RE
ROBERTS ELEMENTARY
IB WORLD SCHOOL

Welcome to Roberts Elementary!
Original documents are required; we will make a photocopy and return the original.
Registration and enrollment is on a space available basis.

Enrollment is based on a first come, first serve basis with all **completed** registration information. HISD **does not** allow schools to hold spaces for new incoming students. All incomplete forms **will not** be processed; you **must** have everything with you on the day of registration.

All of the following are required for Registration:

_____ **District online enrollment**

_____ **A total of 4 bills including Electricity, Gas, Water and Telephone/Cellphone bill** showing residential service with name and address of residents. If not available, confirmation letters of established account on utility company letterhead will suffice.

_____ **Harris County Appraisal District (HCAD)** statement showing Homestead Exemption for current year or Warranty Deed if you recently purchased your home.

_____ **Lease Agreement** (**if applicable**) If you are currently leasing a home or apartment the lease must list **all occupants** living in the home **including** all children. Please bring the entire **typed** lease agreement. All lease agreements are subject to verification. Please also bring in Proof of payment for current rent.

_____ Current **driver's license** of the same parent showing the same address as the required documentation above. International families must provide a current Passport as identification.

_____ **Birth Certificate** - Original state issued birth certificate required for students born in the United States; Passport required for students born in other countries.

_____ **Immunization records** including all of the following:
Please Note: Immunizations must be translated by a licensed medical professional.

*DPT series - 5 doses, last booster after fourth birthday (4 doses if 4th given after 4th birthday)
*Polio series - 4 doses, last booster after fourth birthday (3 doses if 3rd given after 4th birthday)
*MMR - 2 doses given after first birthday
*Hepatitis B - 3 doses
*Hepatitis A – 2 doses, first dose received after first birthday
*Varicella - 2 doses, (or certification from parent that the child has had the disease)

_____ **Social Security card** (optional - requested if student has SS#)

_____ In cases of divorced parents, the **legal court decree** showing custody of the child is required – Roberts Elementary requires an original stamped document signed by the judge.

_____ Students enrolling in First through Fifth grades need the **last report card or withdrawal paperwork** from the previous school and the **address of previous school** so that complete records can be requested.

6000 Greenbriar St., Houston, TX 77030
(ph) 713-295-5272
Trealla Epps, Principal
Contact the registrar at 713.295.5272 or Rose.Nguyen@houstonisd.org regarding the registration requirements.

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PLEASE READ THIS COMPLETELY BEFORE FILLING OUT REGISTRATION FORMS

FALSIFICATION OF INFORMATION: TEXAS PENAL CODE SECTION 37.10

Presenting a false document or record is an offense under this provision of the law. Violation may result in prosecution. Any person adjudged guilty shall be punished by fine or confinement or both.

TEXAS EDUCATION CODE

SUBTITLE E. STUDENTS AND PARENTS
CHAPTER 25. ADMISSION, TRANSFER, AND ATTENDANCE
SUBCHAPTER A. ADMISSION AND ENROLLMENT

(h)In addition to the penalty provided by Section 37.10, Penal Code, a person who knowingly falsifies information on a form required for enrollment of a student in a school district is liable to the district if the student is not eligible for enrollment in the district but is enrolled on the basis of the false information. The person is liable, for the period during which the ineligible student is enrolled, for the greater of:
(1)the maximum tuition fee the district may charge under Section 25.038; or
(2)the amount the district has budgeted for each student as maintenance and operating expenses.

FALSIFICATION OF INFORMATION WILL RESULT IN IMMEDIATE WITHDRAWAL OF THE STUDENT AND MAINTENANCE AND OPERATING EXPENSES FOR THE CURRENT YEAR WILL BE CHARGED TO EACH STUDENT ON A PER SCHOOL DAY BASIS.

REGISTRATION IS SUBJECT TO VERIFICATION OF RESIDENCE.

_____

Name of Student Grade Date

_____

Parent Signature

SIGNATURE CERTIFIES THAT ALL THE INFORMATION YOU HAVE PROVIDED IN THIS PACKET IS TRUE AND CORRECT.
Enrollment of the child under false documents subjects the person to liability for tuition or costs under Texas Education Code §25.001(h).

HOUSTON INDEPENDENT SCHOOL DISTRICT

SCHOOL ENROLLMENT HISTORY

(Only for students enrolling in 2nd grade or above whose Home Language Survey indicates a language other than English)

Student Name: _____ **Student ID**: _____

Grade Level: _____ **School**: Roberts Elementary School

Date of Enrollment in U.S. schools: _____

Has student ever attended school outside the U.S.?

□ **No** If "no" then stop. No need to continue filling out this form.

□ **Yes** If "yes" please provide student's academic history below.

Student History Worksheet

School Year	Grade	Country/ U.S. State	Total Time Enrolled	If student did not attend school for a full academic year, specify months attended	For Office Use Document TELPAS Reading rating if available/Yrs in U.S. Schools
	Kinder		□ All Year □ No Schooling □ Partial (**Specify**)		
	1st		□ All Year □ No Schooling □ Partial (**Specify**)		
	2nd		□ All Year □ No Schooling □ Partial (**Specify**)		
	3rd		□ All Year □ No Schooling □ Partial (**Specify**)		
	4th		□ All Year □ No Schooling □ Partial (**Specify**)		
	5th		□ All Year □ No Schooling □ Partial (**Specify**)		
	6th		□ All Year □ No Schooling □ Partial (**Specify**)		
	7th		□ All Year □ No Schooling □ Partial (**Specify**)		
	8th		□ All Year □ No Schooling □ Partial (**Specify**)		
	9th		□ All Year □ No Schooling □ Partial (**Specify**)		
	10th		□ All Year □ No Schooling □ Partial (**Specify**)		
	11th		□ All Year □ No Schooling □ Partial (**Specify**)		
	12th		□ All Year □ No Schooling □ Partial (**Specify**)		

Please use the back of this form if more space is needed.

Parent Signature: _____ Date:_____

Texas Education Agency

Commissioner Mike Morath

1701 North Congress Avenue • Austin, Texas 78701-1494 • 512 463-9734 • 512 436-9838 FAX • tea.texas.gov

Student Name: _____ **District Name:** _____

Student ID#: _____ **Campus Name:** Roberts Elementary

HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215
(Home Language Survey only administered during **initial** enrollment in Texas public schools)

To be completed by Parent or Guardian for students enrolling in Prekindergarten* through grade 8 (or by students in grades 9-12).

* Prekindergarten includes any student enrolling in a 3- or 4-year-old school program.

Part One:

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:

Please answer the questions below about the languages your child or family uses. If your responses indicate the use of a language other than English, the school will conduct a language proficiency assessment to determine how well your child communicates in English. This information will be used to determine any appropriate linguistic supports and inform instructional 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.

This survey shall be kept in each student's permanent record folder. A copy of this survey shall follow the student while enrolled in any public or open enrolled charter school in Texas.

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Part Two:

Please answer the questions to the best of your ability.

1. Which languages are used at home? _____

2. Which languages are used by the child at home? _____

3. If the child had a previous home setting, which languages were used? If there was no previous home setting, answer Not Applicable (N/A). _____

☐ **By checking this box, I understand a request to correct an error to this Home Language Survey can only happen if:**

1) my child has not yet been assessed for English proficiency; and
2) corrections are made within two calendar weeks of my child's enrollment date.

Note: Please contact your school about the benefits of bilingual education services. The following resources may also provide information on program services that foster bilingualism.

- Parent/ Guardian Rights
- Bilingual Education Program
- Program Information Videos

Please visit the Emergent Bilingual Support Portal (txel.org) for additional information.

Signature of Parent/Guardian _____ Date _____

Signature of Student if Grades 9-12 _____ Date _____

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

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 _____

FOR STUDENTS ENTERING KINDERGARTEN ONLY

Child's Name_____ Date of Birth_____

Primary language spoken by student: _____ Gender: M or F

Current grade:_____ Allergies:_____

Parent Name:_____ email:_____

We would like to know about your child!

What is your child's favorite thing to do? _____

_____

Did your child attend a preschool or mother's day out program? YES or NO
If *Yes,* what was your child's experience in school last year?_____

_____

How does your child feel about coming to school?_____

Are there any behavior issues you would like to make us aware of?

_____

_____

Are there any social/emotional concerns you would like to make us aware of?

_____

Additional Comments: _____

_____

Does your child have a sibling enrolled at Roberts? _____

Twins: Do you want your twins to remain **Together** or **Separated**? (circle one)

Friends

Sometimes a friend in a class with us can be comforting and sometimes a friend in class with us can be distracting. We will try our best to place your child in a class with one of the children you list, but not guaranteed.

1. Are there friends who could be placed in class with your child?

   _____ _____

2. Are their friends who **should not** be placed in the same class with your child?

   _____ _____

RE
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IB WORLD SCHOOL

Roberts Elementary School
Request and Approval for Student Cumulative Records

Student Name: _____

Grade: _____ Birthdate _____

School Name: _____

School Address: _____

Phone Number: _____ Fax Number: _____

Parent Signature: _____

The student has enrolled at Roberts Elementary. Please fax or mail a copy of the permanent academic, cumulative, test scores, health record, ESL information, Special Ed, GT and any other available material.

Please send to:

Roberts Elementary
6000 Greenbriar St.
Houston, TX 77030
Phone: 713.295.5272
Fax: 713.295.5282
Attn: Student Records

Thank you,
Roberts Elementary

6000 Greenbriar Houston TX 77030
Phone: 713-295-5272 Fax: 713-295-5282
Trealla Epps, Principal