

**Houston Independent School District
Sugar Grove Academy
Enrollment Information
2020 - 2021**

Homeroom Teacher:

| | | | | | | | |
|--|--|---|------------------------------|--|--------------------------------|--|------------------------|
| Has student ever attended an HISD School? | | Yes | No | Last School/Daycare Attended | | | |
| HISD Student ID | | Date of Enrollment | | Date of Birth | | Gender Male 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 | | Mother Other | Father Both Parents |
| Federal Student Ethnicity (Select One) | Hispanic/Latino Not Hispanic/Latino | Student Race (Select all that apply) | | American Indian or Alaska Native Native Hawaiian/Other Pacific Islander | Asian White | 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 | English Spanish | Vietnamese Other | Translator Needed? Yes 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 | English Spanish | Vietnamese Other | Translator Needed? Yes 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 | English Spanish | Vietnamese Other | Translator Needed? Yes No | | e-mail Address | | |
| CHIP | What type of medical insurance do you carry for this child? Medicaid HCHD Private Insurance | 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 | | |
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| | | | | | | | |
| 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: | | |