

# Houston Independent School District

## Enrollment Information

2019 - 2020

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<br><input type="checkbox"/> Male<br><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<br><input type="checkbox"/> Other <input type="checkbox"/> Both Parents |                            |                            |           |  |  |  |        |  |            |  |
| Federal Student Ethnicity (Select One)<br><input type="checkbox"/> Hispanic/Latino<br><input type="checkbox"/> Not Hispanic/Latino  |  | Student Race (Select all that apply)<br><input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Native Hawaiian/Other Pacific Islander |                           |   | <input type="checkbox"/> Asian<br><input type="checkbox"/> White |  | <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<br><input type="checkbox"/> Spanish   |                           | <input type="checkbox"/> Vietnamese<br><input type="checkbox"/> Other _____ |  | Translator Needed?<br><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<br><input type="checkbox"/> Spanish   |                           | <input type="checkbox"/> Vietnamese<br><input type="checkbox"/> Other _____ |  | Translator Needed?<br><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<br><input type="checkbox"/> Spanish   |                           | <input type="checkbox"/> Vietnamese<br><input type="checkbox"/> Other _____ |  | Translator Needed?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   | e-mail Address             |                            |           |  |  |  |        |  |            |  |
| What type of medical insurance do you carry for this child?<br><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      |           |  |  |  |        |  |            |  |
|   |  |  |                           |   |  |  |   |                            |                            |           |  |  |  |        |  |            |  |
|   |  |  |                           |   |  |  |   |                            |                            |           |  |  |  |        |  |            |  |
|   |  |  |                           |   |  |  |   |                            |                            |           |  |  |  |        |  |            |  |
|   |  |  |                           |   |  |  |   |                            |                            |           |  |  |  |        |  |            |  |
| <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 Mother  |  |  |                           |   |  | TX Driver's License Number   |   |                            |                            |           |  | Date of Birth (Contact 1/Legal Guardian) |  |        |  |            |  |
| Signature of Contact 2/Legal Guardian Father  |  |  |                           |   |  | TX Driver's License Number   |   |                            |                            |           |  | Date of Birth (Contact 2/Legal Guardian) |  |        |  |            |  |
| Total Monthly Family Income:  |  |  |                           |   |  |  |   |                            | Total Number In Household: |           |  |  |  |        |  |            |  |

# Westbury High School

---

## General Information Survey

Student Name: \_\_\_\_\_ Date \_\_\_\_\_

1. Has your child ever attended an HISD school? \_\_\_\_ Yes \_\_\_\_ No

If Yes, Name of HISD School \_\_\_\_\_

Grade level \_\_\_\_\_ School Year \_\_\_\_\_

2. Has your child completed high school (graduated) in another city, state or country? \_\_\_\_ Yes \_\_\_\_ No

3. Has your child been referred to an alternative campus? \_\_\_\_ Yes \_\_\_\_ No

If yes, Name of School \_\_\_\_\_ How many days remaining? \_\_\_\_\_

4. Has your child received the following services?

• Bilingual program Yes \_\_\_\_\_ No \_\_\_\_\_

• ESL program Yes \_\_\_\_\_ No \_\_\_\_\_

• Special Education Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please circle one: Resource \_\_\_\_\_ Speech Therapy \_\_\_\_\_ Other \_\_\_\_\_

• 504 Services Yes \_\_\_\_\_ No \_\_\_\_\_

• Dyslexia Yes \_\_\_\_\_ No \_\_\_\_\_

• Intervention Assistance Team Yes \_\_\_\_\_ No \_\_\_\_\_

• Gifted and Talented Classes Yes \_\_\_\_\_ No \_\_\_\_\_

• Social Services Yes \_\_\_\_\_ No \_\_\_\_\_

I.2085 Form Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify the type: \_\_\_\_\_

• Health Care Services Yes \_\_\_\_\_ No \_\_\_\_\_

• Counseling Yes \_\_\_\_\_ No \_\_\_\_\_

• Retained Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what grade? \_\_\_\_\_

• Other Services (please specify): \_\_\_\_\_

\_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



**Academic History**

Student's Name \_\_\_\_\_ ID: \_\_\_\_\_

List the schools that the student attended in each grade level.

1<sup>st</sup> grade \_\_\_\_\_

2<sup>nd</sup> grade \_\_\_\_\_

3<sup>rd</sup> grade \_\_\_\_\_

4<sup>th</sup> grade \_\_\_\_\_

5<sup>th</sup> grade \_\_\_\_\_

6<sup>th</sup> grade \_\_\_\_\_

7<sup>th</sup> grade \_\_\_\_\_

8<sup>th</sup> grade \_\_\_\_\_

9<sup>th</sup> grade \_\_\_\_\_

10<sup>th</sup> grade \_\_\_\_\_

11<sup>th</sup> grade \_\_\_\_\_

12<sup>th</sup> grade \_\_\_\_\_



**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 \_\_\_\_\_



# 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

## 2019-2020 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  
Does the student reside at a residential treatment center?  Yes  No  
Facility Name: \_\_\_\_\_ Case Manager: \_\_\_\_\_ Contact information: \_\_\_\_\_

**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)  
 In my own home or apartment, in Section 8 housing, HUD Subsidized Housing or in military housing with parent(s) but lacks  
 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 |

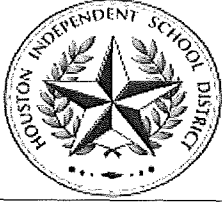
### Part C: NEEDED SERVICES – Based on availability (Check services needed and call 713-556-7237 to speak to an Outreach Worker)

- |   |   |  |
|---|---|--|
| <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 _____              |  |
| <input type="checkbox"/> Homeless Verification Letter for FAFSA         |   |  |

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



# HOME LANGUAGE SURVEY HOUSTON INDEPENDENT SCHOOL DISTRICT

Student Name: \_\_\_\_\_ School: \_\_\_\_\_  
 Student Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ HISD ID#: \_\_\_\_\_ PEIMS#: \_\_\_\_\_  
Month Day Year

The Texas Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction to all students. Please answer the following questions.

**PART A:**

|  |   |  |
|--|---|--|
| (I) Place of Birth (Country of Origin)<br>City _____ Country _____ | (I) Date of initial entry into U.S. schools<br>Month _____ Day _____ Year _____ | (I) Number of complete academic years in a U.S. school _____ |
|--|---|--|

(I) When your child lived outside the U.S., did he or she attend school regularly? (  Part Time or  Full Time )  
 Yes, my child attended school regularly in all previous grades outside the U.S.  
 No, my child missed significant portions of one or more school years, as specified:  
 Specify grade and time period, including month and year (example: Grade 2, Jan. 2002 through May 2002). Do not include periods of absence that lasted less than one month. Do not include regularly scheduled school holidays or vacations.  
 \_\_\_\_\_

**PART B:**

1. **What language is spoken in your home most of the time?**

English Other (Specify) \_\_\_\_\_

2. **What language does the student speak most of the time?**

English Other (Specify) \_\_\_\_\_

Grades PK – 8

\_\_\_\_\_  
(Parent or Guardian)

\_\_\_\_\_  
(Date)

Grades 9 – 12

\_\_\_\_\_  
(Parent or Guardian or Student)

\_\_\_\_\_  
(Date)

**NOTE TO SCHOOL PERSONNEL:**

- The original signed copy of the Home Language Survey (HLS) must be filed and kept in the student's permanent folder.
- In Part A, items marked with an (I) are required for identification of immigrant students. (Refer to Bilingual/ESL Program Guidelines for identification procedures). An immigrant student is one who was born outside of the United States or its territories and has been attending schools in the United States for less than three complete academic years.
- In Part B, an answer of a language other than English to either question #1 or #2 identifies a student for oral language proficiency assessment (and NRT testing if entering Gr. 2-12).

Yes, NEEDS OLPT ENTRY TESTING  
(If entering grades PK-12)

Yes, NEEDS ENGLISH NRT ENTRY TESTING  
(If entering grades 2-12)

***Student must be tested, identified, and placed in an appropriate program within 20 school days of enrollment.***

# 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

## 2019-2020 FAMILY SURVEY

|               |                |
|---------------|----------------|
| STUDENT NAME: | DATE OF BIRTH: |
| 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. 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?

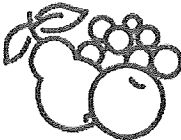
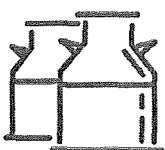






YES  (Continue to question 2)

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)

|   |   |  |  |
|---|---|--|--|
| <br>Fruit, vegetables, sunflower, cotton, wheat, grain, farms or ranches, fields & vineyards<br><input type="checkbox"/> | <br>Dairy farm<br><input type="checkbox"/>  | <br>Fishery<br><input type="checkbox"/>        | <br>Cannery<br><input type="checkbox"/>                             |
| <br>Poultry farm<br><input type="checkbox"/>   | <br>Plant nursery, orchard, tree growing or harvesting<br><input type="checkbox"/> | <br>Slaughterhouse<br><input type="checkbox"/> | <br>Other similar work, please explain:<br><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/91125105857152>

MIGRANT EDUCATION PROGRAM

4400 W. 18<sup>th</sup> Street, Route 1 | Houston, TX 77092 | 713-556-7288  
 HISD Multilingual Programs | 713-556-6980 Fax | May 2019

# Houston ISD Electronic Device Advisory Form

School Year 2019-2020

Grade Level \_\_\_\_\_

Campus: Westbury High School

Homeroom Teacher \_\_\_\_\_

*“As per the Texas Education Agency (TEA) and Houston ISD, the use of cell phones and other personal electronic devices during testing is not permitted. I understand that I must power off my electronic device(s) and turn it in to the Test Administrator to hold until ALL students have completed the test. Being in possession of any electronic device(s) will be reason to have my test picked up and NOT SCORED. I understand that I will then have to turn in my phone, and that disciplinary action will be taken by campus administration”*

I understand and will comply the directions regarding any electronic device.

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date