

Westside High School Registration 2016-2017

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 _____

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Previous High and Middle Schools Attended (In order of attendance)

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

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Past student of Westside? (Yes) _____ (No) _____ If yes, in what year(s) did student attend? _____

Any services being provided for student?

Special Ed _____ Gifted/Talented _____ Free/Reduced Lunch _____ ESL _____ School Bus _____

Step 1 Administrative Approval _____ A116	Type of Transfer _____ Local Code _____
Step 2 Nurse _____ A121	
Step 3 Registrar _____ A116	Grade Level _____ 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 Cell Phone										Student e-mail Address									
Texas Education Code §25.002(f) requires the school district to record the name, address, and birth date of the person enrolling a child.																			
Contact #1 Name (Last, First)				Relationship		Street Number		Street Name		Apartment		City		State		Zip			
Employer		Occupation		Home Phone		Work Phone		Cell Phone											
Preferred Language		<input type="checkbox"/> English <input type="checkbox"/> Spanish		<input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____		Translator Needed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		e-mail Address									
Contact #2 Name (Last, First)				Relationship		Street Number		Street Name		Apartment		City		State		Zip			
Employer		Occupation		Home Phone		Work Phone		Cell Phone											
Preferred Language		<input type="checkbox"/> English <input type="checkbox"/> Spanish		<input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____		Translator Needed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		e-mail Address									
Contact #3 Name (Last, First)				Relationship		Street Number		Street Name		Apartment		City		State		Zip			
Employer		Occupation		Home Phone		Work Phone		Cell Phone											
Preferred Language		<input type="checkbox"/> English <input type="checkbox"/> Spanish		<input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____		Translator Needed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		e-mail Address									
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:									

**HOUSTON INDEPENDENT SCHOOL DISTRICT
 HOME LANGUAGE SURVEY
 (PK – 12)
 (English)**

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) City _____ Country _____	(I) Date of initial entry into U.S. schools 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? (Check one.) <input type="checkbox"/> Yes, my child attended school regularly in all previous grades outside the U.S. <input type="checkbox"/> 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. _____		
(M) Has your family worked in either the AGRICULTURE or FISHING INDUSTRY in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PART B:

1. What language is spoken in your home most of the time? English _____ Spanish _____ Vietnamese _____ Other (Specify) _____	
2. What language does the student (do you) speak most of the time? English _____ Spanish _____ Vietnamese _____ Other (Specify) _____	
Grades PK – 8 _____ (Parent or Guardian) _____ (Date)	Grades 9 – 12 _____ (Parent or Guardian or Student) _____ (Date)

NOTE TO SCHOOL PERSONNEL:

- Signed copy of the Home Language Survey (HLS) must be filed 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. Item marked with an (M) is required for identification of migrant students.
- 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 written 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 4 weeks of enrollment.

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**

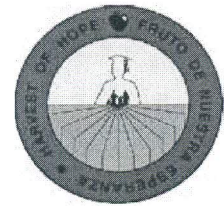
Part 2. Race: What is the person's race? (Choose one or more)

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



FAMILY SURVEY
2015-2016

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. Has your family moved any time during **the last three years** from one school district to another in Texas or within the United States?


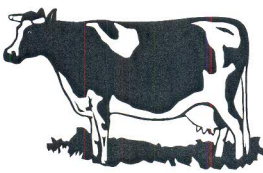

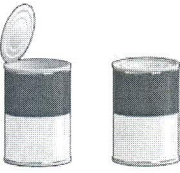



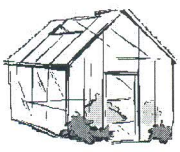
YES ☐ (Continue to question 2)

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



2015-2016 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 _____ 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)

☐ Catastrophic illness / medical expenses / disability

☐ Natural disaster / evacuation

☐ New to Town

☐ Domestic Issue

☐ Loss of Employment

☐ Migrant work in fishing or agriculture

☐ Economic hardship/low earnings

☐ Awaiting placement in foster care / CPS custody

☐ Evicted/kicked out

☐ Parent(s) involved in military deployment

☐ House fire or other destruction

☐ 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)

☐ Enrollment Assistance

☐ Transportation

☐ Emergency Clothing, Uniforms

☐ Free Lunch/Breakfast (Child Nutrition)

☐ School Supplies

☐ Personal Hygiene Items

☐ Immunizations

☐ Medicaid/CHIP Assistance

☐ Food Stamps (SNAP) Assistance

☐ Temporary Assistance for Needy Families (TANF)

☐ 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.