

Milby High School Registration 2020-2021

Date of Registration Registration #

Last Name

First Name Middle Name

Address Zip

Sex Date of Birth (Month) (Day) (Year)

Social Security # -- Race

City of Birth State or Country of Birth

Name of High and Middle School Attended (in order of attendance)

Name of High/Middle School	City, State	Dates Attended	HS Credits Earned (Y/N)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Past student of Milby? Yes ☐ No ☐ If yes, what year attended?

Any services being provided for student? Special Ed ☐ 504 ☐ ESL ☐

Gifted/Talented ☐ Free/Reduced Lunch ☐ School Bus ☐

ADMINISTRATIVE USE ONLY

Step 1 Administrative Approval

☐ BC ☐ Shot Records ☐ SSC

☐ School Records ☐ Proof of Residence

(check box if documents are included with registration packet)

Type of Transfer

Local Code

Step 2 Nurse

Grade Level YE9 =

Step 3 Services

HISD ID #

Step 4 Registrar

Request: TREX ☐ Fax ☐

Step 4 Attendance

Counselor Assignment

Step 5 Counselor

House Assignment

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		<input type="checkbox"/> Gender 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"/> 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 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

Signature of Student if Grades 9-12

Date

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.

HOUSTON INDEPENDENT SCHOOL DISTRICT

FAMILY SURVEY

STUDENT NAME: <input type="text"/>	DATE OF BIRTH: <input type="text"/>
CAMPUS NAME: <input type="text"/>	GRADE LEVEL: <input type="text"/>

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"/> <input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

— FOR SCHOOL USE ONLY—

PLEASE SUBMIT THIS INFORMATION AND FORMS AT

<https://form.jotform.com/200065674657156>

MIGRANT EDUCATION PROGRAM

4400 W. 18th Street, Route 1 | Houston, TX 77092 | 713-556-7288

HISD Multilingual Programs | 713-556-6980 Fax | January 2020

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.

<div style="background-color: #ccccff; height: 20px; width: 100%;"></div> <div style="background-color: #ccccff; height: 20px; width: 100%;"></div> <div>Student/Staff Name (please print)</div>	<div style="background-color: #ccccff; height: 20px; width: 100%;"></div> <div style="background-color: #ccccff; height: 20px; width: 100%;"></div> <div>(Parent/Guardian)/(Staff) Signature</div>
<div style="background-color: #ccccff; height: 20px; width: 100%;"></div> <div style="background-color: #ccccff; height: 20px; width: 100%;"></div> <div>Student/Staff Identification Number</div>	<div style="background-color: #ccccff; height: 20px; width: 100%;"></div> <div style="background-color: #ccccff; height: 20px; width: 100%;"></div> <div>Date</div>

HOUSTON INDEPENDENT SCHOOL DISTRICT

STUDENT ASSISTANCE QUESTIONNAIRE (SAQ)

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

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)

☐ Catastrophic illness / medical expenses / disability

☐ Natural disaster / evacuation

☐ New to Town

☐ Domestic Issue

☐ Loss of Employment

☐ Migrant work in fishing or agriculture

☐ Economic hardship/low earnings

☐ Awaiting placement in foster care / CPS custody

☐ Evicted/kicked out

☐ Parent(s) involved in military deployment

☐ House fire or other destruction

☐ 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)

☐ Enrollment Assistance

☐ Transportation

☐ Emergency Clothing, Uniforms

☐ Free Lunch/Breakfast (Child Nutrition)

☐ School Supplies

☐ Personal Hygiene Items

☐ Immunizations

☐ Medicaid/CHIP Assistance

☐ Food Stamps (SNAP) Assistance

☐ Temporary Assistance for Needy Families (TANF)

☐ 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. 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.