

Houston Independent School District

Enrollment Information

20____ - 20____

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	Gender <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"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White			
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
What type of medical insurance do you carry for this child? <input type="checkbox"/> CHIP <input type="checkbox"/> Medicaid <input type="checkbox"/> HCHD <input type="checkbox"/> Private Insurance <input type="checkbox"/> 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.)				
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:		



High School Ahead Academy
4320 Yale Street • Houston, Texas 77091 • (713) 696-2643
Ericka Austin, Principal

☐ Yes I want to attend the High School Ahead Summer Bridge Camp August 5th -7th
Please **complete the form and drop it off at the school by July 31st** so we can ensure your spot!

SUMMER BRIDGE REGISTRATION FORM

Student Name _____

Last School Attended _____

Nombre del estudiante

Ultima escuela

Birth date _____

2019-2020 Grade Level _____

Parent/Guardian Name _____

Grado en el 2019-2020

Nombre de Padres/Guadian

Cell Phone _____

Home Phone _____

Numero de celular

Numero de casa

Work Phone _____

Numero de trabajo

Address

Dirrecion

Apt #

City/State

Cuidad/Estado

Zip

Codigo Postal

☐ I understand that transportation is not provided for the High School Ahead Summer Bridge Camp

Yo entiendo que la transportación no será proveída para el programa de Campamento de verano en
La Escuela High School Ahead

Student T-Shirt Size _____

Talla de camiseta

Please list any allergies or medical conditions _____

Note cualquier alegría o condición medica _____

(Parent's Signature)

Firma de Padre/Guardian

(Date)

Fecha

HSAA Health Questionnaire

2019-2020

Does your student have . . .

1. Asthma?	<input type="radio"/> Yes	<input type="radio"/> No
2. Life-threatening food allergies?	<input type="radio"/> Yes	<input type="radio"/> No
3. A seizure disorder?	<input type="radio"/> Yes	<input type="radio"/> No
4. A need for medication during school hours?	<input type="radio"/> Yes	<input type="radio"/> No
5. A need for a treatment during school hours?	<input type="radio"/> Yes	<input type="radio"/> No

Name: _____

Date: _____

X

Parent

High School Ahead Academy

5320 Yale • Houston, TX • 77091

PHONE: 713.696.2643

FAX: 713.696.2999

APPLICATION

Please Print

DEMOGRAPHIC INFORMATION

Today's Date: _____

Scholar's Name: _____

Birth Date: _____

Last School Attended: _____

Grade 2019-2020: _____

Grade Level(s) Failed: _____

Parent/ Guardian's Name: _____

Email Address: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

High School Ahead Academy

5320 Yale • Houston, TX • 77091

TEL: 713.696.2643

FAX: 713.696.2999

SOLICITUD

Por favor, en letra de molde

INFORMACIÓN DEMOGRÁFICA

Fecha de hoy: _____

Nombre del estudiante: _____

Fecha de nacimiento: _____

Última escuela a la que asistió: _____

Grado 2019-2020: _____

Niveles de Grado reprobados: _____

Nombre del padre o tutor: _____

Correo electrónico: _____

Móvil: _____

Teléfono de casa: _____

Teléfono del trabajo: _____

Domicilio: _____

Nombre de contacto de emergencia: _____

Teléfono de contacto de emergencia: _____

Nombre de contacto de emergencia: _____

Teléfono de contacto de emergencia: _____

HOUSTON INDEPENDENT SCHOOL DISTRICT

2019-2020 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 _____ relation

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

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

Does the student reside at a residential treatment center? ☐ Yes ☐ No

Facility Name: _____ Case Manager: _____ Contact information: _____

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)
- ☐ In my own home or apartment, in Section 8 housing, HUD Subsidized Housing or in military housing with parent(s) but lacks
- ☐ 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 _____ | |
| <input type="checkbox"/> Homeless Verification Letter for FAFSA | | |

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) Email forms to HomelessEducation@houstonisd.org. 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

SOCIOECONOMIC INFORMATION FORM

Complete and return one form to each school where you have a child enrolled. **Print using a pen.**

****CONFIDENTIAL* - For HISD purposes only***

Houston ISD is required to collect the socioeconomic status of each student as a performance indicator for student achievement (TEC § 39 for Texas state requirements and ESEA §§1111 and 1116 for U.S. Department of Education requirements) and for use in disbursement of federal funds (ESEA §1113). This information is not shared with outside agencies.

It is very important that families complete this socioeconomic form in order for schools to receive Title I and State Compensatory Education funding. This funding will directly benefit your child's school. Title I and State Compensatory Education funding can be used to hire personnel, provide tutoring services, order technology, and provide professional development for teachers. We want to continue to provide these necessary learning supports, but without your assistance we may not be able to.

Campus ECO Code: _____
For office use only

STEP 1 (List all Houston ISD students in the household)

Student ID (office use only)	First Name	Last Name	MI	Date of Birth	School Name	Grade Level

STEP 2

Do you receive Supplemental Nutrition Assistance (SNAP)? ☐ YES ☐ NO

Do you receive Temporary Assistance to Needy Families (TANF)? ☐ YES ☐ NO

If you answered YES on either of the above, skip Step 3 and continue to Step 4.

If you answered NO on both of the above, you must complete Steps 3 and 4.

STEP 3 (Complete only if all answers in Step 2 are NO)

How many total members are in the household (include all adults and children)? _____

TOTAL YEARLY INCOME BEFORE DEDUCTIONS OF **ALL** HOUSEHOLD MEMBERS _____

Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's compensation, unemployment, and all other sources of income (**before any type of deductions**)

STEP 4 (Check one of the following two boxes as appropriate and sign below.)

In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA) no student shall be required, as part of any program funded in whole or in part by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent, or legal guardian.

- ☐ I certify that all the information on this form is true. I understand the school will receive federal funds and will be rated for accountability based on the information I provide.
- ☐ I choose not to provide this information. I understand that the school's disbursement of federal funds and accountability rating may be affected by my choice.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date