

Harvard Elementary School Enrollment Requirements 2020-2021

Enrollment requirements for children entering school for the first time, entering from another Texas school district, state or country:

| | | | | | | | | | | | | | | | | | | | | | | | |
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| Proof of Age | Original birth certificate, hospital certificate, or passport (One document) | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0" style="margin-left: 20px;"> <tr> <td style="padding-right: 10px;">PreKindergarten*</td> <td>4 years old on or before September 1st</td> </tr> <tr> <td>Kindergarten</td> <td>5 years old on or before September 1st</td> </tr> <tr> <td>First Grade</td> <td>6 years old on or before September 1st</td> </tr> </table> | PreKindergarten* | 4 years old on or before September 1st | Kindergarten | 5 years old on or before September 1st | First Grade | 6 years old on or before September 1st | | | | | | | | | | | | | | | | | |
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| Kindergarten | 5 years old on or before September 1st | | | | | | | | | | | | | | | | | | | | | | |
| First Grade | 6 years old on or before September 1st | | | | | | | | | | | | | | | | | | | | | | |
| Proof of Residence | Current utility bill or lease agreement in parent's name | | | | | | | | | | | | | | | | | | | | | | |
| Photo Identification | Parent/legal guardian enrolling child | | | | | | | | | | | | | | | | | | | | | | |
| Report Card | Latest report card from previous school (if applicable) | | | | | | | | | | | | | | | | | | | | | | |
| Social Security Card | | | | | | | | | | | | | | | | | | | | | | | |
| Immunizations | Health Clinic Records or Physician Records (records must be signed by a physician licensed to practice medicine in the United States.) | | | | | | | | | | | | | | | | | | | | | | |
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| | 5yrs old and older: 4 doses (last dose since age 4) | | | | | | | | | | | | | | | | | | | | | | |
| POLIO | 4yrs old 4 doses (last dose since age 4) | | | | | | | | | | | | | | | | | | | | | | |
| | 5yrs old and older: 3 doses (last dose since age 4) | | | | | | | | | | | | | | | | | | | | | | |
| MMR | 2 doses | | | | | | | | | | | | | | | | | | | | | | |
| HIB | 4 doses (by 12 months of age or 1 dose: 15 months to 4 years) | | | | | | | | | | | | | | | | | | | | | | |
| Hepatitis B | 3 doses | | | | | | | | | | | | | | | | | | | | | | |
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| Pneumococcal Conjugate (PCV7) | 4 doses (under age of 5) | | | | | | | | | | | | | | | | | | | | | | |
| Varicella | 2 doses (or submit a written statement from the physician or parent/guardian certifying child had chicken pox on or about (date) and does not need the varicella vaccine.] | | | | | | | | | | | | | | | | | | | | | | |
| Influenza | Recommended | | | | | | | | | | | | | | | | | | | | | | |

It is the policy of the Houston Independent School District not to discriminate on the basis of age, color, handicap or disability, ancestry, national origin, marital status, race, religion, sex, veteran status, or political affiliation in its educational or employment programs and activities.

Presenting a false document or false records under TEC Section 25.002 is an offense under Section 37.10 Penal Code and may be prosecuted as a criminal offense and enrollment of the child under false documents subjects the person to liability for tuition or costs under Section 25.01 (h).

Escuela Primaria Harvard

Requisitos Para La Inscripción

2020-2021

Requisitos de inscripción para los niños que van a entrar a la escuela por primera vez, para estudiantes que vienen de otro distrito escolar, estado ó país:

Comprobante de edad: Acta de nacimiento (original), certificado de hospital ó pasaporte (un documento)

| | |
|--------------------|-------------------------------------------------------------|
| Pre-kínder* | 4 años de edad ahora ó antes del día 1 de septiembre |
| Kínder | 5 años de edad ahora ó antes del día 1 de septiembre |
| 1º grado | 6 años de edad ahora ó antes del día 1 de septiembre |

Comprobante de residencia Pago corriente de su utilidad ó contrato de renta (con el nombre de padre)

Identificación con foto padre ó madre ó tutor legal de estudiante

Calificaciones tarjeta de calificaciones de la última escuela que asistió

Tarjeta de Seguro Social

Tarjeta de Vacunas: Tarjeta de clínica de salud ó tarjeta de un doctor (estas tarjetas deberán ser firmadas por un doctor con licencia médica en los Estados Unidos.)

| | | |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| DPT (DT) | <u>niños de 4 años:</u> | 5 vacunas (última dosis a los 4 años) |
| | <u>niños de 5 años y mayor:</u> | 4 vacunas (última dosis a los 4 años) |
| POLIO | <u>niños de 4 años:</u> | 4 vacunas (última dosis a los 4 años) |
| | <u>niños de 5 años y mayor:</u> | 3 vacunas (última dosis a los 4 años) |
| MMR | 2 vacunas | |
| HIB | 4 vacunas (a los 12 meses de edad ó 1 vacuna a los 15 meses hasta los 4 años) | |
| Hepatitis B | 3 vacunas | |
| Hepatitis A | 2 vacunas | |
| Pneumococcal | | |
| Conjugate (PCV7) | 4 vacunas (5 años de edad ó menos) | |
| Varicela | 2 vacunas (o traiga una nota escrita por su doctor o el padre/guardián certificando que su hijo/a tenía la viruela loca (varicela); y también necesitamos la fecha de cuando la tuvo ya que no necesitará la vacuna.) | |
| Influenza | Recomendado | |

Es la política del distrito escolar Independiente de Houston a no discriminar en base de edad, color, desventaja o inhabilidad, ascendencia, origen nacional, estado de unión, raza, religión, sexo, estado del veterano, o afiliación política en los programas y actividades educativos o del empleo.

La presentación de los expedientes falsos bajo sección TEC 25.002 es una ofensa bajo código penal de la sección 37.10 y se puede procesar como delito a la inscripción del niño con documentos falsos sujeta a la persona ser responsable por la cuota o a los costes bajo sección 25.01 (h).

| | | | |
|---------------------------------------------------|-------------------------------|-------------------------------|----------------------------|
| Office Use Only: ADMISSION SLIP 2020 -2021 | | ROOM# _____ | ENTRY DATE: _____ |
| Name: _____ | Grade: _____ | Entry Code: _____ | |
| Sex: _____ | Race: _____ | ID#: _____ | Assigned to: _____ |
| MG <input type="checkbox"/> | SE <input type="checkbox"/> | GT <input type="checkbox"/> | B <input type="checkbox"/> |
| E <input type="checkbox"/> | Test <input type="checkbox"/> | Trsf <input type="checkbox"/> | USA SCH: _____ |
| | | SR: _____ | Adv#: _____ |

Information about your child: (please print clearly)

Current Age: _____ Birth Date: ____ / ____ / ____ Gender: _____ Race: _____ Entering Grade: _____

Child's Social Security Number: _____

Last Name: _____
(As it appears on birth certificate)

First Name: _____ Middle Name: _____
(As it appears on birth certificate) (As it appears on birth certificate)

Zoned HISD School: _____

Last School Attended: _____ District: _____

Last Day Care Attended: _____ District: _____

Last HISD School: _____ Date(s): _____

List other children at Harvard: _____

Special Education Classes? Yes No (If Yes, Please provide ARD documents) (If no, Please initial _____)

Speech Resource Other Health Impaired _____

Child's Insurance: CHIP MEDICAID Harris County Gold Card Private Insurance None

Information about parents/guardians:

Child lives with: Both Parents Mother Father Other: _____

Relationship to child: Father Step-Father Legal Guardian Other
Mother Step-Mother Legal Guardian Other

Last Name: _____ First Name: _____
Home Address: _____ Apt #: _____ City/State _____ Zip _____
Home #: _____ Work #: _____ Cell #: _____

Relationship to child: Father Step-Father Legal Guardian Other
Mother Step-Mother Legal Guardian Other

Last Name: _____ First Name: _____
Home Address: _____ Apt #: _____ City/State _____ Zip _____
Home #: _____ Work #: _____ Cell #: _____

Is there a court order regarding child custody? Yes No (If yes, please supply a copy of the court order signed by the judge with the court stamp on the back of the last page for your child's school records.)

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Parent/Guardian's Signature: _____ Date: _____

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|
| Office Use Only: ADMISSION SLIP 2020 – 2021 | ROOM# _____ | ENTRY DATE: _____ |
| Name: _____ | Grade: _____ | Entry Code: _____ |
| Sex: _____ Race: _____ ID#: _____ | Assigned to: _____ | |
| MG <input type="checkbox"/> SE <input type="checkbox"/> GT <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> Test <input type="checkbox"/> Trsf <input type="checkbox"/> | USA SCH: _____ | SR: _____ Adv#: _____ |

Información sobre su hijo: (por favor escriba claro)

Edad: _____ Fecha de nacimiento: _____ mes _____ día _____ año Sexo: _____ Raza: _____ Grado: _____

Número de Seguro Social #: _____

Apellido: _____
(Como aparece en el acta)

Primer Nombre: _____ Segundo Nombre: _____
(Como aparece en el acta)

Escuela de su zona: _____

Ultima Escuela: _____ Distrito: _____

Ultima Escuela: _____ Distrito: _____

Ultima Escuela: _____ Cuando: _____

Ultima Escuela HISD: _____ Fecha(s): _____

Otros hijos que asisten Harvard: _____

Seguro del estudiante: CHIP MEDICAID Tarjeta Dorada del condado Harris Privada Nada

Clases de Educación especial? Si No (si la respuesta es si, favor de presentar los documentos de ARD)

Si la respuesta es no favor de iniciar con sus iniciales _____)

Terapia de Lenguaje Resource Otro impedimento de salud _____

Información sobre los padres o guardián:

El estudiante vive con : Ambos Mamá Papá Alguien mas: _____

Relación al estudiante: Padre Padrastro Guardián legal Otro _____

Madre Madrastra Guardian Legal Otro _____

Apellido: _____ Primer Nombre: _____

Dirección: _____ Apt. #: _____ Ciudad: _____ Código postal: _____

Numero de Casa #: _____ Trabajo: _____ Celular: _____

Relación al estudiante: Padre Padrastro Guardián legal Otro _____

Madre Madrastra Guardián legal Otro _____

Apellido: _____ Primer Nombre: _____

Dirección: _____ Apt. #: _____ Ciudad: _____ Código postal: _____

Numero de Casa #: _____ Trabajo: _____ Celular: _____

¿Hay una orden de custodia sobre su hija? Si No (Si es así, traiga una copia del documento firmada por el o la juez a la escuela.)

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Firma de Padre/Madre o Guardián: _____ Date: _____



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.



DISTRITO ESCOLAR INDEPENDIENTE DE HOUSTON

CUESTIONARIO SOBRE EL IDIOMA QUE SE HABLA EN EL HOGAR

19 TAC Chapter 89, Subchapter BB, §89.1215

(SOLO para estudiantes que se inscriban en la escuela, prekínder a 12º grado)

PARA LOS ESTUDIANTES DE PREKÍNDER A OCTAVO GRADO, ESTE CUESTIONARIO DEBE LLENARLO EL PADRE O TUTOR. LOS ESTUDIANTES DE 9º A 12º GRADO PUEDEN LLENARLO ELLOS MISMOS. El estado de Texas requiere que la siguiente información se obtenga para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Es responsabilidad del padre o tutor, no de la escuela, proporcionar la información requerida por las siguientes preguntas sobre el idioma de la familia.

Estimado padre o tutor:

Para determinar si su hijo podría beneficiarse de los servicios de los programas bilingües o de inglés como segundo idioma, por favor conteste las dos preguntas planteadas abajo.

Si alguna de sus respuestas indica el uso de un idioma diferente del inglés, el distrito escolar deberá realizar una evaluación para determinar hasta qué punto su hijo se comunica bien en inglés. El resultado de la evaluación se usará para determinar si es apropiado proveer a su hijo programas bilingües o de inglés como segundo idioma, y para guiar las recomendaciones sobre la instrucción y la asignación a un programa escolar adecuado. Si tiene preguntas sobre el propósito y el uso de este cuestionario, o si necesita ayuda para completarlo, por favor comuníquese con el personal del distrito escolar.

Para ver más información sobre el proceso requerido, por favor visite el siguiente sitio web:

<https://projects.esc20.net/upload/page/0081/docs/LPAC-TrainingFlowchartSpanish-Accessible.pdf>.

Esta encuesta debe permanecer archivada en el expediente permanente del estudiante.

NOMBRE DEL ESTUDIANTE: _____ Núm. de ID: _____

DIRECCIÓN: _____ TELÉFONO: _____

ESCUELA: _____

NOTA: INDIQUE SÓLO UN IDIOMA EN CADA RESPUESTA.

1. ¿Qué idioma se habla en la casa del estudiante la mayor parte del tiempo? _____

2. ¿Qué idioma habla el estudiante la mayor parte del tiempo? _____

Firma del padre o tutor

Fecha

Firma del estudiante, si cursa un grado entre 9 y 12

Fecha

AVISO: Si cree que cometió un error cuando completó esta encuesta sobre el idioma que se habla en el hogar, podrá solicitar una corrección, por escrito, solamente si:

- 1) todavía no se le ha administrado a su hijo la evaluación de dominio del inglés; y
- 2) se presenta la solicitud escrita de corrección en el lapso de las dos semanas calendario siguientes a la inscripción.



**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?

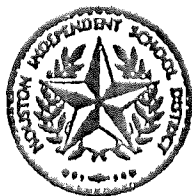
CHIP Medicaid HCHD Private Insurance None

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.

| | |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Student/Staff Name (please print) | <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> (Parent/Guardian)/(Staff) Signature |
| <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Student/Staff Identification Number | <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date |

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 all you need 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 PE/MS Coding on the At-risk Chancery panel for At-risk reason code 12, (2) code 911 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.

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 use 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 use 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 use in audio, video, film or any other electronic, digital, or 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 _____

Signature of parent or guardian _____

Date _____ Phone Number _____

HOUSTON INDEPENDENT SCHOOL DISTRICT

MILITARY CONNECTED FAMILIES SURVEY

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

School _____ Date _____

Student Name _____ HISD ID# _____

Dear Parent or Guardian,

The State of Texas requires schools to collect data relating to the enrollment of military-connected students. This collection is done to allow educational institutions the ability to monitor critical elements of education success for children who are dependents of military personnel, and show the state's commitment to military personnel and their children.

For students in grades Kindergarten through 12:

1. The student is a dependent of an active duty member of the United States Army, Navy, Air Force, Marine Corps, or Coast Guard

Yes No

2. The student is a dependent of a member of the Texas National Guard (Army, Air Guard, or State Guard)

Yes No

3. The student is a dependent of a member of a reserve force in the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard)

Yes No

For pre-kindergarten students only:

4. The student is a dependent of an active duty uniformed member of the Army, Navy, Air Force, Marine Corps, or Coast Guard, or activated/mobilized uniformed member of the Texas National Guard (Army, Air Guard, or State Guard) who was injured or killed while serving on active duty.

Yes No