

## Houston Independent School District

## Travis Elementary

## 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"/> Male<br><input type="checkbox"/> Female  |  |
| Legal Student Last Name  |  | First Name   |  | Middle Name   |  |
|  |  |  |  | Generation (Jr., III, etc.)   |  |
| Student Birthplace: City, State, Country   |  | Year Started School in US  |  | Student Lives with  |  |
|  |  |  |  | <input type="checkbox"/> Mother <input type="checkbox"/> Father<br><input type="checkbox"/> Other <input type="checkbox"/> Both Parents |  |
| Federal Student Ethnicity (Select One)<br><input type="checkbox"/> Hispanic/Latino<br><input type="checkbox"/> Not Hispanic/Latino   |  | Student Race (Select all that apply)<br><input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian/Other Pacific Islander<br><input type="checkbox"/> White |  |   |  |
| Student Address  |  | Street Number  |  | Street Name   |  |
|  |  |  |  |   |  |
| Student Cell Phone   |  | Apartment  |  | City  |  |
|  |  |  |  | State   |  |
|  |  |  |  | Zip   |  |
|  |  |  |  | County  |  |
|  |  |  |  | Home 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<br><input type="checkbox"/> Spanish   |  | <input type="checkbox"/> Vietnamese<br><input type="checkbox"/> Other   |  |
|  |  |  |  | Translator Needed?<br><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<br><input type="checkbox"/> Spanish   |  | <input type="checkbox"/> Vietnamese<br><input type="checkbox"/> Other   |  |
|  |  |  |  | Translator Needed?<br><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<br><input type="checkbox"/> Spanish   |  | <input type="checkbox"/> Vietnamese<br><input type="checkbox"/> Other   |  |
|  |  |  |  | Translator Needed?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
|  |  |  |  | e-mail Address  |  |
| <input type="checkbox"/> CHIP<br><input type="checkbox"/> Medicaid<br><input type="checkbox"/> HCHD<br><input type="checkbox"/> Private Insurance<br><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:   |  |   |  |
|  |  |  |  |   |  |

*Additional emergency contacts*

**RELEASING STUDENTS DURING SCHOOL HOURS**

*A student may be released during school hours only to the parents/legal guardians, persons listed below or to a person who has the parent's written permission to have the student released.*

**\*\* A valid ID must be presented to the school office prior to releasing the students.**

*Student Name: \_\_\_\_\_ may be released to the following persons during school hours.*

| <i>NAME</i> | <i>RELATIONSHIP</i> | <i>CONTACT NUMBER</i> |
|-------------|---------------------|-----------------------|
| <i>1.</i>   |                     |                       |
| <i>2.</i>   |                     |                       |
| <i>3.</i>   |                     |                       |
| <i>4.</i>   |                     |                       |
| <i>5.</i>   |                     |                       |
| <i>6.</i>   |                     |                       |
| <i>7.</i>   |                     |                       |
| <i>8.</i>   |                     |                       |
| <i>9.</i>   |                     |                       |
| <i>10.</i>  |                     |                       |

*Signature of mother or legal guardian:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Signature of father or legal guardian:* \_\_\_\_\_

*Date:* \_\_\_\_\_

**\* Names added after this form is submitted must be in person by the parent or legal guardian. \***

**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.

|  |  |
|--|--|
| _____<br>Student/Staff Name (please print)   | _____<br>(Parent/Guardian)/(Staff) Signature |
| _____<br>Student/Staff Identification Number | _____<br>Date                                |

TRAVIS ELEMENTARY  
STUDENT INFORMATION SURVEY

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

In order to properly place your child, please answer the following questions.

Before this enrollment, was your child ever:

|                                  |     |    |
|----------------------------------|-----|----|
| Tested for a learning disability | Yes | No |
| In a Special Education program   | Yes | No |
| In Speech Therapy                | Yes | No |
| In a Gifted program              | Yes | No |
| In an ESL program                | Yes | No |
| In a Bilingual program           | Yes | No |

Please list the schools (include city & state) your child attended in prior grades:

| School | City & State |
|--------|--------------|
|--------|--------------|

Pre-Kindergarten: \_\_\_\_\_

Kindergarten: \_\_\_\_\_

1<sup>st</sup>: \_\_\_\_\_

2<sup>nd</sup>: \_\_\_\_\_

3<sup>rd</sup>: \_\_\_\_\_

4<sup>th</sup>: \_\_\_\_\_

Additional information that would be helpful to your child's teacher:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's signature: \_\_\_\_\_



## 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: Travis Elementary

**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

\_\_\_\_\_  
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.



# HOUSTON INDEPENDENT SCHOOL DISTRICT

## HEALTH INVENTORY

SCHOOL Travis Elementary

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<br>First<br>Identified | Under Doctor's<br>Care? |                         | Age<br>First<br>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 \_\_\_\_\_

This document is to be maintained in the Student's Cumulative Folder



## 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: \_\_\_\_\_



## Student Travel History-Enrollment Questionnaire

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Have you or anyone in your family lived in or traveled to a country with widespread Ebola transmission?

☐ Yes ☐ No

2. Have you or anyone in your family had contact with an individual with confirmed Ebola Virus Disease within the previous 21 days?

☐ Yes ☐ No

\_\_\_\_\_  
Printed name of person completing form

\_\_\_\_\_  
Signature of person completing form

If YES is answered to any of these questions, please contact the school health clinic.

If NO is answered to all of these questions, proceed with enrollment process.



# HOUSTON INDEPENDENT SCHOOL DISTRICT

## 2020 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 \_\_\_\_\_

Is the student currently in the conservatorship of the Department of Family & Protective Services (Foster Care)? ☐ Yes ☐ No *relation*

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

Does the student reside at a residential treatment center? ☐ Yes ☐ No

Facility Name: \_\_\_\_\_ Case Manager: \_\_\_\_\_ Contact information: \_\_\_\_\_

**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)
- ☐ In my own home or apartment, in Section 8 housing, HUD Subsidized Housing or in military housing with parent(s) but lacks
- ☐ 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 \_\_\_\_\_
- ☐ Homeless Verification Letter for FAFSA

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