Requirements for Registration

PLEASE PROVIDE CLEAR COPIES OF THE FOLLOWING:

I. Two proofs of Residency in the Briargrove Zone:
   A. A current light, gas, water, cable, internet, or home
      phone bill ONLY (No cell phone bills)
      Or, if all bills are paid, please present a cleared rent
      check.
   B. If you lease, first and last page of current lease along with
      the name and phone number of manager/landlord. If you
      own, a copy of your Harris County Appraisal District
      statement or receipt showing homestead exemption

II. Picture ID of parent with current address

III. Birth Certificate and Social Security Card (if applicable)

IV. Final Report Card indicating grade level placement for children
    entering 1st - 5th grades

V. Immunizations (Please see immunization requirements on back of
   this page.)
   Children entering KINDERGARTEN must be 5 years old on or
   before September 1, 2023
   Children entering FIRST GRADE must be 6 years old on or before
   September 1, 2023
   NO EXCEPTIONS

Please Note: Registration will not be complete until all the above
requirements are met.

(PLEASE SEE BACK)
Houston Independent School District

Enrollment Information

Has student ever attended an HISD School? □ Yes □ No

Last School/Daycare Attended

<table>
<thead>
<tr>
<th>HISD Student ID</th>
<th>Date of Enrollment</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Legal Student Last Name | First Name | Middle Name | Generation (Jr., III, etc.) | Student SS# / State All. #
<table>
<thead>
<tr>
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</thead>
<tbody>
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</tbody>
</table>

Student Birthplace: City, State, County

Year Started School in US

Student Lives with □ Mother □ Father ○ Other □ Both Parents

Federal Student Ethnicity □ Hispanic/Latino ○ Not Hispanic/Latino

Student Race □ American Indian or Alaska Native □ Asian □ Black or African American □ Native Hawaiian/Other Pacific Islander ○ White

Student Address

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 □ English □ Spanish ○ Other

Translator Needed? □ Yes □ 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 □ English □ Spanish ○ Other

Translator Needed? □ Yes □ 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 □ English □ Spanish ○ Other

Translator Needed? □ Yes □ No

e-mail Address

What type of medical insurance do you carry for this child?

□ CHIP □ Medicaid □ HCHD □ Private Insurance □ None

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:
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.
The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. United States Federal Register (71 FR 44866)

**Part 1. Ethnicity:** Is the person Hispanic/Latino? *(Choose only one)*

- [ ] Hispanic/Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- [ ] Not Hispanic/Latino

**Part 2. Race:** What is the person's race? *(Choose one or more)*

- [ ] American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- [ ] Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- [ ] Black or African American - A person having origins in any of the black racial groups of Africa.
- [ ] Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- [ ] White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

<table>
<thead>
<tr>
<th>Student/Staff Name (please print)</th>
<th>(Parent/Guardian)/(Staff) Signature</th>
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</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Student/Staff Identification Number</th>
<th>Date</th>
</tr>
</thead>
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</table>

Texas Education Agency – March 2009
New Students Enrolling in Briargrove Elementary

Name______________________________ Date __________________

List all of the previous schools your child has attended and appropriate dates of attendance. Any information such as address and phone number would be very helpful.

<table>
<thead>
<tr>
<th>School Name</th>
<th>School District</th>
<th>Dates of Attendance &amp; Grade Level(s)</th>
<th>City &amp; State Phone Number, if available</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Was your child enrolled in any of the following programs?

___ Special Education
___ Bilingual Education
___ English as a Second Language
___ Other: __________________________

Please enter your primary e-mail below:

----------------------------------------------
@----------------------------------------------
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 _________________________________

HISD Media Relations | July 2018
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>
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<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/sir 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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</tr>
</tbody>
</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: ___________

Health and Medical Services

February 2012
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 A-risk Chancery panel for A-risk reason code 72, (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.
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.

<table>
<thead>
<tr>
<th>School Year</th>
<th>Grade</th>
<th>Country/ U.S. State</th>
<th>Total Time Enrolled</th>
<th>If student did not attend school for a full academic year, specify months attended</th>
<th>For Office Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kinder</td>
<td></td>
<td></td>
<td></td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
<td></td>
</tr>
<tr>
<td>1st</td>
<td></td>
<td></td>
<td></td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
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<tr>
<td>2nd</td>
<td></td>
<td></td>
<td></td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
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<tr>
<td>3rd</td>
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<td></td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
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<tr>
<td>4th</td>
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<td></td>
<td></td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
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<td>5th</td>
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<td></td>
<td></td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
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<td>6th</td>
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<td></td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
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<td>7th</td>
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<td></td>
<td></td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
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<td>8th</td>
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<td></td>
<td></td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
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<tr>
<td>9th</td>
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<td></td>
<td></td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
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<td>10th</td>
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<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
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<td>11th</td>
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<td></td>
<td></td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
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<td>12th</td>
<td></td>
<td></td>
<td></td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
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</tbody>
</table>

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

Parent Signature: ___________________________________________  Date: ____________________

Multilingual Programs Department | Compliance Division | August 2020