



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

Enrollment Information

20____ - 20____

Homeroom Teacher:

Has student ever attended an HISD School? <input type="checkbox"/> Yes <input type="checkbox"/> No				Last School/Daycare Attended			
HISD Student ID		Date of Enrollment		Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
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	
What type of medical insurance do you carry for this child? <input type="checkbox"/> CHIP <input type="checkbox"/> Medicaid <input type="checkbox"/> HCHD <input type="checkbox"/> Private Insurance <input type="checkbox"/> None				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:			

2021-2022

MACGREGOR ELEMENTARY
STUDENT PICK – UP AUTHORIZATION FORM

PLEASE PRINT

Student Name: _____ Grade: _____ Date: _____

Please be advised that without this information NO STUDENT will be released. PROPER ID is required for all persons listed on this form. NO EXCEPTIONS. This is notification to the school that in case of inclement weather or an emergency, my child will be picked-up by the following:

(1) Name: _____ Relationship to Student _____

Home Phone: _____ Cell Phone: _____

(2) Name: _____ Relationship to Student _____

Home Phone: _____ Cell Phone: _____

(3) Name: _____ Relationship to Student _____

Home Phone: _____ Cell Phone: _____

(4) Name: _____ Relationship to Student _____

Home Phone: _____ Cell Phone: _____

(5) Name: _____ Relationship to Student _____

Home Phone: _____ Cell Phone: _____

(6) Name: _____ Relationship to Student _____

Home Phone: _____ Cell Phone: _____

THIS IS NOTIFICATION TO THE SCHOOL THAT IN CASE OF INCLEMENT WEATHER, MY CHILD

_____ Will be picked up by _____
Name of person picking up Relationship

_____ Will Walk Home.

_____ Will Ride The School Bus Home.

_____ Other _____

Parent's Signature

Cell Number

Parent's Driver's License Number (required)

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)*

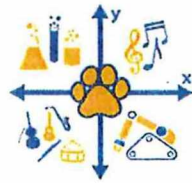
Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

- ☐ **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



ATTENDANCE CONTRACT

TARDIES

_____ Your student must arrive on time to school every day. After 7:45 a.m. students are tardy. Parents of students with excessive tardies will be required to attend an administrative conference and may be referred to a truancy officer. Chronic tardiness of 10 or more per grading cycle, will result in placement on a magnet growth plan.

ABSENCES

_____ ADA is recorded at 9:30a.m. Any absences incurred must be for one of the following reasons:

- Personal illness
- Sickness or death in the immediate family
- Quarantine
- Weather or road conditions making travel dangerous as determined by the district.

_____ On the day of the absence, the parent/guardian must call the school to notify the office with the reason for the absence. A maximum of 10 handwritten notes will be excused per academic year.

_____ Student who are absent or tardy must present the teacher/attendance clerk with a written excuse signed by the parent/guardian within three days of absence. Students who are out of class when official attendance is recorded due to medical appointments, may be counted present if they provide an excuse from the physician's office and the student is in attendance 50% of the instructional day.

Attendance is mandatory. Unexcused absences will not be tolerated.

Attendance referral may result in truancy referrals, court appearances and/or fines.

By signing this contract, the parent/guardian agrees to the attendance guidelines.

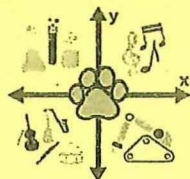
Student's Name _____ Grade _____

Parent's Signature _____ Phone _____

The Texas Education Code (TEC) 25.095 requires the school district to notify a student's parents in writing at the beginning of the school year that if the student is absent from school on 10 or more days or parts of days within a six-month period in the same school year or on three or more days or parts of days within a four-week period:

1. The student's parent (or legal guardian) is subject to prosecution under TEC 25.093;
2. The student is subject to prosecution under TED 25.094.

It is the parent's duty to monitor the student's school attendance and require the student to attend school and request a conference with a school official to discuss the absences. The parent is subject to prosecution under 25.093 (b) for failure to require your child to attend school.



SPECIAL SERVICES SURVEY

Student's Name _____ Last School Attended _____

*Please answer the following questions by selecting Yes or NO.
Any items with an (*) you will have to provide documentation.*

Has your child ever attended an HISD school? If yes, where _____	Yes	No
Has your child ever received Bilingual or ESL services? If yes, where _____	Yes	No
*Has your child ever received Special Education Services? If yes, please select service: <input type="radio"/> Resource <input type="radio"/> Speech <input type="radio"/> Dyslexia <input type="radio"/> Other Please specify: _____ (Please provide documentation)	Yes	No
*Has your child received Section 504 Services in the past? If yes, where _____ (Please provide documentation)	Yes	No
*Has your child been identified as gifted and talented? If yes, where _____ (Please provide documentation)	Yes	No
Has your child ever been retained? If yes, which grade _____	Yes	No
Are there any medical concerns we should know of? If yes, please explain _____ _____ _____	Yes	No

Parent Signature: _____

Date: _____