

BRIARGROVE ELEMENTARY SCHOOL

2023-2024 REGISTRATION

Houstonisd.org/briargrovees

713-917-3600

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

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"/> Father <input type="checkbox"/> Other <input type="checkbox"/> Both Parents		
Federal Student Ethnicity (Select One) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		Student Race (Select all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White			
Student Address		Home Phone			
Street Number		Street Name		Apartment	City State Zip County
Student Cell Phone			Student e-mail Address		
<i>Texas Education Code §25.002(f) requires the school district to record the name, address, and birth date of the person enrolling a child.</i>					
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:		



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.

**Texas Education Agency
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

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.

<p>_____ Student/Staff Name (please print)</p>	<p>_____ (Parent/Guardian)/(Staff) Signature</p>
<p>_____ Student/Staff Identification Number</p>	<p>_____ Date</p>

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

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 with 6 columns: Condition, Age First Identified, Under Doctor's Care?, Condition, Age First Identified, Under Doctor's Care? Rows include Asthma, Allergies, Blood Disorder, Diabetes, Epilepsy/Seizures, Heart Disease, Kidney Disorder, Cancer, Bone/Joint Problem, Rheumatic Fever, Surgery/Fractures, T. B. Disease, Hearing Loss, Vision Loss, Severe Menstrual Cramps, Eating Disorder.

Please check if you have observed any of the following in your child:

Checkboxes for: Tires easily, Earaches, Wheezing, shortness of breath with exercise, Frequent headaches, Difficulty making friends, Nail Biting, Fainting, Coughs frequently at night, Restlessness. Includes question: 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 _____

This document is to be maintained in the Student's Cumulative Folder



REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent:

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as how your child reacts when exposed to the food that is listed.

No information to report.

Food	Nature of allergic reaction to food	Life-Threatening?

TO REQUEST A SPECIAL DIET, MODIFICATION OF A MEAL PLAN OR PROVIDE OTHER INFORMATION FROM YOUR DOCTOR ABOUT YOUR CHILD'S FOOD ALLERGY, YOU MUST CONTACT THE SCHOOL NURSE OR SCHOOL ADMINISTRATOR WHERE YOUR CHILD ATTENDS SCHOOL.

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian Name: _____

Work Phone: _____ Mobile Phone: _____ Home Phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form received by Campus: _____

HOUSTON INDEPENDENT SCHOOL DISTRICT

STUDENT ASSISTANCE QUESTIONNAIRE (SAQ)

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

School _____ Date _____

Student Name _____ Date of Birth _____ HISD ID _____

Current Address _____ Grade _____ Male Female

Lives with: Both Parents, Mother, Father, Legal Guardian, Caretaker/Relative without legal guardianship, Other _____
relation

Is the student currently in the conservatorship of the Department of Family & Protective Services (Foster Care)? Yes No

If Yes – name of DFPS Case Manager: _____ Contact information: _____

Was the student previously in the conservatorship of the Department of Family & Protective Services (Foster Care)? Yes No

Please complete the Current Housing Situation AND Background Situation sections below to determine McKinney-Vento eligibility:

Part A: CURRENT HOUSING SITUATION – Check the student's current housing situation

I CURRENTLY LIVE:

In my own home or apartment, in Section 8 housing, HUD Subsidized Housing or in military housing with parent(s), legal guardian(s), or caregiver(s) (if you checked this box, check one or both of the boxes below, if applicable).

My home has no electricity My home has no running water

OR I CURRENTLY LIVE IN A TRANSITIONAL HOUSING SITUATION:

Living in a shelter

Living in a motel or hotel

Living with more than one family in a house or apartment (Doubled-up) due to economic hardship

Unsheltered

Moving from place to place Living in a structure not usually used for housing Living in a car, park, campsite, camper, or outside

UNACCOMPANIED YOUTH Yes No (An unaccompanied youth is a student who is not in the physical custody of a parent or legal guardian. This would include students living with non-custodial relatives or friends without a parent or legal guardian.)

Part B: BACKGROUND SITUATION (If a Transitional Housing Situation is checked above - please Check ANY below that apply)

Catastrophic illness / medical expenses / disability

Natural disaster / evacuation

New to Town

Domestic Issue

Loss of Employment

Migrant work in fishing or agriculture

Economic hardship/low earnings

Awaiting placement in foster care / CPS custody

Evicted/kicked out

Parent(s) involved in military deployment

House fire or other destruction

Parent Incarcerated/Recently released from incarceration

Part C: NEEDED SERVICES – based on availability (Check services needed and call 713-556-7237 to speak to an Outreach Worker)

Enrollment Assistance

Transportation

Emergency Clothing, Uniforms

Free Lunch/Breakfast (Child Nutrition)

School Supplies

Personal Hygiene Items

Immunizations

Medicaid/CHIP Assistance

Food Stamps (SNAP) Assistance

Temporary Assistance for Needy Families (TANF)

Other _____

To the best of my knowledge this information is true and correct.

Name (PLEASE PRINT): _____ Signature _____ Phone #'s _____

School Personnel: This form is intended to address the McKinney-Vento Act U.S.C. 11435. If any "Transitional Housing Situation" is checked under "Current Housing Situation" AND the family has indicated one of the "Background Situations" (1) immediately add PEIMS Coding on the At-risk Chancery panel for At-risk reason code 12, (2) code all of the McKinney-Vento Panels on that screen (the start date should be the date the form was completed and also add the end date, and (3) Email forms to HomelessEducation@houstonisd.org. If information is missing, please follow-up with the parent/guardian/school personnel who completed the form to make sure each section is completed, as needed.

HOUSTON INDEPENDENT SCHOOL DISTRICT

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: _____