

BRIARGROVE ELEMENTARY SCHOOL

2022-2023 REGISTRATION

Houstonisd.org/briargroves

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, 2022
Children entering FIRST GRADE must be 6 years old on or before September 1, 2022
NO EXCEPTIONS

Please Note: Registration will not be complete until all the above requirements are met.
(PLEASE SEE BACK)

IMMUNIZATION REQUIREMENTS

2022-2023

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 22 - 20 23

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"/> Native Hawaiian/Other Pacific Islander		<input type="checkbox"/> Asian	<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		
What type of medical insurance do you carry for this child? <input type="checkbox"/> CHIP <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:			



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.

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

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 _____

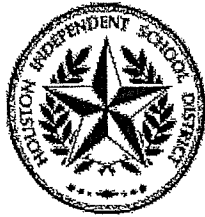
What type of medical insurance do you carry for this child?

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 ADMINSTRATOR 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

SOCIOECONOMIC INFORMATION FORM

Complete and return one form to each school where you have a child enrolled. PLEASE PRINT

CONFIDENTIAL

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 sections 1111 and 1116 for U.S. Department of Education requirements) and for use in disbursement of federal funds (ESEA section 1113).

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.

SECTION A—List all Houston ISD students in the household

Student ID	First Name	Last Name	MI	Date of Birth	School Name	Grade Level

SECTION B

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 SECTION C and continue to SECTION D.

SECTION C (Complete only if all answers in SECTION B 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**)

SECTION D (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

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 _____

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

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.

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.

School Enrollment History					
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: _____

Multilingual Programs Department

Compliance Division

**BRIARGROVE ELEMENTARY
UNIFORM AND DRESS CODE POLICY**

CLOTHING	Girls may wear:	Boys may wear:
Shirt	White uniform blouse, polo, or turtleneck in red, navy, hunter green, yellow or white (must be tucked in)	White oxford cloth, polo, or turtleneck in red, navy, hunter green, yellow or white (must be tucked in)
Jumper/skirt	BG uniform plaid, khaki or navy Length should be three inches below longest finger	
Slacks/pant	Khaki or navy. Shorts must be at least three inches below longest finger.	Khaki or navy. Shorts must be at least three inches below longest finger.
Sweaters or sweatshirts	Navy, red, white, yellow, black, gray, or hunter green	Navy, red, white, yellow, black, gray, or hunter green
Belt	If garment has belt loops	If garment has belt loops
Shoes	Tennis shoes only	Tennis shoes only
For PE and recess	Tennis shoes only (lace ups) Students will not be able to participate and will receive a "0" if not in tennis shoes for PE	Tennis shoes only (lace ups) Students will not be able to participate and will receive a "0" if not in tennis shoes for PE
FOR FRIDAYS	Students may wear jeans and ONLY Briargrove shirts for Briargrove spirit days	

Briargrove uniform plaid may be purchased at landsend.com (hunter classic navy plaid).