



## WESTSIDE HIGH SCHOOL REGISTRATION 2018-2019

Date of Registration \_\_\_\_\_ Registration # \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Race \_\_\_\_\_

City of Birth \_\_\_\_\_ State or Country of Birth \_\_\_\_\_

Name of High and Middle School Attended (in order of attendance)

Name of High/Middle School	City, State	Dates Attended	HS Credits Earned (Y/N)

Past student of Westside? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what year attended? \_\_\_\_\_

Any services being provided for student? Special Ed \_\_\_\_\_ Gifted/Talented \_\_\_\_\_

Free/Reduced Lunch \_\_\_\_\_ ESL \_\_\_\_\_ School Bus \_\_\_\_\_

Step 1 Administrative Approval _____ A116	Type of Transfer _____
<input type="checkbox"/> BC <input type="checkbox"/> Immu. <input type="checkbox"/> SSC <input type="checkbox"/> SR <input type="checkbox"/> AV <small>(check box if documents are included with registration packet)</small>	Local Code _____
Step 2 Nurse _____ A121	Grade Level _____ YE9 = _____
Step 3 Registrar _____ A116	HISD ID # _____
Step 4 Attendance _____ A119	Dean Assignment _____
Step 5 Dean _____	House Assignment _____

Falsification of Documents: Presenting a false document or false records under TEC Section 25.002 is an offense under Section 37.10 Penal Code and may be prosecuted as a criminal offense and enrollment of the child under false documents subjects the person to liability for tuition or costs under Section 25.001(h).

# 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	Street Number	Street Name	Apartment	City State Zip County
Home Phone				Student e-mail Address
<b>Texas Education Code §25.002(f) requires the school district to record the name, address, and birth date of the person enrolling a child.</b>				
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
<b>List the names of all brothers and sisters under 18 years of age. (If additional room is needed, write on reverse side.)</b>				
Last, First, and Middle Names	Gender	Birthdate	Grade	Address of This Child
<b>Signature below certifies that all the information above is true and accurate.</b>				
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. Once your child is assessed, changes to the Home Language Survey responses are not permissible.

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: <http://web.esc20.net/LPAC-Interactive/InteractiveFlowchart-EN.htm>.

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

**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

## 2018-2019 FAMILY SURVEY

<b>STUDENT NAME:</b>	<b>DATE OF BIRTH:</b>
<b>CAMPUS NAME:</b>	<b>GRADE LEVEL:</b>

Dear Parent/Guardian:

The Houston Independent School District is assisting the state of Texas to identify students who may qualify for the Migrant Education Program to receive additional services. **The information provided below will be kept confidential.**

Please answer the following questions and return this form to your child's school.

1. Have you or anyone in your household moved within the last 3 years from one school district to another in Texas or within the United States?









**YES**  (Continue to question 2)

**NO**  (Stop here and return survey to your child's school)

2. Were any of these moves made to find temporary/seasonal work in agriculture or fishing? (e.g., field work, canneries, dairy work, meat processing, etc.)

**YES**  (Please check all that apply below)

**NO**  (Stop here and return survey to your child's school)

 Fruit, vegetables, sunflower, cotton, wheat, grain, farms or ranches, fields & vineyards <input type="checkbox"/>	 Dairy farm <input type="checkbox"/>	 Fishery <input type="checkbox"/>	 Cannery <input type="checkbox"/>
 Poultry farm <input type="checkbox"/>	 Plant nursery, orchard, tree growing or harvesting <input type="checkbox"/>	 Slaughterhouse <input type="checkbox"/>	 Other similar work, please explain: <input type="checkbox"/>

If you answered "yes" to the questions above, an education representative will contact you to provide additional information. Please complete the following information:		
Parent/Guardian Name	Home Address	Telephone Number

— FOR SCHOOL USE ONLY—  
PLEASE SUBMIT THIS INFORMATION AND FORMS AT

<https://form.jotform.com/81146180703147>

MIGRANT EDUCATION PROGRAM

4400 W. 18<sup>th</sup> Street, Route 1 | Houston, TX 77092 | 713-556-6980 Fax  
HISD Multilingual Education Department | 713-556-7288 | May 2018

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## 2017-2018 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) fax this form immediately to 713-556-7024.. 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.