

# Houston Independent School District

## Enrollment Information

2023 - 2024

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	<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"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White		
Student Address		Home Phone		
Street Number Street Name		Apartment City State Zip County		
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? <input type="checkbox"/> CHIP <input type="checkbox"/> Medicaid <input type="checkbox"/> HCHD <input type="checkbox"/> Private Insurance <input type="checkbox"/> 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:	

**How will your child go home after school each day? In the event of a change in plans, the teacher must be notified in writing to ensure the safety of your child.**

\_\_\_ Parent pickup in carpool

\_\_\_ Parent pick up at dismissal

\_\_\_ Relative or friend pickup in carpool \_\_\_\_\_  
(name of relative/friend picking up each day)

\_\_\_ HISD school bus

\_\_\_ After school care center bus \_\_\_\_\_  
(name of after school care center)

\_\_\_ Student will walk home (not accompanied by parent)

\_\_\_ Student will ride bicycle home

\_\_\_ Other \_\_\_\_\_

**On early dismissal days will your child go home the same way?**

\_\_\_ Yes

\_\_\_ No, the plan will be \_\_\_\_\_

**Please list any additional relatives or friends who may pick your child up from school:**

Name of relative or friend	Telephone number of relative or friend



# 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.

Campus ECO Code: \_\_\_\_\_

For office use only

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

Student ID (office use only)	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

## FORMULARIO DE INFORMACIÓN SOCIOECONÓMICA

Llene el formulario y entregue una copia en cada escuela donde tenga inscrito un hijo. **Escriba con tinta en letra de molde.**  
**CONFIDENCIAL – Solo para trámite de HISD**

Houston ISD debe cumplir con el requisito de reunir datos de la situación socioeconómica de cada estudiante como indicador del desempeño en relación con el rendimiento estudiantil (TEC 39, requisitos estatales de Texas, y las Secciones 1111 y 1116 de ESEA, requisitos del Departamento de Educación de EE. UU.) y para usarlos en la asignación de fondos federales (ESEA, Sección 1113). Esta información no se comparte con agencias externas.

**Es muy importante que las familias llenen este formulario para que las escuelas reciban fondos de Título I y del fondo State Compensatory Education.** Los fondos benefician directamente a la escuela de su hijo, y se pueden usar para contratar personal, ofrecer servicios de tutoría, adquirir tecnología y brindar capacitación profesional a los maestros. Queremos seguir brindando estos apoyos necesarios para el aprendizaje, pero sin su ayuda, podría no ser posible.

Campus ECO Code: \_\_\_\_\_  
For office use only

### PASO 1 (Estudiantes de Houston ISD que viven en el hogar).

ID de HISD (uso de la oficina)	Nombre	Apellido	Inicial	Fecha de nacimiento	Nombre de la escuela	Grado

### PASO 2

¿Recibe usted beneficios de Asistencia Nutricional Suplementaria (SNAP)?      Sí ☐      NO ☐

¿Recibe usted beneficios de Asistencia Temporal para Familias Necesitadas (TANF)?      Sí ☐      NO ☐

Si contestó SÍ a una de las preguntas anteriores, puede saltar el PASO 3 y pasar al PASO 4.  
 Si contestó NO a ambas, deberá completar los PASOS 3 y 4.

### PASO 3 (Llene esta sección solamente si contestó NO a las dos preguntas del PASO 2).

¿Cuántas personas hay en su hogar **en total**? (Incluya a todos los adultos y a los niños). \_\_\_\_\_

INGRESO ANUAL TOTAL DE **TODOS** LOS ADULTOS (ANTES DE LAS DEDUCCIONES) \_\_\_\_\_  
 Incluya sueldos, salarios, prestaciones sociales, pensión alimenticia, manutención, pensiones, Seguro Social, indemnización laboral, desempleo y todas las otras fuentes de ingresos (**antes de todo tipo de deducciones**).

### PASO 4 (Marque una de las dos casillas siguientes según corresponda y firme al pie de la página donde se indica).

*En conformidad con lo dispuesto en la Enmienda de Protección de Derechos del Estudiante (PPRA) no se le requerirá a ningún estudiante, como parte de un programa financiado en su totalidad o en parte por el Departamento de Educación de EE. UU., que participe en una encuesta, análisis o evaluación que revele información relativa a los ingresos (aparte de lo requerido por ley para determinar que el estudiante puede participar en un programa, o para recibir ayuda financiera de ese programa), sin el consentimiento previo escrito del estudiante adulto o del padre o tutor.*

- ☐ Certifico que toda la información brindada en este formulario es verdadera. Entiendo que la escuela recibirá fondos federales y será calificada en el sistema de rendición de cuentas con base en la información que yo proporcione.
- ☐ Elijo no proporcionar esta información. Entiendo que el desembolso de fondos federales para la escuela y la calificación de la escuela en el sistema pueden ser afectados por mi elección.

\_\_\_\_\_  
 Firma del padre o tutor (letra de molde)

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

\_\_\_\_\_  
 Fecha

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## STUDENT ASSISTANCE QUESTIONNAIRE (SAQ)

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

School Roberts Elementary School 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](mailto: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

<b>STUDENT NAME:</b>	<b>DATE OF BIRTH:</b>
<b>CAMPUS NAME:</b> Roberts Elementary School	<b>GRADE LEVEL:</b>

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?


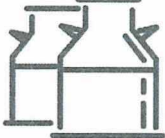






**YES** ☐ (Continue to question 2)

**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:

<b>Parent/Guardian Name</b>	<b>Home Address</b>	<b>Telephone Number</b>

— FOR SCHOOL USE ONLY—  
PLEASE SUBMIT THIS INFORMATION AND FORMS AT

[MigrantProgram@HoustonISD.org](mailto:MigrantProgram@HoustonISD.org)

MIGRANT EDUCATION PROGRAM

4400 W. 18<sup>th</sup> Street, Route 1 | Houston, TX 77092 | 713-556-6980 Fax  
HISD Multilingual Education Department | 713-556-7288 | May 2018

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## MEDIA CONSENT AND RELEASE FORM

This release allows the Houston Independent School District (HISD) to print, photograph, record video and capture images of my student for use by HISD. HISD's use may include promotion of the district, its activities and achievements. This consent includes the ability to use print, photographic, and recorded materials to train teachers and/or increase public awareness of HISD through digital and print media including but not limited to newspaper, radio, television programming, billboards, websites, blogs, and social media channels (Facebook, Twitter, Instagram, YouTube, etc.), DVDs, displays, and brochures. The district's use of digital or print media includes the ability to display my child's work, image, name, location, and/or voice.

- ☐ 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, \_\_\_\_\_ **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

Student Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

School Roberts Elementary School Grade \_\_\_\_\_

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

Date \_\_\_\_\_ Phone Number \_\_\_\_\_

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## CODE OF STUDENT CONDUCT CÓDIGO DE CONDUCTA ESTUDIANTEL

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](http://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](http://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](http://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](http://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	First Name	Grade	Student ID Number
Apellido del estudiante	Nombre	Grado	Núm. de identificación estudiantil

Student Signature	Date
Firma del estudiante	Fecha

Parent or Guardian's Signature	Date
Firma del padre o tutor	Fecha



# HOUSTON INDEPENDENT SCHOOL DISTRICT

## PRIVACY CODE: STUDENT RECORDS, RIGHTS, AND RESPONSIBILITIES

**Directory Information:** Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information for school-sponsored purposes.

Directory information may include the following:

- Student name
- Address
- Telephone listing
- Date and place of birth
- Photograph
- Major field of study
- Participation in officially recognized activities and sports
- Weight and height of members of athletic team
- Dates of attendance
- Awards received
- Most recent previous school attended by a student

**If you DO NOT want to release directory information regarding your child, please check the appropriate box on the Privacy Code Form below and return it to your child's school.**

**Military Recruitment/Higher Education:** Public Law 107-110 requires school districts receiving assistance under the No Child Left Behind Act of 2002 to provide a military recruiter or an institution of higher education, on request, with the name, address, and telephone number of a secondary student unless the parent has advised the district that the parent does not want the student's information disclosed without the parent's prior written consent.

**If you DO NOT want your child's directory information released to military recruiters or institutions of higher education without your specific, prior, written consent, check the appropriate box on the Privacy Code Form below and return it to your child's school.**

### PRIVACY CODE FORM

*Please check all boxes below that apply.*

\_\_\_\_\_ I have received the Notice of Student Rights and Responsibilities with Respect to Student Records Maintained by the Houston Independent School District.

\_\_\_\_\_ I request that Houston ISD NOT release any directory information regarding my child, except as required by law.

\_\_\_\_\_ I request that Houston ISD NOT release my child's name, address, and telephone number to a military recruiter or an institution of higher education, without my specific written approval.

Student's Name \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_

Students' School Roberts Elementary School Student's Grade \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

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

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## PRIVACY CODE: STUDENT RECORDS, RIGHTS, AND RESPONSIBILITIES

**Student Records:** State law requires the Houston Independent School District (HISD) to maintain an education record for each student attending its schools. These records contain identifying data pertaining to the student and may include information concerning demographics, grades, attendance, health, discipline, guidance, assessment, and appraisals.

**Access to Records:** In addition to HISD employees, who have a legitimate educational interest in a student's records, parents, guardians, and the student are the only persons who have access to student records maintained by the district.

Both parents—married, separated, or divorced—have access to a student's records until the student becomes 18 years of age and is no longer a dependent student under Section 152 of the Internal Revenue Code. A parent's rights to access student records may be restricted by a court order. Legal guardians have the same rights of access as parents. Parents and students may review records during regular school hours by contacting their school principal.

After the student becomes 18 and is no longer a dependent, only the student has access to his or her records. However, that student may consent to others having access.

Under certain restricted conditions, other individuals may review a student's records. These conditions include:

- Other schools to which a student is transferring.
- Specified officials for audit or evaluation purposes.
- Appropriate parties in connection with financial aid to a student.
- Accrediting organizations.
- State and local juvenile justice system authorities pursuant to state law.
- Appropriate officials in cases of health and safety emergencies.

Records may also be reviewed to comply with a judicial order or lawfully issued subpoena provided the parent and student received notice before compliance. No other persons are allowed to review a student's records without either permission of the parent or that of the student if over 18 years of age.

**Challenge to Content of a Record:** If a parent or a student over 18 feels that the student record contains information which is misleading, incorrect, or a violation of the privacy or other rights of the student, that person may challenge the contents of the record in an informal hearing. To initiate this procedure, contact your school principal.

**Copies:** A student 18 years of age or over or a parent or guardian of a student under 18 years of age requesting copies of his or her child's official district records for a purpose other than the transaction of the official business of the district shall pay 10 cents a page for each copy. A limit of three high-school transcripts will be provided free to post-secondary schools. Each additional copy will cost \$1. The Inactive Student Records Department microfilms high-school transcripts for permanent retention.

**Special Education Records:** The district maintains Special Education records for seven years after the last date of service and then destroys the records in accordance with state law. A "Notice of Destruction of Special Education Records" is published annually through the district's website ([www.houstonisd.org](http://www.houstonisd.org)) advising the parent or adult student how they may request a copy of the records before they are destroyed. It is important that the parent or adult student keep a copy of all Special Education records for use in later years.

**Complaints:** Parents or a student over the age of 18 have the right to file a complaint with the U.S. Department of Education concerning alleged failures of the district to comply with the provisions of the Family Education Rights and Privacy Act of 1974.

# MISSING SCHOOL = MISSING OUT

MAKE SURE YOUR CHILD IS IN SCHOOL EVERY DAY

## DID YOU KNOW?

■ **YOUR CHILD CAN SUFFER ACADEMICALLY** if they miss 10 percent (about 17 days) of school. That can be just **two days a month**, and that can happen before you know it.

■ **IT DOESN'T MATTER IF THESE ABSENCES ARE EXCUSED OR UNEXCUSED.** They all represent lost time in the classroom and a lost opportunity for your child to learn.

■ **ATTENDANCE MATTERS AS EARLY AS KINDERGARTEN.** Studies show that children who miss too many days in kindergarten and first grade have trouble mastering reading.

■ **BY 6TH GRADE, CHRONIC ABSENCE** is a leading warning sign that a student will drop out.

■ **ABSENCES CAN AFFECT THE WHOLE CLASSROOM** if the teacher has to slow down learning to help children catch up.

■ **ATTENDANCE IS AN IMPORTANT SKILL THAT WILL HELP YOUR CHILD GRADUATE** and do well in college and at work.

## WHAT CAN YOU DO?

■ **FOR YOUNGER CHILDREN, SET A REGULAR BEDTIME AND MORNING ROUTINE.** Lay out clothes and pack backpacks the night before.

■ **FOR OLDER CHILDREN, YOU CAN SET UP HOMEWORK AND BEDTIME ROUTINES.** Make sure that when the lights go out, so do the cell phones, video games and computers.

■ **TRY NOT TO SCHEDULE MEDICAL AND DENTAL APPOINTMENTS DURING THE SCHOOL DAY.** If absolutely necessary, schedule appointments for after 10 a.m.

■ **DON'T LET YOUR CHILD STAY HOME UNLESS THEY ARE TRULY SICK.** Keep in mind complaints of a stomach ache or headache can be a sign of anxiety and not a reason to stay home.

■ **STAY ON TOP OF YOUR CHILD'S SOCIAL CONTACTS.** Peer pressure can lead to skipping, while students without many friends can feel isolated.

■ **SET AN EXAMPLE FOR YOUR CHILD.** Show him or her that attendance matters to you and that you won't allow an absence unless someone is truly sick.

■ **YOU CAN TURN TO YOUR SCHOOL FOR HELP.** If your child or family is having challenges with transportation, housing or health issues, reach out to your school for support.

FOR MORE INFORMATION CALL **713.556.7017** OR VISIT  
**WWW.HOUSTONISD.ORG/ATTENDANCE**