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:

_____ 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
Trella Epps, Principal
Contact the registrar at 713.295.5272 or RobertaRegistration@houstonisd.onmicrosoft.com regarding the registration requirements.
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).
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: _____________________________
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**

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

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

Parent Signature: ___________________________  Date: ___________________________  

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Multilingual Programs Department | Compliance Division | August 2020
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 used in the child’s home most of the time? ____________________________

2. What language does the child use 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.
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
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:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Age First Identified</th>
<th>Under Doctor’s Care?</th>
<th>Age First Identified</th>
<th>Under Doctor’s Care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
<td>Bone/Joint Problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td></td>
<td>Rheumatic Fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Disorder</td>
<td></td>
<td>Surgery/Fractures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td>T. B. Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epilepsy/Seizures</td>
<td></td>
<td>Hearing Loss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Disease</td>
<td></td>
<td>Vision Loss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney Disorder</td>
<td></td>
<td>Severe Menstrual Cramps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td>Eating Disorder</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 ____________________

Health and Medical Services 3/2012
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*  YES  NO
*(Instruction provided in a language other then English)

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

<table>
<thead>
<tr>
<th>School</th>
<th>City &amp; State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kindergarten</td>
<td>__________________________</td>
</tr>
<tr>
<td>1st</td>
<td>__________________________</td>
</tr>
<tr>
<td>2nd</td>
<td>__________________________</td>
</tr>
<tr>
<td>3rd</td>
<td>__________________________</td>
</tr>
<tr>
<td>4th</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

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 #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?

____________________________________
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