



2022-2023 WEST U REGISTRATION PROCESS

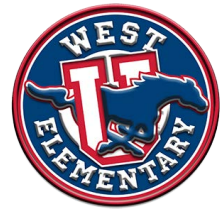
Registration is for new K-5th grade students (and PreK who have been offered a seat) who would like to enroll for the 2022-2023 school year. Students must currently be zoned to West U, as no transfers will be accepted.

- **Step 1:** Verify that your home address is within the West U Elementary zone: <http://findaschool.houstonisd.org/>
- **Step 2:** Register with HISD online. Be sure to select the 2022-2023 Academic Year: <http://houstonisd.org/enroll>
- **Step 3:** Download and fill out the West U Pony Pack <http://wues.org/enroll>. Please print single-sided.
- **Step 4:** Book an appointment with our registrar. **NO WALK-INS ACCEPTED.** All required paperwork (checklist below) must be brought to the appointment for the enrollment process to be completed. **Parents/Guardians who arrive to the enrollment appointment without all the required documentation will be asked to reschedule.** Please do not drop off documents to the school or email documents to the registrar. <http://wues.org/register>

WHAT TO BRING TO THE ENROLLMENT APPOINTMENT:

- ☐ Completed Pony Pack <http://wues.org/enroll>
- ☐ Copy of student's birth certificate
- ☐ Copy of student's immunizations record. **Required:** <https://wues.org/immunizations>
- ☐ Copy of student's social security card
- ☐ Copy of parent's driver license
- ☐ Proof of Residency – **THREE** documents are required.
 - » You will need **ONE** of the following:
 - Harris County Appraisal District statement showing *Homestead Exemption* for current year or Warranty Deed if you recently purchased a home. If you are purchasing a home in the school zone, bring a signed contract with a closing date within the next 30 days. Final closing documents must be submitted, and you must be living in the residence before the school year begins.
 - Lease Agreement. If you are currently leasing a home or apartment, please bring the entire lease agreement. All lease agreements will be verified with the landlord.
 - » You will need **TWO** of the following:
 - Most current electric bill showing residential service.
 - Most current gas bill showing residential service.
 - Most current water bill showing residential service.
- ☐ Latest report card/transcript (for entering 1st - 5th grade)
- ☐ Withdrawal form (if enrolling 2 weeks after the start of school)
- ☐ Gifted & Talented identification matrix (if applicable, may be turned in after registration)
- ☐ LEP/504/IAT/IEP/Special Education documents (if applicable, may be turned in after registration)
- ☐ Certified copy of divorce decree/custodial documentation (if applicable, may be turned in after registration)
- ☐ Private testing or reports needed for educational services (if applicable, may be turned in after registration)

Please email our registrar with any questions: Alma.Estrada@houstonisd.org



FALSIFICATION OF REGISTRATION PENALTY ACKNOWLEDGEMENT

Texas Penal Code §37.10 TAMPERING WITH GOVERNMENTAL RECORD

- (a) A person commits an offense if he:
- (1) knowingly makes a false entry in, or false alteration of, a governmental record;
 - (2) makes, presents, or uses any record, document, or thing with knowledge of its falsity and with intent that it be taken as a genuine governmental record;
 - (5) makes, presents, or uses a governmental record with knowledge of its falsity;
- (c)(2) An offense under this section is a felony of the third degree if it is shown on the trial of the offense that the governmental record was:
- (A) a public school record, report, or assessment instrument required under Chapter 39, Education Code, data reported for a school district or open-enrollment charter school to the Texas Education Agency through the Public Education Information Management System (PEIMS) described by Sections 48.008 and 48.009, Education Code, under a law or rule requiring that reporting, or a license, certificate, permit, seal, title, letter of patent, or similar document issued by government, by another state, or by the United States, unless the actor's intent is to defraud or harm another, in which event the offense is a felony of the second degree;
- (c)(3) An offense under this section is a Class C misdemeanor if it is shown on the trial of the offense that the governmental record is a governmental record that is required for enrollment of a student in a school district and was used by the actor to establish the residency of the student.

TEXAS EDUCATION CODE SUBTITLE E. STUDENTS AND PARENTS; CHAPTER 25. ADMISSION, TRANSFER, AND ATTENDANCE; SEC. 25.001(h). ADMISSION:

In addition to the penalty provided by Section 37.10 (Tampering With Governmental Record), Penal Code, a person who knowingly falsifies information on a form required for enrollment of a student in a school district is liable to the district if the student is not eligible for enrollment in the district but is enrolled on the basis of the false information. The person is liable, for the period during which the ineligible student is enrolled, for the greater of:

- (1) the maximum tuition fee the district may charge under Section 25.038; or
- (2) the amount the district has budgeted for each student as maintenance and operating expenses.

WE MAY FILE CHARGES AGAINST ANYONE WHO FALSIFIES ENROLLMENT RECORDS. ADDITIONALLY, FALSE CLAIMS OF RESIDENCY WITHIN OUR SCHOOL ATTENDANCE ZONE (OR WITHIN HISD FOR APPROVED TRANSFER STUDENTS) WILL RESULT IN THE IMMEDIATE WITHDRAWAL OF YOUR CHILD FROM OUR SCHOOL. REGISTRATION IS SUBJECT TO VERIFICATION OF RESIDENCE

Parent Acknowledgement

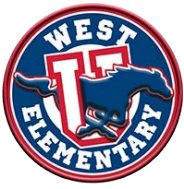
I have read the above excerpts from the Texas Penal Code and Texas Education Code. I understand that fraudulent enrollment of a student under false pretenses is an offense and crime under Texas law. I furthermore attest that I am a full-time resident of the Houston Independent School District, living at the address indicated below which is within the School Attendance Boundary of West University Elementary School. I understand that verification of my residence may be investigated by school officials or area law enforcement officers.

Legal Student Name: _____ Grade Level (2022-23): _____

Student's Address: _____

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature: _____ Date: _____



Houston Independent School District

Enrollment Information

2022-2023

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 Gender | Grade |
| Student Last Name | Legal First Name | Middle Name | Generation (Jr., III, etc.) | Student SS# / State Alt. # |
| Student Birthplace: City, State, Country | | Month/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? <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.

This survey shall be kept in each student's permanent record folder.

Student Last Name: _____ First Name: _____ Student ID#: _____

Address: _____ Phone #: _____

Campus: [West University Elementary](#) 2022-23 Grade Level: _____

NOTE: Please indicate only **ONE language per response.**

1. What language is used in the child's home **MOST** of the time? _____

2. What language does the child use **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

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: [West University ES](#)

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: _____



2022-2023 NEW STUDENT BACKGROUND INFORMATION FORM

Student Last Name: _____ Legal First Name: _____ 2022-23 Grade: _____

Nickname (if the student goes by a different name other than legal first name): _____

Has this student ever attended an HISD school? ☐ Yes ☐ No

If answered No above, has the student ever attended a TEXAS public school ☐ Yes ☐ No

List previous 2 schools attended starting with the most current school/daycare attended. **1st-5th grade students cannot be placed in a class without submission of a recent report card. A withdrawal form is required if applying mid-year.**

| Name of School | City, State | Phone Number | Grade (s) |
|----------------|-------------|--------------|-----------|
| | | | |
| | | | |

Will student have sibling(s) in the same grade? ☐ Yes ☐ No Prefer to be placed in the same class? ☐ Yes ☐ No

Sibling name(s) in same grade: _____

Has this student ever been/received services for:

YES NO

| | | |
|---|--|--|
| Tested for the Gifted&Talented/Vanguard/Magnet Program? If so, did they qualify? Yes No | | |
| At which HISD school did the student test? _____ | | |
| Please attach the GT Matrix to this form even if they did not qualify. If your child was tested privately or at a non-HISD school, please attach test/report results to better aid us in class placement. | | |
| In an ESL/ELL/EL/LEP Program and/or screened in Texas? | | |
| Tested for a learning disability? | | |
| A Special Education program? (if so, please submit paperwork) | | |
| A 504 plan? (if so, please submit paperwork) | | |
| Speech Therapy? | | |
| On an IAT? (if so, please submit paperwork) | | |
| Diagnosed with dyslexia? | | |
| Diagnosed with ADHD or displays similar behavior? | | |
| Any other special program or services (OT, PT, etc.)? If so, please describe: | | |
| Retained? If so which grade(s): | | |

Please submit any pertinent paperwork if answered "YES" to any questions above.

Parent/Legal Guardian filling out this form (Please Print)

Relationship to student

Signature of Parent/Legal Guardian filling out this form

Date



2022-2023 KINDERGARTEN PARENT INPUT FORM

| Office Use Only | |
|-----------------|--|
| M | |
| GFO | |
| E | |
| S | |
| A | |

Student Last Name: _____ Legal First Name: _____ Gender M F

Nickname (if the student goes by a different name other than their legal first name): _____

| Does/Can your student: | YES | SOME | NO |
|---|-----|------|----|
| Recognize all the letters in the alphabet? | | | |
| Know letter sounds? | | | |
| Sound out 3-letter words from printed text? | | | |
| Read a book (without memorization)? If YES, please list an example: | | | |
| Legibly write upper and/or lowercase letters? | | | |
| Count to 20? | | | |
| Do simple addition (i.e., 2+1, 3+2, 1+1, etc.)? | | | |
| Do simple subtraction (i.e., 4-1, 5-3, 2-1, etc.)? | | | |

Please describe your child’s preschool work habits & conduct (ex: ability to stay on a task, focus, ability to sit still, etc.) Please include any behavioral issues or social/emotional concerns of which you would like to make us aware. *If there is additional information you feel would be important for us to know, you may include it here or attach a separate piece of paper.*

Parent/Legal Guardian filling out this form (printed) _____ Relationship to student _____

Signature of Parent/Legal Guardian filling out this form _____ Date _____

HOUSTON INDEPENDENT SCHOOL DISTRICT

STUDENT ASSISTANCE QUESTIONNAIRE (SAQ)

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

School West University Elementary 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.

Scott C. Disch, *Principal*

RECORDS RELEASE

| | | | | | | |
|--------------------------------|--|--------|---------------------|-------|-----|---------|
| Previous School: | | | Date Last Attended: | | | |
| School Address | | Street | City | State | Zip | Country |
| Registrar/Contact Person Name: | | | | | | |
| Phone: | | | Email: | | | |

Dear Registrar,

We have enrolled the following student who formerly attended your school:

| | | |
|-----------------------|----------------|--------|
| Student's Legal Name: | Date of Birth: | Grade: |
| Social Security #: | State ID: | |

It would be appreciated if we could receive all information concerning this child such as:

1. Health Records
2. Academic Records/Report Cards
3. Attendance Records
4. Test Records
5. Special Program Records (including 504, SPED, IEP, etc.)
6. Behavior Records/IAT
7. Gifted and Talented Status
8. ESL/LEP records
9. Original Home Language Survey
10. Custodial/Legal Documents

| | |
|--|---|
| Please send this documentation to: West University Elementary School c/o Registrar 3756 University Blvd., Houston, TX 77005 | If email is preferred: Alma.Estrada@houstonisd.org |
|--|---|

I give permission for these records to be released to Houston Independent School District:

Printed Name of Parent/Guardian

Relationship to Student

Signature

Date _____