

BRIARGROVE ELEMENTARY SCHOOL

2024-2025 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

IV. Social Security Card (if applicable)

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

VI. Immunizations (Please see immunization requirements on back of this page.)

Children entering KINDERGARTEN must be 5 years old on or before September 1, 2024

Children entering FIRST GRADE must be 6 years old on or before September 1, 2024

NO EXCEPTIONS

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

(PLEASE SEE BACK)

IMMUNIZATION REQUIREMENTS

2024-2025

DPT	All grades	5 or 4 doses Last dose must be on or after 4 th birthday
Polio	All grades	3 or 4 doses Last dose must be on or after 4 th birthday
MMR	All grades	2 doses First dose must be on or after 1 st birthday
Varicella	K- 5th	2 doses First dose must be on or after 1 st birthday
Hepatitis A	K - 3 rd	2 doses First dose must be on or after the first Birthday
Hepatitis B	All grades	3 doses

***YOUR RECORD MUST HAVE EITHER A PHYSICIAN'S NAME OR BE ON CLINIC LETTERHEAD.**

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		Gender <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		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?		e-mail Address									
						<input type="checkbox"/> Yes <input type="checkbox"/> No											
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?		e-mail Address									
						<input type="checkbox"/> Yes <input type="checkbox"/> No											
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?		e-mail Address									
						<input type="checkbox"/> Yes <input type="checkbox"/> No											
<input type="checkbox"/> CHIP				What type of medical insurance do you carry for this child? <input type="checkbox"/> Medicaid <input type="checkbox"/> HCHD <input type="checkbox"/> Private Insurance <input type="checkbox"/> 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:									

**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.

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

Student Name: _____

District Name: _____

Student ID#: _____

Campus Name: _____

HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey only administered during **initial** enrollment in Texas public schools)

To be completed by Parent or Guardian for students enrolling in Prekindergarten* through grade 8 (or by students in grades 9-12).

* Prekindergarten includes any student enrolling in a 3- or 4-year-old school program.

Part One:

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:

Please answer the questions below about the languages your child or family uses. If your responses indicate the use of a language other than English, the school will conduct a language proficiency assessment to determine how well your child communicates in English. This information will be used to determine any appropriate linguistic supports and inform instructional 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.

This survey shall be kept in each student's permanent record folder. A copy of this survey shall follow the student while enrolled in any public or open enrolled charter school in Texas.

Part Two:

Please answer the questions to the best of your ability.

1. Which languages are used at home? _____
2. Which languages are used by the child at home? _____
3. If the child had a previous home setting, which languages were used? If there was no previous home setting, answer Not Applicable (N/A). _____

☐ By checking this box, I understand a request to correct an error to this Home Language Survey can only happen if:

- 1) my child has not yet been assessed for English proficiency; and
- 2) corrections are made within two calendar weeks of my child's enrollment date.

Note: Please contact your school about the benefits of bilingual education services. The following resources may also provide information on program services that foster bilingualism.

- [Parent/ Guardian Rights](#)
- [Bilingual Education Program](#)
- [Program Information Videos](#)

Please visit the Emergent Bilingual Support Portal (txel.org) for additional information.

Signature of Parent/Guardian _____ Date _____

Signature of Student if Grades 9-12 _____ Date _____

Name _____ **Date of Birth** _____

School Name	School District	Dates of Attendance & Grade Level(s)	City & State Phone Number, if available

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:

[illegible][illegible]

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:

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

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

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

Has your child been seen by a doctor for any of the above? ☐ Yes ☐ No

Is your child on any kind of medication? ☐ Yes ☐ No

If so, what? _____

For what condition? _____

Further comment _____

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

CHIP ☐ Medicaid ☐ HCHD ☐ Private Insurance ☐ None ☐

Please see the School Nurse (or School Principal) if your child has other needs or is:

- A pregnant or parenting teen
and/or
- Has a severe life-threatening food allergy

Signature _____



REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent:

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

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

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

☐ No information to report.

Food	Nature of allergic reaction to food	Life-Threatening?

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

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

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian Name: _____

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

Parent/Guardian Signature: _____ Date: _____

Date form received by Campus: _____

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)

- | | |
|---|---|
| <input type="checkbox"/> Catastrophic illness / medical expenses / disability | <input type="checkbox"/> Natural disaster / evacuation |
| <input type="checkbox"/> New to Town | <input type="checkbox"/> Domestic Issue |
| <input type="checkbox"/> Loss of Employment | <input type="checkbox"/> Migrant work in fishing or agriculture |
| <input type="checkbox"/> Economic hardship/low earnings | <input type="checkbox"/> Awaiting placement in foster care / CPS custody |
| <input type="checkbox"/> Evicted/kicked out | <input type="checkbox"/> Parent(s) involved in military deployment |
| <input type="checkbox"/> House fire or other destruction | <input type="checkbox"/> 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)

- | | | |
|---|---|--|
| <input type="checkbox"/> Enrollment Assistance | <input type="checkbox"/> Transportation | <input type="checkbox"/> Emergency Clothing, Uniforms |
| <input type="checkbox"/> Free Lunch/Breakfast (Child Nutrition) | <input type="checkbox"/> School Supplies | <input type="checkbox"/> Personal Hygiene Items |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Medicaid/CHIP Assistance | <input type="checkbox"/> Food Stamps (SNAP) Assistance |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> 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.