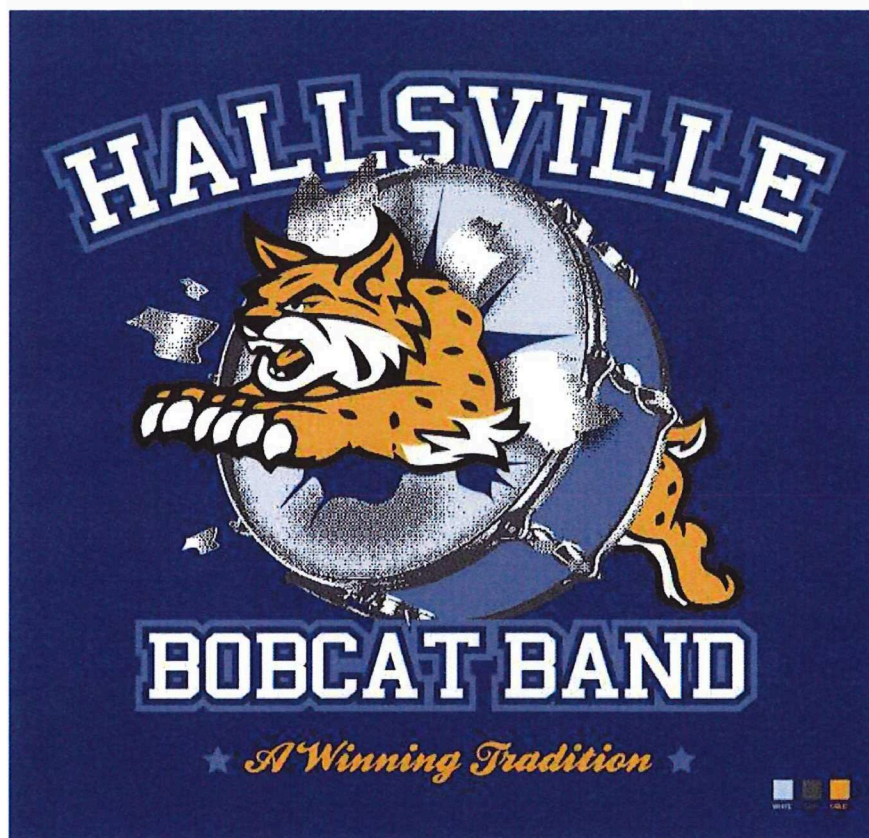


# Hallsville Junior High Band Camp Packet



# 2025-2026

# HJH Band Camp Dates:

# July 21-25, 2025

Hallsville JH Band Camp and summer band rehearsals are required to be in the HJH Bobcat Band. Please make plans to be at camp. Conflicts must be worked out in advance and time missed must be made up before students will be allowed to perform. Please email Rhett Pilcher [rpilcher@hisd.com](mailto:rpilcher@hisd.com) with this information.

Please make sure that transportation is available for your student to both arrive and depart the school on time. Transportation for these camps will NOT be provided by Hallsville ISD.

Sign up for the "JH Band Remind" for updates on summer rehearsal schedules and information throughout the year.

**Text @hjhband123 to 81010 to sign up for Remind updates.**

- **Drum Major Camp at Panola College (Only for Drum Majors)** - June 15-19
- **HJH Auxiliary Line Camp** - July 7-11
- **Band Registration Dates** - July 8th and 10th / 2:00pm - 5:00pm @ JH Band Hall
- **HJH Drumline Camp** - July 14-18
- **HJH Band Parent Meeting** - July 14th / 6:00pm @ JH Band Hall
- **HJH Band Camp** - July 21-25 (Schedule in this packet!)
- **Summer Band Practice** - Tuesday July 29 / 4:00pm - 5:30pm @ JH Band Hall
- **Summer Band Practice** - Thursday July 31 / 4:00pm - 5:30pm @ JH Band Hall
- **Summer Band Practice** - Tuesday August 5 / 4:00pm - 5:30pm @ JH Band Hall

**Our Band Camp Theme this year is "Disney Adventures". Each section is welcome to come dressed up in their assigned section Disney character found in this packet. Just make sure to wear proper shoes for marching.**

## Dear Parents and HJH Band Members,

I hope you have a wonderful summer! It's once again time for our annual band camp! As we end another year full of success and achievements, we begin again in an effort to continue the "Winning Tradition". This camp is vital to the start of our marching season and attendance by those who are in the marching band is **required** for membership. If you have any questions, you may contact one of the directors at the following emails:

Rhett Pilcher - rpilcher@hisd.com

Ty Hood - thood@hisd.com

Keaton Box, Percussion - kbox@hisd.com

Email is the best way to get in contact with a director during the school year and summer months. Enclosed in this packet you will find valuable information and forms concerning Band Camp.

### Things to turn in before Band Camp starts:

- **Notarized** Medical Permission Form (Mandated by HISD)
- Physicals (Mandated by UIL). If you had a physical last year you should be good to go. Students will not be able to participate until this is turned in. If your student is needing a physical, the **Hallsville Medical Clinic** will be offering physicals for \$20.00 on Saturday June 7th from 9:00am - 3:00pm.

There are band fees involved with choosing to be in band. Please note, there will be other financial responsibilities for the school year. Mouthpieces, reeds, valve oil, lyre (music holder that mounts to the instrument). These may be purchased through the band department or from a retailer of your choice. If you purchase through the band department it will be billed to the student band account. We will host a couple Band Registration Days where students can come in and register for band camp, pay fees, and pick up their instrument. **All band fees will be due at the time of registration.** Below are a list of the band fees for the year and what they cover:

- **Band Camp Fee - \$150.00**
  - Sectional Teachers
  - Activities (Movie, Water Games, etc.)
  - Meals/Snacks
  - Band Camp T-Shirt
  - Prizes



- **Drumline Camp Fee - \$50.00**
  - This fee is only for percussionists attending Drumline Camp.
- **HJH Band Fee - \$100.00**
  - Activities throughout the year.
  - Food
  - Band T-Shirt
  - Awards
  - Celebrations
  - Solo/Ensemble
  - Any other expense determined by the band director to support the band program and continue the retention of students.
- **School Instrument Usage Fee - \$50.00**
  - This fee is only for students using an HISD owned instrument including percussion instruments.
- **Dinkles Black Band Shoes - \$35.00**
  - These shoes are used for our Marching Band and Concert Band performances.
  - These shoes will also be used in high school for UIL Concert Band performances.
  - If you already bought these shoes last year, you do not need to buy them again unless they do not fit.

**State law dictates that parents wishing to volunteer as a chaperone for our trips are required to submit forms and be approved. You will find the HISD Volunteer form in this packet. You must reapply for this each year. Chaperones are needed for each of our trips. We are very thankful for all our volunteers and really appreciate all the help we can get.**

# Things You Need to Know

- We realize that there may be some conflicts because these dates are earlier than normal. Please contact the directors if you are not able to attend to make arrangements to make up time.
  - All HJH Band members are expected and required to attend camp. Work schedules, vacations, etc. are not an excuse for missing camp. Missing camp may result in dismissal from the band. Make necessary arrangements to attend. Auditions will be held during the first day of camp for the JH Marching Band. **Any conflicts need to be worked out in advance for summer band and any time missed must be made up before students will be allowed to perform with the band.**
  - If any camper disobeys our rules and regulations, appropriate measures will be taken. **Exception: Student's shorts do NOT have to be knee length but they do have to be modest and appropriate. No Daisy Dukes!!!**
  - It is necessary to wear some type of tennis shoes at all times. You need to wear athletic shoes or band shoes for marching practice. We will be practicing on turf, grass and/or asphalt. **NO SANDALS, BOOTS, CROCS, OR FLIP FLOPS!**
  - Students are not allowed to take or ride in any vehicles other than those provided by the school without director permission.
  - Please eat before you show up to marching rehearsal in the morning. You are encouraged to bring your own water. We have water fountains but it's always good to have your own so that you are not waiting in line.
- 

## **Bobcat Band Staff**

Sherri Morgan - Director of Bands / Supervisor of Music  
Ty Hood - Associate Director of Bands  
Wayne Smith - Assistant Band Director  
Ashley Madewell - HISD Band Secretary  
Rami Purdum - Assistant Band Director  
Rhett Pilcher - Director of Junior High Bands  
Keaton Box - Assistant Band Director / HISD Percussion Director  
Chris Crawford - Assistant Band Director  
Dr. Mike Turpin - Assistant Band Director  
Shannon Johnson - Auxiliary Line Sponsor



## BOBCAT BAND CAMP Section themes

Section	Movie	Song	Character
Flutes	Lion King	Bear Necessities	Woody
Clarinets	Pirates of the Caribbean	Hi-Ho	Darth Vader
Saxophones	Lilo-Stich	Under the Sea	Goofy
French Horns	Starwars	Be Our Guest	Tinker Bell
Trumpets	Snow White	Zippy Do Da	Minnie Mouse
Trombones	Little Mermaid	Friend Like Me	Luke Skywalker
Baritones	Greatest Showman	Imperial March	Donald Duck
Tubas	Toy Story	Hakuna Matata	Cruella Devile
Percussion	Frozen	You Got a Friend in Me	Buzz Lightyear



# *Band Dates to Remember*

## Hallsville Junior High Band 2025-2026 School Year

### FALL 2025

Date	Event	Location
July 7-11	JH Auxiliary Camp	JH Band Hall
July 14-18	HS & JH Drumline/ HS Auxiliary Line	HHS Band Hall
<b>July 21-25</b>	<b>Hallsville Band Camp HS &amp; JH</b>	<b>HHS Band Hall</b>
<b>August 5</b>	<b>Band Booster Meeting</b>	<b>HHS Band Hall</b>
August 12	First Day of School / No Practice	
September 1	Labor Day (School Holiday)	Stay safe
<b>September</b>	<b>JH Home Football Game vs. Marshall</b>	<b>Bobcat Stadium</b>
September 10	Band Booster Meeting / 7:00 p.m.	HHS Band Hall
<b>September</b>	<b>JH Home Football Game vs. Texas Middle</b>	<b>Bobcat Stadium</b>
October 4	Western Days Parade	Here
October 7	Band Booster Meeting / 7:00 p.m.	HHS Band Hall
October 13-17	Fall Break	Stay Safe
October 20	Staff Professional Development/No School	
<b>October</b>	<b>Open Date - No Game</b>	
<b>November</b>	<b>JH Home Football Game vs. Nacogdoches</b>	<b>Bobcat Stadium</b>
October 31	HJH Band Play at the HS Football Game	Bobcat Stadium
November 11	Band Booster Meeting / 7:00 p.m.	HHS Band Hall
November 24-28	Thanksgiving Break	Celebrate Family
<b>November TBA</b>	<b>Hallsville Christmas Parade</b>	<b>Hallsville</b>
<b>December 6</b>	<b>JH All-Region Tryouts</b>	<b>Jacksonville MS</b>
December 9	Band Booster Meeting – 7:00 p.m.	HHS Band Hall
December 16	Beginner Band Concert	

### SPRING 2026

January 5-6	Staff Workday/Professional Development	HISD
January 13	Band Booster Meeting—7:00 p.m.	HHS Band Hall
January 17	9th Grade / JH All-Region Clinic/Concert	Whitehouse HS
January 19	Martin Luther King Holiday	Stay Safe
<b>TBD</b>	<b>Hallsville Solo and Ensemble</b>	<b>HHS</b>
February 11-14	TMEA All-State Convention	San Antonio
February 10	Band Booster Meeting	HHS Band Hall
February 13	Staff Professional Development	HISD
February 16	President's Day Holiday	No School
March 3	Band Booster Meeting – TBD	HHS Band Hall
<b>March 10</b>	<b>Pre-UIL Concert (Tuesday)</b>	<b>HHS Auditorium</b>
March 16-20	Spring Break	YEA!!! Be Safe!
<b>April 14-15</b>	<b>Junior High UIL Concert Evaluation</b>	<b>Hallsville</b>
April 7	Band Booster Meeting @ 7:00	HHS Band Hall
May 2	Auxiliary Line Spring Show	HS Auditorium
<b>May 8</b>	<b>HHS Spring Band Concert</b>	<b>HS Auditorium</b>
<b>May 12</b>	<b>Beg. Band - Soundpost / Splash Kingdom</b>	<b>Canton HS</b>
May TBA	HJH DM/Aux Line Tryouts	HJH
<b>May 15</b>	<b>HJH / Beg. Band /Spring Band Concert</b>	<b>JH Auditorium</b>
May 16	HJH Band / Six Flags Trip	Six Flags
May 19	Band Booster Meeting – 7:00 p.m.	HHS Band Hall
June/July TBD	Drum Major Camp	
July 6-10	JH Auxiliary Camp	JH Band Hall
July 13-17	HS & JH Drumline/ HS Auxiliary Line	HHS Band Hall
<b>July 20-24</b>	<b>Hallsville Band Camp HS &amp; JH</b>	<b>HHS Band Hall</b>

Please note that any corrections or changes will be made on the HJH Band Remind.



# UIL PHYSICALS

JOIN US AT THE HALLSVILLE PARK

Hallsville Medical Clinic will be  
offering Athletic, Cheer, and Band  
Physicals



**\$20**

**Cash/Debit/Credit**



**SATURDAY**

June 7, 2025



**Time**

09:00 AM - 3:00 PM



300 North Central Street  
Hallsville Texas 75650



903-668-7462

**In Office Appointments  
Also Available M-F**



[www.hallsvillemedicalclinic.com](http://www.hallsvillemedicalclinic.com)



[www.facebook.com/HallsvilleMed](https://www.facebook.com/HallsvilleMed)



[www.instagram.com/hallsvillemedicalclinic](https://www.instagram.com/hallsvillemedicalclinic)



[hmc@hallsvillemedicalclinic.com](mailto:hmc@hallsvillemedicalclinic.com)





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

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

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

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

An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.

\*\*EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):

It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

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

Student Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

For School Use Only:

This Medical History Form was reviewed by: Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

# PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ (\_\_\_\_ / \_\_\_\_ / \_\_\_\_)  
brachial blood pressure while sitting

Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐ Unequal

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

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

\*station-based examination only

## CLEARANCE

☐ Cleared

☐ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

☐ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

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

Name (print/type) \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

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



# Bobcat Band Permission/Medical Release Form

## HALLSVILLE BAND DEPARTMENT

2025-2026 School Year

I give permission for \_\_\_\_\_ to attend band camps, band trips, and other band activities with the Hallsville Band during the 2025-2026 school year. I, the parent, the legal guardian, will release the school, directors, chaperones, principals, superintendent, board of trustees from any liabilities involved in taking these trips. It is also understood that I, the parent or legal guardian, will stand liable for any damages created by the student. I understand that if the student violates any major school policy, such as drinking alcohol, smoking, drug use, damaging property, or stealing, **he/she will be sent home at my expense**, and will be subject to removal from the organization and all penalties set forth in the Hallsville ISD hand book and student code of conduct. I will be consulted before any action such as this is enacted. This form will give a director or chaperone my permission to sign for emergency medical treatment if it becomes necessary for my child.

\_\_\_\_\_  
Parent's Signature – Date

### STATE OF TEXAS

Before me, the undersigned, a Notary Public in and for said County and State, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he (she) executed the same for purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for Harrison/ Gregg County, Texas

I, \_\_\_\_\_ understand that I will be representing Hallsville ISD while on this trip and participating in the band activity. I will abide by all school rules and policies as set forth by the Board of Trustees of the Hallsville ISD, while striving to set a good example for others to follow.

\_\_\_\_\_  
Date \_\_\_\_\_

Grade \_\_\_\_\_

**PLEASE COMPLETE INFORMATION ON BACK**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Birthday \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_ (Email in very important for keeping you up to date on band information.)

**PARENT INFORMATION**

**Mother's Name** \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_ (Email in very important for keeping you up to date on band information.)

**Father's Name** \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_ (Email in very important for keeping you up to date on band information.)

**EMERGENCY INFORMATION**

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

**MEDICAL INFORMATION**

Physician's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ (If possible, a copy of insurance card would be helpful)

Allergies: \_\_\_\_\_

Medicine: \_\_\_\_\_

**Use the bottom of this sheet for other necessary information:**

---



Complete all of this side.

Campus/Dept. Requesting Verification \_\_\_\_\_ Contact \_\_\_\_\_

Hallsville Independent School District  
Criminal History Record Information Request  
VOLUNTEERS

Confidential Information

The Hallsville Independent School District is authorized by state law to obtain criminal history record information on individuals who intend to serve as volunteers for the district. (Texas Education Code § 22.083) The information requested below is necessary to obtain criminal history record information.

PLEASE PRINT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Check here if you are an employee of HISD or a Substitute \_\_\_\_\_

Gender: ☐ Male ☐ Female Ethnicity: ☐ Black ☐ White ☐ Other

*I understand that the information I am providing about age, gender, and ethnicity will not be used to determine eligibility for employment/volunteering, but will be used solely for the purpose of obtaining criminal history record information.*

\*Please insert last four digits of your Social Security Number in the blanks below. This information is used to verify identification of the Criminal Background Check.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Student \_\_\_\_\_ Campus \_\_\_\_\_ Grade \_\_\_\_\_

## DPS Computerized Criminal History (CCH) Verification Form

### Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.

Applicant Name (Print): \_\_\_\_\_

I acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 41.1, Subchapter F <https://statutes.capitol.texas.gov/>.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process, I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online Crime Records General Information | Department of Public Safety (texas.gov). Review of Personal Criminal History or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me. Acknowledge by signing below.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Section 2: Agency use only. Must be completed by authorized personnel conducting search.

Agency Name: \_\_\_\_\_

Authorized User: \_\_\_\_\_

Signature of Authorized User: \_\_\_\_\_

Date of Name-Based CCH Search: \_\_\_\_\_

### Section 3: Agency use only. CHRI Name Based Tracking information. Check all that apply.

Purpose for CHRI Search: ☐ Applicant ☐ Volunteer ☐ Contractor ☐ Other: \_\_\_\_\_  
Is any part of the Criminal History Record Information (CHRI) stored by agency? ☐ NO, CHRI is not stored by agency. ☐ YES, CHRI is stored by agency.   
Reminder: DPS does not recommend storing any part of CHRI.

CHRI Retention Period: ☐ Temporarily Only ☐ Annual ☐ None Stored / Saved ☐ Other: \_\_\_\_\_

CHRI Storage Method: ☐ Physical / Printed (paper copy) ☐ Digital / Electronic (saved anywhere on device / computer)

CHRI Retention Purpose: Explain: \_\_\_\_\_

Date CHRI Destroyed: \_\_\_\_\_

Destruction Method: Explain: \_\_\_\_\_

[CHRI + Audit Resources Link](#)