

Houston Independent School District

KELSO ELEMENTARY SCHOOL

Enrollment Information

20 20 - 20 21

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 <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"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American <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	
<input type="checkbox"/> CHIP <input type="checkbox"/> Medicaid <input type="checkbox"/> HCHD <input type="checkbox"/> Private Insurance <input type="checkbox"/> None		What type of medical insurance do you carry for this child?		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:		

ADDITIONAL EMERGENCY CONTACTS

- EMERGENCY PICK-UP CONTACT #1: _____ PHONE#: _____
RELATIONSHIP: _____
- EMERGENCY PICK-UP CONTACT #2: _____ PHONE#: _____
RELATIONSHIP: _____
- EMERGENCY PICK-UP CONTACT #3: _____ PHONE#: _____
RELATIONSHIP: _____
- EMERGENCY PICK-UP CONTACT #4: _____ PHONE#: _____
RELATIONSHIP: _____
- EMERGENCY PICK-UP CONTACT #5: _____ PHONE#: _____
RELATIONSHIP: _____

ATTENDANCE AGREEMENT

Attendance is important. Unexcused absences will result in a report to Truancy Family Court. If you know that your student will be out, please make sure that you communicate with the front office staff at (713) 845-7451 by 8am. We must receive excuse notes within 3 days of your child's return. Parent notes will only be accepted up to 8 times within the school year. Any other absences must be excused by a doctor or a legal document. Our goal here at Kelso for attendance is 98%. We will frequently be rewarding good attendance and would love for all our scholars to be a part of the celebrations.

I have read the information above regarding attendance and understand the proper protocol for absences.

PARENT NAME (PRINT)

PARENT 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. 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:
<https://projects.esc20.net/upload/page/0081/docs/JuneUpdates/EnglishLearnerIdentification-ReclassificationFlowchart.pdf>

This survey shall be kept in each student's permanent record folder.

NAME OF STUDENT: _____ STUDENT ID #: _____

ADDRESS: _____ TELEPHONE #: _____

CAMPUS: KELSO ES

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

NOTE: If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if:
1) your child has not yet been assessed for English proficiency; and
2) your written correction request is made within two calendar weeks of your child's enrollment 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.

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

Campus ECO Code: _____
For office use only

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

STUDENT ASSISTANCE QUESTIONNAIRE (SAQ)

All information MUST be completed by parent, school personnel or community liaison.

School KELSO ES 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)

- | | |
|---|---|
| <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 _____ | |

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.

HOUSTON INDEPENDENT SCHOOL DISTRICT

FAMILY SURVEY

STUDENT NAME:	DATE OF BIRTH:
CAMPUS NAME: KELSO ES	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?

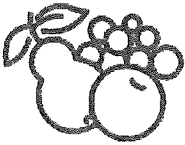
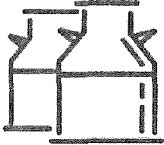






YES (Continue to question 2)

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 KELSO ES _____

Signature of parent or guardian _____

Date _____ Phone Number _____

HOUSTON INDEPENDENT SCHOOL DISTRICT

MILITARY CONNECTED FAMILIES SURVEY

All information **MUST** be completed by parent, school personnel or community liaison.

School KELSO ES Date _____

Student Name _____ HISD ID# _____

Dear Parent or Guardian,

The State of Texas requires schools to collect data relating to the enrollment of military-connected students. This collection is done to allow educational institutions the ability to monitor critical elements of education success for children who are dependents of military personnel, and show the state's commitment to military personnel and their children.

For students in grades Kindergarten through 12:

1. The student is a dependent of an active duty member of the United States Army, Navy, Air Force, Marine Corps, or Coast Guard

Yes No

2. The student is a dependent of a member of the Texas National Guard (Army, Air Guard, or State Guard)

Yes No

3. The student is a dependent of a member of a reserve force in the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard)

Yes No

For pre-kindergarten students only:

4. The student is a dependent of an active duty uniformed member of the Army, Navy, Air Force, Marine Corps, or Coast Guard, or activated/mobilized uniformed member of the Texas National Guard (Army, Air Guard, or State Guard) who was injured or killed while serving on active duty.

Yes No

HOUSTON INDEPENDENT SCHOOL DISTRICT

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

Student Signature
Firma del estudiante

Date
Fecha

Parent or Guardian's Signature
Firma del padre o tutor

Date
Fecha