

# Houston Independent School District

## Enrollment Information

**2021-22** —

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<br>(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 <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American<br><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   |  |   |  |   |                          |
| Texas Education Code §25.002(f) requires the school district to record the name, address, and birth date of the person enrolling a child.                              |  |   |  |   |                          |
| Mother/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           |
| Father/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           |
| Emergency/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?  |  | Family Physician  |  | Physician Phone   |                          |
| <input type="checkbox"/> CHIP <input type="checkbox"/> Medicaid <input type="checkbox"/> HCHD <input type="checkbox"/> Private Insurance <input type="checkbox"/> None |  |   |  |   |                          |
| 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 Mother or Legal Guardian  |  | TX Driver's License Number  |  | Date of Birth (Mother or Legal Guardian)  |                          |
| Signature of Father or Legal Guardian  |  | TX Driver's License Number  |  | Date of Birth (Father or Legal Guardian)  |                          |
| Total Monthly Family Income:   |  |   | Total Number In Household:   |   |                          |

## CONTACT INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

IS THIS PERSON ALLOWED TO PICK UP YOUR CHILD? \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

IS THIS PERSON ALLOWED TO PICK UP YOUR CHILD? \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

IS THIS PERSON ALLOWED TO PICK UP YOUR CHILD? \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

IS THIS PERSON ALLOWED TO PICK UP YOUR CHILD? \_\_\_\_\_



2021-22

**HOUSTON INDEPENDENT SCHOOL DISTRICT**

**HOME LANGUAGE SURVEY-19TAC Chapter 89, Subchapter BB §89.1215**

TO BE COMPLETED BY PARENT OR GUARDIAN (OR STUDENT IF GRADES 9-12): The state of Texas requires that the following information be completed for each student that enrolls for the first time in Texas public schools. This survey shall be kept in each student's record folder.

NAME OF STUDENT \_\_\_\_\_ STUDENT ID# \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

CAMPUS \_\_\_\_\_

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

2. What language does your child speak most of the time? \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student if Grades 9-12

\_\_\_\_\_  
Date

**Cuestionario del idioma que se habla en el hogar**

DEBE DE COMPLETARSE POR EL PADRE/MADRE/ O REPRESENTANTE LEGAL: (O POR EL ESTUDIANTE SI ESTA EN LOS GRADOS 9-12): El estado de Texas requiere que la siguiente información se complete para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Este cuestionario se archivará en el expediente del estudiante.

NOMBRE DEL ESTUDIANTE \_\_\_\_\_ #ID \_\_\_\_\_

DIRECCION \_\_\_\_\_ TELEFONO \_\_\_\_\_

ESCUELA \_\_\_\_\_

1. ¿Qué idioma se habla en su hogar la mayoría del tiempo? \_\_\_\_\_

2. ¿Qué idioma habla su hijo/a la mayoría del tiempo? \_\_\_\_\_

\_\_\_\_\_  
Firma del Padre/Madre/ o Representante Legal

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del estudiante si está en los grados 9-12

\_\_\_\_\_  
Fecha

Spanish

For school use:

\_\_\_\_\_  
Date Received

2021-22

**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).
- ☐ **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  
Hattie Mae White  
4400 West 18th St. | Houston, TX 77092-8501  
713-556-6000

## Student Media Consent and Release Form

*Throughout the school year, students may be highlighted in efforts to promote HISD activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of our schools through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media.*

I, as the parent or guardian of \_\_\_\_\_, **give HISD** and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

I, as the parent or guardian of \_\_\_\_\_, **do not give HISD** and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

I, as the parent or guardian of \_\_\_\_\_, **give Poe Elementary** permission to print my child's photograph in the yearbook.

I, as the parent or guardian of \_\_\_\_\_, **do not give Poe Elementary** permission to print my child's photograph in the yearbook.

- This is with the understanding that neither HISD nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness, I am also fully aware that I will not receive monetary compensation for my child's participation.
- I further release and relieve HISD, its Board of Trustees, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

### Please Print

Name of child \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Signature** of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_ Phone Number \_\_\_\_\_





**Houston Independent School District**

Hattie Mae White

4400 West 18th St. | Houston, TX 77092-8501

713-556-6000

**2021-22**

Dear Parent,

HISD has implemented Ozone Warning Procedures based on guidelines from the Texas Commission on Environmental Quality (TCEQ). There are three levels of ozone warnings. The first recommends susceptible individuals should minimize outdoor activity, the middle warning recommends that susceptible individuals avoid outdoor activity, and the third and highest recommends that all children discontinue vigorous outdoor activity. In the event that HISD notifies us of a health advisory we need to know if your child is susceptible to health problems during increased ozone levels due to a heart or lung condition. Students with such conditions will have their outdoor activity limited or withheld depending on the level of warning. If you want more information about Ozone Warnings for the City of Houston the TCEQ has a web site at [www.tceq.state.tx.us](http://www.tceq.state.tx.us). If you want more information about HISD's and Poe's policy and implementation you can ask the principal or nurse.

Thank you

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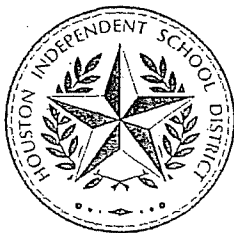
Please fill in one of the following and return the letter to the office.

My child \_\_\_\_\_ **does not** have any medical condition that requires him/her to remain indoor during ozone warnings.

My child \_\_\_\_\_ **does** have a medical condition that requires him/her to remain indoors during ozone warnings. That condition is \_\_\_\_\_.

Homeroom teacher's name \_\_\_\_\_

Parent's signature \_\_\_\_\_



2021-22

## ATTENDANCE POLICY

### Absences – School Notification

ALL students enrolled in HISD that also includes pre-kindergarten and kindergarten must follow the State Guidelines. The Houston Independent School District enforces the Laws relating to school attendance listed below, which are taken directly from the Texas Education Code.

This notice is to make it clear to the parents that you are responsible for ensuring that your child attends school each day. **Always send a Note with your child when he/she returns to school so that we can determine if the absence is excused or unexcused.**

The Texas Education Code states:

1. State Law TEC §25.095 requires a school to notify a student's parent or legal guardian if the student is absent from school *three days or parts of days* in a four-week period, without parental consent, or is absent without an excuse for ten or more days in a six-month period:

- (a) The student's parent or legal guardian is subject to prosecution under Section 25.093; for failure to require to attend school.
- (b) the student is subject to prosecution under Section 25.094.  
*that if a student fails to attend school without an excuse on ten or more days or parts of days in a six-month period in the same school year, a school district shall:*

2. Section 25.0951 requires the district to:

- (a) File a complaint against the student's parent or legal guardian both, in a justice or municipal court for an offense under Section 25.093 or 25.094 *or*
- (b) Refer the student to a juvenile court for conduct indicating a need for supervision under Section 51.03(b)(2), Family Code.

3. It is the parents or legal guardian duty to monitor the student's attendance, required to attend school, and to request a conference with a school official to discuss the absences. The parent is subject to prosecution under Section 25.093 for failure to require the child to attend.

## Tardies – Are They Absences?

You can notify the school at 713-535-3780.

If excessive tardies are an issue a letter will be sent home regarding tardiness.

Unexcused tardies are **not** converted to unexcused absences. Tardies are considered a **disciplinary issue**.

Excessive tardies and absences can be a cause for a Magnet release.

## Absent – What to Do

Students who have been absent or tardy must present a written excuse from the parents or guardian when they return to school. Excuses for absences and tardies are

- personal illness
- sickness or death in the family
- quarantine
- weather or road conditions making travel dangerous approved by HISD
- participation in school activities with permission of the principal
- juvenile court proceeding documented by a probation officer
- or "any other cause acceptable and approved by the principal, or superintendent"

Written excuses for absences or tardies should be in the school's possession no later than **three school days** after the date of the absence or tardy. The three-day period shall begin with the day the student returns to school.

## Absent – Making Up Work

Students **must** be given the opportunity to make up work missed due to all absences. Reasonable time frames for the completion of assignments must be established.

**\*My signature indicates that I have read and understood the HISD Attendance Policy**

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Students Name

---

Date

---

Parent Signature



## 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 ☐ FemaleLives with: ☐ Both Parents, ☐ Mother, ☐ Father, ☐ Legal Guardian, ☐ Caretaker/Relative without legal guardianship, ☐ Other \_\_\_\_\_ relationIs 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 ☐ NoDoes 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.

2021-22



# 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<br>First<br>Identified | Under Doctor's<br>Care? |                         | Age<br>First<br>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

2021-22

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: \_\_\_\_\_

2021-22

## Houston Independent School District

### Appropriate Use Policy for Electronic Services for Students

The Houston Independent School District strongly believes in the educational value of electronic services and recognizes the potential to support curriculum and student learning by facilitating resource sharing, innovation, and communication.

Access to the Internet allows students to explore thousands of libraries, databases, museums, and other repositories of information. Families should be aware that some material accessible via the Internet may contain items that are inappropriate, inaccurate, or potentially offensive. While the purposes of the school are to use electronic resources for constructive educational goals, students may find ways to access other materials. We believe that the benefits to students from electronic services in the form of information resources and opportunities for collaboration exceed the disadvantages. But ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. Therefore, we support and respect each family's right to deny electronic services to their student by submitting an "opt-out" form. This form is available online and should be completed and returned to your student's school.

As services become available to your student's school, access to electronic services will enable students to access *The SOURCE*, HISD's student portal, to exchange personal communication with other users, and to view their own attendance and grades. HISD will provide students access to a computer network for electronic services including mail, software applications, network services, and access to the Internet.

In compliance with the Children's Internet Protection Act (CIPA), the Houston Independent School District has implemented filtering and/or blocking software to restrict access to Internet sites containing pornography, obscene depictions, or other materials harmful to minors under 18 years of age. Additionally, content and spam filtering software is applied to all external e-mail correspondence on HISD's electronic mail system. The software will work by scanning for objectionable words or concepts, as determined by HISD. However, no software is foolproof, and there is still a risk a user may be exposed to a site or message containing such materials. A user who incidentally connects to such a site or receives inappropriate communications must immediately disconnect from the site and notify a teacher or supervisor. If a user sees another user is accessing inappropriate sites or engaging in inappropriate communication, he or she should notify a teacher or supervisor immediately. To the extent practical, steps shall be taken to promote the safety and security of users of the HISD computer network when using electronic mail, chat rooms, instant messaging, and other forms of direct electronic communications. Specifically, as required by CIPA, prevention of inappropriate network usage includes: (a) unauthorized access, including so-called "hacking," and other unlawful activities, and (b) unauthorized disclosure, use, and dissemination of personal identification information regarding minors.

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records. Under FERPA, parents or eligible students have the right to inspect and review the student's education records maintained by the school. As services become available to your student's school, students and qualified parents can view certain educational records of the student online through *The SOURCE*, HISD's student portal. These records are safeguarded through all available means and access will be restricted to parents/guardians and the student through the use of user names and passwords.

Students are responsible for appropriate behavior on the school's computer network just as they are in a classroom or on a school playground. Communications on the network are often public in nature. General school rules for behavior and communications apply. It is expected that users will comply with district standards and the specific rules set forth below. The use of the network is a privilege, not a right, and may be revoked if abused. The user is personally responsible for his/her actions in accessing and utilizing the school's computer resources. Students are advised never to access, keep, or send anything that they would not want their parents or teachers to see.

**Privacy**—Network storage areas may be treated like school lockers. Network administrators may review communications to maintain system integrity to ensure that students are using the system responsibly. The system administrators will deem what is inappropriate use and their decision is final. Also, the system administrators may close an account at any time as required. The administration, faculty, and staff of HISD may request the system administrator to deny, revoke, or suspend specific user accounts.

**Storage capacity**—Users are expected to remain within allocated disk space and delete e-mail or other material which take up excessive storage space.

**Illegal copying**—Students shall never download or install any commercial software, shareware, or freeware onto network drives or disks, unless they have written permission from the Network Administrator. Nor should students copy other people's work or intrude into other people's files.

**Inappropriate materials or language**—No profane, abusive, or impolite language shall be used to communicate nor should materials be accessed which are not in line with the rules of school behavior. A good rule to follow is never view, send, or access materials which you would not want your teachers and parents to see. Should students encounter such material by accident, they should report it their teacher immediately.

**These are rules to follow to prevent the loss of HISD network privileges.**

- ⌚ Do not use a computer to harm other people or their work.
- ⌚ Do not damage the computer or the network in any way.
- ⌚ Do not interfere with the operation of the network by installing illegal software, shareware, or freeware.
- ⌚ Do not violate copyright laws.
- ⌚ Do not view, send, or display offensive messages or pictures.
- ⌚ Do not share your password with another person or offer access to any person via your account.
- ⌚ Do not reveal your personal address or phone numbers or those of other students or colleagues.
- ⌚ Do not waste limited resources such as disk space or printing capacity.
- ⌚ Do not trespass in another's folders, work, or files.
- ⌚ Do notify an adult immediately, if by accident, you encounter materials which violate the rules of appropriate use.
- ⌚ BE PREPARED to be held accountable for your actions and for the loss of privileges if the Rules of Appropriate Use are violated. The HISD *Code of Student Conduct* addresses the consequences for violations.

The use of the Internet is an integral part of learning and teaching. It is important that students know where and how to find content relative to their needs and gain skills for collaboratively constructing, using, and communicating knowledge.

All HISD students are granted access to all electronic services available. If you DO NOT want your student to have access to electronic services, please complete and submit the opt-out form and access will be denied. If assignments require the use of the Internet, alternatives will be provided.

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### Parental Acknowledgement

I have read and understand the information above. I have spoken with my child about using the Internet, and believe my child possesses the maturity to use the electronic services in the educational environment responsibly.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Grade : \_\_\_\_\_

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## SOCIOECONOMIC INFORMATION FORM

Complete and return one form to each school where you have a child enrolled. **Print using a pen.**

### **\*CONFIDENTIAL\* - For HISD purposes only**

Houston ISD is required to collect the socioeconomic status of each student as a performance indicator for student achievement (TEC § 39 for Texas state requirements and ESEA §§1111 and 1116 for U.S. Department of Education requirements) and for use in disbursement of federal funds (ESEA §1113). This information is not shared with outside agencies.

**It is very important that families complete this socioeconomic form in order for schools to receive Title I and State Compensatory Education funding.** This funding will directly benefit your child's school. Title I and State Compensatory Education funding can be used to hire personnel, provide tutoring services, order technology, and provide professional development for teachers. We want to continue to provide these necessary learning supports, but without your assistance we may not be able to.

Campus ECO Code: \_\_\_\_\_  
For office use only

### **STEP 1 (List all Houston ISD students in the household)**

| Student ID<br>(office use only) | First Name | Last Name | MI | Date of Birth | School Name | Grade Level |
|---------------------------------|------------|-----------|----|---------------|-------------|-------------|
|                                 |            |           |    |               |             |             |
|                                 |            |           |    |               |             |             |
|                                 |            |           |    |               |             |             |
|                                 |            |           |    |               |             |             |

### **STEP 2**

Do you receive Supplemental Nutrition Assistance (SNAP)? ☐ YES ☐ NO

Do you receive Temporary Assistance to Needy Families (TANF)? ☐ YES ☐ NO

**If you answered YES on either of the above, skip Step 3 and continue to Step 4.**

**If you answered NO on both of the above, you must complete Steps 3 and 4.**

### **STEP 3 (Complete only if all answers in Step 2 are NO)**

How many total members are in the household (include all adults and children)? \_\_\_\_\_

TOTAL YEARLY INCOME BEFORE DEDUCTIONS OF **ALL** HOUSEHOLD MEMBERS \_\_\_\_\_

Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's compensation, unemployment, and all other sources of income (**before any type of deductions**)

### **STEP 4 (Check one of the following two boxes as appropriate and sign below.)**

*In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA) no student shall be required, as part of any program funded in whole or in part by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent, or legal guardian.*

☐ I certify that all the information on this form is true. I understand the school will receive federal funds and will be rated for accountability based on the information I provide.

☐ I choose not to provide this information. I understand that the school's disbursement of federal funds and accountability rating may be affected by my choice.

\_\_\_\_\_  
Parent/Guardian Name (Print)

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

\_\_\_\_\_  
Date