

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		<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"/> Other		<input type="checkbox"/> Father <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"/> Native Hawaiian/Other Pacific Islander		<input type="checkbox"/> Asian <input type="checkbox"/> White		<input type="checkbox"/> Black or African American											
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:
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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

☐ New to Town

☐ Loss of Employment

☐ Economic hardship/low earnings

☐ Evicted/kicked out

☐ House fire or other destruction

☐ Natural disaster / evacuation

☐ Domestic Issue

☐ Migrant work in fishing or agriculture

☐ Awaiting placement in foster care / CPS custody

☐ Parent(s) involved in military deployment

☐ 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

☐ Free Lunch/Breakfast (Child Nutrition)

☐ Immunizations

☐ Temporary Assistance for Needy Families (TANF)

☐ Transportation

☐ School Supplies

☐ Medicaid/CHIP Assistance

☐ Emergency Clothing, Uniforms

☐ Personal Hygiene Items

☐ Food Stamps (SNAP) Assistance

☐ 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

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.



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 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 _____

HOUSTON INDEPENDENT SCHOOL DISTRICT

SOCIOECONOMIC INFORMATION FORM

Complete and return one form to each school where you have a child enrolled. **Print using a pen.**

****CONFIDENTIAL * - For HISD purposes only***

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 §§1111 and 1116 for U.S. Department of Education requirements) and for use in disbursement of federal funds (ESEA §1113). This information is not shared with outside agencies.

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.

Campus ECO Code: _____
For office use only

STEP 1 (List all Houston ISD students in the household)

Student ID (office use only)	First Name	Last Name	MI	Date of Birth	School Name	Grade Level

STEP 2

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 Step 3 and continue to Step 4.

If you answered NO on both of the above, you must complete Steps 3 and 4.

STEP 3 (Complete only if all answers in Step 2 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**)

STEP 4 (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

FAMILY SURVEY

STUDENT NAME:	DATE OF BIRTH:
CAMPUS NAME:	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. Have you or anyone in your household moved within the last 3 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"/>

If you answered "yes" to the questions above, an education representative will contact you to provide additional information. Please complete the following information:

Parent/Guardian Name	Home Address	Telephone Number

— FOR SCHOOL USE ONLY—

PLEASE SUBMIT THIS INFORMATION AND FORMS AT

<https://form.jotform.com/200065674657156>

MIGRANT EDUCATION PROGRAM

4400 W. 18th Street, Route 1 | Houston, TX 77092 | 713-556-7288

HISD Multilingual Programs | 713-556-6980 Fax | January 2020

HOUSTON INDEPENDENT SCHOOL DISTRICT

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.

Student History Worksheet

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: _____

HOUSTON INDEPENDENT SCHOOL DISTRICT

CODE OF STUDENT CONDUCT CÓDIGO DE CONDUCTA ESTUDIANTIL

Students and parents are expected to become familiar with the provisions of the districtwide *Code of Student Conduct* and the rules and regulations adopted and implemented by individual schools. Students are also expected to abide by the policies set forth in the *Code* so that they can get the most out of their years in school.

Todos los estudiantes y sus padres deben familiarizarse con las directivas del Código de Conducta Estudiantil vigente en el Distrito y con las reglas y normativas adoptadas e implementadas en las escuelas. Es de esperar también que los estudiantes cumplan con las normas del Código para que puedan lograr el máximo provecho de su carrera escolar.

You may access the entire *HISD Code of Student Conduct* online at www.HoustonISD.org/CodeofConduct or by requesting a copy at the front office of your student's school.

El Código de Conducta Estudiantil de HISD completo se encuentra en www.HoustonISD.org/CodeofConduct y es posible además obtener una copia impresa en la recepción de la escuela de su hijo.

Parent and Student Acknowledgement and Optional Request for Printed Copy of the *Code of Student Conduct*

Confirmación de recibo del Código de Conducta Estudiantil y opción de solicitar una copia impresa

☐

No, I do not want a printed copy of the *HISD Code of Student Conduct*, as I will access it online at www.HoustonISD.org/CodeofConduct.

☐

No, no necesito una copia impresa del Código de Conducta Estudiantil de HISD ya que lo consultaré en línea en www.HoustonISD.org/CodeofConduct.

☐

Yes, I do want a printed copy of the *HISD Code of Student Conduct*.

☐

Sí, quiero tener una copia impresa del Código de Conducta Estudiantil de HISD.

It is important that every student understands the *Code of Student Conduct* and is expected by his or her parent(s) or guardian(s) to follow the rules and regulations set forth in it. By signing below, the parent and student acknowledge that they understand how to access and obtain a printed copy of the *Code*. These signatures also certify that both parent and student accept their responsibilities as described in the *Code of Student Conduct*.

Es importante que todos los estudiantes entiendan el Código de Conducta Estudiantil y que sus padres o tutores les exijan que sigan las reglas y directivas establecidas en él. Al firmar al pie, los padres y el estudiante afirman que comprenden cómo lograr acceso al Código en línea y cómo obtener una copia impresa. Las firmas certifican también que tanto los padres como el estudiante aceptan las responsabilidades descritas en el Código de Conducta Estudiantil.

Student Last Name
Apellido del estudiante

First Name
Nombre

Grade
Grado

Student ID Number
Núm. de identificación estudiantil

Student Signature
Firma del estudiante

Date
Fecha

Parent or Guardian's Signature
Firma del padre o tutor

Date
Fecha

HOUSTON INDEPENDENT SCHOOL DISTRICT

STUDENT LAPTOP LOAN AGREEMENT

A district laptop will be loaned to the student named below under the following conditions:

- The student and the student's parent/guardian must sign this laptop loan agreement. The school will keep this agreement on file.
- The laptop may only be used for educational purposes. Any other use may result in the loss of laptop loan privileges.
- The laptop may not be used for any inappropriate, unethical, or illegal purposes, to include activities on the Internet, use of email and messaging, and access to digital media and programs. Violations of this policy may result in the loss of laptop loan privileges and/or disciplinary action.
- The laptop hardware and district-installed software may not be modified in any way. No software can be copied from the laptop, nor can any unapproved software be installed on the laptop. Occasionally teachers may direct students to install authorized software packages from the HISD Software Center.
- Parents/guardians are required to pay a non-refundable fee of \$25.
- The student's parent/guardian accepts financial responsibility for any intentional damage to the laptop or damage due to gross negligence. The district may take legal action to recover any unpaid costs of such damage. More information regarding the care of the laptop and instructional materials is in the student manual.
- The district will provide a padded laptop bag or case to each student. The bag/case will fit inside a backpack. The laptop must always be secured and carried in its case when not in use or being moved.
- The laptop is the property of Houston ISD. The laptop must be returned to the student's school prior to the end of each school year, or if the student withdraws from school or changes schools midyear. Laptops not returned as required may be reported to the police as stolen.
- The student will promptly report to school officials if the laptop is lost, stolen, or damaged.
- The district provides information to both students and parents/guardians about proper care of the laptop and the responsible use of technology. Students attend a digital citizenship orientation, and parents are invited to open house events with presentations and handouts on these topics.
- The student and the student's parent/guardian have read both the: a) Acceptable Use Policy for Electronic Services for Students and b) Responsible Digital Citizenship Policy Agreement.

We, the undersigned student and parent/guardian, agree to assume full responsibility for the proper care and educational use of the laptop computer equipment described in this document.

Student Name (print) _____ Phone _____

Address/City/State/Zip _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

Student ID _____ Grade Level _____

School Name _____

HOUSTON INDEPENDENT SCHOOL DISTRICT

METRO Q[®] FARE CARD

METRO is offering Houston ISD students from kindergarten through 12th grade the opportunity to register and receive a discounted METRO Student Q[®] fare card on campus. The discounted METRO Student Q[®] fare card allows students to ride all METRO services for 50 percent off the regular fare when they use the Student METRO Q[®] fare card. METRO Local bus and light-rail service costs just 60 cents each way. (NOTE: Park & Ride service cost will vary). There is no cost to receive the Student METRO Q[®] fare card, but to participate and receive a discounted METRO Student Q[®] fare card on campus, students must have parental/guardian consent and they must register by providing the information below.

The deadline for students to provide a signed parental/guardian permission form to obtain a Student METRO Q[®] fare card on campus is [Date_____]. If a student already has a Student METRO Q[®] fare card, and applies for a second card, one of the cards will be deactivated. Students should only have one active card.

PLEASE PRINT:

Student Name	Date of Birth
Address (Street, Apt.#, City, State, Zip)	
Email	Telephone Number
School	Student ID Number
Homeroom Teacher	Grade

PLEASE CHECK ONE:

☐ **YES**, I am aware of the opportunity to register my child to receive a discounted Student METRO Q[®] fare card on campus. Houston ISD has my permission and is authorized to release any of the information above to METRO to facilitate my child's participation in the program.

☐ **NO**, I request that Houston ISD not release any of the information above to METRO to receive a discounted Student METRO Q[®] fare card on campus. I am aware of the opportunity for my child to receive the Student METRO Q[®] fare card on campus and I decline.

Parent/Guardian's Name	Parent/Guardian's Signature	Date
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NOTE: If this form is not on file at the school, your child will not receive a Student METRO Q[®] fare card on campus. If you have questions, you may contact METRO Client Services at 713-739-4015 or Client.Services@ridemetro.org or your child's school.

HOUSTON INDEPENDENT SCHOOL DISTRICT

MILITARY CONNECTED FAMILIES SURVEY

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

School _____ 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

PRIVACY CODE: STUDENT RECORDS, RIGHTS, AND RESPONSIBILITIES

Student Records: State law requires the Houston Independent School District (HISD) to maintain an education record for each student attending its schools. These records contain identifying data pertaining to the student and may include information concerning demographics, grades, attendance, health, discipline, guidance, assessment, and appraisals.

Access to Records: In addition to HISD employees, who have a legitimate educational interest in a student's records, parents, guardians, and the student are the only persons who have access to student records maintained by the district.

Both parents—married, separated, or divorced—have access to a student's records until the student becomes 18 years of age and is no longer a dependent student under Section 152 of the Internal Revenue Code. A parent's rights to access student records may be restricted by a court order. Legal guardians have the same rights of access as parents. Parents and students may review records during regular school hours by contacting their school principal.

After the student becomes 18 and is no longer a dependent, only the student has access to his or her records. However, that student may consent to others having access.

Under certain restricted conditions, other individuals may review a student's records. These conditions include:

- Other schools to which a student is transferring.
- Specified officials for audit or evaluation purposes.
- Appropriate parties in connection with financial aid to a student.
- Accrediting organizations.
- State and local juvenile justice system authorities pursuant to state law.
- Appropriate officials in cases of health and safety emergencies.

Records may also be reviewed to comply with a judicial order or lawfully issued subpoena provided the parent and student received notice before compliance. No other persons are allowed to review a student's records without either permission of the parent or that of the student if over 18 years of age.

Challenge to Content of a Record: If a parent or a student over 18 feels that the student record contains information which is misleading, incorrect, or a violation of the privacy or other rights of the student, that person may challenge the contents of the record in an informal hearing. To initiate this procedure, contact your school principal.

Copies: A student 18 years of age or over or a parent or guardian of a student under 18 years of age requesting copies of his or her child's official district records for a purpose other than the transaction of the official business of the district shall pay 10 cents a page for each copy. A limit of three high-school transcripts will be provided free to post-secondary schools. Each additional copy will cost \$1. The Inactive Student Records Department microfilms high-school transcripts for permanent retention.

Special Education Records: The district maintains Special Education records for seven years after the last date of service and then destroys the records in accordance with state law. A "Notice of Destruction of Special Education Records" is published annually through the district's website (www.houstonisd.org) advising the parent or adult student how they may request a copy of the records before they are destroyed. It is important that the parent or adult student keep a copy of all Special Education records for use in later years.

Complaints: Parents or a student over the age of 18 have the right to file a complaint with the U.S. Department of Education concerning alleged failures of the district to comply with the provisions of the Family Education Rights and Privacy Act of 1974.

HOUSTON INDEPENDENT SCHOOL DISTRICT

PRIVACY CODE: STUDENT RECORDS, RIGHTS, AND RESPONSIBILITIES

Directory Information: Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information for school-sponsored purposes.

Directory information may include the following:

- Student name
- Address
- Telephone listing
- Date and place of birth
- Photograph
- Major field of study
- Participation in officially recognized activities and sports
- Weight and height of members of athletic team
- Dates of attendance
- Awards received
- Most recent previous school attended by a student

If you DO NOT want to release directory information regarding your child, please check the appropriate box on the Privacy Code Form below and return it to your child's school.

Military Recruitment/Higher Education: Public Law 107-110 requires school districts receiving assistance under the No Child Left Behind Act of 2002 to provide a military recruiter or an institution of higher education, on request, with the name, address, and telephone number of a secondary student unless the parent has advised the district that the parent does not want the student's information disclosed without the parent's prior written consent.

If you DO NOT want your child's directory information released to military recruiters or institutions of higher education without your specific, prior, written consent, check the appropriate box on the Privacy Code Form below and return it to your child's school.

PRIVACY CODE FORM

Please check all boxes below that apply.

☐ I have received the Notice of Student Rights and Responsibilities with Respect to Student Records Maintained by the Houston Independent School District.

☐ I request that Houston ISD NOT release any directory information regarding my child, except as required by law.

☐ I request that Houston ISD NOT release my child's name, address, and telephone number to a military recruiter or an institution of higher education, without my specific written approval.

Student's Name _____ Student's Date of Birth _____

Students' School _____ Student's Grade _____

Name of Parent/Guardian _____ Date: _____

Parent/Guardian Signature _____

Name: _____ D.O.B.: _____

Allergy to: _____

 Weight: _____ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

**PLACE
PICTURE
HERE**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

☐ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.

☐ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR **ANY** OF THE FOLLOWING:
SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

**OR A
COMBINATION**
of symptoms
from different
body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE
SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.15 mg IM ☐ 0.3 mg IM

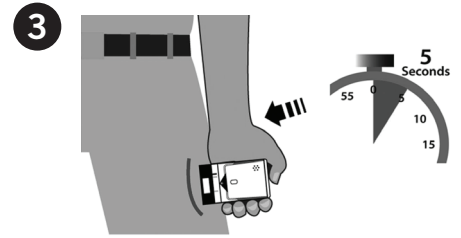
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

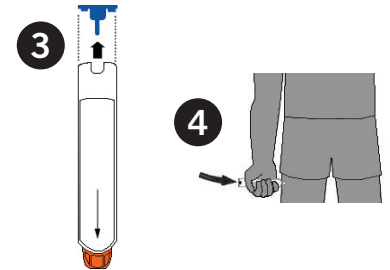
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly, and hold in place for 5 seconds.
5. Call 911 and get emergency medical help right away.



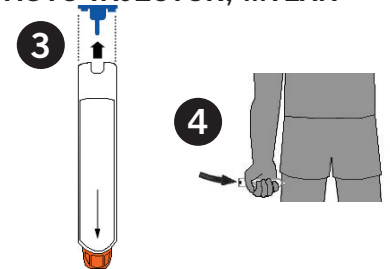
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



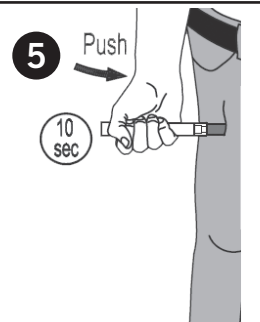
HOW TO USE EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN

1. Remove the epinephrine auto-injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALCLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____



Eastwood Academy High School
1315 Dumble St. • Houston, TX 77023-1902
Phone: 713.924.1697 • Fax: 713.924.1715
www.eastwoodacademy.org
A Blue Ribbon School of Excellence

2021-2022 ENTRANCE AGREEMENT

Student Name: _____ ID Number: _____ Graduation Year: _____

Initial each of the following rules and expectations required for enrollment at Eastwood Academy High School.

I will:

- _____ study a *minimum* of two hours per school night.
- _____ complete all assigned class work and homework and turn it in when it is due.
- _____ arrived to class prepared with all necessary materials.
- _____ attend tutorials when my grades begin to suffer or when my teacher(s) deem it necessary.
- _____ pass all my classes; failure to do so may result in probation and/or the non-renewal of my enrollment for the next school year.
- _____ attend school every day and arrive on time; failure to do so may result in non-renewal of my enrollment. My parents are also responsible for supporting school attendance.
- _____ be on my best behavior because it may hinder my learning as well as that of my peers.
- _____ follow all school rules outlined in the Student Handbook as well as those outlined in the HISD Code of Student Conduct.
- _____ respect all school property as well as that of my teachers and peers.
- _____ refrain from using any electronic devices including cell phones and headphones during instructional hours except when allowed by a teacher or administrator. If I am caught with any of these devices, I ***MUST*** relinquish it to my teacher or administrator and ***pay a fine of \$15.00*** for its return to Ms. B. Morales.
- _____ follow the school's dress code at all times.
- _____ commit myself to support the goals and vision of Eastwood and the Houston Independent School District.
- _____ participate in a minimum of 20 hours of community service per year. My parents/guardians are required to participate in 10 hours per school year.
- _____ be organized in my daily life as an Eastwood student and keep a planner to record my assignments, homework, projects, and other important school/class dates. If I don't, I will ask for help.
- _____ show my parents all progress reports and report cards – 9th grade students require a parent signature on all Report Cards and failure to return such will result in detention.
- _____ participate in the new student orientation program (Boxer Camp).
- _____ notify Eastwood of any decision to attend a different campus the next school year followed by a consultation with an Eastwood Academy staff member.

By signing below, I agree to comply with all rules, expectations, and policies outlined in the school and district handbooks including those items listed above. Failure to follow the above may result in probation and/or the non-renewal of my enrollment for the next school year at Eastwood Academy High School. Parent signature indicates an agreement to support the student and the school in their efforts for student achievement.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Developing internationally-minded leaders!