Houston Independent School District
Walnut Bend Elementary School
Principal: Michele Dahlquist

10620 Briar Forest Dr.
Houston, TX 77042

Phone: 713-917-3540
Fax: 713-917-3656

2020/21 Registration Requirements
It is the PARENTS’ responsibility to gather the required documents, and all documents must be present at the time of registration.

Please provide the following documents:

_____ Proof of Birth Date (original/official copy of Birth Certificate or Passport)
- The child MUST be 5 years old on or before September 1, 2020 to enroll in Kindergarten, or 4 years old on or before September 1, 2020 to enroll in Pre-Kindergarten.
- If your child is a refugee or asylee, you must present their original I-94, their “Green Card”, or their US VISA from their passport for verification.

_____ Social Security Card (preferred, but not required)

_____ Immunization Record (current immunizations required to begin school)

_____ Proof of Residency (Apartment lease, CURRENT utility bill or property tax statement)
- If neither your name nor your student’s name are on the apartment lease and you are living with someone else, you will also need to fill out a Residence Affidavit packet and provide additional documentation from the person with whom you live. We will contact the apartment complex or landlord to verify this information.

_____ Parent/Guardian Photo Identification

_____ Pre-K ONLY: Proof of income for everyone in the household that earns income (ONE of the following documents: current paycheck stub, 2019 Federal Income Tax return, SNAP letter with EDG number, child’s Medicaid card, Employer Statement Form or Zero Income Declaration Form)

For Office Use Only:
Date: ________________________________
Time: ________________________________

☐ Address  ☐ LEP/Bilingual
☐ Nurse  ☐ Refugee
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 Admission

- 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

<table>
<thead>
<tr>
<th>Child’s Name</th>
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</thead>
<tbody>
<tr>
<td>Child’s SSN</td>
</tr>
<tr>
<td>Birthdate</td>
</tr>
<tr>
<td>Child’s Age on Sept. 1</td>
</tr>
<tr>
<td>Parent’s Name</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Phone #</td>
</tr>
</tbody>
</table>

Family Income

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Job Income</th>
<th>Payroll Schedule</th>
<th>Other Income</th>
<th>Payroll Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>$</td>
<td>YR MO WK</td>
<td>$</td>
<td>YR MO WK</td>
</tr>
<tr>
<td>2.</td>
<td>$</td>
<td>YR MO WK</td>
<td>$</td>
<td>YR MO WK</td>
</tr>
</tbody>
</table>

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

APPROVAL BASED ON:

☐ Limited English Proficient
  - Home Language Survey must indicate child hears/speaks a language other than English at home.
  - 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.)
  - Parent must sign Notification of Enrollment in Bilingual/ESL Program.

☐ Homeless
  - Child lacks a fixed, regular, and adequate residence.
  - 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.
  - 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
  - Current paycheck stub, current pay envelope, letter from employer stating gross wages paid and how often they are paid, unemployment, worker’s comp.
  - Disability payment stub, current SNAP, or TANF case number for free meals
  - 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 | 
|-----------------------------|-----------------------------|-----------------------------|
|                            | Annual         | Monthly         | Weekly         |
| Total # in Household | $23,600        | $1,968          | $494           |
| 1                          | 31,894         | 2,658           | 614            |
| 2                          | 40,182         | 3,349           | 773            |
| 3                          | 48,470         | 4,040           | 933            |
| 4                          | 56,758         | 4,730           | 1,092          |
| 5                          | 65,046         | 5,421           | 1,251          |
| 6                          | 73,334         | 6,112           | 1,411          |
| 7                          | 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 (proof of exempt)

____ Approved  _____ Not Approved

__________________________  ____________________________
Signature of Principal or Designee  Date

THE ORIGINAL OF THIS FORM MUST BE KEPT IN THE STUDENT’S PERMANENT RECORD, COMPLETE WITH ALL REQUIRED SIGNATURES AND DOCUMENTATION
Pre-Kindergarten Acknowledgement

I understand that my child will be accepted into the pre-Kindergarten program having met one of the criteria on the pre-Kindergarten application.

I understand that pre-Kindergarten is not mandatory and due to limited classroom space, my child MUST strive for PERFECT ATTENDANCE. In the event of excessive or unexcused absences, my child may be withdrawn.

---------------------------------------------------------------

Parent Signature                                      Date

Reconocimiento de Pre-Kinder

Yo entiendo que mi hijo/a será aceptado/a en el programa de pre-kínder habiendo cumplido uno de los criterios de aceptación de la solicitud del programa de pre-kínder.

Yo entiendo que pre-kínder no es requerido y debido al cupo limitado, mi hijo/a tratará de tener ASISTENCIA PERFECTA. En caso de faltas excesivas o faltas sin justificación, mi hijo/a será sujeto a hacer dado de baja del programa de pre-kínder.

---------------------------------------------------------------

Firma de Padre/Madra                                      Fecha
Houston Independent School District

Enrollment Information
20__ - 20__

Homeroom Teacher:

<table>
<thead>
<tr>
<th>Has student ever attended an HISD School?</th>
<th>Yes</th>
<th>No</th>
<th>Last School/Daycare Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>HISD Student ID</td>
<td></td>
<td></td>
<td>Date of Enrollment</td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
<td></td>
<td>Generation (Jr., III, etc.)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Grade</td>
</tr>
<tr>
<td>Legal Student Last Name</td>
<td></td>
<td></td>
<td>First Name</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>Middle Name</td>
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<td></td>
<td></td>
<td></td>
<td>Student Lives with</td>
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<td></td>
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<td></td>
<td>Mother</td>
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<td></td>
<td>Other</td>
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<td></td>
<td></td>
<td></td>
<td>Father</td>
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<td></td>
<td></td>
<td></td>
<td>Both Parents</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Student SS# / State Alt. #</td>
</tr>
<tr>
<td>Student Birthplace:</td>
<td></td>
<td></td>
<td>Year Started School in US</td>
</tr>
<tr>
<td>City, State, Country</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Federal Student Ethnicity</td>
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<tr>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Hispanic/Latino</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Not Hispanic/Latino</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Student Race</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>American Indian or Alaska Native</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Native Hawaiian/Other Pacific Islander</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>White</td>
</tr>
<tr>
<td>Student Street Number</td>
<td></td>
<td></td>
<td>Street Name</td>
</tr>
<tr>
<td>Street Name</td>
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<td></td>
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<td>State</td>
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<tr>
<td>Zip</td>
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<td>County</td>
</tr>
<tr>
<td>Home Phone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Cell Phone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student e-mail Address</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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
Languages
English Spanish 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
Languages
English Spanish 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
Languages
English Spanish Other
Translator Needed? Yes No e-mail Address

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

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.

<table>
<thead>
<tr>
<th>Student/Staff Name (please print)</th>
<th>(Parent/Guardian)/(Staff) Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Student/Staff Identification Number</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

*Texas Education Agency – March 2009*
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.

<table>
<thead>
<tr>
<th>Food</th>
<th>Nature of allergic reaction to food</th>
<th>Life-Threatening?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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: ___________________________
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:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Age First Identified</th>
<th>Under Doctor’s Care?</th>
<th>Age First Identified</th>
<th>Under Doctor’s Care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
<td>Bone/Joint Problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td></td>
<td>Rheumatic Fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Disorder</td>
<td></td>
<td>Surgery/Fractures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td>T. B. Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epilepsy/Seizures</td>
<td></td>
<td>Hearing Loss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Disease</td>
<td></td>
<td>Vision Loss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney Disorder</td>
<td></td>
<td>Severe Menstrual Cramps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td>Eating Disorder</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 ____________________________
COMPULSORY SCHOOL ATTENDANCE LAWS

TO PARENTS OR TO PERSONS STANDING IN PARENTAL RELATION TO CHILDREN

The Texas Education Code §25.095 requires the school district to notify a student’s parents in writing at the beginning of the school year that if the student is absent from school on 10 or more days or parts of days within a six-month period in the same school year or on three or more days or parts of days within a four-week period:

1) the student’s parent (or legal guardian) is subject to prosecution under TEC §25.093; and
2) the student is subject to prosecution under TEC §25.094.

It is the parent’s duty to monitor the student’s school attendance and require the student to attend school and request a conference with a school official to discuss the absences. The parent is subject to prosecution under § 25.093 (b) for failure to require your child to attend school.

By signing below, I acknowledge that I understand and will abide by Texas law with regard to my child(ren)’s school attendance.

_________________________________________   ________________________________
Signature of Parent                            Printed Name

_________________________________________
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: ___________________________________

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? _________________________________

_________________________________________ Date

Signature of Parent/Guardian

_________________________________________ Date

Signature of Student if Grades 9-12

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.

LPAC_HLS v20180802

Confidential
Placement Information

Student’s Name: ___________________________ Age: ______ Date of Birth: _______________________

Parent Name: ______________________________ Phone #: ________________________________

Address: ___________________________________ Home Language: _________________________

Please list all siblings- First and Last Name(s), Birthdate(s) and Grade(s)

__________________________________________

__________________________________________

__________________________________________

__________________________________________

Current Grade: ______ Has your child ever repeated a grade? ____ No ____ Yes- If yes, what grade? __________________________

Has your child ever attended an HISD school in the past? ____ No ____ Yes- If yes, please list school and grades: __________________________

Has your child attended PPCD Classes? ____ No ____ Yes- If yes, name of school: __________________________

Has your child attended Pre-Kindergarten? ____ No ____ Yes- If yes, name of school: __________________________

Special Services

To serve our students most effectively, we ask that you help us by marking the appropriate areas, and make any comments you feel would assist us in providing the best educational services for your child.

Which of the following services has your child received? Please circle the appropriate grade level your child was in when the service was received, and name the school and district where the support was received.

- ______ Bilingual/ESL
- ______ Speech
- ______ Special Ed

(Circle one or more: Resource, Autistic, Emotionally Disturbed, Visually Impaired, Hearing Impaired, Medically Impaired, Orthopedically Impaired)

- ______ 504
- ______ Reading Specialist
- ______ Counseling
- ______ Gifted/Talented
- ______ Other

Do you have copies of recent meetings ARD paperwork or 504 paperwork? ____ No ____ Yes

Health Problems:

Comments and/or additional information you would like to share with your child’s teacher:

________________________________________

________________________________________

________________________________________

Parent/Guardian Signature: ___________________________ Date: ___________________________
Houston Independent School District
Request/Release of Student Records
Walnut Bend Elementary

10620 Briar Forest Dr.                            Houston, TX  77042
Phone: 713-917-3540                                 Fax: 713-917-3656

Previous School/Escuela que Asistio Anteriormente

School Address/Direccion Escolar

City, State and Zip/Ciudad, Estado and Codigo Postal

Dear Registrar:

We have enrolled a former student:

Last Name/Apellido          First Name/Nombre          Middle/Segundo Nombre

Social Security #/# de Seguro Social          Date of Birth/Fecha de Nacimiento

The final regulations of Family Education Rights and Privacy Act 9 (as amended on 6/17/76) allow schools to transfer records WITHOUT WRITTEN CONSENT to another school system in which the student enrolled.

We would appreciate receiving all the information concerning this child, such as:

1. Health Records                       5. Special Education, 504, and/or RTI Data
3. Test Records                         7. LEP Information
4. Psychological Data                   8. Gifted and Talented Records

I ___________________________ give permission to have these records released to Houston ISD.

Name of Parent/Guardian (please print)

Yo ___________________________ doy permiso para que estos registros / expedientes sean liberados
Nombre del Padre o Tutor (letra molde)       a Houston ISD.

__________________________________________
Signature of Parent or Guardian/Firma del Padre o Tutor
School Enrollment History
(Only for students enrolling in 2nd grade or above whose Home Language Survey indicates a language other than English)

Student Name: ___________________________  Date of Birth: ___________________________
Grade Level: ___________________________  School: ___________________________
Date of Enrollment in U.S. schools: ___________________________

Has student ever attended school outside the U.S.?
- No
  - If “no” then stop. No need to continue filling out this form.
- Yes
  - If “yes” please provide student’s academic history below.

<table>
<thead>
<tr>
<th>School Year</th>
<th>Grade</th>
<th>Country/ U.S. State</th>
<th>Total Time Enrolled</th>
<th>If student did not attend school for a full academic year, specify months attended</th>
<th>For Office Use Document TELPAS Reading rating if available/Yrs in U.S. Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kinder</td>
<td></td>
<td></td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st</td>
<td></td>
<td></td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
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<td></td>
</tr>
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Please use the back of this form if more space is needed.

Parent Signature: ___________________________  Date: ___________________________
Multilingual Programs Department  Compliance Division

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