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:
**STUDENT ENROLLMENT FORM**

2023-2024

<table>
<thead>
<tr>
<th>SCHOOL YEAR</th>
<th>GRADE</th>
<th>CAMPUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023-2024</td>
<td></td>
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</tr>
</tbody>
</table>

**FOR OFFICE USE ONLY**

PK Type (Select)

- HISD PK
- Private Daycare PK
- Public Daycare PK
- No Schooling

**STUDENT INFORMATION**

**/ USAR LETRA DE MOLDE**

<table>
<thead>
<tr>
<th>SOCIAL SECURITY NO. / NUMERO SOCIAL</th>
<th>STUDENT NAME / NOMBRE DEL ALUMNO</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAST / APELLIDO</td>
<td>FIRST / PRIMER NOMBRE</td>
</tr>
<tr>
<td>MIDDLE INITIAL /SEGUNDO (INICIAL)</td>
<td>GENERATION / GENERACIÓN</td>
</tr>
</tbody>
</table>

**GENDER / EL GÉNERO**

- MALE / MASCULINO
- FEMALE / FEMENINO

**DOB / FECHA DE NACIMIENTO**

<table>
<thead>
<tr>
<th>CITY / CIUDAD</th>
<th>STATE / ESTADO</th>
<th>COUNTRY / PAÍS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>United States of America</td>
<td></td>
</tr>
</tbody>
</table>

**RESIDENTIAL ADDRESS - CITY. ZIP CODE / LA DIRECCIÓN RESIDENCIAL-CIUDAD CÓDIGO POSTAL**

| MAILING ADDRESS – CITY ZIP CODE / LA DIRECCIÓN RESIDENCIAL-CIUDAD CÓDIGO POSTAL |
|---------------------------------------------------------------------------------

**E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO**

**FEDERAL ETHNICITY / ETHICIDAD DEL ALUMNO (SELECT ONE)**

- HISPANIC/LATINO
- NOT HISPANIC/LATINO

**RACE / RAZO (SELECT ALL THAT APPLY)**

- (1) AMERICAN INDIAN OR ALASKAN NATIVE
- (2) ASIAN OR PACIFIC
- (3) BLACK, NOT OF HISPANIC ORIGIN
- (4) WHITE, NOT OF HISPANIC ORIGIN
- (5) NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER

**SIBLINGS AT HOUSTON ISD / HIJOS EN HOUSTON ISD**

<table>
<thead>
<tr>
<th>NAME/NOMBRE</th>
<th>SCHOOL/ESCUELAS</th>
<th>GRADE/GRADO</th>
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<tbody>
<tr>
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</table>

**LAST SCHOOL ATTENDED / NOMBRE LAS ÚLTIMAS ESCUELAS ASISTIDAS**

<table>
<thead>
<tr>
<th>CITY / CIUDAD</th>
<th>STATE / ESTADO</th>
<th>ZIP CODE / CÓDIGO POSTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grade Last Completed / Último Grado completado</td>
<td></td>
</tr>
</tbody>
</table>

**CONTACT 1 NAME / EL NOMBRE DE CONTACTO 1**

<table>
<thead>
<tr>
<th>LIVES WITH STUDENT / VIVE CON EL ESTUDIANTE</th>
<th>RESIDENTIAL ADDRESS - CITY, STATE ZIP CODE / LA DIRECCIÓN RESIDENCIAL-CIUDAD, ESTADO CÓDIGO POSTAL</th>
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**CONTACT 2 NAME / EL NOMBRE DE CONTACTO 2**

<table>
<thead>
<tr>
<th>LIVES WITH STUDENT / VIVE CON EL ESTUDIANTE</th>
<th>RESIDENTIAL ADDRESS - CITY, STATE ZIP CODE / LA DIRECCIÓN RESIDENCIAL-CIUDAD, ESTADO CÓDIGO POSTAL</th>
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**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 información yo seré responsable de notificar la escuela y proveer la documentación apropiada.**

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1. 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.
2. The parent or guardian signature must be the same as the name of the person with whom the student resides.
3. Texas Penal Code §37.10 provides that presenting a false document or false records for enrollment in school is an offense under state law.
4. Enrollment of the child under false documents subjects the person to liability for tuition or costs under Texas Education Code §25.001(h).
5. 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.
Enrollment Information

Additional Contact Form

2023-2024

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

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

To: _________________________________________

Last School Attended
Escuela en que asistió el estudiante

________________________________________
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:**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Age First Identified</th>
<th>Under Doctor’s Care?</th>
<th>Age First Identified</th>
<th>Under Doctor’s Care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
<td>Bone/Joint Problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td></td>
<td>Rheumatic Fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Disorder</td>
<td></td>
<td>Surgery/Fractures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td>T. B. Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epilepsy/Seizures</td>
<td></td>
<td>Hearing Loss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Disease</td>
<td></td>
<td>Vision Loss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney Disorder</td>
<td></td>
<td>Severe Menstrual Cramps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td>Eating Disorder</td>
<td></td>
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</tr>
</tbody>
</table>

**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 ______________________________

Health and Medical Services  GJ/sl  3/2012
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.

<table>
<thead>
<tr>
<th>Food</th>
<th>Nature of allergic reaction to food</th>
<th>Life-Threatening?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

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: _____________________