

TINSLEY ELEMENTARY SCHOOL

"D.R.E.A.M."

11035 Bob White, Houston, TX 77096
(713) 778-8400 phone | (713) 778-8405 fax

MyThesia Johnson, Principal

REQUIREMENTS FOR REGISTRATION

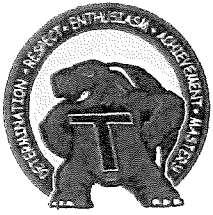
At Tinsley Elementary, we provide instruction in grades 1-5.

To be eligible to enroll a student, a person must be the parent or legal guardian of the student or must have a notarized written confirmation from parent/Guardiola giving that person permission to enroll.

Please make sure the following items are available at the time of registration:

1st Grade Enrollment— must be 6 years old on or before September 1.

- Proof of Address (current unexpired lease or mortgage bill with parent name on it) SDMC approved
- Legal Birth Certificate, or Passport (must be original, no copies)
- Current Immunization Record with all immunizations up to date
- Report Card or withdrawal papers from the previous school indicating child's grade placement.
- Driver's License or valid Picture Identification



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Information Survey for Parents of Students with Limited English Language Skills.

Student Name: _____ Date of Birth: _____
Grade: _____ Current School: _____ ID # _____
Name of person filling out this form: _____

The parent or guardian must fill out this form at the time of enrollment:

- 1. Where was your child born? _____
2. Where did your child live before coming to the United States? _____
From this date _____ to this date _____
month / day / year month / day / year
3. When did you leave your native country? (month/year) _____
4. What was the date your child entered the United States? _____

Information about the students:

- 5. How old was your child when they left their country of origin? _____ years old.
6. Can your child do the following in their native language? Read? [] Yes [] No
Write? [] Yes [] No
7. Does your child have learning problems in your native language? [] Yes [] No
If the answer is yes, please explain: _____

If your answer is no to #8, please go to question #9.

- 8. Did your child attend school in your country? _____
What was the last grade you completed in your country? _____
How many months of the year? _____ Days per week? _____ Hours per day? _____
Did your child attend school regularly? [] Yes [] No
If not, share the degree and time of absence. Do not include vacations or holidays.
From _____ to _____
month / day / year month / day / year

If your child has never attended schools in the United States, skip questions 9 -11.

- 9. On what date did your child enter a school in the United States? _____
10. How long has your child attended a school in the United States? _____ months _____ years
11. What was the last school your child attended in the United States? _____
12. Has your child participated in Bilingual Education? [] Yes [] No
English as a Second Language Program? [] Yes [] No



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

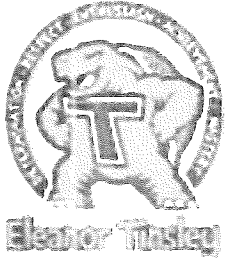
Date

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.



Tinsley Elementary School

General Information

Student Name

Grade

Please indicate YES or NO as to whether or not your child is presently or has in the past received any of the following services:

Has student ever attended an HISD school? _____ Yes _____ No

Cual _____ Grade(s) _____

Bilingual/ESL? _____ Yes _____ No

Special Education? _____ Yes _____ No

4. Resource _____ Yes _____ No

5. Speech _____ Yes _____ No

6. Other _____ Yes _____ No

Section 504 Services ? _____ Yes _____ No

Gifted/Talented Classes?

Retained?

If yes, grade _____

Does your child have any special health problems? _____ Yes _____ No

If yes, please describe _____

Other information that you feel might be helpful:

Houston Independent School District

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		
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:			

TINSLEY ELEMENTARY

11035 Bob White Street
Houston, Tx 77096
713-778-8400

EMERGENCY PLAN

RAINY DAY/INCLEMENT WEATHER

Student's Name

Teacher's Name

Parent/Guardian Name

Home Phone

Work Phone

___ My child can be picked up by:

Name

Relationship

Phone/Cell

Name

Relationship

Phone/Cell

Name

Relationship

Phone/Cell

___ My child will walk home

Parent's Signature _____

Date _____

IN CASE OF AN ADDRESS OR A PHONE NUMBER CHANGE, PLEASE NOTIFY THE
SCHOOL AS SOON AS POSSIBLE.

**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

2020-2021 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?


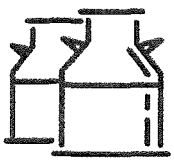






YES (Continue to question 2)

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/91125105857152>

HOUSTON INDEPENDENT SCHOOL DISTRICT

MILITARY CONNECTED FAMILIES SURVEY

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

School _____ 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

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 _____



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



Student Travel History-Enrollment Questionnaire

Student Name: _____ Date: _____

1. Have you or anyone in your family lived in or traveled to a country with widespread COVID 19 transmission?

Yes No

2. Have you or anyone in your family had contact with an individual with confirmed COVID 19 Virus Disease within the previous 21 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

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 _____



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: _____