

Nat. Q. Henderson Enrollment Packet

PLEASE READ BEFORE YOU START

This packet consist of Registration Enrollment Information for Nat. Q. Henderson Registration Department.

Supporting Documentation

Supporting documentation and copies that you must bring with you when you register your child are the following:

1. Proof of Residence

- Types of Proof of Residence ACCEPTED:
 - ❖ Gas, Light, Water Bill
 - ✓ Must be from the past 30 days to present date counting from the day you are registering your child.
- **Lease/Mortgage Agreement**
 - ✓ Must have the parent's name on the lease as tenants and be active for the 2017-2018

2. Parent Identification with Photo

- Types of Parent Identification ACCEPTED:
 - Driver's License, Passport, State ID, or Military ID

3. Report Card

- Bring us the Final Report Card for the 2015-2016 School Year and a 2016-2017 Current Report Card.
- A Final Report Card for 2016-2017 is due by June 30, 2017.

4. Shot Records

- Must be up to date.

5. Birth Certificate

- Must have original and copy present.

6. Social Security Card

- ONLY IF THIS IS THE FIRST TIME YOUR CHILD ATTENDS AN HISD SCHOOL.

IMPORTANT NOTE:

The ENROLLMENT PROCESS can ONLY be completed if ALL documentation is in compliance and valid.
QUESTIONS? CONTACT Nat. Q. Henderson REGISTRAR L. McAdams at 713-671-4195

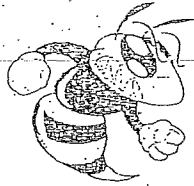
Houston Independent School District

Enrollment Information

20 17 - 20 18

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	<input type="checkbox"/> Male <input type="checkbox"/> Female		Grade	
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"/> Native Hawaiian/Other Pacific Islander		<input type="checkbox"/> Asian <input type="checkbox"/> White	<input type="checkbox"/> Black or African American		
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	
<input type="checkbox"/> CHIP <input type="checkbox"/> Medicaid <input type="checkbox"/> HCHD <input type="checkbox"/> Private Insurance <input type="checkbox"/> None			What type of medical insurance do you carry for this child?		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:		



Nathaniel Q Henderson Elementary
"Every Child. Every Need. No Exceptions."

701 Solo Houston, TX 77020
Phone: 713-671-4195 Fax: 713-671-4197

Authorization For Students Pick-Up Form
Student Name: _____

Please List the names of parents, guardians, relatives, Etc. with your permission to pick up your child either during school hours, after school, or from any after school program. Your child will be released only to those listed below or on the emergency card.

If someone else other than those listed below or on the emergency card is to pick up your child you must send a fax or a written note to the office in the **Morning BEFORE** 9:00 AM.

No Telephone Requests will be accepted in this case.

Custodial Parents/Guardians: _____

Phone: _____

First Name	Last Name	Relationship to Scholar	Contact Phone

Please Check on the following:

- My Child will be a car rider always
- My child will walk always w/ _____
- My child will ride a Daycare bus always
- My Child will attend the BOYS & GIRLS CLUB

It is our policy to request photo identification for anyone unfamiliar to us. Please inform the person on your pick-up list that if they do not have proper identification, we cannot release your child to them.

Grade Level _____
HR Teacher _____

Student Name: _____ Entering Grade: _____

Please answer the following questions by selecting yes or no

Any items with an (*) you will have to provide documentation

<p>Has your child ever attended an HISD school? If yes, where? _____</p>	<p>Yes</p>	<p>No</p>
<p>Is your child fluent in another language other than English? If yes, which language? _____</p>	<p>Yes</p>	<p>No</p>
<p>Has your child ever received Bilingual or ESL services? If yes, where? _____</p>	<p>Yes</p>	<p>No</p>
<p>Does your child receive Special Education*services? If yes, please select which service: <input type="radio"/> Resource <input type="radio"/> Speech <input type="radio"/> Other (Please specify below) _____ _____ _____</p> <p>Date of Promotional ARD (most recent) _____ "Please provide a copy of all documentation"</p>	<p>Yes*</p>	<p>No</p>
<p>Has your child received Section 504* services in the past? If yes, where? _____ School "Please provide a copy of all documentation"</p>	<p>Yes*</p>	<p>No</p>
<p>Has your child been identified as Gifted and Talented*? If yes, where? _____ School "Please provide a copy of all documentation"</p>	<p>Yes*</p>	<p>No</p>
<p>Has your child ever been retained? If yes, which grade? _____</p>	<p>Yes</p>	<p>No</p>
<p>Did your child attend Summer School * for the 2015-2016 School Year? "Please provide a copy of all documentation"</p>	<p>Yes*</p>	<p>No</p>
<p>Is there any medical concerns we should know of? If yes, explain _____ _____ _____</p>		

Parent Signature: _____ Date: _____

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

HOUSTON INDEPENDENT SCHOOL DISTRICT

2017-2018 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 _____

Is the student currently in the conservatorship of the Department of Family & Protective Services (Foster Care)? Yes No *relation*

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) 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

2017-2018 FAMILY SURVEY


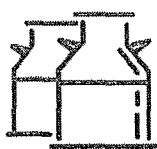

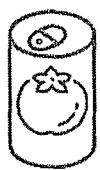




STUDENT NAME:	DATE OF BIRTH:
CAMPUS NAME:	GRADE LEVEL:

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.

- Have you 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)
- 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 provide the following information:		
Parent/Guardian Name	Home Address	Telephone Number

— FOR SCHOOL USE ONLY —

PLEASE FAX OR MAIL THIS FORM TO THE MIGRANT EDUCATION PROGRAM.

4400 W. 18th Street, Route 1 | Houston, TX 77092 | 713-556-6980 Fax

HISD Multilingual Education Department | 713-556-7288 | July 2016

HOUSTON INDEPENDENT SCHOOL DISTRICT

2017-2018 CODE OF STUDENT CONDUCT

Students and parents are expected to become familiar with the provisions of the districtwide *Code of Student Conduct* and the rules and regulations adopted and implemented by individual schools. Students are also expected to abide by the policies set forth in the *Code* so that they can get the most out of their years in school.

You may access the entire *HISD Code of Student Conduct* online at www.HoustonISD.org/CodeofConduct or by requesting a copy at the front office of the school.

Changes to the *Code of Student Conduct* this year include the following:

- Requiring students to use and securely fasten three-point seat belts, when available, any time the bus is in motion.
- Adding smart watches to the list of electronic devices prohibited during testing, as well as to the list of communication devices, including cell phones, that fall under individual school rules pertaining to the use of electronic devices while on campus.
- Downgrading the use of profanity, vulgar language, or obscene gestures, and possession of mace or pepper spray, from a Level III to a Level II offense.
- Clarifying language surrounding the sending or forwarding of inappropriate electronic communications, including email containing offensive language, untruthful statements, junk email, chain letters, or jokes, when using HISD Information Technology resources, the HISD network, and/or personal devices/accounts. These communications are prohibited, and students are subject to disciplinary measures if the action substantially interferes with school activities or with the rights of students.
- Clarifying language regarding stealing and theft as it pertains to the use of another student's identification or identification number to access services, such as the school lunch program.
- Moving possession of a legal knife that is determined to be possessed for use as a weapon from Level V (optional expulsion) to Level IV (required removal to a *Disciplinary Alternative Education Program*) consistent with changes in the Texas Education Code.
- Updating the *Code of Student Conduct* throughout to reflect changes in discipline policy that reduce the use of in-school or out-of-school suspensions as a disciplinary consequence.

Parent and Student Acknowledgement and Optional Request for Printed Copy of the *Code of Student Conduct*

____ No, I do not want a printed copy of the *HISD Code of Student Conduct*, as I will access it online at www.HoustonISD.org/CodeofConduct.

____ Yes, I do want a printed copy of the *HISD Code of Student Conduct*

It is important that every student understands the *Code of Student Conduct* and is expected by his or her parent(s) or guardian(s) to follow the rules and regulations set forth in it. By signing below, the parent and student acknowledge that they understand how to access and obtain a printed copy of the *Code*. These signatures also certify that both parent and student accept their responsibilities as described in the *Code of Student Conduct*.

_____ Student Last Name	_____ First Name	_____ Grade	_____ Student ID Number
_____ Student Signature			_____ Date
_____ Parent or Guardian's Signature			_____ Date



HOME LANGUAGE SURVEY HOUSTON INDEPENDENT SCHOOL DISTRICT

Student Name: _____ School: _____
 Student Address: _____ Home Phone: _____
 Date of Birth: _____ Grade: _____ HISD ID#: _____ PEIMS#: _____
 Month Day Year

The Texas Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction to all students. Please answer the following questions.

PART A:

(I) Place of Birth (Country of Origin) City _____ Country _____	(I) Date of initial entry into U.S. schools Month _____ Day _____ Year _____	(I) Number of complete academic years in a U.S. school _____
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(II) When your child lived outside the U.S., did he or she attend school regularly? (Part Time or Full Time)

Yes, my child attended school regularly in all previous grades outside the U.S.

No, my child missed significant portions of one or more school years, as specified:
 Specify grade and time period, including month and year (example: Grade 2, Jan. 2002 through May 2002). Do not include periods of absence that lasted less than one month. Do not include regularly scheduled school holidays or vacations.

PART B:

1. What language is spoken in your home most of the time? <input type="checkbox"/> English Other (Specify) _____	
2. What language does the student speak most of the time? <input type="checkbox"/> English Other (Specify) _____	
Grades PK – 8 _____ (Parent or Guardian) _____ (Date)	Grades 9 – 12 _____ (Parent or Guardian or Student) _____ (Date)

NOTE TO SCHOOL PERSONNEL:

1. The original signed copy of the Home Language Survey (HLS) must be filed and kept in the student's permanent folder.
2. In Part A, items marked with an (I) are required for identification of immigrant students. (Refer to Bilingual/ESL Program Guidelines for identification procedures). An immigrant student is one who was born outside of the United States or its territories and has been attending schools in the United States for less than three complete academic years.
3. In Part B, an answer of a language other than English to either question #1 or #2 identifies a student for oral language proficiency assessment (and written testing if entering Gr. 2-12).

- Yes, NEEDS OLPT ENTRY TESTING (If entering grades PK-12)
- Yes, NEEDS ENGLISH NRT ENTRY TESTING (If entering grades 2-12)

Student must be tested, identified, and placed in an appropriate program within 4 weeks of enrollment.

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 _____

Nat. Q. Henderson Enrollment Packet

STUDENT RECORD REQUEST

PLEASE FORWARD RECORDS FOR THE FOLLOWING STUDENT:

HISD STUDENT ID#: _____

STUDENT'S COMPLETE NAME: _____

DATE OF BIRTH: _____ CURRENT GRADE: _____

Name of Last School Attended: _____

School Address: _____

City, State, Zip: _____

PLEASE INCLUDE ALL OF THE FOLLOWING:

	WITHDRAWAL FORMS		TRANSCRIPT OF GRADES
	PERMANANT RECORD CARD		TEST RECORDS REPORT CARD
	TEST RECORDS		IMMUNIZATION RECORDS

PARENT SIGNATURE REQUIRED: _____

Please send the above information at your earliest convenience to:

Nat. Q. Henderson
701 Solo St / Houston, Texas 77020
713-671-4197 FAX ATTN: L.
McAdams/ D. Tolbert (HISD
ROUTE# 5)