

# 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	
<b>Signature below certifies that all the information above is true and accurate.</b>					
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 5<sup>th</sup> -7<sup>th</sup>  
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 _____
	Grado en el 2019-2020
Parent/Guardian Name _____	Cell Phone _____
Nombre de Padres/Guardian	Numero de celular
Home Phone _____	
Numero de casa	Work Phone _____
	Numero de trabajo

Address \_\_\_\_\_  
Dirreccion \_\_\_\_\_ Apt # \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Ciudad/Estado \_\_\_\_\_ 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

# HSA 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 \_\_\_\_\_

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

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)

- Catastrophic illness / medical expenses / disability  Natural disaster / evacuation
- New to Town  Domestic Issue
- Loss of Employment  Migrant work in fishing or agriculture
- Economic hardship/low earnings  Awaiting placement in foster care / CPS custody
- Evicted/kicked out  Parent(s) involved in military deployment
- House fire or other destruction  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)

- Enrollment Assistance  Transportation  Emergency Clothing, Uniforms
- Free Lunch/Breakfast (Child Nutrition)  School Supplies  Personal Hygiene Items
- Immunizations  Medicaid/CHIP Assistance  Food Stamps (SNAP) Assistance
- Temporary Assistance for Needy Families (TANF)  Other \_\_\_\_\_
- 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 <small>(office use only)</small>	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