 28 | 29 | 30 | | | | | 26 | 27 | 28 | 29 | 30 | 31 | |
| 31 | | | | | | | | | | | | | | | | | | | | |
| Holidays | | | | | | | First Day of Instruction | | | | | | | No school for students on these days | | | | | | |
| October 11 Columbus Day | | | | | | | August 16 | | | | | | | New Teacher Induction | | | | | | |
| Nov. 22-26 Thanksgiving | | | | | | | Last Day of Instruction | | | | | | | August 6 | | | | | | |
| December 20-31 Christmas | | | | | | | Grade Reporting Periods End | | | | | | | District Staff Development | | | | | | |
| February 21 President's Day | | | | | | | October 7 March 10 | | | | | | | Aug. 9-11, Oct. 8, Sept. 6, Jan. 17 | | | | | | |
| March 14-18 Spring Break | | | | | | | December 16 May 26 | | | | | | | Campus Staff Development | | | | | | |
| April 15 Easter Break | | | | | | | Exam Early Release Days | | | | | | | August 12, Nov. 19, Mar. 11 | | | | | | |
| Weather Make-Up Days (2) | | | | | | | December 13, 14, 15, 16 | | | | | | | Teacher Work Days | | | | | | |
| If Needed; Oct. 11, Feb. 21 | | | | | | | May 23, 24, 25, 26 | | | | | | | Aug. 13, May 27 | | | | | | |
| | | | | | | | Credit by Exam Test Dates | | | | | | | 1/2 District Pd & 1/2 Work Day | | | | | | |
| | | | | | | | Refer to the Campus Handbook | | | | | | | Dec. 17 & Jan. 3 | | | | | | |
| | | | | | | | STAAR, AP, & IB Assessment Days | | | | | | | | | | | | | |
| January 2022 | | | | | | | February 2022 | | | | | | | March 2022 | | | | | | |
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S |
| | | | | | | 1 | | | 1 | 2 | 3 | 4 | 5 | | | | 1 | 2 | 3 | 4 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 | 27 | 28 | | | | | | 27 | 28 | 29 | 30 | 31 | | |
| 30 | 31 | | | | | | | | | | | | | | | | | | | |
| April 2022 | | | | | | | May 2022 | | | | | | | June 2022 | | | | | | |
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S |
| | | | | | 1 | 2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | 1 | 2 | 3 | 4 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | 29 | 30 | 31 | | | | | 26 | 27 | 28 | 29 | 30 | | |

South Texas ISD Board of Directors approved on March 30, 2021. Instructional time in this school calendar is 78,300 minutes (174 Instructional Days). The state requirement is for 75,600 minutes minimum of instruction.