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:**

<table>
<thead>
<tr>
<th>Has student ever attended an HISD School?</th>
<th>Yes</th>
<th>No</th>
<th>Last School/Daycare Attended</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>HISD Student ID</th>
<th>Date of Enrollment</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Legal Student Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Generation (Jr., Ill, etc.)</th>
<th>Student SS# / State Alt. #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student Birthplace:**  
City, State, Country

<table>
<thead>
<tr>
<th>Year Started School in US</th>
<th>Student Lives with</th>
<th>Mother</th>
<th>Father</th>
<th>Other</th>
<th>Both Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Federal Student Ethnicity**  
(Select One)

- Hispanic/Latino
- Not Hispanic/Latino

**Student Race**  
(Select all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White

<table>
<thead>
<tr>
<th>Student Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Number</td>
</tr>
<tr>
<td>Street Name</td>
</tr>
<tr>
<td>Apartment</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>State</td>
</tr>
<tr>
<td>Zip</td>
</tr>
<tr>
<td>County</td>
</tr>
<tr>
<td>Home Phone</td>
</tr>
</tbody>
</table>

**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)**

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Street Number</th>
<th>Street Name</th>
<th>Apartment</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Employer**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
</table>

**Preferred Language**

- English
- Spanish
- Other

**Translator Needed?**

- Yes
- No

**e-mail Address**

---

**Contact #2 Name (Last, First)**

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Street Number</th>
<th>Street Name</th>
<th>Apartment</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Employer**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
</table>

**Preferred Language**

- English
- Spanish
- Other

**Translator Needed?**

- Yes
- No

**e-mail Address**

---

**Contact #3 Name (Last, First)**

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Street Number</th>
<th>Street Name</th>
<th>Apartment</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Employer**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
</table>

**Preferred Language**

- English
- Spanish
- Other

**Translator Needed?**

- Yes
- No

**e-mail Address**

---

**What type of medical insurance do you carry for this child?**

- CHIP
- Medicaid
- HCHD
- Private Insurance
- 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.)

<table>
<thead>
<tr>
<th>Last, First, and Middle Names</th>
<th>Gender</th>
<th>Birthdate</th>
<th>Grade</th>
<th>Address of This Child</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**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)**

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**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:**
MACGREGOR ELEMENTARY
2021-2022
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.

<table>
<thead>
<tr>
<th>Student/Staff Name (please print)</th>
<th>(Parent/Guardian)/(Staff) Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student/Staff Identification Number</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Texas Education Agency – March 2009
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 9:30 a.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 TEC 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.*

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your child ever attended an HISD school? If yes, where</td>
<td></td>
<td></td>
</tr>
<tr>
<td>________________________________________________________________________</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>Has your child ever received Bilingual or ESL services? If yes, where</td>
<td></td>
<td></td>
</tr>
<tr>
<td>________________________________________________________________________</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>*Has your child ever received Special Education Services? If yes, please</td>
<td></td>
<td></td>
</tr>
<tr>
<td>select service: [ ] Resource [ ] Speech [ ] Dyslexia [ ] Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Please provide documentation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Has your child received Section 504 Services in the past? If yes,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>where</td>
<td></td>
<td></td>
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<tr>
<td>(Please provide documentation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Has your child been identified as gifted and talented? If yes,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>where</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Please provide documentation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your child ever been retained? If yes, which grade</td>
<td></td>
<td></td>
</tr>
<tr>
<td>________________________________________________________________________</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>Are there any medical concerns we should know of? If yes, please</td>
<td></td>
<td></td>
</tr>
<tr>
<td>explain</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Parent Signature: ___________________________ Date: ___________________________