

HOUSTON INDEPENDENT SCHOOL DISTRICT

SOCIOECONOMIC INFORMATION FORM

Complete and return one form to each school where you have a child enrolled. **PLEASE PRINT**

CONFIDENTIAL

Houston ISD is required to collect the socioeconomic status of each student as a performance indicator for student achievement (TEC 39 for Texas state requirements and ESEA sections 1111 and 1116 for U.S. Department of Education requirements) and for use in disbursement of federal funds (ESEA section 1113).

It is very important that families complete this socioeconomic form in order for schools to receive Title I and State Compensatory Education funding. This funding will directly benefit your child's school. Title I and State Compensatory Education funding can be used to hire personnel, provide tutoring services, order technology, and provide professional development for teachers. We want to continue to provide these necessary learning supports, but without your assistance, we may not be able to.

SECTION A—List all Houston ISD students in the household

Student ID	First Name	Last Name	MI	Date of Birth	School Name	Grade Level

SECTION B

Do you receive Supplemental Nutrition Assistance (SNAP)? ☐ YES ☐ NO

Do you receive Temporary Assistance to Needy Families (TANF)? ☐ YES ☐ NO

If you answered YES on either of the above, skip SECTION C and continue to SECTION D.

SECTION C (Complete only if all answers in SECTION B are NO)

How many total members are in the household (include all adults and children)? _____

TOTAL YEARLY INCOME BEFORE DEDUCTIONS OF **ALL** HOUSEHOLD MEMBERS _____

Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's compensation, unemployment and all other sources of income (**before any type of deductions**)

SECTION D (Check one of the following two boxes as appropriate and sign below.)

In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA) no student shall be required, as part of any program funded in whole or in part by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent or legal guardian.

- ☐ I certify that all the information on this form is true. I understand the school will receive federal funds and will be rated for accountability based on the information I provide.
- ☐ I choose not to provide this information. I understand that the school's disbursement of federal funds and accountability rating may be affected by my choice.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Houston Independent School District

Enrollment Information

20__ - 20__

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	
What type of medical insurance do you carry for this child?		Family Physician		Physician Phone	
<input type="checkbox"/> CHIP <input type="checkbox"/> Medicaid <input type="checkbox"/> HCHD <input type="checkbox"/> Private Insurance <input type="checkbox"/> None					
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:		

HISD | **Counseling and Student Support**

EMPOWERING STUDENTS, PROMOTING SUCCESS

SCHOOL COUNSELING SERVICES PARENT AGREEMENT

School counseling is a service provided by the Secondary Discipline Alternative Education Program (DAEP) as part of its commitment to removing barriers that interfere with learning while developing improved decision making and emotional management skills in our scholars. Certified professional school counselors and professional counseling agencies are available to meet with scholars individually and/or in a group.

Counseling sessions remain confidential except when certain legal restrictions arise and confidentiality cannot be maintained. Although information shared during a counseling session is confidential, parents/guardians have the right to be informed of their scholar's general progress.

To agree to school counseling services, please complete, sign and return this form.

_____ Yes, I give permission for my child to receive counseling services at Secondary DAEP for the 2018-2019 school year.

_____ No, I don't give permission for my child to receive counseling services.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Student Printed Name

Student Signature

Date

Student's Date of Birth

Grade

Family Profile 2018-2019

Campus Name _____

Campus Code _____



Communities
In Schools

Houston

Student Name (first) _____ (last) _____

Grade Level: _____

Student Information

Gender _____ 1 Male _____ 7 Female

Date of Birth _____ / _____ / _____

(Check ONE)

HomeLanguage _____ 1 English _____ 3 Spanish

_____ 5 Vietnamese _____ 9 Other: _____

Ethnicity (required)

_____ 1 Hispanic/Latino

OR

_____ 2 NOT Hispanic/Latino

Race (select all that apply)

_____ 1 American Indian/Native Alaskan

_____ 2 Asian

_____ 3 Black/African American

_____ 5 Native Hawaiian/Other Pacific Islander

_____ 6 White

The Student Lives WITH: (Check ALL that apply)

- | | |
|------------------------|-------------------------|
| _____ 1 Mother | _____ 3 Father |
| _____ 7 Grandmother | _____ 12 Other Relative |
| _____ 9 Grandfather | _____ 16 Legal Guardian |
| _____ 14 Foster Parent | _____ 31 Independent |
| _____ 18 Step Parent | _____ 33 Non-Relative |

The Student Lives WHERE: (Check ONLY ONE)

- | | |
|-------------------------------|------------------------------|
| _____ 1 Immediate Family Home | _____ 10 Emergency Shelter |
| _____ 3 Other Relative's Home | _____ 13 Other Perm. Shelter |
| _____ 5 Motel | _____ 15 Detention Facility |
| _____ 7 Halfway House | _____ 17 Foster Home |
| _____ 9 Residential Placement | _____ 21 Non-Relative's Home |
| | _____ 23 Homeless |

Family Information

_____ Yes _____ No

Female Head of Household (Unmarried woman who pays more than 50% of costs for mom and her dependents)

Number of people living in the household _____

Public Assistance

(Check ALL that apply to student and family)

- | | |
|-------------------------|--------------------------|
| _____ 99 None | |
| _____ 2 Free/Red. Lunch | _____ 13 WIC |
| _____ 4 Public Housing | _____ 17 TANF Eligible |
| _____ 6 SSI | _____ 19 TANF Recipient |
| _____ 8 Food Stamps | _____ 24 WIA Participant |
| _____ 11 Medicaid | _____ 25 CHIP |

Special Characteristics

(Check ALL that apply)

- | | |
|--------------------------------|--|
| _____ 2 Parent(s) Incarcerated | _____ 11 Gifted & Talented |
| _____ 4 Migrant Family | _____ 12 Special Education |
| _____ 6 Military Family | _____ 14 Alt. Ed. Placement (AEP)** |
| _____ 8 Homeless** | _____ 16 JJAEP |
| _____ 9 Foster Care** | _____ 23 ESL/LEP** |
| _____ 10 Physical Disability | _____ 25 Pregnant/Parenting** |
| _____ 50 Immigrant | _____ 28 Natural Disaster |
| | _____ 30 None |
| | _____ 51 Unschooled; Asylee or Refugee |

Student's Country of Origin: _____

CIS Staff Use Only - The asterisks (**) indicate that the selection must also be selected on the Eligibility Criteria Checklist.



CIS PARENT CONSENT / RELEASE OF INFORMATION
School Year 2018-2019

CI19-2

Campus Name & Code: _____

Student ID: _____

Student Name: _____

Grade: _____

Consent to Participate:

1. I give permission for my child (name): _____ to participate in the Communities In Schools (CIS) program for the 2018-2019 school year. Services my child may receive include but are not limited to supportive guidance/counseling, educational support, tutoring, mentoring, enrichment activities, referrals to other agencies, and other: _____
2. I give permission for my child to complete surveys and/or assessments administered by CIS to guide service planning and determine progress.
3. I acknowledge that this consent is voluntary and may be revoked at any time by informing CIS staff, in writing, except that prior consent will still apply to the extent that agencies have already acted in reliance of it.
4. I give permission for my child to participate in field trips and other activities sponsored by CIS. Private transportation may be used in these and other activities.
5. I give permission for routine or emergency medical or dental treatment by any licensed medical doctor to be provided in the event of illness or accident if I am unable to be reached.

Consent to Release of Information:

6. I give permission for CIS to provide and obtain the following information about my child (name): _____ from the school, school district, the Texas Education Agency and/or the CIS National Office: grade reports, attendance records, test scores, disciplinary information, class schedules, identification numbers, free/reduced lunch status, health-related information, special education information, interventions and services provided, and other: _____
7. I acknowledge that the information provided and obtained may be used to plan and adjust services that will help my child, for tracking and reporting purposes, and to evaluate and determine the effectiveness of the CIS program.
8. I acknowledge that the records and information released under this consent will be kept confidential to the extent permitted by law and used only for the purpose indicated.
9. I acknowledge that the release of records under this consent is subject to any limitations placed by federal and state law.
10. I acknowledge that this consent allows release of data for the school year listed above. Data from this year will be retained for up to seven years and may be shared during that time for evaluation purposes or to provide services that will help my child.
11. I acknowledge that the records released concerning the student may contain references to other persons (i.e., members of the student's family).
12. I understand that the data and information collected on my child including documentation of services provided to my child is maintained in a secure computer database and a case file. I authorize CIS to maintain the information provided for the purposes noted above in the CIS computer database and case file.
13. I acknowledge that I have the right to inspect or obtain a copy of any record released by this consent upon request in writing to the releasing agency, subject to any applicable copying costs and legal limitations.

14. In addition, I give permission for CIS to provide and/or obtain the above information and other information noted below from the following individuals or organizations:

Individual/Organization _____

Individual/Organization _____

15. I acknowledge receipt of the CIS Participant Rights

CIS may use my child's image as explained herein. I understand that CIS may take and use photographs, digital or other recordings, or other images of my child participating in the Program as part of its fundraising and marketing efforts. I consent to CIS's use of my child's image for these and similar purposes, whether in printed materials, on the Internet, or in any other medium, without any time limitation. I understand that CIS is not obligated to compensate me or my child for such use of my child's image. ☐ YES ☐ NO

My signature below gives permission for my child to participate in the CIS program. My signature authorizes CIS to obtain the above types of information related to my student and to provide the above types of information to the school, school district, Texas Education Agency, CIS National Office and/or the released agents identified above.

I release Communities In Schools and its employees, volunteers, or agents from liability for accidents, injuries, or illnesses that may occur to my child during his/her participation in the program. My child and I understand that we are voluntarily participating in the Communities In Schools program.

Parent/Guardian Name (Please print): _____ **Date:** _____

Address: _____ **City:** _____ **State:** TX **Zip:** _____

Telephone (HOME): _____ **(CELL):** _____

WORK): _____ **Email:** _____

Parent/Guardian Signature: _____ *(Signature must be in ink)*

CIS Staff Signature: _____ **Staff Code:** _____ **Date Received:** _____



Secondary DAEP

Discipline Alternative Education Program

David Barragato, Principal

1510 Jensen Dr. • Houston, TX 77020 • 713-556-4988

TRANSPORTATION INFORMATION SHEET

Please check how the student will be getting to and from school:

- ☐ Car Rider
- ☐ Walker
- ☐ Bus Rider
- ☐ Metro Rider

Grade: _____ ID: _____ DOB: _____ Male/Female _____

Student's Name: _____

Student's Address: _____

City: _____ Zip: _____

Guardian/Parent: _____

Phone Number: _____

If student will ride a HISD Bus please fill out the section below:

Route Number: _____

Pick Up/Drop Off Location: _____

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

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 _____

HOUSTON INDEPENDENT SCHOOL DISTRICT

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

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)

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)

☐ Catastrophic illness / medical expenses / disability

☐ Natural disaster / evacuation

☐ New to Town

☐ Domestic Issue

☐ Loss of Employment

☐ Migrant work in fishing or agriculture

☐ Economic hardship/low earnings

☐ Awaiting placement in foster care / CPS custody

☐ Evicted/kicked out

☐ Parent(s) involved in military deployment

☐ House fire or other destruction

☐ 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)

☐ Enrollment Assistance

☐ Transportation

☐ Emergency Clothing, Uniforms

☐ Free Lunch/Breakfast (Child Nutrition)

☐ School Supplies

☐ Personal Hygiene Items

☐ Immunizations

☐ Medicaid/CHIP Assistance

☐ Food Stamps (SNAP) Assistance

☐ Temporary Assistance for Needy Families (TANF)

☐ 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) 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.

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 _____