

Houston Independent School District
RICE STEM Magnet Thematic Entrance Agreement, 2023-2024

Student Name: _____

Student ID: _____

Expectations for the Student

Magnet Students should demonstrate commitment to the magnet theme by the completion of all assignments and course meetings as required. They will contribute to sustaining a school environment that promotes mutual respect and supports the success of others as outlined in the student code of conduct.

Expectations for the Family

Family engagement and partnership is required for the Magnet educational experience. Families are expected to be responsive to communication from the school regarding academic progress, attendance, and behavior.

Continuation Requirements

- Students will participate in a minimum of two thematic based electives and competitions (i.e. Engineering, robotics)
- Students must pass all Math, Science, and campus specific STEM electives to stay on track

High School Specific requirements (All of the above including):

- All high school students must take four years of Math and Science

Students who do not meet program continuation requirements, are placed on an **HISD Magnet Growth Plan** for a minimum of one grading cycle. The growth plan is intended to help students and parents successfully meet program expectations. A growth plan committee comprised of campus professionals and parent(s) will evaluate progress on this plan at the end of the specified time period. The growth plan is reviewed each grading cycle that it remains in place and is used to determine if the student should continue in the Magnet program the following school year. All Magnet transfers are for one year and may only be denied at the end of the year.

Please Note:

- Students cannot be placed in the regular educational program on the same campus where they have a Magnet transfer.
- All students are limited to a single transfer each school year.
- Should the child choose to leave the program **voluntarily** before the end of the school year, he or she may return only to their zoned campus. A voluntary exit form must be completed if a student withdraws from the program before the end of the year.
- Any student with an approved Program Choice/Magnet transfer must attend the first day of school to which the transfer is granted in order to guarantee a spot at that school, unless there is an extenuating circumstance.

We agree to adhere to the program expectations and policies as outlined in this agreement. All signatures are required for this agreement to be active. Student signature is only required for students in grades 6 and above.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Coordinator Signature: _____ Date: _____

Principal/ Designee: _____ Date: _____

SCHOOL YEAR	GRADE	CAMPUS
2023-2024		

STUDENT ENROLLMENT FORM

2023-2024

FOR OFFICE USE ONLY	
ENROLLMENT DOCUMENTATION	
DATE OF ENTRY	
DISTRICT ID NO.	
STUDENT LOCAL ID NO.	
DISTRICT OF RESIDENCE	

PK Type (Select)
HISD PK
Private Daycare PK
Public Daycare PK
No Schooling

Houston Independent School District
4400 West 18th St - Houston, Texas 77092-8501
Phone: 713-556-6000

STUDENT INFORMATION / USAR LETRA DE MOLDE

SOCIAL SECURITY NO. / NUMERO SOCIAL		STUDENT NAME / NOMBRE DE ESTUDIANTE		
	LAST / APELLIDO	FIRST / PRIMER NOMBRE	MIDDLE INITIAL /SEGUNDO (INICIAL)	GENERATION / GENERACIÓN
GENDER / EL GÉNERO	DOB / FECHA DE NACIMIENTO	CITY / CIUDAD	STATE / ESTADO	COUNTRY / PAÍS
<input type="checkbox"/> MALE / MASCULINO <input type="checkbox"/> FEMALE / FEMENINO				United States of America
RESIDENTIAL ADDRESS - CITY. ZIP CODE / LA DIRECCIÓN RESIDENCIAL-CIUDAD CÓDIGO POSTAL		MAILING ADDRESS – CITY ZIP CODE / LA DIRECCIÓN RESIDENCIAL-CIUDAD CÓDIGO POSTAL		
HOME PHONE / TELÉFONO		E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO		
FEDERAL ETHNICITY / ETHICIDAD DEL ALUMNO (SELECT ONE)	<input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NOT HISPANIC/LATINO	RACE / RAZO (SELECT ALL THAT APPLY)	<input type="checkbox"/> (1) AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> (2) ASIAN OR PACIFIC <input type="checkbox"/> (3) BLACK, NOT OF HISPANIC ORIGIN <input type="checkbox"/> (4) WHITE, NOT OF HISPANIC ORIGIN <input type="checkbox"/> (5) NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER	
SIBLINGS AT HOUSTON ISD / HIJOS EN HOUSTON ISD	NAME/NOMBR E	SCHOOL/ESCUELAS	GRADE/GRADO	
LAST SCHOOL ATTENDED / NOMBRE LAS ÚLTIMAS ESCUELAS ASISTIDAS	CITY / CIUDAD	STATE / ESTAD O	ZIP CODE / CÓDIGO POSTAL	Grade Last Completed / Último Grado completado
CONTACT 1 NAME / EL NOMBRE DE CONTACTO 1	<input type="checkbox"/> LIVES WITH STUDENT / ¿VIVE CON EL ESTUDIANTE	RESIDENTIAL ADDRESS - CITY. STATE ZIP CODE / LA DIRECCIÓN RESIDENCIAL / LA DIRECCIÓN RESIDENCIAL-CIUDAD, ESTADO CÓDIGO POSTAL		
LAST NAME / APELLIDO	FIRST NAME / PRIMER NOMBRE			
HOME PHONE / TELÉFONO DE CASA	WORK PHONE / TELÉFONO DE TRABAJO	CELL PHONE / EL NÚMERO DEL TELÉFONO CÉLULAR	E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO	
CONTACT 2 NAME / EL NOMBRE DE CONTACTO 2	<input type="checkbox"/> LIVES WITH STUDENT / ¿VIVE CON EL ESTUDIANTE	RESIDENTIAL ADDRESS - CITY. STATE ZIP CODE / LA DIRECCIÓN RESIDENCIAL / LA DIRECCIÓN RESIDENCIAL-CIUDAD, ESTADO CÓDIGO POSTAL		
LAST NAME / APELLIDO	FIRST NAME / PRIMER NOMBRE			
HOME PHONE / TELÉFONO DE CASA	WORK PHONE / TELÉFONO DE TRABAJO	CELL PHONE / EL NÚMERO DEL TELÉFONO CÉLULAR	E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO	

I understand that if there are any changes to this information that it is my responsibility to notify the school and to provide appropriate documentation.

Yo entiendo que si tengo algunos cambios en mi informacion yo sere responsable de notificar la escuela y proveere la documentacion apropiada.

Signature of Parent/Guardian/Appointee _____ Date _____
Please Print Name _____ Month Day Year _____

- Students at least 5, but less than 21 on or before September 1 and must be a resident of a participating district are eligible for free attendance.
- The parent or guardian signature must be the same as the name of the person with whom the student resides.
- Texas Penal Code §37.10 provides that presenting a false document or false records for enrollment in school is an offense under state law.
- Enrollment of the child under false documents subjects the person to liability for tuition or costs under Texas Education Code §25.001(h).
- Texas Education Code §25.002(f) requires the school district to record the name, address, and date of birth of the person enrolling a child./li>



Enrollment Information Additional Contact Form 2023-2024

Student Name/ Nombre del estudiante	HISD Student ID/ Identificación del estudiante HISD
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Individuals not listed on the Enrollment Information Form or Additional Contact Form will not be allowed to pick up your child. Please enter all persons allowed to pick up your child. If you need an additional form, please let your child's homeroom teacher know. We will send an additional form home with your child. To view or edit your child's contact list, log in to HISD Connect at <https://www.houstonisd.org/PSC>

Las personas que no estén en la lista del Formulario de Información de inscripción (Enrollment Information Form) o en el formulario de contacto adicional (Additional Contact Form) no podrán recoger a su hijo(a). Por favor incluya todas las personas autorizadas a recoger a su hijo(a). Si necesita un formulario adicional, comuníquese con el maestro de aula de su hijo(a). Enviaremos un formulario adicional a casa con su hijo. Para ver o cambiar la lista de contactos de su hijo, entre a la página de HISD Connect al <https://www.houstonisd.org/PSC>

Contact Name/ Nombre del contacto	Relationship/ Relación
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Home Phone/ Teléfono de casa	Work Phone/ Teléfono del trabajo	Cell Phone/ Teléfono del célula
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Please check box(es) applicable to this contact person/ Por favor de seleccionar la caja(s) que apliquen ala persona asignada como contacto en esta forma:

☐ Lives with student/ Vive con el estudiante ☐ Emergency/ Emergencia ☐ Has permission to pick up student/ Tiene permiso para recoger al estudiante

Contact Name/ Nombre del contacto	Relationship/ Relación
-----------------------------------	------------------------

Home Phone/ Teléfono de casa	Work Phone/ Teléfono del trabajo	Cell Phone/ Teléfono del célula
------------------------------	----------------------------------	---------------------------------

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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 used in the child's home **most of the time**? _____

2. What language does the child use **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.



Kimberly Hobbs, Principal

K-2 Administrator – Jacqueline Curtis
3-5 Administrator – Ruby Gilbert
6-8 Administrator – Marilyn Callegari

6-8 Counselor –Shaniquwa Finley Carter
Magnet Coordinator – Vickie Matson

**REQUEST FOR STUDENT RECORDS
(Petición de documentos del estudiante)**

To: _____

**Last School Attended
Escuela en que asistió el estudiante**

Route: _____

Address

City, State, Zip

Registrar's Instructions: The following student(s) has enrolled in our school. Please send a copy of his/her complete file, including the permanent record, available test scores, year-to-date grades, any special education records, and health records.

I hereby authorize the release of information mentioned above to The Rice School/La Escuela Rice.

Student's Name: _____

Nombre del estudiante

Birth Date: ____/____/____

Nombre del estudiante

Entering Grade: _____

Grado entrante

Parent Signature

Firma del padre

Date

Fecha

**Please Mail Directly to:
The Rice School/La Escuela Rice
7550 Seuss Dr.
Houston, TX 77025**



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 _____



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: _____