

Golfcrest Elementary School
Enrollment / Registration Packet
2022 – 2023



Student Name: _____
Nombre Estudiante

Date of Birth: _____
Fecha de nacimiento

Student ID #: _____

Grade: _____

Age: _____

Documents to Enroll

- Birth certificate / Certificado de Nacimiento
- Proof of Address / Comprobante de direccion
(Utility bill – light, water, gas, apartment contract/lease
Factura de servicios públicos: luz, agua, gas, contrato /
arrendamiento de apartamentos)
- Parent ID / IDENTIFICACIÓN de los padres
- Immunization record / Registro de inmunización
- Social Security card / Tarjeta de Seguro Social
- Proof of Income / Comprobante de ingresos
(PK only / solo PK)

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"/> Other	<input type="checkbox"/> Father <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"/> Native Hawaiian/Other Pacific Islander		<input type="checkbox"/> Asian <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 <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:		

**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

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:

_____ Hispanic / Latino

_____ Not Hispanic/Latino

Race – choose one or more:

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

Observer signature:

Campus and Date:

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: _____
<small>For office use only</small>

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

Student ID <small>(office use only)</small>	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

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

STUDENT RESIDENCY QUESTIONNAIRE (SRQ)

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: _____
(relationship)

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

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) 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).

PARENTING STUDENT: Yes No (A student who has a child/children).

Part B: BACKGROUND SITUATION (If a Transitional Housing Situation is checked above – please check any below that apply)

- Catastrophic illness/ Medical expenses / disability
- House fire or other destruction
- Parent(s) involved in military
- New to Town
- Natural disaster/evacuation
- Parent Incarcerated/Recently released
- Loss of Employment
- Domestic Issue
- Student has been previously incarcerated
- Economic hardship/low earnings
- Migrant work in fishing or agriculture
- Awaiting placement in foster care/CPS custody
- Evicted/kicked out
- Student is a parent
- COVID-19 impacted: _____

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
- School Supplies
- Personal Hygiene Items
- Free Lunch/ Breakfast
- Immunizations
- SNAP/Medicaid/ TANF/CHIP
- Housing
- Food
- Homeless Verification Letter for FAFSA
- 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 in HISD Connect under the Homeless tab (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) Add requested services under the Services Tab (4) 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.



**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:

<input type="checkbox"/> Tires easily	<input type="checkbox"/> Earaches	<input type="checkbox"/> Wheezing, shortness of breath with exercise
<input type="checkbox"/> Frequent headaches	<input type="checkbox"/> Difficulty making friends	<input type="checkbox"/> Nail Biting
<input type="checkbox"/> Fainting	<input type="checkbox"/> Coughs frequently at night	<input type="checkbox"/> 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 _____

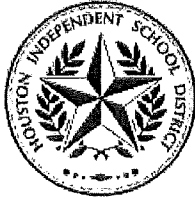
What type of medical insurance do you carry for this child?

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 _____

This document is to be maintained in the Student's Cumulative Folder



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: _____

HOUSTON INDEPENDENT SCHOOL DISTRICT

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?

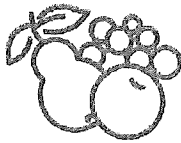
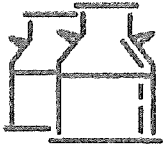

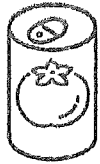




YES (Continue to question 2)

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)

 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"/>

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/200065674657156>
 MIGRANT EDUCATION PROGRAM
 4400 W. 18th Street, Route 1 | Houston, TX 77092 | 713-556-7288
 HISD Multilingual Programs | 713-556-6980 Fax | January 2020

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 _____



Emergency Contact Form 2022-2023

Golfcrest Elementary School
7414 Fairway Houston TX 77087
713-845-7425
Miguel Lopez-Blanco, Principal

Student Name

Teacher

Address

Zip Code

Parents,

This form will be used when your child needs to be picked up early in case of emergencies, bad weather or doctor appointments. It is very important that you list **ALL** the names of the people who are **AUTHORIZE** by you to take your child out of school early. **PERSON PICKING UP STUDENT MUST BE 18 YEARS OF AGE OR OLDER AND A VALID PICTURE I.D. MUST BE PRESENTED AT THE TIME OF PICK UP.** Please complete and sign the form and return to your child's teacher as soon as possible. Mother and/or father can not be removed without legal paperwork stating they are no longer responsible for the child.

Parent & Authorized Person	Home Phone	Cell Phone	Work Phone	Relationship
Mother				
Father				

Parent Signature

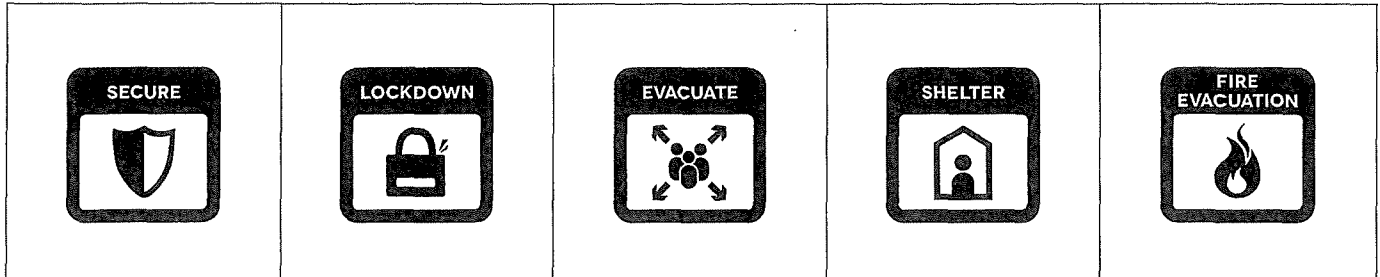
Date

HOUSTON INDEPENDENT SCHOOL DISTRICT

SAFETY ACKNOWLEDGMENT FORM

Safety is a top priority for HISD, and the district is committed to providing a safe environment for our students and staff. Safety drills and training are conducted as required by Texas Education Code and under guidance from organizations including but not limited to the Texas School Safety Center, Safe and Secure Schools, Sandy Hook Promise, and State Code Compliance.

REQUIRED SAFETY DRILLS CONDUCTED INCLUDE:



In the event of an emergency or incident that requires reunification of students with their parents or guardians, the district has adopted the "I Love U Guys" Foundation Standard Reunification Method (SRM). The SRM provides a proven method for planning, practicing, and achieving a successful reunification. During any emergency situation the district will use multiple resources including, news outlets, social media, automated calls, and/or email to communicate with its targeted audience.

The district is committed to being proactive in emergency management and planning. This requires support and understanding. Safety starts with you. It is important to talk to your children about safety. If you see something, say something. Anonymous reporting of safety concerns, suspicious activity, student and/or workplace bullying, etc. is available to everyone by calling **713-641-7446**, online via the anonymous reporting system HoustonISD.org/AnonymousReporting or by downloading the **SAYSOMETHING MOBILE APP**. ***Ensure you have the most up to date information and emergency contact at the campus level for effective communication.***

____ I HAVE READ THE HISD SAFETY ACKNOWLEDGMENT FORM

Student Last Name First Name Grade

Parent or Guardian's Printed Name Date

Parent or Guardian's Signature Date



HOUSTON INDEPENDENT SCHOOL DISTRICT POLICE DEPARTMENT
 3500 Tampa, Houston, TX 77021
 TEL 713-842-3715 • FAX 713-842-3752



Pedro "Pete" Lopez
 Chief of Police

RE: STATE OF TEXAS LAWS PERTAINING TO SAFE GUN STORAGE AND RESPONSIBILITIES OF PARENTS/GUARDIANS

Dear Parent/Guardian:

The Houston Independent School District (HISD) is dedicated to a safe learning environment both at school and at home. In 2020, 10 school shootings occurred across our nation, causing serious injuries to 40 people. Nineteen died because of their injuries. In Texas schools, six children were killed by firearms. Across the nation, approximately 4.6 million children live in a home with at least one unlocked and loaded firearm. HISD recognizes that proper gun storage education and laws are essential to ensuring a gun-free campus. To further our efforts to protect students from firearms and as a courtesy to our families, HISD is informing parents and guardians of the legal obligations to protect minors from negligent gun storage. Please review the state statute on gun storage laws summarized below:

Texas State Law 46.13 "Making a Firearm Accessible to a Child"

In the state of Texas, a "child" is defined as a person under the age of 17. The statute indicates that a person commits an offense if a child gains access to a readily dischargeable firearm and the person with criminal negligence:

- (1) failed to secure the firearm; or
- (2) left the firearm in a place to which the person knew or should have known the child would gain access.

Respectfully,

Pedro "Pete" Lopez, Jr.
 HISD Chief of Police

-----CUT HERE AND RETURN TO YOUR SCHOOL PRINCIPAL-----

SAFE GUN STORAGE ACKNOWLEDGEMENT FORM

Please sign below acknowledging receipt of this information.

Student Name (Please Print) _____

Parent/Guardian Name (Please Print) _____

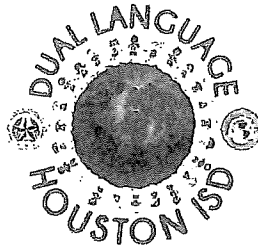
Parent/Guardian Signature _____

Date _____

Golfcrest Elementary School

Target Language:

Spanish



Miguel Lopez Blanco

Principal

12401 South Coast Dr

Houston, Texas 77047

Phone: 713-732-3630 | Fax: 713-732-3633

Houston ISD Dual Language Program

Parent Commitment Form for Pre-K and Kindergarten students*

I would like to enroll my child in the Dual Language Program. I understand that I will receive a confirmation letter from the school indicating the status of my child's enrollment.

The goals for Dual Language students are:

- Development of fluency and literacy in English and in an additional language. (Bilingualism)
- Demonstration of mastery in all academic areas in English and the target language. (Biliteracy)
- Promotion and development of cross-cultural sensitivity.

Child's Name			Entering Grade	
Birthdate		Previous School		
Address			City/State/Zip	
Home Phone				

Parent's Name		Wk Phone		Cell Phone	
---------------	--	----------	--	------------	--

Parent's Name		Wk Phone		Cell Phone	
---------------	--	----------	--	------------	--

Email: _____

Zoned to _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	If not, school name: _____
Dual Language Transfer requested	<input type="checkbox"/> yes	<input type="checkbox"/> no	School name: _____
Sibling attending _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	Sibling's name: _____

According to dual language research, I understand that long-term participation of 5 to 7 years is required for the benefits of the program to be fully realized. With my signature below, I agree to the following requirements for enrollment and continuation in the program:

- I agree to continue enrollment of my child in the Dual Language program for the next 5 to 7 years.
- * I agree that the following students may only enter in Pre-K or Kindergarten provided that there is availability:
 - ✓ Native English speakers
 - ✓ Students who speak a language other than the target language
- I agree to provide parental support/volunteerism for a minimum of 5 hours per semester.
- I agree to provide encouragement and support for biliteracy and bilingualism for my child.

Signature		Date	
-----------	--	------	--

Required Documents for Enrollment

- Proof of Residence (lease agreement, recent utility bill, or proof of mortgage)
- Birth Certificate
- Parent's ID (State driver's license, state identification card, or passport)
- Student's Immunization Records
- Non-ELL students Grades 1-5 must show documentation of previous Bilingual/Dual Language program enrollment

NOTE: The only official notification of enrollment will be on a school letter signed by the principal. Submission of this form does not ensure enrollment to the program.

Office Use only	Date received:	Time received:	Received by:
-----------------	----------------	----------------	--------------



STATEMENT OF RESIDENCE

STATE OF TEXAS]

COUNTY OF HARRIS]

BEFORE ME, the undersigned authority, on this day personally appeared

_____, who on his/her word says:

My name is _____ and I live at

_____ Apt. # _____ in Houston, Texas, 77 _____.

This is the legal residence of _____

who is my _____.

Because of circumstances beyond my control, my child(ren) and I must reside at this address.

I agree to provide to the principal of _____ School, and the Attendance Boundaries and Transfer Department, notification of change of address when such occurs.

I further agree to withdraw _____ from the school in the event the above statement is found to be incorrect.

CERTIFICATION

I hereby certify that the information stated herein is true and accurate to the best of my knowledge. I am not making this request for the purpose of obtaining some benefit or admission into a school or program of the Houston Independent School District. I understand that submitting this form with false information may constitute a violation of Section 37.10 of the Texas Penal Code.

Signed this the _____ day of _____, 20_____

Signature

Please Print Name

Campus Employee's Signature

Title

HOUSTON INDEPENDENT SCHOOL DISTRICT

CODE OF STUDENT CONDUCT CÓDIGO DE CONDUCTA ESTUDIANTIL

Students and parents are expected to become familiar with the provisions of the districtwide *Code of Student Conduct* and the rules and regulations adopted and implemented by individual schools. Students are also expected to abide by the policies set forth in the *Code* so that they can get the most out of their years in school.

Todos los estudiantes y sus padres deben familiarizarse con las directivas del Código de Conducta Estudiantil vigente en el Distrito y con las reglas y normativas adoptadas e implementadas en las escuelas. Es de esperar también que los estudiantes cumplan con las normas del Código para que puedan lograr el máximo provecho de su carrera escolar.

You may access the entire *HISD Code of Student Conduct* online at www.HoustonISD.org/CodeofConduct or by requesting a copy at the front office of your student's school.

El Código de Conducta Estudiantil de HISD completo se encuentra en www.HoustonISD.org/CodeofConduct y es posible además obtener una copia impresa en la recepción de la escuela de su hijo.

Parent and Student Acknowledgement and Optional Request for Printed Copy of the Code of Student Conduct

Confirmación de recibo del Código de Conducta Estudiantil y opción de solicitar una copia impresa

No, I do not want a printed copy of the *HISD Code of Student Conduct*, as I will access it online at www.HoustonISD.org/CodeofConduct.

No, no necesito una copia impresa del Código de Conducta Estudiantil de HISD ya que lo consultaré en línea en www.HoustonISD.org/CodeofConduct.

Yes, I do want a printed copy of the *HISD Code of Student Conduct*.

Sí, quiero tener una copia impresa del Código de Conducta Estudiantil de HISD.

It is important that every student understands the *Code of Student Conduct* and is expected by his or her parent(s) or guardian(s) to follow the rules and regulations set forth in it. By signing below, the parent and student acknowledge that they understand how to access and obtain a printed copy of the *Code*. These signatures also certify that both parent and student accept their responsibilities as described in the *Code of Student Conduct*.

Es importante que todos los estudiantes entiendan el Código de Conducta Estudiantil y que sus padres o tutores les exijan que sigan las reglas y directivas establecidas en él. Al firmar al pie, los padres y el estudiante afirman que comprenden cómo lograr acceso al Código en línea y cómo obtener una copia impresa. Las firmas certifican también que tanto los padres como el estudiante aceptan las responsabilidades descritas en el Código de Conducta Estudiantil.

Student Last Name Apellido del estudiante	First Name Nombre	Grade Grado	Student ID Number Núm. de identificación estudiantil
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Student Signature Firma del estudiante	Date Fecha
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Parent or Guardian's Signature Firma del padre o tutor	Date Fecha
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