

2008 Kirby Drive Houston Tx 77019 713.942.1460

William J. Dedrick IV  
Head of School

Thank you for applying to River Oaks Elementary for the 2025-2026 school year.  
If you are applying as a zoned family, please check: <https://schoolfinder.houstonisd.org>

**All of the following are required for Registration. Incomplete applications will not be accepted.**

☐ **Utility Bill** (Electricity, Gas or Water)

Showing residential service with name and address of resident.

☐ **Harris County Appraisal District (HCAD)** statement showing Homestead Exemption for current year or warranty deed if you recently purchased your home.

☐ **Lease agreement** (if applicable) if you are currently leasing a home or apartment, the lease must list all occupants living in the home. All lease agreements are subject to verification.

☐ **Drivers License**

International families must provide a current passport as identification.

☐ **Birth Certificate:** Passport or Birth Certificate (Translated in English) if born outside the USA.

☐ **Immunization Records**

If translated to English, it must be done by a licensed medical professional.

☐ **Social Security Card**

☐ **Divorce decree** if applicable

☐ **Home Language Survey**

If this is your first Texas public school a Home Language Form must be completed.

☐ **Last Report Card**

If enrolling during the school year a withdrawal form is needed from the last school along with a copy of the last report card.

SCHOOL YEAR	GRADE	CAMPUS
2024 -2024		

## STUDENT ENROLLMENT FORM 2025-2026

FOR OFFICE USE ONLY	
ENROLLMENT DOCUMENTATION	
DATE OF ENTRY	
DISTRICT ID NO.	
STUDENT LOCAL ID NO.	
DISTRICT OF RESIDENCE	

PK Type (Select)
HISD PK
Private Daycare PK
Public Daycare PK
No Schooling

Houston Independent School District  
4400 West 18th St - Houston, Texas 77092-8501  
Phone: 713-556-6000

### STUDENT INFORMATION / USAR LETRA DE MOLDE

SOCIAL SECURITY NO. / NUMERO SOCIAL		STUDENT NAME / NOMBRE DE ESTUDIANTE		
LAST / APELLIDO		FIRST / PRIMER NOMBRE	MIDDLE INITIAL / SEGUNDO (INICIAL)	GENERATION / GENERACIÓN
GENDER / EL GÉNERO		DOB / FECHA DE NACIMIENTO	CITY / CIUDAD	STATE / ESTADO
<input type="checkbox"/> MALE / MASCULINO <input type="checkbox"/> FEMALE / FEMENINO				United States of America
RESIDENTIAL ADDRESS - CITY, ZIP CODE / LA DIRECCIÓN RESIDENCIAL-CIUDAD CÓDIGO POSTAL		MAILING ADDRESS - CITY ZIP CODE / LA DIRECCIÓN RESIDENCIAL-CIUDAD CÓDIGO POSTAL		
HOME PHONE / TELÉFONO		E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO		
FEDERAL ETHNICITY / ETNICIDAD DEL ALUMNO (SELECT ONE)		<input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NOT HISPANIC/LATINO	RACE / RAZO (SELECT ALL THAT APPLY) <input type="checkbox"/> (1) AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> (2) ASIAN OR PACIFIC <input type="checkbox"/> (3) BLACK, NOT OF HISPANIC ORIGIN <input type="checkbox"/> (4) WHITE, NOT OF HISPANIC ORIGIN <input type="checkbox"/> (5) NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER	
SIBLINGS AT HOUSTON ISD / HIJOS EN HOUSTON ISD		NAME/NOMBRE	SCHOOL/ESCUELAS	GRADE/GRADO
LAST SCHOOL ATTENDED / NOMBRE LAS ÚLTIMAS ESCUELAS ASISTIDAS		CITY / CIUDAD	STATE / ESTADO	Grade Last Completed / Último Grado completado
CONTACT 1 NAME / EL NOMBRE DE CONTACTO 1		<input type="checkbox"/> LIVES WITH STUDENT / ¿VIVE CON EL ESTUDIANTE		
LAST NAME / APELLIDO		FIRST NAME / PRIMER NOMBRE		
HOME PHONE / TELÉFONO DE CASA		WORK PHONE / TELÉFONO DE TRABAJO	CELL PHONE / EL NÚMERO DEL TELÉFONO CELULAR	E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO
CONTACT 2 NAME / EL NOMBRE DE CONTACTO 2		<input type="checkbox"/> LIVES WITH STUDENT / ¿VIVE CON EL ESTUDIANTE		
LAST NAME / APELLIDO		FIRST NAME / PRIMER NOMBRE		
HOME PHONE / TELÉFONO DE CASA		WORK PHONE / TELÉFONO DE TRABAJO	CELL PHONE / EL NÚMERO DEL TELÉFONO CELULAR	E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO



Texas Education Agency®

Commissioner Mike Morath

1701 North Congress Avenue • Austin, Texas 78701-1494 • 512 463-9734 • 512 436-9838 FAX • [tea.texas.gov](http://tea.texas.gov)

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

District Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Campus Name: \_\_\_\_\_

## HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey only administered during **initial** enrollment in Texas public schools)

To be completed by Parent or Guardian for students enrolling in Prekindergarten\* through grade 8 (or by students in grades 9-12).

\* Prekindergarten includes any student enrolling in a 3- or 4-year-old school program.

### Part One:

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:

Please answer the questions below about the languages your child or family uses. If your responses indicate the use of a language other than English, the school will conduct a language proficiency assessment to determine how well your child communicates in English. This information will be used to determine any appropriate linguistic supports and inform instructional 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.

This survey shall be kept in each student's permanent record folder. A copy of this survey shall follow the student while enrolled in any public or open enrolled charter school in Texas.

**Part Two:**

Please answer the questions to the best of your ability.

1. Which languages are used at home? \_\_\_\_\_
2. Which languages are used by the child at home? \_\_\_\_\_
3. If the child had a previous home setting, which languages were used? If there was no previous home setting, answer Not Applicable (N/A). \_\_\_\_\_

☐ By checking this box, I understand a request to correct an error to this Home Language Survey can only happen if:

- 1) my child has not yet been assessed for English proficiency; and
- 2) corrections are made within two calendar weeks of my child's enrollment date.

**Note:** Please contact your school about the benefits of bilingual education services. The following resources may also provide information on program services that foster bilingualism.

- Parent/ Guardian Rights
- Bilingual Education Program
- Program Information Videos

Please visit the Emergent Bilingual Support Portal ([txel.org](http://txel.org)) for additional information.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student if Grades 9-12 \_\_\_\_\_ Date \_\_\_\_\_



## School Enrollment History

(For students whose Home Language Survey indicates a language other than English.)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade Level: \_\_\_\_\_ School: \_\_\_\_\_

Date Entered in U.S. School: \_\_\_\_\_

### Part I.

Has student ever attended school outside of HISD or the U.S.?

No – If “no” then skip part II and sign at the bottom.

Yes – If “yes” then complete part II and sign at the bottom.

### Part II.

School Enrollment History					
School Year	Grade	Country/ U.S. State	Total Time Enrolled (Circle)	If student did not attend school for a full academic year, specify months attended.	<u>For Office Use:</u> Document TELPAS Reading rating if available/Years in U.S. Schools
	PK				
	K				
	1 <sup>st</sup>				
	2 <sup>nd</sup>				
	3 <sup>rd</sup>				
	4 <sup>th</sup>				
	5 <sup>th</sup>				
	6 <sup>th</sup>				
	7 <sup>th</sup>				
	8 <sup>th</sup>				
	9 <sup>th</sup>				
	10 <sup>th</sup>				
	11 <sup>th</sup>				
	12 <sup>th</sup>				

Please use the back of this form if more space is needed.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# River Oaks Elementary

Principal: William J. Dedrick IV

## NEW STUDENT BACKGROUND INFORMATION FOR 2025-2026

Student's Legal Name: \_\_\_\_\_ HISD ID#: \_\_\_\_\_

Has the student ever attended an HISD school? Yes \_\_\_\_\_ No \_\_\_\_\_

List previous schools attended starting with the most current school/daycare attended.

- 1<sup>st</sup> – 5<sup>th</sup> grade students need the final/last report card to enroll

Name of School	Grade	City & State

In order to place your child please answer the following

In a Gifted & Talented, Magnet or Vanguard Program Y _____ N _____ If Yes was the GT test administer by and HISD School? Y _____ N _____ If Yes where was the test administered _____ Date tested _____ Attach a Copy of the GT Matrix to the application  If your child was tested privately or at a non HISD School, please attach a copy	Yes	No
In an ESL/ELL/EL/LEP Program		
In a Bilingual Program		
Tested for a learning disability		
In a Special Education Program		
On a 504 service plan		
In Speech Therapy		
Diagnosed with dyslexia		
Diagnosed with ADHD or displaying similar behavior		

Additional information that would be helpful with placement:

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\_\_\_\_\_  
Parent/Guardian Name (*print*)

\_\_\_\_\_  
Signature

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

2008 Kirby Dr. Houston, TX 777019

TEL: 713-942-1460  
FAX: 713-942-1463



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 \_\_\_\_\_

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: \_\_\_\_\_



**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

## 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?


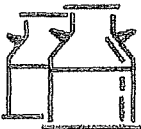






YES ☐ (Continue to question 2)

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/200065674657156>

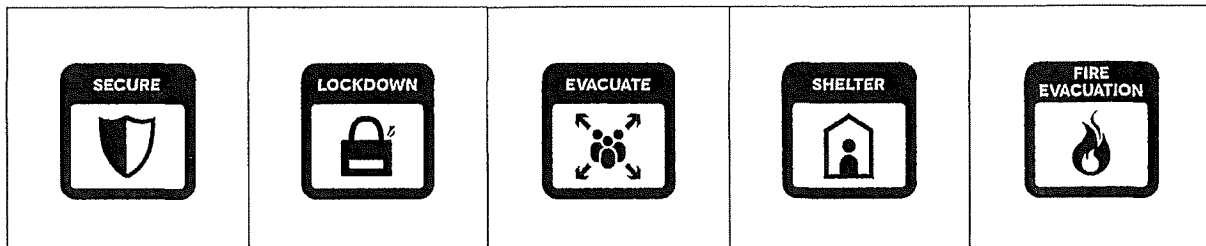
MIGRANT EDUCATION PROGRAM

4400 W. 18<sup>th</sup> Street, Route 1 | Houston, TX 77092 | 713-556-7288  
 HISD Multilingual Programs | 713-556-6980 Fax | January 2020

## SAFETY ACKNOWLEDGMENT FORM

Safety is a top priority for HISD, and the district is committed to providing a safe environment for our students and staff. Safety drills and training are conducted as required by Texas Education Code and under guidance from organizations including but not limited to the Texas School Safety Center, Safe and Secure Schools, Sandy Hook Promise, and State Code Compliance.

### REQUIRED SAFETY DRILLS CONDUCTED INCLUDE:



In the event of an emergency or incident that requires the reunification of students with their parents or guardians, the district has adopted the "I Love U Guys" Foundation Standard Reunification Method (SRM). The SRM provides a proven method for planning, practicing, and achieving successful reunification. During any emergency situation, the district will use multiple resources including, news outlets, social media, automated calls, and/or email to communicate with its targeted audience.

The district is committed to being proactive in emergency management and planning. This requires support and understanding. Safety starts with you. It is important to talk to your children about safety. If you see something, say something. Anonymous reporting of safety concerns, suspicious activity, student and/or workplace bullying, etc. is available to everyone by calling **713-641-7446**, online via the anonymous reporting system [HoustonISD.org/AnonymousReporting](https://HoustonISD.org/AnonymousReporting) or by downloading the **SAYSOMETHING MOBILE APP**. **Ensure you have the most up to date information and emergency contact at the campus level for effective communication.**

\_\_\_\_ I HAVE READ THE HISD SAFETY ACKNOWLEDGMENT FORM

<b>Student Last Name</b>	<b>First Name</b>	<b>Grade</b>

<b>Parent or Guardian's Printed Name</b>	<b>Date</b>

<b>Parent or Guardian's Signature</b>	<b>Date</b>

# 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.

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

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

Student ID <small>(office use only)</small>	First Name	Last Name	MIDate 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

## 2025-2026 STUDENT RESIDENCY QUESTIONNAIRE (SRQ)

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: \_\_\_\_\_  
(relationship)

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

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) 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).

PARENTING STUDENT: ☐ Yes ☐ No (A student who has a child/children).

### 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"/> House fire or other destruction        | <input type="checkbox"/> Parent(s) involved in military                |
| <input type="checkbox"/> New to Town   | <input type="checkbox"/> Natural disaster/evacuation            | <input type="checkbox"/> Parent Incarcerated/Recently released         |
| <input type="checkbox"/> Loss of Employment                                  | <input type="checkbox"/> Domestic Issue                         | <input type="checkbox"/> Student has been previously incarcerated      |
| <input type="checkbox"/> Economic hardship/low earnings                      | <input type="checkbox"/> Migrant work in fishing or agriculture | <input type="checkbox"/> Awaiting placement in foster care/CPS custody |
| <input type="checkbox"/> Evicted/kicked out                                  | <input type="checkbox"/> Student is a parent                    | <input type="checkbox"/> COVID-19 impacted: _____                      |

### 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"/> School Supplies | <input type="checkbox"/> Personal Hygiene Items |
| <input type="checkbox"/> Free Lunch/ Breakfast                  | <input type="checkbox"/> Immunizations  | <input type="checkbox"/> SNAP/Medicaid/ TANF/CHIP     | <input type="checkbox"/> Housing         | <input type="checkbox"/> Food                   |
| <input type="checkbox"/> Homeless Verification Letter for FAFSA | <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 in HISD Connect under the Homeless tab (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) Add requested services under the Services Tab (4) 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

### STUDENT MEDIA CONSENT AND RELEASE FORM

This release allows the Houston Independent School District (HISD) to print, photograph, and record my child for us in efforts to promote HISD's activities and achievements. The consent includes allowing my child to be included and/or featured in materials to train teachers and/or increase public awareness of HISD schools through digital and print media including: newspaper, radio, TV, websites, blogs, and social media channels (Facebook, Twitter, YouTube, etc.), DVDs, displays and brochures. This release includes the use of my child's work, name, image, and/or voice.

- ☐ I attest that I am the parent or guardian of \_\_\_\_\_ and **I GIVE** HISD and its employees and representatives permission to print, photograph, and record my child for us in electronic, digital and printed media.
- ☐ I attest that I am the parent or guardian of \_\_\_\_\_ and **I DO NOT GIVE** HISD and its employees and representatives permission to print, photograph, and record my child for us in electronic, digital and 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

Name of Child \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

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

Name of parent or guardian \_\_\_\_\_

School \_\_\_\_\_

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

I DO \_\_\_\_ I DO NOT \_\_\_\_ give permission to River Oaks Elementary to Include my child's photo in the yearbook.

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

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_

NAME	PHONE #	RELATIONSHIP
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NAME	PHONE #	RELATIONSHIP
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Date \_\_\_\_\_

If for any reason, you believed we need to be aware of the contents of any of these orders, please attach a copy of same here to.

# ATTENDANCE MATTERS

At HISD, missing more than 10 percent of school a year can lead to a student not receiving a grade or being retained, but more importantly, it represents lost time in the classroom and a lost opportunity to learn.

- **EXCUSED ABSENCES**

All excused Notes are due to school within 3 school days of absence. Absence notes can be submitted to the front office or emailed to [jamie.jerez@houstonisd.org](mailto:jamie.jerez@houstonisd.org) and the classroom teacher. Please have the child's first and last name in the subject line.

Examples of excused student absences include but are not limited to the following reasons:

1. Personal illness (includes healthcare visit without documentation) – parent note is required.
2. Death of an immediate family member (immediate family is defined as parent, guardian, grandparent, sibling of the student or parent, or a person living in the home) – note required.
3. Emergency in the immediate family (as defined at item #2)
4. School-imposed absence necessary to treat lice.
5. Illness resulting from ongoing medical or psychiatric treatment (chemotherapy, radiation, dialysis, etc. with a doctor's note indicating specific timeframes and anticipated absences)
6. Medicaid-eligible; participating in Early and Periodic Screening, Diagnosis, and Treatment Program (with documentation)
7. Nurse sent home from school and/or any consecutive days approved by the campus nurse.

- **UNEXCUSED ABSENCE**

If an absence does not meet the criteria for an excused absence or one of the extenuating circumstances specified in Board policy, the absence will be considered unexcused for attendance accounting purposes. Examples of unexcused student absences include but are not limited to the following reasons:

1. Any "excused" absence (including personal illness) without required documentation.
2. Failure to bring required doctor's note (after the student has been placed on "Doctor's Note Required" for excessive absences for personal illness)
3. Non-school sponsored activities (both athletic and non-athletic activities/competitions)
4. Family illness (non-emergency)
5. Death other than immediate family (as defined under EXCUSED ABSENCES at item #2)
6. Family trip/vacation
7. Welfare and WIC visit
8. Student's application for U.S. citizenship or obtaining a Visa without documentation requiring appearance and proof of attendance.
9. Private lessons, tutoring, counseling, and other services
10. Religious retreat or other church-related events other than a religious holy day of obligation
11. Student's application for Passport.

- **TARDIES**

School begins at 7:30 AM. Students reporting to campus **after 7:30 AM** must be walked in with a parent or guardian. You must sign the child in at the front desk.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Date