



You must have all of the following documents in order to complete an application:

- Proof Of Residence (Lease Agreement or Utility Bill **within last 30 days**)
- Parent Identification- Driver License or Texas ID
- Original Birth Certificate
- Original Social Security Card
- Updated Shot Record/ Immunization
- Proof of Income: **2019 Tax Return, or W-2, OR 3 MOST RECENT consecutive pay stubs**, SSI, Child Support documentation, TANF, or Unemployment Benefits letter.
- Medicaid card or Insurance
- Child's Last Physical Exam Record
- Must be 4 years old before September 1st.

***Note: If you are living with someone else you must also provide a utility bill or lease agreement in their name along with a copy of that person's ID or Driver License, and a signed letter from that person stating that both the parent and the student are residing at the residence listed in the letter. In addition, the school will ask you to complete the statement of residence form.**



**Shearn is a Dual Language school!
Give your child the gift of a second
language, starting in Pre-K!**

**Thank you,
Shearn ES in Collaboration with the Head Start Program**



Houston Independent School District

Enrollment Information

20 20 - 20 21

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:							

**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.

_____ Student/Staff Name (please print)	_____ (Parent/Guardian)/(Staff) Signature
_____ Student/Staff Identification Number	_____ Date

HOUSTON INDEPENDENT SCHOOL DISTRICT

HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215
(Home Language Survey applicable ONLY if administered
for students enrolling in prekindergarten through grade 12)

TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN PREKINDERGARTEN THROUGH GRADE 8 (OR BY STUDENT IN GRADES 9-12):

The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

To determine if your child would benefit from Bilingual or English as a Second Language program services, please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if Bilingual or English as a Second Language program services are appropriate and to inform instructional and program placement recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

For more information on the process that must be followed, please visit the following website:
<https://projects.esc20.net/upload/page/0081/docs/JuneUpdates/EnglishLearnerIdentification-ReclassificationFlowchart.pdf>

This survey shall be kept in each student's permanent record folder.

NAME OF STUDENT: _____ STUDENT ID #: _____

ADDRESS: _____ TELEPHONE #: _____

CAMPUS: _____

NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.

1. What language is spoken in the child's home **most of the time**? _____

2. What language does the child speak **most of the time**? _____

Signature of Parent/Guardian

Date

Signature of Student if Grades 9-12

Date

NOTE: If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if:
1) your child has not yet been assessed for English proficiency; and
2) your written correction request is made within two calendar weeks of your child's enrollment date.

School Enrollment History
(Only for students enrolling in 2nd grade or above whose
Home Language Survey indicates a language other than English)

Student Name: _____

Student ID: _____

Grade Level: _____

School: _____

Date of Enrollment in U.S. schools: _____

Has student ever attended school outside the U.S.?

☐ No

▪ If "no" then stop. No need to continue filling out this form.

☐ Yes

▪ If "yes" please provide student's academic history below.

School Enrollment History					
School Year	Grade	Country/ U.S. State	Total Time Enrolled	If student did not attend school for a full academic year, specify months attended	For Office Use Document TELPAS Reading rating if available/Yrs in U.S. Schools
	Kinder		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	1 st		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	2 nd		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	3 rd		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	4 th		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	5 th		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	6 th		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	7 th		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	8 th		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	9 th		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	10 th		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	11 th		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	12 th		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		

Please use the back of this form if more space is needed.

Parent Signature: _____

Date: _____

Multilingual Programs Department

Compliance Division

_____
Student Name_____
Grade

Last School attended _____

Has student ever attended an HISD School? Yes _____ NO _____

Wich one _____ Grade _____

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

- | | | |
|--|-----------|----------|
| • Biligual/ESL | Yes _____ | No _____ |
| • Special Education | Yes _____ | No _____ |
| • Resource | Yes _____ | No _____ |
| • Speech | Yes _____ | No _____ |
| • Other | Yes _____ | No _____ |
| • Section 504 Services? | Yes _____ | No _____ |
| • Gifted and Talented(GT) | Yes _____ | No _____ |
| • Retained? | Yes _____ | No _____ |
| • Does you child have any Specia;l health problems | Yes _____ | No _____ |

If yes, describe _____

- Other information that you feel might be helpful



Student Emergency Contact Form

Student: _____

Parent: _____

Teacher: _____

Phone: _____

Name and Phone number of who can be contacted concerning
your child being picked up.

Name: _____ PH# _____

Name: _____ PH# _____

Name: _____ PH# _____

Name: _____ PH# _____

Name: _____ PH# _____

Name: _____ PH# _____

HOUSTON INDEPENDENT SCHOOL DISTRICT

STUDENT MEDIA CONSENT AND RELEASE FORM

This release allows the Houston Independent School District (HISD) to print, photograph, and record my child for use in efforts to promote HISD's activities and achievements. The consent includes allowing my child to be included and/or featured in materials to train teachers and/or increase public awareness of HISD schools through digital and print media including: newspaper, radio, TV, websites, blogs, and social media channels (Facebook, Twitter, YouTube, etc.), DVDs, displays, and brochures. This release includes the use of my child's work, name, image, and/or voice.

- ☐ I attest that I am the parent or guardian of _____ and **I GIVE** HISD and its employees and representatives permission to print, photograph, and record my child for use in electronic, digital, and printed media.
- ☐ I attest that I am the parent or guardian of _____ and **I DO NOT GIVE** HISD and its employees and representatives permission to print, photograph, and record my child for use in audio, video, film or any other electronic, digital, or printed media.

I agree to release the Houston Independent School District, its past, present and future trustees, officers, employees, representatives, and agents, from any and all liability, claims, demands, and causes of action arising out of the use of this material.

I certify that I have read this document and fully understand its terms and conditions. I also understand that I may withdraw consent at any time by sending a written request to the principal of my child's school.

PLEASE PRINT

Name of child _____ Grade _____

Address _____

City, State, Zip _____

Name of parent or guardian _____

School _____

Signature of parent or guardian _____

Date _____ Phone Number _____



Parent approval form

Dear Parents,

A field trip to Westwood Park will be scheduled by your child's teacher. A teacher will accompany and monitor this group.

If you wish for your child to participate, it is required that you complete and sign the bottom of this form.

This to certify that _____

name of the child

Has permission to go on the above listed field trip with this group.

In case of emergency, I may be reached at _____

Telephone (work-home)

Signature of parent or guardian

Date



HOUSTON INDEPENDENT SCHOOL DISTRICT

HEALTH INVENTORY

SCHOOL _____

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 _____

This document is to be maintained in the Student's Cumulative Folder



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: _____ Grade: _____

Parent/Guardian Name: _____

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

Parent/Guardian Signature: _____ Date: _____

Date form received by Campus: _____



Houston Independent School District Student Attendance Contract

School Year

Student Main Phone: Main Email: ID: Grade: Gender: Race/Ethn: SpEd: YE9: DoB:	Parent/Guardian/Contact 	Absences Total Unexcused Absences: Total Excused Absences: Entry Date: Exit Date:
---	--	--

It is hereby agreed that the student named above will follow the attendance conditions below to the satisfaction of the campus administration. Effective immediately (check all that apply):

- ☐ The student must not have an unexcused absence or tardy from any class.
- ☐ The student must complete all make-up work and attend any tutorial as required by campus.
- ☐ The student must comply with any additional terms or activities described below:

- Campus personnel will monitor the terms of this contract for compliance.
- Compliance with the terms of this contract does not change the student's attendance record nor restore credit for courses with excessive absences.
- Failure to comply with the terms of this contract may result in disciplinary action
- Failure to comply with the terms of this contract may result in the restriction or removal of participation in certain class or school activities or programs, or non-renewal of a transfer.
- Failure to comply with the terms of this contract may result in the student being referred to Truancy Court and/or the parent/guardian being charged with Parent Contributing to Non-attendance.
- Any adult student (age 19 or above) with five or more unexcused absences in a semester may be withdrawn for the remainder of the school year. The Principal has the discretion to revoke Enrollment for the remainder of the current school year.

Contract Effective Date: _____

Contract End Date: _____

_____ Student	_____ Date	_____ Counselor, Social Worker, or Teacher	_____ Date
_____ Parent/Guardian	_____ Date	_____ Student Case Worker (if applicable)	_____ Date
_____ Administrator	_____ Date	_____ SIR or Attendance Clerk	_____ Date
_____ Principal Name (Print)	_____ Date	_____ Principal Signature	_____ Date

Compliance: ☐ Student complied with terms ☐ Student did not comply with terms

Noncompliance Actions: (Select all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Disciplinary action | <input type="checkbox"/> Transfer non-renewed | <input type="checkbox"/> Restrictions imposed |
| <input type="checkbox"/> Adult student withdrawn | <input type="checkbox"/> Court case filed against student | <input type="checkbox"/> Court case filed against parent |

HOUSTON INDEPENDENT SCHOOL DISTRICT

2019-2020 STUDENT ASSISTANCE QUESTIONNAIRE (SAQ)

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

School _____ 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 to student)

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

Does the student reside at a residential treatment center? ☐ Yes ☐ No

Facility Name: _____ Case Manager: _____ Contact information: _____

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

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)
☐ In my own home or apartment, in Section 8 housing, HUD Subsidized Housing or in military housing with parent(s) but lacks electricity or 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 _____ | |
| <input type="checkbox"/> Homeless Verification Letter for FAFSA | | |

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) Email forms to HomelessEducation@houstonisd.org. 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.

Office Use Only – Date Submitted

Section C – Siblings

Page 2

Please list below the details of any brothers or sisters of the applicant who will either **be attending or are applying** to one of the *same* Magnet programs as the applicant.


First Name	Last Name	Date of Birth (mm/dd/yy)	In the case of multiple birth, do you prefer them to share a lottery number?	School Currently Attending	Current Grade
			Share Separate		
			Share Separate		
			Share Separate		

Section D - Vanguard Information (complete only if applying to a Vanguard Magnet program)

Is your student **currently identified** as gifted and talented (G/T) by HISD? ☐ Yes ☐ No

If testing is required I request that my child be **tested** in the following language: _____ English _____ Spanish

Be sure to submit any of the **additional documentation** no later than **January 08, 2020**.

<p>1. If your child was in a school last year (2018-19) but not in HISD, please attach the following documents to your application.</p>	<p>2. If your child is in a school this year (2018-19) but not in HISD and is receiving any special services, please check all that apply below and submit documentation.</p>	<p>3. Please check the correct box in the chart below.</p>																																								
<p><input type="checkbox"/> A copy of your child's end of year report card for 2018-2019, and</p> <p><input type="checkbox"/> A copy of the Iowa/Logramos test results taken September 2018 or later that your child took in a non-HISD school should be turned into the Vanguard Magnet to which you have applied.</p> <p>If your child was in HISD for all of last year you do not need to attach their report card. (We already have that).</p>	<p><input type="checkbox"/> Specialized Education-Full Individual Evaluation (FIE)</p> <p><input type="checkbox"/> Section 504 – 504 Accommodation Plan</p> <p><input type="checkbox"/> ESL (LEP) –Not enrolled in an HISD school (we may contact you for a home language survey).</p> <p>If your child is in HISD this year you do not need to attach the above. (We already have them).</p>	<p>2019-2020 REDUCED INCOME CHART</p> <p>If your annual, monthly, or weekly salary is at or below the levels listed below for your household size, please circle the number of the size of your household.</p> <table border="1"> <thead> <tr> <th>Total # Household</th><th>Annual</th><th>Monthly</th><th>Weekly</th></tr> </thead> <tbody> <tr><td>1</td><td>\$23,107</td><td>\$1,926</td><td>\$445</td></tr> <tr><td>2</td><td>31,284</td><td>2,607</td><td>602</td></tr> <tr><td>3</td><td>39,461</td><td>3,289</td><td>759</td></tr> <tr><td>4</td><td>47,638</td><td>3,970</td><td>917</td></tr> <tr><td>5</td><td>55,815</td><td>4,652</td><td>1,074</td></tr> <tr><td>6</td><td>63,992</td><td>5,333</td><td>1,231</td></tr> <tr><td>7</td><td>72,169</td><td>6,015</td><td>1,388</td></tr> <tr><td>8</td><td>80,346</td><td>6,696</td><td>1,546</td></tr> <tr><td>For each additional member add:</td><td>+8,177</td><td>+682</td><td>+158</td></tr> </tbody> </table> <p><input type="checkbox"/> If none of the above, check box.</p>	Total # Household	Annual	Monthly	Weekly	1	\$23,107	\$1,926	\$445	2	31,284	2,607	602	3	39,461	3,289	759	4	47,638	3,970	917	5	55,815	4,652	1,074	6	63,992	5,333	1,231	7	72,169	6,015	1,388	8	80,346	6,696	1,546	For each additional member add:	+8,177	+682	+158
Total # Household	Annual	Monthly	Weekly																																							
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For each additional member add:	+8,177	+682	+158																																							
<p>4. If your child is applying to a Vanguard Kindergarten program:</p>	<p>5. If your child is applying to 2nd through 5th grades:</p>	<p>6. If your child is applying to first grade:</p>																																								
<ul style="list-style-type: none"> • Please complete the Parent Recommendation form (Section H). You do NOT submit a teacher recommendation. • Please attach a copy of your child's birth certificate. <p>Please schedule testing by completing Section E.</p>	<p>Please separate the Teacher Recommendation (Section J) and have <u>one</u> teacher from this year or last year complete and return it in a sealed envelope for you to submit with this application. Only the first recommendation received will be considered.</p>	<ul style="list-style-type: none"> - If the student IS in an HISD Kindergarten this year, you will <u>not</u> need to request Teacher Recommendations or testing because they will be tested at their current HISD School and teacher recommendations will be completed online for all kindergarten students. - If the student IS in a kindergarten but NOT in HISD, please separate the Teacher Recommendation (Section J) and have <u>one</u> teacher from this year complete and return it in a sealed envelope for you to submit with this application. 																																								
<p>Be sure to sign the application (Section F) and submit by December 6, 2019.</p> <p> Be sure to submit any of the additional documentation and recommendations no later than January 08, 2020.</p> <p><u>You will also be contacted to schedule any required testing or if any further information is required. If your student is not currently labeled GT by HISD, they will need to take both the IOWA/Logramos and CogAT tests.</u></p>																																										