

REGISTRATION PROCEDURE

NOTE: Must have all documents present when registering and all documents, especially proof of address and immunizations, MUST BE UP TO DATE before registration can be marked as complete. Any registrations that are missing any items, will be marked as incomplete and will not be placed on the completed list. Please fill out all forms of the registration packet.

The following documents are required for registration:

___ Birth Certificate (Passport is also valid)

___ **COMPLETED** immunization records

___ Social Security Card (optional)

___ Proof of residence- **ONLY** lease/mortgage or utility bill (electric, gas or water) **NO PHONE OR CABLE BILL.** *NOTE: If the residency is not under the parent/guardian, please let the office know as more documents are needed.*

___ Recent report card and GT information, if applicable

___ Parent/Guardian Driver's License, Picture ID or Passport

___ Proof of Income ****This is only if you are registering for PK****

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Houston Independent School District

Enrollment Information

20__ - 20__

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. # <i>Only write in if providing SS card</i>				
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"/> White		<input type="checkbox"/> 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 <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				
<input type="checkbox"/> CHIP		<input type="checkbox"/> Medicaid		<input type="checkbox"/> HCHD		<input type="checkbox"/> Private Insurance		<input type="checkbox"/> None		
What type of medical insurance do you carry for this child?		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:					

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 used in the child's home **most of the time**? _____

2. What language does the child use **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.

**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

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: _____

Parker Elementary School
Houston Independent School District

GENERAL INFORMATION SURVEY

Student's 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:

1. Has the student ever attended an HISD school? Yes No
Which one? _____ Grade(s) _____

2. Has the student ever attended a TEXAS school? Yes No
Which one? _____ Grade(s) _____
If not Texas where/what school? _____ Grade(s) _____

3. Bilingual/ESL? Yes No

4. Special Education? Yes No

If Yes to any, please provide paperwork

a. Resource Yes No

b. Speech Yes No

c. Other _____ Yes No

5. Section 504 Services? Yes No

6. Gifted/Talented? Yes No

If Yes please provide proof i.e. GT Matrix

7. Retained? Yes No

If Yes, what grade(s) _____

8. Does your child have any other health problems not listed on the Health Inventory? Yes No

If Yes, describe:

9. Other information that you feel may be helpful:

Parker Elementary School
Houston Independent School District

Chavis Mitchell, Principal

Bryan Berry, Assistant Principal

Gina Garcia, Assistant Principal

Jennifer Mills, Magnet Coordinator

Evelyn Hernandez, Student Information Rep./Registrar

Phone: (713) 726-3634 or Fax: (713) 726-3660

RECORDS REQUEST

Name and Address of Last School Attended:

Grade and year last attended: _____

I hereby authorize the release of psychological, medical, educational, and complete copy of ESL Records and family/social information concerning my child,

(Name) _____, (birthdate) _____, to:

Parker Elementary School
10626 Atwell Dr.
Houston, TX 77096

Signature of Parent/Legal Guardian

Date

HOUSTON INDEPENDENT SCHOOL DISTRICT

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/81146180703147>

MIGRANT EDUCATION PROGRAM

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

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

Parker Elementary School

Student Pick Up Approval List- Additional Contacts

Student Name: _____

Grade: _____

Teacher: _____

Please list below people who you are authorizing to pick up your child(ren). This is in addition to the contacts that were listed on the Enrollment Form such as parents/legal guardian. If we do not have this information, we can only release the student to the Parent/Guardian. Please make sure that all persons listed below bring their ID for verification. If the person is not listed below, we will not release your child.

This is for the safety of your child. If you have any questions or if you would like to add/remove people, please contact the school.

	Name of Authorized Person	Relationship to Student	Phone Number
1.			
2.			
3.			
4.			
5.			

I confirm that the information above is correct and I/we give permission for my child to be picked up from the list above. I/we understand that my child will not be released to any individual who is not listed.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Student Name _____

Grade KINDER ONLY

Please mark a first and second choice. Placement is based on space availability.

___Violin

___Cello

___Music Enrichment

Class Descriptions

Strings

Parker's Suzuki Strings Program consists of three violin teachers and cello teacher who are trained in the Suzuki Method. The Suzuki Method is musical instruction based on the philosophy that every child can successfully learn to play an instrument given the proper environment. Suzuki teachers believe that the development of the whole child is important, and that the study of music contributes greatly to that development. Suzuki students learn musical skills as well as valuable life skills during their study at Parker.

A very important aspect of the Suzuki Method is the "Suzuki Triangle" formed by the parent, teacher, and student working together. The parent has a crucial role in their child's success in Parker's Suzuki Strings program. Parents are required to attend the weekly lesson, take notes, and guide home practice every day with their child. Practice consists of working on new assignments, listening to the Suzuki CD, and reviewing past pieces. Suzuki violin and cello students progress through a series of books containing repertoire from the Baroque and Classical periods. The pieces are organized sequentially and students learn step by step just as they would learn a language; though listening, imitation, repetition, consistent practice and parent involvement.

Students have a weekly 15-20 minute private lesson during their academic teacher's planning time. Students will receive a weekly lesson grade based on their practice, progress, and preparation. Parker Suzuki students also participate in group classes several times a week during the Magnet period at the end of the school day. Magnet classes provide opportunities to build ensemble skills as well as develop social bonds with other music students. Students are expected to attend or participate in several performances throughout the year. Annual events include: Hauntcert, Holiday Concert, Workshop, Magnet Matinees, and Mini-Concerts. Parker can provide an instrument for your child, or you may rent your own.

MUSIC ENRICHMENT

Students do a rotation to different music teachers throughout the year and choose a specific music area for first grade.

Music Class Selection Form

Student Name _____

Grade _____

(This form is only for 1st-5th grade students)

Please mark a 1st through 6th choice. Lottery and waitlists are kept for each area.

___ Violin* ___ Cello* ___ Piano ___ Band

___ Guitar ___ Elements of Music

___ Yes, I also want my child to audition for Vocal Music in addition to an instrument choice.

*** Parents are required to attend lesson each week.**

Class Descriptions

Elements of Music

- ❖ Elements of Music is a non-instrumental music choice in our program. In this course, students will begin in first grade learning the fundamentals of music; rhythm, pitch, steady beat, musical styles and vocal training. Each grade level will build on these skills and add additional skills in music theory, history, instrument families, the science of music and cultural awareness.

Band

- ❖ 1st grade band students attend one lesson per week during school and learn the basics of music theory including steady beat, left to right note-reading skills and rhythmic patterns on the xylophone. Each student receives a music booklet to go along with in depth instruction on xylophone techniques and skills.
- ❖ Rhythm Band is the first in our series of band classes. After completing Rhythm Band, students go to Pre-Band for 2nd grade.
- ❖ Beginning Band is for 3rd-4th grade students interested in learning a band instrument.

Guitar

- ❖ Parker's Guitar program services students in 1st through 5th grades. The school provides good quality nylon string "classical" guitars for the students to use which they may take home for practice and is suited to his or her physical size. Students enrolled in the Guitar program have one small-group lesson (3-6 students) one day each week.
- ❖ Advanced Guitar students (typically 20-30 select 4th and 5th grade students) function as a performing ensemble that plays a wide variety of musical styles. This group rehearses on Wednesday, Thursday and Friday at Magnet Time, 2:50-3:30.
- ❖ Intermediate Guitar students (all 2nd and 3rd graders and some 4th and 5th graders) attend Magnet Time on Monday and Tuesday, 2:50-3:30.
- ❖ Beginning Guitar students (1st graders) do not have large group rehearsals and are dismissed from school each day at 2:50.

Piano

- ❖ The Piano Program at Parker Elementary School consists of over 100 first through fifth grade students who meet for two piano instruction periods each week, the primary class for 45 minutes and the secondary class for 40 minutes.
- ❖ The primary small group lessons vary in size from three to five students per teacher and provide a strong foundation of music knowledge and piano technique for all. The focus is to allow each student to move at their own maximum pace. Each young pianist's progress is individualized, and assignments are given in relationship to each student's level of accomplishment.
- ❖ The second instruction period is an adjunct music class to the primary one. These classes are large, group events, averaging 20 to 25 students in size. This class meets at the end of the school day and concentrates on developing the notational, rhythmic, and nomenclature aspects of a music education.

Strings

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- ❖ A very important aspect of the Suzuki Method is the "Suzuki Triangle" formed by the parent, teacher, and student working together. The parent has a crucial role in their child's success in Parker's Suzuki Strings program. Parents are required to attend the weekly lesson, take notes, and guide home practice every day with their child. Practice consists of working on new assignments, listening to the Suzuki CD, and reviewing past pieces. Suzuki violin and cello students' progress through a series of books containing repertoire from the Baroque and Classical periods. The pieces are organized sequentially, and students learn step by step just as they would learn a language; though listening, imitation, repetition, consistent practice and parent involvement.
- ❖ Students have a weekly 15–20-minute private lesson during their academic teacher's planning time. Students will receive a weekly lesson grade based on their practice, progress, and preparation. Parker Suzuki students also participate in group classes several times a week during the Magnet period at the end of the school day. Magnet classes provide opportunities to build ensemble skills as well as develop social bonds with other music students. Students are expected to attend or participate in several performances throughout the year. Parker can provide an instrument for your child, or you may rent your own.

Chorus

- ❖ The current Chorus program at Parker was created in 2000 and consists of approximately 250 children, grade 1-5.
- ❖ The purpose of the Chorus is educational, and its goal is to teach children to achieve high artistic standards through choral singing and performance. All chorus students receive high quality vocal training, ear training, and music theory training as well as the nurturing of personal growth, teamwork, responsibility, discipline, self-control, and confidence. We create an environment that fosters the growth of qualities that will not only help these students to become successful in choral music, but in life.
- ❖ The chorus program is sequential from grade 1 to 5. The structural blocks are:
 - ❖ 1st & 2nd grade Singers-students meet once a week and receive vocal training, ear training, and music theory training. Two performances in the springtime as a part of All Parker Chorus Concert. Audition is not required.
 - ❖ 3rd grade Beginning Chorus - students meet two times a week and receive vocal training, ear training, and music theory training. Perform twice a year in Winter Holiday and Springtime as a part of All Parker Chorus Concert. Audition is required.
 - ❖ 4th & 5th grade Advanced Chorus-students meet 4 times a week. Advanced Chorus performs widely in school, city, state and nationally. Extensive vocal, music theory and performing skill training is required to be a part of this group. Audition is required.