

Houston Independent School District

Enrollment Information

20 18 - 20 19

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 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:		

PLEASE FILL OUT THE BACK SECTION OF THIS FORM

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.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Student/Staff Name (please print)	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (Parent/Guardian)/(Staff) Signature
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Student/Staff Identification Number	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> 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: _____

1st: _____

2nd: _____

3rd: _____

4th: _____

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

Parent's signature: _____



HOUSTON INDEPENDENT SCHOOL DISTRICT

HOME LANGUAGE SURVEY-19TAC Chapter 89, Subchapter BB §89.1215

TO BE COMPLETED BY PARENT OR GUARDIAN (OR STUDENT IF GRADES 9-12): The state of Texas requires that the following information be completed for each student that enrolls for the first time in Texas public schools. This survey shall be kept in each student's record folder.

NAME OF STUDENT _____ STUDENT ID# _____

ADDRESS _____ TELEPHONE # _____

CAMPUS _____

1. What language is spoken in your home **most of the time**? _____

2. What language does your child speak **most of the time**? _____

Signature of Parent/Guardian

Date

Signature of Student if Grades 9-12

Date

For school use:

Date Received



**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 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?

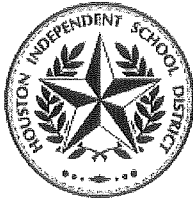
CHIP Medicaid HCHD Private Insurance None

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 _____

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

2017-2018 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

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) fax this form immediately to 713-556-7024.. 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.