

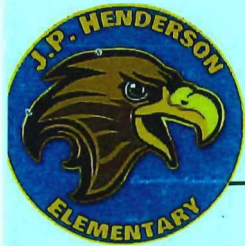
# Houston Independent School District

## 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	
Texas Education Code §25.002(f) requires the school district to record the name, address, and birth date of the person enrolling a child.																	
Mother/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							
Father/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							
Emergency/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							
<input type="checkbox"/> CHIP <input type="checkbox"/> Medicaid <input type="checkbox"/> HCHD <input type="checkbox"/> Private Insurance <input type="checkbox"/> None				What type of medical insurance do you carry for this child?				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 Mother or Legal Guardian						TX Driver's License Number						Date of Birth (Mother or Legal Guardian)					
Signature of Father or Legal Guardian						TX Driver's License Number						Date of Birth (Father or Legal Guardian)					
Total Monthly Family Income:										Total Number In Household:							



# J.P. Henderson Elementary

1800 Dismuke St. Houston, TX. 77023 713-924-1730

Mrs. Maria Guerra, Principal

## PARENT PERMISSION TO PICK UP STUDENT PERMISO PARA RECOGER ESTUDIANTE

\_\_\_\_\_  
Last Name/APELLIDO

\_\_\_\_\_  
First Name/ Primer Nombre

\_\_\_\_\_  
Middle Initial/Inicial

\_\_\_\_\_  
Date of Birth/Fecha de Nacimiento

\_\_\_\_\_  
Grade/Grado

\_\_\_\_\_  
Teacher/Maestro

\_\_\_\_\_  
Address with Zip Code/Dirección incluyendo código postal

\_\_\_\_\_  
Mother/Madre

\_\_\_\_\_  
Home or Cell #/# de Casa o Celular

\_\_\_\_\_  
Work #/# de Trabajo

\_\_\_\_\_  
Father/Padre

\_\_\_\_\_  
Home or Cell #/# de Casa o Celular

\_\_\_\_\_  
Work #/# de Trabajo

**\*\*Legal Guardian** who the student lives with if not living with either parent.

**\*\*Tutor Legal** con quien vive el estudiante si no vive con ninguno de los padres.

\_\_\_\_\_  
Name/Nombre

\_\_\_\_\_  
Home or cell #/# de Casa o Celular

\_\_\_\_\_  
Work #/# de Trabajo

*The individuals listed below have my permission to pick up my child up from school:*

*Los individuales en la lista tienen mi permiso de levantar a mi hijo/a de la escuela:*

1. Name _____  Relationship _____  Phone # _____	2. Name _____  Relationship _____  Phone # _____	3. Name _____  Relationship _____  Phone # _____
4. Name _____  Relationship _____  Phone # _____	5. Name _____  Relationship _____  Phone # _____	6. Name _____  Relationship _____  Phone # _____

**\*\*NOTE:** Your child will not be released to anyone who is not listed on this form. Please be aware that anyone on this list **MUST** have a valid picture identification, such as a Driver's License or Identification Card to pick up your child. **NÓ STUDENT RELEASE CHANGES MADE BY THE PHONE WILL BE ACCEPTED!**

**\*\*\*NOTA:** No permitiremos que su hijo/a salga de la escuela con una persona cuyo nombre no aparezca en la lista de arriba o a personas que no tengan una credencial de identificación con fotografía (licencia de manejar, etc.) **NO SE PERMITIRAN CAMBIOS POR TELEFONO!**

\_\_\_\_\_  
Parent Signature/Firma de padre o Tutor Legal

\_\_\_\_\_  
Date/Fecha

**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.

<hr/> Student/Staff Name (please print)	<hr/> (Parent/Guardian)/(Staff) Signature
<hr/> Student/Staff Identification Number	<hr/> Date



# HOUSTON INDEPENDENT SCHOOL DISTRICT

## FAMILY SURVEY

<b>STUDENT NAME:</b>	<b>DATE OF BIRTH:</b>
<b>CAMPUS NAME:</b>	<b>GRADE LEVEL:</b>

Dear Parent/Guardian:

The Houston Independent School District is assisting the state of Texas to identify students who may qualify for the Migrant Education Program to receive additional services. **The information provided below will be kept confidential.**

Please answer the following questions and return this form to your child's school.

1. Have you or anyone in your household moved within the last 3 years from one school district to another in Texas or within the United States?


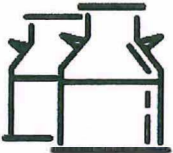
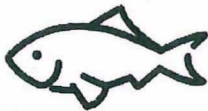





**YES** ☐ (Continue to question 2)

**NO** ☐ (Stop here and return survey to your child's school)

2. Were any of these moves made to find temporary/seasonal work in agriculture or fishing? (e.g., field work, canneries, dairy work, meat processing, etc.)

**YES** ☐ (Please check all that apply below)

**NO** ☐ (Stop here and return survey to your child's school)

 <p>Fruit, vegetables, sunflower, cotton, wheat, grain, farms or ranches, fields &amp; vineyards</p> <input type="checkbox"/>	 <p>Dairy farm</p> <input type="checkbox"/>	 <p>Fishery</p> <input type="checkbox"/>	 <p>Cannery</p> <input type="checkbox"/>
 <p>Poultry farm</p> <input type="checkbox"/>	 <p>Plant nursery, orchard, tree growing or harvesting</p> <input type="checkbox"/>	 <p>Slaughterhouse</p> <input type="checkbox"/>	 <p>Other similar work, please explain:</p> <input type="checkbox"/>

**If you answered "yes" to the questions above, an education representative will contact you to provide additional information. Please complete the following information:**

Parent/Guardian Name	Home Address	Telephone Number

— FOR SCHOOL USE ONLY —

PLEASE SUBMIT THIS INFORMATION AND FORMS AT

<https://form.jotform.com/200065674657156>

MIGRANT EDUCATION PROGRAM

4400 W. 18<sup>th</sup> Street, Route 1 | Houston, TX 77092 | 713-556-7288



## 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 \_\_\_\_\_



# HOUSTON INDEPENDENT SCHOOL DISTRICT

## 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

**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) (if you checked this box, check one or both of the boxes below, if applicable).

☐ 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 _____              |  |

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](mailto: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.



This document is to be maintained in the Student's Cumulative Folder



## REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent:

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as how your child reacts when exposed to the food that is listed.

☐ No information to report.

Food	Nature of allergic reaction to food	Life-Threatening?

**TO REQUEST A SPECIAL DIET, MODIFICATION OF A MEAL PLAN OR PROVIDE OTHER INFORMATION FROM YOUR DOCTOR ABOUT YOUR CHILD'S FOOD ALLERGY, YOU MUST CONTACT THE SCHOOL NURSE OR SCHOOL ADMINISTRATOR WHERE YOUR CHILD ATTENDS SCHOOL.**

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date form received by Campus: \_\_\_\_\_

**KIM OGG**  
District Attorney



**Criminal Justice Center**  
1201 Franklin, Suite 600  
Houston, Texas 77002-1901

## **HARRIS COUNTY DISTRICT ATTORNEY**

Dear Parent(s)/ Guardian(s):

This letter is to inform you of the law regarding failure to attend school.

I am sure you are aware of the importance of your child receiving a quality education. However, you may be unaware that your child's failure to attend school constitutes an offense for which you could be criminally charged and your child could be referred to a civil Truancy Court. It is the parent's duty to monitor a student's school attendance and require the student to attend school. Thus, it is important that all parents and guardians are aware of the consequences of unexcused absences from school.

Under Texas Law if your child has three (3) unexcused absences from school, you will receive a notice of those absences from the school district. In this notice school officials will request that you attend a conference at the school to discuss your child's absences. The purpose of the conference will be to find ways to solve your child's attendance problem before it becomes necessary for school officials to refer your child to the Truancy Court and/or to file criminal charges against you. School officials will also inform you about the truancy prevention measures they have adopted to help resolve your child's attendance problems. If you have any questions about your child's attendance or this letter please contact the school in which your child is enrolled.

It is my sincere hope you will work with the officials at your child's school, and explain to your child how to avoid the troubles described above by making sure they attend school every day in order to receive the best education possible.

---

Kim Ogg



# HOUSTON INDEPENDENT SCHOOL DISTRICT

## CODE OF STUDENT CONDUCT CÓDIGO DE CONDUCTA ESTUDIANTEL

Students and parents are expected to become familiar with the provisions of the districtwide *Code of Student Conduct* and the rules and regulations adopted and implemented by individual schools. Students are also expected to abide by the policies set forth in the Code so that they can get the most out of their years in school.

*Todos los estudiantes y sus padres deben familiarizarse con las directivas del Código de Conducta Estudiantil vigente en el Distrito y con las reglas y normativas adoptadas e implementadas en las escuelas. Es de esperar también que los estudiantes cumplan con las normas del Código para que puedan lograr el máximo provecho de su carrera escolar.*

You may access the entire *HISD Code of Student Conduct* online at [www.HoustonISD.org/CodeofConduct](http://www.HoustonISD.org/CodeofConduct) or by requesting a copy at the front office of your student's school.

*El Código de Conducta Estudiantil de HISD completo se encuentra en [www.HoustonISD.org/CodeofConduct](http://www.HoustonISD.org/CodeofConduct) y es posible además obtener una copia impresa en la recepción de la escuela de su hijo.*

### Parent and Student Acknowledgement and Optional Request for Printed Copy of the Code of Student Conduct

*Confirmación de recibo del Código de Conducta Estudiantil y opción de solicitar una copia impresa*

☐ No, I do not want a printed copy of the *HISD Code of Student Conduct*, as I will access it online at [www.HoustonISD.org/CodeofConduct](http://www.HoustonISD.org/CodeofConduct).

☐ No, no necesito una copia impresa del Código de Conducta Estudiantil de HISD ya que lo consultaré en línea en [www.HoustonISD.org/CodeofConduct](http://www.HoustonISD.org/CodeofConduct).

☐ Yes, I do want a printed copy of the *HISD Code of Student Conduct*.

☐ Sí, quiero tener una copia impresa del Código de Conducta Estudiantil de HISD.

It is important that every student understands the *Code of Student Conduct* and is expected by his or her parent(s) or guardian(s) to follow the rules and regulations set forth in it. By signing below, the parent and student acknowledge that they understand how to access and obtain a printed copy of the Code. These signatures also certify that both parent and student accept their responsibilities as described in the *Code of Student Conduct*.

*Es importante que todos los estudiantes entiendan el Código de Conducta Estudiantil y que sus padres o tutores les exijan que sigan las reglas y directivas establecidas en él. Al firmar al pie, los padres y el estudiante afirman que comprenden cómo lograr acceso al Código en línea y cómo obtener una copia impresa. Las firmas certifican también que tanto los padres como el estudiante aceptan las responsabilidades descritas en el Código de Conducta Estudiantil.*

<b>Student Last Name</b> Apellido del estudiante	<b>First Name</b> Nombre	<b>Grade</b> Grado	<b>Student ID Number</b> Núm. de identificación estudiantil
<b>Student Signature</b> Firma del estudiante			<b>Date</b> Fecha
<b>Parent or Guardian's Signature</b> Firma del padre o tutor			<b>Date</b> Fecha

# 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



# HOUSTON INDEPENDENT SCHOOL DISTRICT

## STUDENT MEDIA CONSENT AND RELEASE FORM

This release allows the Houston Independent School District (HISD) to print, photograph, and record my child for use in efforts to promote HISD's activities and achievements. The consent includes allowing my child to be included and/or featured in materials to train teachers and/or increase public awareness of HISD schools through digital and print media including: newspaper, radio, TV, websites, blogs, and social media channels (Facebook, Twitter, YouTube, etc.), DVDs, displays, and brochures. This release includes the use of my child's work, name, image, and/or voice.

- ☐ I attest that I am the parent or guardian of \_\_\_\_\_ and **I GIVE** HISD and its employees and representatives permission to print, photograph, and record my child for use in electronic, digital, and printed media.
- ☐ I attest that I am the parent or guardian of \_\_\_\_\_ and **I DO NOT GIVE** HISD and its employees and representatives permission to print, photograph, and record my child for use in audio, video, film or any other electronic, digital, or printed media.

I agree to release the Houston Independent School District, its past, present and future trustees, officers, employees, representatives, and agents, from any and all liability, claims, demands, and causes of action arising out of the use of this material.

I certify that I have read this document and fully understand its terms and conditions. I also understand that I may withdraw consent at any time by sending a written request to the principal of my child's school.

### PLEASE PRINT

Name of child \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_

School \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_ Phone Number \_\_\_\_\_