RE
ROBERTS ELEMENTARY
IB WORLD SCHOOL

Welcome to Roberts Elementary!

Please bring copies (or originals) of all documents.

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:

_____ **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 awalji@houstonisd.org regarding the registration requirements.

RE
ROBERTS ELEMENTARY
IB WORLD SCHOOL

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).

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.

School Enrollment History

Student Name: _____ **Student ID:** _____
Grade Level: _____ **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.

School Enrollment History					
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
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 _____

ROBERTS ELEMENTARY
STUDENT INFORMATION SURVEY

Student's name_____ Grade_____

In order to properly place your child, please answer the following questions. Before this enrollment, was your child ever:

Tested for a learning disability	☐ YES	☐ NO
In a Special Education program	☐ YES	☐ NO
Have a 504 Service Plan	☐ YES	☐ NO
In Speech therapy	☐ YES	☐ NO
In a Gifted program	☐ YES	☐ NO
In an ELL program (English Language Learner)	☐ YES	☐ NO
In a Bilingual program* *(Instruction provided in a language other then English)	☐ YES	☐ NO

Please list the schools (include city & state) your child attended in prior grades:

School City & State

Kindergarten_____

1st_____

2nd_____

3rd_____

4th_____

Additional information that would be helpful for placement.

_____

_____

_____

_____

Parent's signature_____

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)	**(I)** Date of initial entry into U.S. schools	**(I)** Number of complete academic years in a U.S. school _____
City _____ Country _____	Month_____ Day ____ Year_____	

(I) 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?**

   ☐ English Other (Specify) _____

2. **What language does the student speak most of the time?**

   ☐ English Other (Specify) _____

Grades PK – 8	Grades 9 – 12
_____	_____
(Parent or Guardian)	(Parent or Guardian or Student)
_____	_____
(Date)	(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. In Part B, an answer of a language other than English to either question
3. #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.

Revised August 2014

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
ROBERTS ELEMENTARY
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