



Keri Fovargue, Ph.D.  
Head of School

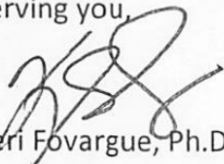
Dear Prospective Family,

Let me be the first to welcome you to River Oaks Elementary! I look forward to partnering with you next year to ensure your child receives the best education in Houston ISD. In order to prepare, you have an opportunity to make a recommendation regarding your child's placement for next year. Our goal is to consider individual needs of students, provide balanced groupings, and ensure that all children are given equal consideration in the placement process.

Please understand that final placement rests with the Head of School. Requesting a specific teacher does NOT guarantee placement with that teacher. Grade level decisions are completed over the summer and class rosters will be published in August 2021 during Meet and Greet.

While we make every effort possible to place students accordingly, placement is not dependent upon teacher preference. Rather, we take a holistic approach and place students based on needs. In the event you are not satisfied with your child's placement for the 2021-2022 school year, I encourage you to remain open minded to your child's assignment. This way, all students start school with a positive attitude and contagious excitement focused on learning.

With this in mind, please submit in writing any information that might affect the class placement decision for your child. You may submit this information with your registration packet. Again, thank you for choosing River Oaks Elementary. We look forward to a great school year!

Serving you,  
  
Keri Fovargue, Ph.D.  
ROE Head of School



Keri S. Fovargue, Ph.D.  
Head of School

### **REGISTRATION CHECKLIST**

#### **Email all items listed below when you register:**

- ☐ Enrollment Form (form attached)
- ☐ Copy of Birth Certificate (Passport will be accepted if born outside the US)
- ☐ Home Language Survey (form attached)
- ☐ Child's Social Security Card (original or copy)
- ☐ Immunization Records
- ☐ Health Inventory/Request for Food Allergy Information (form attached)
- ☐ Texas Public School Student Ethnicity and Race Data Questionnaire (form attached)
- ☐ Last Report Card to verify grade placement
- ☐ Any Standardized Testing Reports (if applicable)
- ☐ GT Matrix from previous HISD school (if applicable)
- ☐ Parent/Guardian Texas Driver's License with zoned address
- ☐ Certified Copy of Divorce Decree (if applicable)
- ☐ Student Education Background Information Form (form attached)
- ☐ Student Media Consent Form (form attached)
- ☐ Authorization Form for Access (form attached)
- ☐ Student Access Form (form attached)

#### **Email proof of Residency when you register:**

Most current electric bill and gas or water, showing residential service with name and address of residents or confirmation letter of application on utility company letterhead, unless included in lease.

##### **For Homeowners:**

Harris County Appraisal District Statement Showing Homestead Exemption for Current Year or General Warranty Deed with purchase date, name and address of new homeowners.

##### **For Renters:**

Lease Agreement (must include the following: all occupants residing at the address, all signature, and utility agreement) All leases will be verified.



# 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

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

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 \_\_\_\_\_



## 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.

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

# 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.



# HOUSTON INDEPENDENT SCHOOL DISTRICT

## FAMILY SURVEY

|                      |                       |
|----------------------|-----------------------|
| <b>STUDENT NAME:</b> | <b>DATE OF BIRTH:</b> |
| <b>CAMPUS NAME:</b>  | <b>GRADE LEVEL:</b>   |

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)

|  |   |  |  |
|--|---|--|--|
| <br>Fruit, vegetables, sunflower, cotton, wheat, grain, farms or ranches, fields & vineyards<br><input type="checkbox"/> | <br>Dairy farm<br><input type="checkbox"/>  | <br>Fishery<br><input type="checkbox"/>        | <br>Cannery<br><input type="checkbox"/>                              |
| <br>Poultry farm<br><input type="checkbox"/>  | <br>Plant nursery, orchard, tree growing or harvesting<br><input type="checkbox"/> | <br>Slaughterhouse<br><input type="checkbox"/> | <br>Other similar work, please explain:<br><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

# 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)

- |   |   |
|---|---|
| <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) 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

## 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.

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

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

| Student ID<br>(office use only) | First Name | Last Name | MI | Date 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