

. If you do not have all documents, I will have to wait until I have all these documents before I can register your child...

For Pk students

1. Birth certificate
2. Shot record
3. Social security
4. Parent or guardian ID
5. Proof of income
6. Proof of address

KN thru 5th grade

1. Birth certificate
2. Shot record
3. Social security
4. Parent or guardian ID
5. Proof of address

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
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



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 _____