



Ruby L. Thompson Neighborhood Vanguard School  
Erica Brame- Manuel, Principal  
6121 Tierwester Street  
Houston, Texas 77021  
(713) 746-8250- Fax: (713) 746-8104



## **GENERAL STUDENT REGISTRATION INFORMATION for 2020-2021**

Included with the enrollment packet is a sheet entitled “2020-2021” REGISTRATION CHECKLIST” The documents listed on that page will be required for all new students registering in PK-5<sup>th</sup> grade. All original documents will be photocopied and returned to you. Registration forms are available in the front office.

We **will not** accept incomplete enrollment packets; you must have **everything** with you to enroll. Registration packets **cannot** be dropped off at the front office to be processed. Your child’s enrollment is not complete without all the required documents. We do not “hold” spots for children whose enrollment packet is not complete. WE WILL ACCEPT ENROLLMENTS THAT ARE COMPLETE EXCEPT FOR THE IMMUNIZATION RECORDS. HOWEVER, THE IMMUNIZATION RECORDS **MUST** BE COMPLETE AND UP TO DATE **NO LATER THAN** THURSDAY, AUGUST 20, 2020 OR WE WILL GIVE YOUR SLOT TO ANOTHER FAMILY.

### **AGE REQUIREMENT:**

Under Texas State Law, a child must be 4 years of age on or before September 1<sup>st</sup>, to enroll in PreK in a Texas Public School. There are no exceptions to this law.

All 4yr old are enrolled before 3yr old. 3 years of age **must** be potty trained.



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### 2020-2021 REGISTRATION CHECKLIST

#### **Bring all items listed below (that pertain to you) when you register**

Pre-Enrollment Form (A final copy will be sent home on the first day of school to be completed and returned to school)

- Certified Copy of Birth Certificate (Passport will be accepted if born outside the US)
- Child's Social Security Card (if you do not provide the original social security card, HISD will assign another 9digit number to be used).
- Immunization records (must be up to date) (4yr old immunization)
- Health Inventory Form
- Home Language Survey
- Texas Public School/Staff Ethnicity and Race Data Questionnaire
- Student Educational Background Information Form
- Parent Input Form (2 pages, optional; strongly encouraged for students new to our campus)
- Students enrolling 1<sup>st</sup>-5<sup>th</sup> will need the last report card from their previous school to verify grade placement, and any standardized testing or withdrawal information from the previous school. A gifted and talented identification matrix and a status report from the previous HISD School are needed to qualify for placement in the Gifted and Talented program.
- Parents/Guardian bring Texas Driver's License with **zoned address**. Incoming Parents new to the United States bring your passport if you have not obtained a driver's license. Citizens returning to the US may bring their US Passport until they obtain their Texas Driver's License
- Certified copy of Child Support Custody Documents

#### **Bring Proofs of Residency (that pertain to you) when you register:**

- Most current **electric**
- Most current **gas**
- Most current **water**

**Bill shows residential service with name and address of residents or confirmation letter of application on utility company letterhead, unless included in lease.**

If you own your home bring Harris County Appraisal District statement showing homestead exemption for current year. New homeowners bring General Warranty Deed or Settlement Statement if you recently purchased a home showing the purchase date, name and address.

If you are purchasing a home in the school zone bring a signed contract within 30 days of closing. Final closing documents must be submitted and you must be living in the resident or in a zoned temporary residence.

Lease Agreement- if you are **currently** leasing a home, condo, townhouse, apartment the lease must list **all occupants** living at that address. **Bring complete lease agreement with all signatures.** Must state in lease if utilities are paid by the landlord. All lease and rental agreements will be verified. If applicable, also bring receipt showing current month's rent.



## Student Travel History-Enrollment Questionnaire

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Have you or anyone in your family lived in or traveled to a country with coronavirus transmission in the past 14 days?

☐ Yes ☐ No

2. Have you or anyone in your family had contact with an individual with confirmed coronavirus within the previous 14 days?

☐ Yes ☐ No

\_\_\_\_\_  
Printed name of person completing form

\_\_\_\_\_  
Signature of person completing form

If YES is answered to any of these questions, please contact the school health clinic.

If NO is answered to all of these questions, proceed with enrollment process.

# Houston Independent School District

## Enrollment Information

2020 - 2021

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 08/03/2020		Date of Birth	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Legal Student Last Name		First Name		Middle Name	
				Generation (Jr., III, etc.)	
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	
Employer		Occupation		Home Phone	
				Work Phone	
Preferred Language		<input type="checkbox"/> English <input type="checkbox"/> Spanish		Translator Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
e-mail Address					
Contact #2 Name (Last, First)		Relationship		Street Number	
				Street Name	
Employer		Occupation		Home Phone	
				Work Phone	
Preferred Language		<input type="checkbox"/> English <input type="checkbox"/> Spanish		Translator Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
e-mail Address					
Contact #3 Name (Last, First)		Relationship		Street Number	
				Street Name	
Employer		Occupation		Home Phone	
				Work Phone	
Preferred Language		<input type="checkbox"/> English <input type="checkbox"/> Spanish		Translator Needed? <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 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. 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: \_\_\_\_\_

**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

## CUESTIONARIO SOBRE EL IDIOMA QUE SE HABLA EN EL HOGAR

19 TAC Chapter 89, Subchapter BB, §89.1215

(SOLO para estudiantes que se inscriban en la escuela, prekínder a 12º grado)

**PARA LOS ESTUDIANTES DE PREKÍNDER A OCTAVO GRADO, ESTE CUESTIONARIO DEBE LLENARLO EL PADRE O TUTOR. LOS ESTUDIANTES DE 9º A 12º GRADO PUEDEN LLENARLO ELLOS MISMOS.** El estado de Texas requiere que la siguiente información se obtenga para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Es responsabilidad del padre o tutor, no de la escuela, proporcionar la información requerida en las siguientes preguntas sobre el idioma de la familia.

Estimado padre o tutor:

Para determinar si su hijo podría beneficiarse de los servicios de los programas bilingües o de inglés como segundo idioma, por favor conteste las dos preguntas planteadas abajo.

Si alguna de sus respuestas indica el uso de un idioma diferente del inglés, el distrito escolar deberá realizar una evaluación para determinar hasta qué punto su hijo se comunica bien en inglés. El resultado de la evaluación se usará para determinar si es apropiado proveer a su hijo servicios de programas bilingües o de inglés como segundo idioma, y para guiar las recomendaciones sobre la instrucción y la asignación a un programa escolar adecuado. Si tiene preguntas sobre el propósito y el uso de este cuestionario, o si necesita ayuda para completarlo, por favor comuníquese con el personal del distrito escolar.

Para ver más información sobre el proceso requerido, por favor visite el siguiente sitio web:

<https://projects.esc20.net/upload/page/0081/docs/LPAC-TrainingFlowchartSpanish-Accessible.pdf>.

**Esta encuesta debe permanecer archivada en el expediente permanente del estudiante.**

NOMBRE DEL ESTUDIANTE: \_\_\_\_\_ NÚM. DE ID: \_\_\_\_\_

DIRECCIÓN: \_\_\_\_\_ TELÉFONO: \_\_\_\_\_

ESCUELA: \_\_\_\_\_

**NOTA: INDIQUE SÓLO UN IDIOMA EN CADA RESPUESTA.**

1. ¿Qué idioma se habla en la casa del estudiante **la mayor parte del tiempo**?

\_\_\_\_\_

2. ¿Qué idioma habla su hijo **la mayor parte del tiempo**?

\_\_\_\_\_

\_\_\_\_\_  
Firma del padre o tutor

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del estudiante, si cursa un grado entre 9º y 12º

\_\_\_\_\_  
Fecha

**AVISO:** Si cree que cometió un error cuando completó esta encuesta sobre el idioma que se habla en el hogar, podrá solicitar una corrección, por escrito, solamente si:

- 1) todavía no se le ha administrado a su hijo la evaluación de dominio del inglés; y
- 2) se presenta la solicitud escrita de corrección en el lapso de las dos semanas calendario siguientes a la inscripción.

**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.

<hr/> Student/Staff Name (please print)	<hr/> (Parent/Guardian)/(Staff) Signature
<hr/> Student/Staff Identification Number	<hr/> Date



# HOUSTON INDEPENDENT SCHOOL DISTRICT

## HEALTH INVENTORY

SCHOOL Thompson EL - 243

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 \_\_\_\_\_





## DISTRITO ESCOLAR INDEPENDIENTE DE HOUSTON

### INVENTARIO DE SALUD

ESCUELA Thompson Elementary School FECHA \_\_\_\_\_

MAESTRO(A) \_\_\_\_\_ ÚLTIMA ESCUELA A LA QUE ASISTIÓ \_\_\_\_\_

Favor de completar esta forma y regresarla al maestro(a) o enfermero(a). La información de este formulario ayudará al personal de la escuela a comprender mejor las necesidades de salud de su hijo(a):

Nombre \_\_\_\_\_ Sexo \_\_\_\_\_ Fecha nac. \_\_\_\_\_ Peso al nacer \_\_\_\_\_

Dirección \_\_\_\_\_ Teléfono \_\_\_\_\_

¿Alguna vez el doctor le dijo que su hijo(a) tiene:

	Edad identificado	¿Está bajo cuidado médico?		Edad identificado	¿Está bajo cuidado médico?
Asma			Problemas de los huesos/articulación		
Alergias			Fiebre reumática		
Trastorno sanguíneo			Cirugía/fracturas		
Diabetes			Enfermedad T. B.		
Epilepsia/ataques			Pérdida de la audición		
Enfermedad del corazón			Pérdida de la visión		
Trastornos del riñón			Calambres menstruales severos		
Cáncer			Trastornos de la alimentación		

Marque si ha observado algo de lo siguiente en su hijo(a):

\_\_\_\_\_ Se cansa fácilmente      \_\_\_\_\_ Dolor de oído      \_\_\_\_\_ Silbido o poco aliento cuando hace ejercicio  
\_\_\_\_\_ Dolor de cabeza frecuente      \_\_\_\_\_ Dificultad para hacer amigos      \_\_\_\_\_ Se come las uñas  
\_\_\_\_\_ Desmayos      \_\_\_\_\_ Tose frecuentemente por la noche      \_\_\_\_\_ Inquietud

¿El doctor ha examinado a su hijo(a) por alguna causa mencionada arriba? ☐ Sí ☐ No

¿Su hijo(a) toma algún medicamento? ☐ Sí ☐ No

¿Cuál? \_\_\_\_\_

¿Para qué condición? \_\_\_\_\_

Otro comentario \_\_\_\_\_

¿Qué tipo de seguro médico tiene su hijo(a)?

CHIP ☐ Medicaid ☐ HCHD ☐ Seguro médico privado ☐ No tiene ☐

Favor de visitar a la enfermera (o director(a)) si su hijo(a) es:

- Una adolescente embarazada o con hijos  
y/o
- Tiene alergia mortal a ciertos alimentos

Firma \_\_\_\_\_



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## Student Educational Background Information

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

Date: \_\_\_\_\_

### List Previous Schools Attended:

<u>Name of School</u>	<u>Dates Attended</u>	<u>Grade</u>	<u>Retained/Promoted</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please circle if any of the following programs/classes/services this student attended/received at ANY time during his/her educational career:

LEP (limited English)      ESL      Bilingual Dual Language      Resource Room  
Resource Reading      Resource Lang Arts      Content Mastery Homebound      Home schooling  
Hospital Education Services      Private School      Physical Therapy      Dyslexia Services ARD  
504 Services      Psychological Services      Individualized Education Plan      Referral for psychological test  
Referral for Academic test      Any special program or services (please list): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that this student has been involved in the above listed programs, classes, or services

Parent/Guardian Printed Name: \_\_\_\_\_

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

Date: \_\_\_\_\_



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## Parent Input Form- PreK-Kindergarten

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Does your child know the alphabet (ABC's)? **YES or NO**

Does your child know the letter sounds and blends? **YES or NO**

Can your child sound out basic words from a printed text? **YES or NO**

Can your child read a basic sentence? **YES or NO**

Can our child read a book? **YES or NO** If so, please list and example: \_\_\_\_\_

Can your child write numbers to 20? **YES or NO**

Can your child do simple addition (i.e.:  $2+1$ ,  $3+2$ ,  $1+1$ , etc.)? **YES or NO**

Can your child do simple subtraction (i.e.:  $4-1$ ,  $5-3$ ,  $6-2$ , etc.)? **YES or NO**

What is your child's favorite subject or activity? \_\_\_\_\_

Any other information you would like us to know: \_\_\_\_\_

You may attach additional sheets if necessary.

Please return to Thompson Elementary School office no later than

**Monday, August 10<sup>th</sup>, 2020**

Thanks!



# HOUSTON INDEPENDENT SCHOOL DISTRICT APPLICATION FOR PREKINDERGARTEN 2020-2021

Sec. 29.153 of the Texas Education Code lists qualifications of children for Prekindergarten programs. The child whose name appears below is applying to be considered for entry into the Houston Independent School District's Prekindergarten program. Prekindergarten classroom assignment will be based on the child's home language. Please complete the application by printing the required information.

## Criteria for Admittance

- Child will be 4 years of age on or before September 1, 2020 AND a resident of HISD.
- Child meets immunization requirements, and also meets at least one of the following conditions:
  - Child is unable to speak and comprehend the English language
  - Child is economically disadvantaged (defined below), or
  - Child meets any eligibility criteria for Head Start, or
  - Child is homeless, as defined by [42 USC 11434a],
  - Child is or ever has been in the conservatorship of the Department of Family and Protective Services following an adversary hearing held as provided by Section 262.201, Family Code, or
  - Child of active duty member of armed forces or child of an armed forces member injured, killed, or missing in action while on active duty

## Child & Family Information

Child's Name	
Child's SSN	
Birthdate	
Child's Age on Sept. 1	
Parent's Name	
Address	
Phone #	

## Family Income

Household Member	Job Income	Payroll Schedule	Other Income	Payroll Schedule
1.	\$	YR MO WK	\$	YR MO WK
2.	\$	YR MO WK	\$	YR MO WK
Total Number in Household				

## Parent Statement of Understanding

I understand the school officials may verify the information on this application document. If investigation indicates false information has been provided and the child is not eligible to participate in the program, the child may be withdrawn to make room for a child who is eligible. I certify that all the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of funds and that deliberate misrepresentation of the information may subject me to prosecution under applicable state laws.

Parent Signature

Date

## FOR COMPLETION BY SCHOOL PERSONNEL

### APPROVAL BASED ON:

- ☐ Limited English Proficient
  - o Home Language Survey must indicate child hears/speaks a language other than English at home.
  - o Child has been tested with oral Language assessment (Attach proof of assessment and scores. A score of Non-English Speaking OR Limited English Speaking indicates eligibility as LEP.)
  - o Parent must sign Notification of Enrollment in Bilingual/ESL Program.
- ☐ Homeless
  - o Child lacks a fixed, regular, and adequate residence.
  - o Primary nighttime residence is a supervised public or private shelter designed to provide temporary living accommodations, or an institution that provides temporary residence for individuals intended to be institutionalized.
  - o Primary nighttime residence is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings
- ☐ Proof of Income Eligibility
  - o Current paycheck stub, current pay envelope, letter from employer stating gross wages paid and how often they are paid, unemployment, worker's comp.
  - o or disability payment stub, current SNAP, or TNAF case number for free meals
  - o Acceptable documentation for self-employment income include: business or farming documents (ex. Ledgers and/or self-issued pay stub, 2019 tax return)
- ☐ Military Member's Child
- ☐ Foster Care
- ☐ NSLP to include all children who meet any eligibility criteria for Head Start

### 2020-2021 Income Chart to Determine Economic Disadvantage Prekindergarten

Total # in Household	Annual	Monthly	Weekly
1	\$23,606	\$1,968	\$454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
For each additional member add:	+8,288	+691	+160

ALTERNATE STATE ID: \_\_\_\_\_

HISD PERMANENT ID: \_\_\_\_\_

- ☐ Birth Certificate
  - ☐ Proof of Residency
  - ☐ Immunization Records (clinic record, doctor's statement, or proof of exempt)
- \_\_\_\_ Approved \_\_\_\_ Not Approved

Signature of Principal or Designee

Date