

ED WHITE ELEMENTARY SCHOOL

9001 Triola Ln., Houston TX 77036

Tel: 713 -778-3490 Fax: 713-778-3493

Required documents for enrollment

- **Two current proofs of residence**
- House ownership document/deeds agreement or current month apartment lease/contract
- One current utility bill (electricity, water, or telephone)
- **Parents identification** (Driver license or passport)
- **Child's records**
- Birth certificate
- Immunization records
- Social security card (if available)
- Most current student report card (if previously enrolled in school) or withdrawal papers from the previous school
- **Proof of one month income (pre-k only)**

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Documentos requeridos para registrar:

- **Dos comprobantes de domicilio**
- Escrituras o comprobantes de pago casa/apartamento, o en su lugar contrato de renta.
Y
- Un recibo reciente de electricidad, agua, o teléfono.
- **Identificación de los padres** (licencia de conducir, tarjeta de indentificación, pasaporte)

- **Documentos de niño:**
- Acta de nacimiento
- Cartilla de vacunación
- Tarjeta de seguro social (si tiene una)
- Ultimo reporte de calificaciones (si ha estado anteriormente en otra escuela) o el documento de retiro de la otra escuela
- **Un mes de talons de cheques (pre-k only)**

Houston Independent School District

Enrollment Information

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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., Ill, 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"/> Vietnamese <input type="checkbox"/> Spanish <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"/> Vietnamese <input type="checkbox"/> Spanish <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"/> Vietnamese <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	Translator Needed?	e-mail Address		
					<input type="checkbox"/> Yes <input type="checkbox"/> No
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:		

**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 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)

<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.



Ed White Elementary

General Information Survey

Student Name _____

1. Has the student ever attended an HISD school? Yes _____ No _____

If YES, name of HISD school _____

Grade (s) _____ School Year (s) _____

2. Has your child received the following services?

• Bilingual program Yes _____ No _____

• ESL program Yes _____ No _____

• Special Education Program Yes _____ No _____

If yes, which program? Resources _____ Speech _____

Self-Contained _____ Life skills _____

• 504 Services Yes _____ No _____

• Dyslexia Yes _____ No _____

• Gifted and Talented Yes _____ No _____

• Retention Yes _____ No _____

Grade levels? _____

3. What time of medical insurance do you carry for this child?

Chip Medicaid HCHD Private Insurance None

Parents Signature _____

Date _____



HOUSTON INDEPENDENT SCHOOL DISTRICT

Military Connected Families Survey

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

School _____ Date _____

Student Name _____ HISD.ID# _____

Dear Parent or Guardian,

The State of Texas requires schools to collect data relating to the enrollment of military-connected students. This collection is done to allow educational institutions the ability to monitor critical elements of education success for children who are dependents of military personnel, and show the state's commitment to military personnel and their children.

For students in grades Kindergarten through 12:

1. The student is a dependent of an active duty member of the United States Army, Navy, Air Force, Marine Corps, or Coast Guard

Yes No

2. The student is a dependent of a member of the Texas National Guard (Army, Air Guard, or State Guard)

Yes No

3. The student is a dependent of a member of a reserve force in the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard)

Yes No

For pre-kindergarten students only:

4. The student is a dependent of an active duty uniformed member of the Army, Navy, Air Force, Marine Corps, or Coast Guard, or activated/mobilized uniformed member of the Texas National Guard (Army, Air Guard, or State Guard) who was injured or killed while serving on active duty.

Yes No



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: _____

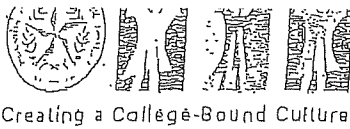
School: _____ Grade: _____

Parent/Guardian Name: _____

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

Parent/Guardian Signature: _____ Date: _____

Date form received by Campus: _____



COMPULSORY SCHOOL ATTENDANCE LAWS TO PARENTS OR LEGAL GUARDIANS OF THE STUDENTS

The Texas Education Code §25.095 requires the school district to notify a student's parents in writing at the beginning of the school year that if the student is absent from school on 10 or more days or parts of days within a six-month period in the same school year or on three or more days or parts of days within a four-week period:

- 1) The student's parent (or legal guardian) is subject to prosecution under TEC §25.093; and
- 2) The student is subject to prosecution under TEC §25.094.

It is the parent's duty to monitor the student's school attendance and require the student to attend school and request a conference with a school official to discuss the absences. The parent is subject to prosecution under § 25.093 (b) for failure to require your child to attend school.

Students Name _____

Parents Signature _____

Date _____

LEYES SOBRE LA ASISTENCIA OBLIGATORIA A LA ESCUELA A LOS PADRES O TUTORES LEGALES DE LOS ESTUDIANTES

Sección 25.095 del Código de Educación del Estado de Texas requiere que el distrito notifique al padre del alumno por palabra escrita al principio del año escolar del hecho que si el alumno está ausente de la escuela por 10 días o más, inclusivo ausencias de parte del día, dentro de un período de seis meses dentro de un año escolar, o si está ausente por 3 días dentro de un período de 4 semanas:

1) El padre (o tutor legal) del estudiante puede ser enjuiciado según lo establecido en el código de educación de Texas, TEC §25.093

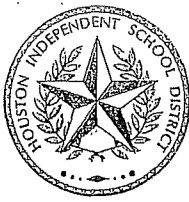
Y
2) El estudiante puede ser enjuiciado según lo establecido en el código de educación de Texas, TEC §25.094.

El padre tiene la obligación de estar al tanto de la asistencia escolar de su niño, exigirle que asista a la escuela y solicitar una conferencia con las autoridades de la escuela para discutir las ausencias. El padre puede ser enjuiciado según lo establecido en la sección del código de educación de Texas, TEC §25.093(b) si no le exige a su hijo que asista a la escuela.

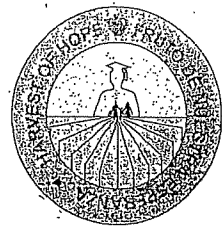
Nombre de Estudiante _____

Firma del Padre _____

Fecha _____



HOUSTON INDEPENDENT SCHOOL DISTRICT
MULTILINGUAL PROGRAMS
Migrant Education Program
 4400 West 18th Street, Route 1 ★ Houston, Texas 77092
 713-556-7288 Office ★ 713-556-6980 Fax



FAMILY SURVEY

STUDENT NAME:	DOB:
CAMPUS NAME:	GRADE LEVEL:

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. Has your family moved any time during **the last three 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"/>

PLEASE COMPLETE THE FOLLOWING INFORMATION IF YOU ANSWERED "YES" TO BOTH QUESTIONS ABOVE. A MIGRANT REPRESENTATIVE WILL CONTACT YOU TO FIND OUT WHETHER YOUR CHILD IS ELIGIBLE FOR ADDITIONAL EDUCATIONAL SERVICES

Parent/Guardian Name:	Home Address:	Telephone Number:

--FOR SCHOOL USE ONLY--
PLEASE FAX OR MAIL THIS FORM TO THE MIGRANT EDUCATION PROGRAM.
FAX: 713-556-6980

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 _____

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