

NEW STUDENT REGISTRATION

Johnston Middle School



STUDENTS MUST BE ACCOMPANIED BY THEIR PARENT OR LEGAL GUARDIAN: HISD Board Policy requires that a student, under the age of 18, may be enrolled in school only by a natural parent; foster parent assigned by a state authorized entity; an adoptive parent; a court-appointed guardian who lives in the Houston Independent School District; or the person to whom any of the above have granted educational guardianship. Additional information regarding guardianship may be obtained from central administration:

Hattie Mae White Administration Building
Office of Student Transfers
4400 W. 18th Street, Houston, Texas 77092
(713)556-6000

PLEASE REVIEW THE FOLLOWING STEPS TO SUCCESSFULLY COMPLETE REGISTRATION

Step 1) Visit the campus between the hours of **8:45 AM and 10:00 AM, Monday – Thursday** to begin the enrollment process. You may expedite the process by downloading and completing the registration packet from <http://www.houstonisd.org/johnston>.

School assignment is based on your home address. **STUDENTS MUST LIVE WITHIN THE JOHNSTON MIDDLE SCHOOL ATTENDANCE ZONE.** If you aren't sure which school your child will attend, please contact the School Transfer Office at (713)556-6000 or visit <http://www.houstonisd.org/findAschool>

Step 2) There are several items you will need to bring to enroll your child:

- ❖ **Proof of Residency (2 forms).** Proof of Residency must be furnished at the time of registration. A copy of your Deed or Lease with the physical address listed and the appropriate signatures, and a current utility bill (power, water, or gas), with both your name and physical address, is acceptable proof. Checks, driver's licenses, phone bills, and/or cable bills are NOT acceptable proof.
 - **Shared Residency**-If you are not listed on the deed or lease and you share residence with someone living within Johnston Middle School's attendance zone, you must do the following:
 - Both parent and resident must show valid ID and be present at time of registration
 - Complete the Shared Residency Affidavit
 - Complete the Falsification of Information Form
 - Resident must submit a letter detailing the names of all individuals residing at the zoned address along with the time period that they will be living at the residence
 - Parent must submit proof of residency in the form of an official USPS address change confirmation, Medicaid/AFDC eligibility letter, automobile insurance, bank statement, or other approved document to be reviewed by principal for acceptance
 - **Falsification of information by parent(s)/guardian(s) may be punishable under the TEXAS PENAL CODE, CHAP. 37, SEC. 37.10.** All residency affidavits are subject to verification by campus/attendance officer and if falsification of information is determined, withdrawal is immediate in accordance with HISD Board Policy.
- ❖ **Valid Photo Identification of parent/legal guardian.**
- ❖ **Child's certified birth certificate and Social Security Card**
- ❖ **Report Card and Transcript (if applicable) from previous campus**

Additional Information Provided on Back→

- ❖ **Proof of guardianship.** Can include birth certificate, divorce papers, Social Services paperwork, or paperwork signed by a judge awarding custody. Custody paperwork authorized by a judge or Social Services/foster care placement paperwork is required for all children not living with their natural parent. **Educational Guardianship may be granted through the Houston ISD Student Transfer Office.**
- ❖ **Copy of up-to-date immunization records.**
A student must be fully immunized against certain diseases or must present a certificate or statement that, for medical reasons or reasons of conscience, including a religious belief, the student will not be immunized. ***For exemptions based on reasons of conscience, only official forms issued by the Texas Department of State Health Services (DSHS), Immunization Branch, can be honored by the district. This form may be obtained by writing the DSHS Immunization Branch (MC 1946), P.O. Box 149347, Austin, Texas 78714-9347; or online at <https://webds.dshs.state.tx.us/immco/affidavit.shtm>.*** The form must be notarized and submitted to the principal or school nurse within 90 days of notarization. If the parent is seeking an exemption for more than one student in the family, a separate form must be provided for each student.
- ❖ **Standardized Test Scores (STAAR/TELPAS/IOWA)**
- ❖ **Special Program Documentation (504/Special Education/GT)**
- ❖ **Withdrawal form.** This form will be given to the parent/student by the previous school at the time of withdrawal during the school year.
- ❖ **Additional Information Needed from Home Schooled Students:**
 - Home school registration
 - Attendance record
 - Standardized test scores
 - Record of courses taken and credit awarded.
 - Portfolio of work: course descriptions, sample of work including: exams, hours spent per course curriculum used.

STUDENTS MUST WEAR STANDARDIZED DRESS CODE ATTIRE WHICH CAN BE PURCHASED FROM THE PTO OR THE MAIN OFFICE. THE COSTS ARE PROVIDED BELOW:

TOPS

SCHOOL LOGO POLO SHIRTS	\$16.00
SCHOOL T-SHIRTS	\$10.00
JMS FLEECE JACKETS	\$25.00 **Only JMS issued or solid white, gray, purple, or black jackets may be worn during the day

BOTTOMS

Students may wear solid blue or black denim jeans only. Shorts/Skirts must be solid navy blue or black uniform shorts. Shorts/Skirts must be fitted at waist and reach to the knee. No cargo pants cargo shorts, or denim shorts. No khaki pants, "Dickies", leggings/capris, and/or holes/frays are permitted.



Johnston Middle School

Wenden Sanders, Principal

10410 Manhattan St.

Houston, TX 77096

Ph: 713-726-3616

Enrollment Checklist 2015-2016

Thank you for your interest in enrolling in Johnston Middle School. The district requires us to have the following documentation so that we can proceed with the enrollment process.

Student Name: _____ Stu ID: _____ Grade: _____ DOB: _____ Age: _____

All
Documents
Must Be
Presented
Before
Continuing
Enrollment

- ☐ Birth Certificate
 - ☐ Social Security Card
 - ☐ Identification Card (License / ID / Passport)
 - ☐ Immunization Records (must be current)
 - ☐ Utility Bill/Lease/Deed (w/current address)
 - ☐ Last Report Card (*Last Transcript if applicable*)
 - ☐ Proof of Guardianship (Court Order or HISD Student Transfer Office)
 - ☐ STAAR/IOWA scores (*if available*)
 - ☐ Withdrawal Form from Last School (*if applicable*)
-
- ☐ Color Coded Card (Attendance Clerk)
 - ☐ General Information Survey
 - ☐ Enrollment Form
 - ☐ Magnet Contract (*if applicable*)
 - ☐ LEP/504/Special Education Documents (*if applicable*)
 - ☐ Race and Ethnicity Data information
 - ☐ Student Assistance Questionnaire
 - ☐ Home Language Survey
 - ☐ Health Inventory
 - ☐ Food Allergy Information
 - ☐ Military Connected Families Survey
 - ☐ Family Survey (HISD)
 - ☐ Student Media Consent Form
 - ☐ Statement of Residency (****Additional Documents Required for Shared Residency**)
 - ☐ Lunch Application www.mealapps.houstonisd.org
 - Confirmation# _____
 - ☐ HISD Student Code of Conduct
 - ☐ Any additional information gathered

Notes:

For Office Use Only

Assoc. Principal: _____

Nurse: _____

Registrar: _____

Enrollment Date: _____


Counselor: _____

TREX on: _____

2nd TREX on: _____

Please submit each item, in the order listed, to the Records Clerk in order to complete the enrollment process. Thank you.

FAX 713-726-3622

	<p align="center">Houston Independent School District</p> <p align="center">Johnston Middle School</p> <p align="center">Wenden Sanders, Principal 10410 Manhattan St. Houston, Texas 77096</p>
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General Information Survey 2015-2016

Last Name: _____ First Name: _____

Birthdate: _____ Grade: _____

Former School Attended _____ City/State _____

Please Indicate YES or NO as to whether or not the student is presently or has in the past received any of the following services:

Has student ever attended an HISD school? If yes, which one? _____	Yes	No
Bilingual/ESL?	Yes	No
Special Education a.) Resource b.) Speech c.) Other : _____	Yes Yes Yes Yes	No No No No
Section 504 Services?	Yes	No
Gifted/Talented Classes?	Yes	No
Retained? If yes, what grade? _____	Yes	No
Does the student have any special health problems? If yes, describe _____		
Other Information that may be helpful. _____		

Student/Parent Signature: _____ Date: _____

NOTICE

FALSIFICATION OF INFORMATION

WARNING: Falsifying information is a violation of the law. Such a violation may result in prosecution under either/both the:

TEXAS PENAL CODE: Section 37.10 – Tampering with Government Records –Class A Misdemeanor – Any person adjudged guilty of a Class A Misdemeanor shall be punished:

- (1) A fine not to exceed \$2,000; or
- (2) Confinement in jail not to exceed one year; or
- (3) Both such fine and imprisonment.

TEXAS EDUCATION CODE: Section 25.001(h) – In addition to the penalty provided by Section 37.10, Penal Code, a person who knowingly falsifies information on a form required for enrollment of a student in a school district is liable to the district if the student is not eligible for enrollment, but is enrolled on the basis of the false information. The person is liable for the period during which the ineligible student is enrolled, for the greater of:

- (1) The maximum tuition fee the district may charge under Section 25.038 of this code; or
- (2) The amount the district has budgeted for each student as maintenance and operating expenses.

Falsification will result in immediate withdrawal of the student(s) and maintenance and operating expenses for the current year will be charged for each student on a per school day basis.

Records must be updated immediately if there is any change in the demographic information, i.e. change of address, phone number, etc. It is the sole responsibility of the parent/guardian to notify the school of such changes and provide the appropriate updated documentation (including, but no limited to updated driver's license as well as current lease, mortgage agreement or deed, and current gas/electric bill).

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.

Parent Signature: _____ Date: _____

Student Name: _____ Grade: _____

Houston Independent School District

Enrollment Information

20 15 - 20 16

Homeroom Teacher:

Has student ever attended an HISD School? <input type="checkbox"/> Yes <input type="checkbox"/> No				Last School/Daycare Attended															
HISD Student ID		Date of Enrollment		Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Grade											
Legal Student Last Name		First Name		Middle Name		Generation (Jr., III, etc.)		Student SS# / State Alt. #											
Student Birthplace: City, State, Country			Year Started School in US		Student Lives with		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> Both Parents												
Federal Student Ethnicity (Select One) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		Student Race (Select all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White																	
Student Address		Street Number		Street Name		Apartment		City		State		Zip		County		Home Phone			
Student Cell Phone										Student e-mail Address									
Texas Education Code §25.002(f) requires the school district to record the name, address, and birth date of the person enrolling a child.																			
Contact #1 Name (Last, First)				Relationship		Street Number		Street Name		Apartment		City		State		Zip			
Employer				Occupation		Home Phone				Work Phone				Cell Phone					
Preferred Language		<input type="checkbox"/> English <input type="checkbox"/> Spanish		<input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____		Translator Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No				e-mail Address									
Contact #2 Name (Last, First)				Relationship		Street Number		Street Name		Apartment		City		State		Zip			
Employer				Occupation		Home Phone				Work Phone				Cell Phone					
Preferred Language		<input type="checkbox"/> English <input type="checkbox"/> Spanish		<input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____		Translator Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No				e-mail Address									
Contact #3 Name (Last, First)				Relationship		Street Number		Street Name		Apartment		City		State		Zip			
Employer				Occupation		Home Phone				Work Phone				Cell Phone					
Preferred Language		<input type="checkbox"/> English <input type="checkbox"/> Spanish		<input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____		Translator Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No				e-mail Address									
<input type="checkbox"/> CHIP <input type="checkbox"/> Medicaid <input type="checkbox"/> HCHD <input type="checkbox"/> Private Insurance <input type="checkbox"/> None				What type of medical insurance do you carry for this child?				Family Physician				Physician Phone							
List the names of all brothers and sisters under 18 years of age. (If additional room is needed, write on reverse side.)																			
Last, First, and Middle Names				Gender		Birthdate		Grade		Address of This Child									
Signature below certifies that all the information above is true and accurate.																			
Enrollment of the child under false documents subjects the person to liability for tuition or costs under Texas Education Code §25.001(h).																			
Signature of Contact 1/Legal Guardian						TX Driver's License Number						Date of Birth (Contact 1/Legal Guardian)							
Signature of Contact 2/Legal Guardian						TX Driver's License Number						Date of Birth (Contact 2/Legal Guardian)							
Total Monthly Family Income:										Total Number In Household:									

Emergency Contact List

Student Name

Relative Contact		
Name:	Phone:	Cell:
Address:	City:	State/Zip:
Relative Contact		
Name:	Phone:	Cell:
Address:	City:	State/Zip:
Relative/Friend Contact		
Name:	Phone:	Cell:
Address:	City:	State/Zip:
Neighbor/Friend Contact		
Name:	Phone:	Cell:
Address:	City:	State/Zip:
Landlord Contact		
Name:	Phone:	Cell:
Address:	City:	State/Zip:
Mailing/Forwarding Address		
Address:	City:	
State:	Zip:	

**Texas Education Agency
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

- ☐ **Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **Not Hispanic/Latino**

Part 2. Race: What is the person's race? (Choose one or more)

- ☐ **American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- ☐ **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Black or African American** - A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

<hr/> Student/Staff Name (please print)	<hr/> (Parent/Guardian)/(Staff) Signature
<hr/> Student/Staff Identification Number	<hr/> Date

 Houston Independent School District Creating a College-Bound Culture	HOUSTON INDEPENDENT SCHOOL DISTRICT HOME LANGUAGE SURVEY (PK – 12) (English)
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Student Name: _____ School: JOHNSTON MS
 Student Address: _____ Home Phone: _____
 Date of Birth: _____ Grade: _____ HISD ID#: _____ PEIMS#: _____
Month
Day
Year

The Texas Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction to all students. Please answer the following questions.

PART A:		
(I) Place of Birth (Country of Origin) City _____ Country _____	(I) Date of initial entry into U.S. schools Month _____ Day _____ Year _____	(I) Number of complete academic years in a U.S. school _____
(I) When your child lived outside the U.S., did he or she attend school regularly? (Check one.) <input type="checkbox"/> Yes, my child attended school regularly in all previous grades outside the U.S. <input type="checkbox"/> No, my child missed significant portions of one or more school years, as specified: Specify grade and time period, including month and year (example: Grade 2, Jan. 2002 through May 2002). Do not include periods of absence that lasted less than one month. Do not include regularly scheduled school holidays or vacations. _____		
(M) Has your family worked in either the AGRICULTURE or FISHING INDUSTRY in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PART B:		
1. What language is spoken in your home most of the time? English _____ Spanish _____ Vietnamese _____ Other (Specify) _____		
2. What language does the student (do you) speak most of the time? English _____ Spanish _____ Vietnamese _____ Other (Specify) _____		
Grades PK – 8 _____ (Parent or Guardian) _____ (Date)	Grades 9 – 12 _____ (Parent or Guardian or Student) _____ (Date)	

NOTE TO SCHOOL PERSONNEL:

1. Signed copy of the Home Language Survey (HLS) must be filed in the student's permanent folder.
2. In Part A, items marked with an (I) are required for identification of immigrant students. (Refer to Bilingual/ESL Program Guidelines for identification procedures) An immigrant student is one who was born outside of the United States or its territories and has been attending schools in the United States for less than three complete academic years. Item marked with an (M) is required for identification of migrant students.
3. In Part B, an answer of a language other than English to either question #1 or #2 identifies a student for oral language proficiency assessment (and written testing if entering Gr. 2-12).

☐ **Yes, NEEDS OLPT ENTRY TESTING**
(If entering grades PK-12)

☐ **Yes, NEEDS ENGLISH NRT ENTRY TESTING**
(If entering grades 2-12)

Student must be tested, identified, and placed in an appropriate program within 4 weeks of enrollment.



TEMPORARY PLACEMENT IN GRADE

A student enrolling in Houston ISD from home schooling or an unaccredited private school or a student for whom no records can be obtained will be temporarily placed in classes based on available information pending completion of testing. In elementary and middle schools, when test scores or records have been received, the principal or his designee will determine final grade placement, which may include reclassification to a lower grade level. In high school, credit will be awarded in individual classes based on student performance on appropriate Credit by Exam.

Name of Student: _____

ID Number _____ Temporary Placement in Grade _____

Parent Signature: _____

Principal (Designee) Signature: _____

Date: _____

FOLLOW-UP

Based on the records and/or test scores received,

_____ Student will continue in grade _____.

_____ Student will be reclassified to grade _____.

Date

Principal (Designee) Signature:

(This document should be placed in the student's folder.)



2015-2016 HOUSTON INDEPENDENT SCHOOL DISTRICT STUDENT ASSISTANCE QUESTIONNAIRE (SAQ)

All information **MUST** be completed by parent, school personnel or community liaison.

School JOHNSTON MS Date _____

Student Name _____ Date of Birth _____ HISD ID _____

Current Address _____ Grade _____ ☐ Male ☐ Female

Lives with: ☐ Both Parents, ☐ Mother, ☐ Father, ☐ Legal Guardian, ☐ Caretaker/Relative without legal guardianship, ☐ Other _____
relation

Is the student currently in the conservatorship of the Department of Family & Protective Services (Foster Care)? ☐ Yes ☐ No

If Yes – name of DFPS Case Manager: _____ Contact information: _____

Was the student previously in the conservatorship of the Department of Family & Protective Services (Foster Care)? ☐ Yes ☐ No

Please complete the Current Housing Situation AND Background Situation sections below to determine McKinney-Vento eligibility:

Part A: CURRENT HOUSING SITUATION – Check the student's current housing situation

1. I CURRENTLY LIVE:

☐ In my own home or apartment, in Section 8 housing, HUD Subsidized Housing or in military housing with parent(s), legal guardian(s), or caregiver(s) (if you checked this box, check one or both of the boxes below, if applicable.

☐ My home has no electricity ☐ My home has no running water

OR I CURRENTLY LIVE IN A TRANSITIONAL HOUSING SITUATION:

☐ Living in a shelter ☐ Living in a motel or hotel

☐ Living with more than one family in a house or apartment (Doubled-up) due to economic hardship

Unsheltered

☐ Moving from place to place ☐ Living in a structure not usually used for housing ☐ Living in a car, park, campsite, camper, or outside

UNACCOMPANIED YOUTH - ☐ Yes ☐ No (An unaccompanied youth is a student who is not in the physical custody of a parent or legal guardian. This would include students living with non-custodial relatives or friends without a parent or legal guardian.)

Part B: BACKGROUND SITUATION (If a Transitional Housing Situation is checked above - please Check ANY below that apply)

- | | |
|---|---|
| <input type="checkbox"/> Catastrophic illness / medical expenses / disability | <input type="checkbox"/> Natural disaster / evacuation |
| <input type="checkbox"/> New to Town | <input type="checkbox"/> Domestic Issue |
| <input type="checkbox"/> Loss of Employment | <input type="checkbox"/> Migrant work in fishing or agriculture |
| <input type="checkbox"/> Economic hardship/low earnings | <input type="checkbox"/> Awaiting placement in foster care / CPS custody |
| <input type="checkbox"/> Evicted/kicked out | <input type="checkbox"/> Parent(s) involved in military deployment |
| <input type="checkbox"/> House fire or other destruction | <input type="checkbox"/> Parent Incarcerated/Recently released from incarceration |

Part C: NEEDED SERVICES – based on availability (Check services needed and call 713-556-7237 to speak to an Outreach Worker)

- | | | |
|---|---|--|
| <input type="checkbox"/> Enrollment Assistance | <input type="checkbox"/> Transportation | <input type="checkbox"/> Emergency Clothing, Uniforms |
| <input type="checkbox"/> Free Lunch/Breakfast (Child Nutrition) | <input type="checkbox"/> School Supplies | <input type="checkbox"/> Personal Hygiene Items |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Medicaid/CHIP Assistance | <input type="checkbox"/> Food Stamps (SNAP) Assistance |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Other _____ | |

To the best of my knowledge this information is true and correct.

Name (PLEASE PRINT): _____ Signature _____ Phone #'s _____

School Personnel: This form is intended to address the McKinney-Vento Act U.S.C. 11435. If any "Transitional Housing Situation" is checked under "Current Housing Situation" AND the family has indicated one of the "Background Situations" (1) immediately add PEIMS Coding on the At-risk Chancery panel for At-risk reason code 12, (2) code all of the McKinney-Vento Panels on that screen (the start date should be the date the form was completed and also add the end date, and (3) fax this form immediately to 713-556-7024.. If information is missing, please follow-up with the parent/guardian/school personnel who completed the form to make sure each section is completed, as needed.



HOUSTON INDEPENDENT SCHOOL DISTRICT

Military Connected Families Survey

All information **MUST** be completed by parent, school personnel or community liaison.

School JOHNSTON MS Date _____

Student Name _____ HISD ID# _____

Dear Parent or Guardian,

The State of Texas requires schools to collect data relating to the enrollment of military-connected students. This collection is done to allow educational institutions the ability to monitor critical elements of education success for children who are dependents of military personnel, and show the state's commitment to military personnel and their children.

For students in grades Kindergarten through 12:

1. The student is a dependent of an active duty member of the United States Army, Navy, Air Force, Marine Corps, or Coast Guard

☐ Yes ☐ No

2. The student is a dependent of a member of the Texas National Guard (Army, Air Guard, or State Guard)

☐ Yes ☐ No

3. The student is a dependent of a member of a reserve force in the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard)

☐ Yes ☐ No

For pre-kindergarten students only:

4. The student is a dependent of an active duty uniformed member of the Army, Navy, Air Force, Marine Corps, or Coast Guard, or activated/mobilized uniformed member of the Texas National Guard (Army, Air Guard, or State Guard) who was injured or killed while serving on active duty.

☐ Yes ☐ No



HOUSTON INDEPENDENT SCHOOL DISTRICT
MULTILINGUAL PROGRAMS
Migrant Education Program
4400 West 18th Street, Route 1 ★ Houston, Texas 77092
713-556-7288 Office ★ 713-556-6980 Fax



FAMILY SURVEY

STUDENT NAME:	DOB:
CAMPUS NAME: JOHNSTON MS	GRADE LEVEL:

Dear Parent/Guardian:

The Houston Independent School District is assisting the state of Texas to identify students who may qualify for the Migrant Education Program to receive additional services. **The information provided below will be kept confidential.**

Please answer the following questions and return this form to your child's school.

1. Has your family moved any time during **the last three years** from one school district to another in Texas or within the United States?


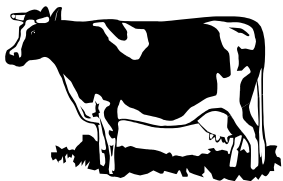


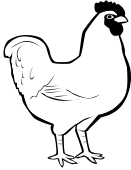



YES ☐ (Continue to question 2)

NO ☐ (Stop here and return survey to your child's school)

2. Were any of these moves made to find temporary/seasonal work in agriculture or fishing? (e.g., field work, canneries, dairy work, meat processing, etc)

YES ☐ (Please check all that apply below)

NO ☐ (Stop here and return survey to your child's school)

 Fruit, vegetables, sunflower, cotton, wheat, grain, farms or ranches, fields & vineyards <input type="checkbox"/>	 Dairy farm <input type="checkbox"/>	 Fishery <input type="checkbox"/>	 Cannery <input type="checkbox"/>
 Poultry farm <input type="checkbox"/>	 Plant nursery, orchard, tree growing or harvesting <input type="checkbox"/>	 Slaughterhouse <input type="checkbox"/>	 Other similar work, please explain: <input type="checkbox"/>

PLEASE COMPLETE THE FOLLOWING INFORMATION IF YOU ANSWERED "YES" TO BOTH QUESTIONS ABOVE. A MIGRANT REPRESENTATIVE WILL CONTACT YOU TO FIND OUT WHETHER YOUR CHILD IS ELIGIBLE FOR ADDITIONAL EDUCATIONAL SERVICES.

Parent/Guardian Name:	Home Address:	Telephone Number:

--FOR SCHOOL USE ONLY--
PLEASE FAX OR MAIL THIS FORM TO THE MIGRANT EDUCATION PROGRAM.
FAX: 713-556-6980

Houston Independent School District
4400 West 18th Street; Houston, TX 77092-8501

GRANDPARENT CARE AFFIDAVIT

NOTICE TO PERSON ENROLLING THE STUDENT: A person who knowingly falsifies information on a form required for a student's enrollment in the District shall be liable to the District for tuition or other costs, as provided in Education code 25.001 (h), if the student is not eligible for enrollment but is enrolled on the basis of false information. In addition, presenting false information or false records is a criminal offense under Penal Code 37.10.

1. My name is _____. I am the parent or legal guardian of _____ for whom I am requesting admission to the Houston Independent School District under Education Code 25.001 (b) (9).

2. This child and I reside at _____ in the _____ School District. My telephone number is _____.

3. This child is _____ years of age on September 1 of this scholastic year and currently attends _____ in the _____ School District.
(School)

4. This child's grandparent, _____, resides at _____
Name of Grandparent
_____, _____
*Attach proof of residency

5. This child's grandparent, _____, will provide my
Name of Grandparent
child after-school care as follows:
 - a. Actual hours per day: _____ a.m./p.m. to _____ a.m./p.m.
 - b. Number of school days per week: _____
 - c. Months that the child's grandparent will provide this care: _____

Houston Independent School District
4400 West 18th Street; Houston, TX 77092-8501

GRANDPARENT CARE AFFIDAVIT

6. I agree to notify the Superintendent designee within three (3) school days of any changes to the after-school care described above.
7. I (do) (do not) authorize the employees of the Houston Independent School District to contact the child's grandparent identified below for non-emergency purposes.
- Contact for emergency purposes shall be as I have indicated on the District's Emergency Contact Information Card.

Signature of (parent/guardian) Affiant _____

Typed or Printed Name of Affiant _____

Signature of Grandparent _____

Typed or Printed Name of Grandparent _____

STATE OF TEXAS

COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME on this the _____ day of _____,
_____.

Notary Public, State of Texas



STATEMENT OF RESIDENCE

STATE OF TEXAS]

COUNTY OF HARRIS]

BEFORE ME, the undersigned authority, on this day personally appeared

_____, who on his/her word says:

My name is _____ and I live at

_____ Apt. # _____ in Houston, Texas, 77 _____ .

This is the legal residence of _____

who is my _____ .

Because of circumstances beyond my control, my child(ren) and I must reside at this address.

I agree to provide to the principal of _____ School,
and the Attendance Boundaries and Transfer Department, notification of change of address
when such occurs.

I further agree to withdraw _____
from the school in the event the above statement is found to be incorrect.

CERTIFICATION

I hereby certify that the information stated herein is true and accurate to the best of my knowledge.
I am not making this request for the purpose of obtaining some benefit or admission into a school
or program of the Houston Independent School District. I understand that submitting this form with
false information may constitute a violation of Section 37.10 of the Texas Penal Code.

Signed this the _____ day of _____, 20_____

Signature

Please Print Name

Campus Employee's Signature

Title



HOUSTON INDEPENDENT SCHOOL DISTRICT

HATTIE MAE WHITE EDUCATIONAL SUPPORT CENTER

4400 WEST 18th STREET • HOUSTON, TEXAS 77092-8501

Student Media Consent and Release Form

Throughout the school year, students may be highlighted in efforts to promote HISD activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of our schools through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media.

I, as the parent or guardian of _____, hereby give HISD and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

- a. This is with the understanding that neither HISD nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.
- b. I further release and relieve HISD, its Board of Trustees, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

Please understand that failure to return this release form within ten (10) school days from the date of distribution will constitute approval of the above requests.

Please Print

Name of child _____ Grade _____

Address _____

City, State, Zip _____

Signature of parent or guardian _____

Date _____ Phone Number _____



NOTES:

REQUEST FOR RECORDS - ATTN: REGISTRAR

Last Name of Student

First Name of Student

MI

Date of Birth

ID#

Name of Former School

Address of School

City

State

Zip

School Phone Number

School Fax Number

Please include the following documents:

_____ Last Report Card

_____ Standardized Test Scores

_____ Current Progress Report

_____ Copy of Birth Certificate

_____ Immunization Record

_____ Withdrawal Form w/Grades

_____ IEP/504 Documentation

_____ DAEP Placement Information/Discipline Record

_____ Copy of Social Security Card

_____ Other: _____

Fax to: Renda McFarland, Attendance/Records

(713) 726.3622 or (713) 726.2218

Phone: (713) 726.3616 (Main)

Mail To: Johnston Middle School-ATTN: Records

10410 Manhattan St.

Houston, Texas 77096



REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent:

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

"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 how your child reacts when exposed to the food that is listed.

☐ No information to report.

Food	Nature of allergic reaction to food	Life-Threatening?

TO REQUEST A SPECIAL DIET, MODIFICATION OF A MEAL PLAN OR PROVIDE OTHER INFORMATION FROM YOUR DOCTOR ABOUT YOUR CHILD'S FOOD ALLERGY, YOU MUST CONTACT THE SCHOOL NURSE OR SCHOOL ADMINISTRATOR WHERE YOUR CHILD ATTENDS SCHOOL.

The District 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: _____

School: JOHNSTON MS Grade: _____

Parent/Guardian Name: _____

Work Phone: _____ Mobile Phone: _____ Home Phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form received by Campus: _____



HOUSTON INDEPENDENT SCHOOL DISTRICT

HEALTH INVENTORY

SCHOOL JOHNSTON MS

DATE _____

TEACHER _____

SCHOOL LAST ATTENDED _____

Please fill in this form and return to the teacher or nurse. The information given on this form will help the school staff to have a better understanding of your child's health needs:

Name _____ Sex _____ Birthdate _____ Birth weight _____

Address _____ Phone _____

Have you ever been told by a doctor that your child had:

	Age First Identified	Under Doctor's Care?		Age First Identified	Under Doctor's Care?
Asthma			Bone/Joint Problem		
Allergies			Rheumatic Fever		
Blood Disorder			Surgery/Fractures		
Diabetes			T. B. Disease		
Epilepsy/Seizures			Hearing Loss		
Heart Disease			Vision Loss		
Kidney Disorder			Severe Menstrual Cramps		
Cancer			Eating Disorder		

Please check if you have observed any of the following in your child:

_____ Tires easily _____ Earaches _____ Wheezing, shortness of breath with exercise
_____ Frequent headaches _____ Difficulty making friends _____ Nail Biting
_____ Fainting _____ Coughs frequently at night _____ Restlessness

Has your child been seen by a doctor for any of the above? ☐ Yes ☐ No

Is your child on any kind of medication? ☐ Yes ☐ No

If so, what? _____

For what condition? _____

Further comment _____

What type of medical insurance do you carry for this child?

CHIP ☐ Medicaid ☐ HCHD ☐ Private Insurance ☐ None ☐

Please see the School Nurse (or School Principal) if your child has other needs or is:

- A pregnant or parenting teen
and/or
- Has a severe life-threatening food allergy

Signature _____



COMPULSORY SCHOOL ATTENDANCE LAWS

TO PARENTS OR TO PERSONS STANDING IN PARENTAL RELATION TO CHILDREN

The Texas Education Code §25.095 requires the school district to notify a student's parents in writing at the beginning of the school year that if the student is absent from school on 10 or more days or parts of days within a six-month period in the same school year or on three or more days or parts of days within a four-week period:

- 1) the student's parent (or legal guardian) is subject to prosecution under TEC §25.093; and
- 2) the student is subject to prosecution under TEC §25.094.

It is the parent's duty to monitor the student's school attendance and require the student to attend school and request a conference with a school official to discuss the absences. The parent is subject to prosecution under § 25.093 (b) for failure to require your child to attend school.

LEYES SOBRE LA ASISTENCIA OBLIGATORIA A LA ESCUELA

A LOS PADRES O TUTORES LEGALES DE LOS ESTUDIANTES

Sección 25.095 del Código de Educación del Estado de Texas require que el distrito notifique al padre del alumno por palabra escrita al principio del año escolar del hecho que si el alumno está ausente de la escuela por 10 días o más, inclusivo ausencias de parte del día, dentro de un período de seis meses dentro de un año escolar, o si está ausente por 3 días dentro de un período de 4 semanas:

- 1) el padre (o tutor legal) del estudiante puede ser enjuiciado según lo establecido en el código de educación de Texas, TEC §25.093
- 2) el estudiante puede ser enjuiciado según lo establecido en el código de educación de Texas, TEC §25.094

El padre tiene la obligación de estar al tanto de la asistencia escolar de su niño, exigirle que asista a la escuela y solicitar una conferencia con las autoridades de la escuela para discutir las ausencias. El padre puede ser enjuiciado según lo establecido en la sección del código de educación de Texas, TEC §25.093(b) si no le exige a su hijo que asista a la escuela.

<https://mealapps.houstonisd.org/Register.aspx>

Making it faster and easier for families to apply for free or reduced priced meals.

Select an option to get started

- ✓ If you need to create a new account, click the Register tab.
- ✓ If you already have an account, click the Sign In tab.
- ✓ If you have an account but no longer have the password, please register again with a new user name.
- ✓ For assistance, please call our support line at 713-491-5944.

Register

Provide Your Personal Information (Adult Applying)

★ Required information ★ Strongly suggested for faster processing ☆ Optional

Note: Do not enter any child or student information here.

★ First Name

★ Last Name

★ Email

★ Address

★ City

★ State

★ ZIP

★ School District

LUNCH APPLICATIONS AND ONLINE ACCESS FOR THE 2015-2016 SCHOOL YEAR WILL BE AVAILABLE AUGUST 2015

EVERY CHILD MUST COMPLETE & SUBMIT A NEW APPLICATION EACH SCHOOL YEAR

Create your user account

Note: Do not enter any child or student information here.

★ Enter a Username Please enter a valid Username of five or more characters – no spaces or special characters.
(If you have an account but no longer have the password, please register again with a new user name.)

★ Enter a Password Minimum of six characters – no spaces.

★ Confirm Password

★ Select a Security Question

★ Answer to your Security Question

[Try a different image](#)

Enter the characters you see in the image above:

Letters are not case sensitive.

☐ I agree to the [terms and conditions](#) for the use of this website.