- Original documents are required copies will be made and originals will be returned
- Students enrolling in kindergarten must be 5 years of age on or before September 1st of the year in which admission is sought

Forms and Documents Needed

Enrollment Form

Food Allergy

Health Inventory

Language Form (1st -5th ONLY)

Special Populations

Home Language Survey

Birth Certificate -Hospital Birth Records, Adoption Records, Church Baptismal Certificate, Military Dependent ID, or Passport

Social Security Card (requested if student has SS#)

Complete Immunization Records

Proof of Current Address- Showing address in Kolter Elementary attendance zone.

One of the following will work:

- Electric, Gas, Or Water Bill in the name of the parent with whom student resides
- Fully Executed Lease Agreement in the name of the parent with whom student resides

Students enrolling in 1st through 5th grades will need to submit current school year report card.

Parent or Legal Guardian's ID

In case of divorce the legal court decree showing custody of child is required

STUDENT ENROLLMENT FORM 2023-2024

SCHOOL YEAR	GRADE	CAMPUS
2023-2024		KOLTER ELEMENTARY

FOR OFFICE USE ONLY	
ENROLLMENT DOCUMENTATION	
DATE OF ENTRY	
DISTRICT ID NO.	
STUDENT LOCAL ID NO.	
DISTRICT OF RESIDENCE	

PK Type (Select)
HISD PK
Private Daycare PK
Public Daycare PK
No Schooling

Houston Independent School District
4400 West 18th St - Houston, Texas 77092-8501
Phone: 713-556-6000

STUDENT INFORMATION / USAR LETRA DE MOLDE

SOCIAL SECURITY NO. / NUMERO SOCIAL	STUDENT NAME / NOMBRE DE ESTUDIANTE			
	LAST / APELLIDO	FIRST / PRIMER NOMBRE	MIDDLE INITIAL /SEGUNDO (INICIAL)	GENERATION / GENERACIÓN

GENDER / EL GÉNERO	DOB / FECHA DE NACIMIENTO	CITY / CIUDAD	STATE / ESTADO	COUNTRY / PAÍS
☐ MALE / MASCULINO ☐ FEMALE / FEMENINO				United States of America

RESIDENTIAL ADDRESS - CITY. ZIP CODE / LA DIRECCIÓN RESIDENCIAL-CIUDAD CÓDIGO POSTAL	MAILING ADDRESS – CITY ZIP CODE / LA DIRECCIÓN RESIDENCIAL-CIUDAD CÓDIGO POSTAL
-	-

HOME PHONE / TELÉFONO		E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO	

FEDERAL ETHNICITY / ETHICIDAD DEL ALUMNO (SELECT ONE)	☐ HISPANIC/LATINO ☐ NOT HISPANIC/LATINO	RACE / RAZO (SELECT ALL THAT APPLY)	☐ (1) AMERICAN INDIAN OR ALASKAN NATIVE ☐ (2) ASIAN OR PACIFIC ☐ (3) BLACK, NOT OF HISPANIC ORIGIN ☐ (4) WHITE, NOT OF HISPANIC ORIGIN ☐ (5) NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER

SIBLINGS AT HOUSTON ISD / HIJOS EN HOUSTON ISD	NAME/NOMBRE	SCHOOL/ESCUELAS	GRADE/GRADO

LAST SCHOOL ATTENDED / NOMBRE LAS ÚLTIMAS ESCUELAS ASISTIDAS	CITY / CIUDAD	STATE / ESTADO	ZIP CODE / CÓDIGO POSTAL	Grade Last Completed / Último Grado completado

CONTACT 1 NAME / EL NOMBRE DE CONTACTO 1	☐ LIVES WITH STUDENT / ¿VIVE CON EL ESTUDIANTE	RESIDENTIAL ADDRESS - CITY. STATE ZIP CODE / LA DIRECCIÓN RESIDENCIAL / LA DIRECCIÓN RESIDENCIAL-CIUDAD, ESTADO CÓDIGO POSTAL
LAST NAME / APELLIDO	FIRST NAME / PRIMER NOMBRE	

HOME PHONE / TELÉFONO DE CASA	WORK PHONE / TELÉFONO DE TRABAJO	CELL PHONE / EL NÚMERO DEL TELÉFONO CÉLULAR	E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO

CONTACT 2 NAME / EL NOMBRE DE CONTACTO 2	☐ LIVES WITH STUDENT / ¿VIVE CON EL ESTUDIANTE	RESIDENTIAL ADDRESS - CITY. STATE ZIP CODE / LA DIRECCIÓN RESIDENCIAL / LA DIRECCIÓN RESIDENCIAL-CIUDAD, ESTADO CÓDIGO POSTAL
LAST NAME / APELLIDO	FIRST NAME / PRIMER NOMBRE	

HOME PHONE / TELÉFONO DE CASA	WORK PHONE / TELÉFONO DE TRABAJO	CELL PHONE / EL NÚMERO DEL TELÉFONO CÉLULAR	E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO

I understand that if there are any changes to this information that it is my responsibility to notify the school and to provide appropriate documentation.
Yo entiendo que si tengo algunos cambios en mi informacion yo sere responsable de notificar la escuela y proveere la documentacion apropiada.

Signature of Parent/Guardian/Appointee _____ Please Print Name _____ Date _____ Month Day Year

1. Students at least 5, but less than 21 on or before September 1 and must be a resident of a participating district are eligible for free attendance.
2. The parent or guardian signature must be the same as the name of the person with whom the student resides.
3. Texas Penal Code §37.10 provides that presenting a false document or false records for enrollment in school is an offense under state law.
4. Enrollment of the child under false documents subjects the person to liability for tuition or costs under Texas Education Code §25.001(h).
5. Texas Education Code §25.002(f) requires the school district t record the name, address, and date of birth of the person enrolling a child./li>

HOUSTON INDEPENDENT SCHOOL DISTRICT

HEALTH INVENTORY

2023-2024

SCHOOL KOLTER ELEMENTARY 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 _____

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

REQUEST FOR FOOD ALLERGY INFORMATION

2023-2024

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 ADMINSTRATOR 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: KOLTER ELEMENTARY Grade: _____

Parent/Guardian Name: _____

Work Phone: _____ Mobile Phone: _____ Home Phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form received by Campus: _____

DISTRITO ESCOLAR INDEPENDIENTE DE HOUSTON

INVENTARIO DE SALUD

2023-2024

ESCUELA KOLTER ELEMENTARY FECHA _____

MAESTRO(A) _____ ÚLTIMA ESCUELA A LA QUE ASISTIÓ _____

Favor de completar esta forma y regresarla al maestro(a) o enfermero(a). La información de este formulario ayudará al personal de la escuela a comprender mejor las necesidades de salud de su hijo(a):

Nombre _____ Sexo _____ Fecha nac. _____ Peso al nacer _____

Dirección _____ Teléfono _____

¿Alguna vez el doctor le dijo que su hijo(a) tiene:

	Edad identificado	¿Está bajo cuidado médico?		Edad identificado	¿Está bajo cuidado médico?
Asma			Problemas de los huesos/articulación		
Alergias			Fiebre reumática		
Trastorno sanguíneo			Cirugía/fracturas		
Diabetes			Enfermedad T. B.		
Epilepsia/ataques			Pérdida de la audición		
Enfermedad del corazón			Pérdida de la visión		
Trastornos del riñón			Calambres menstruales severos		
Cáncer			Trastornos de la alimentación		

Marque si ha observado algo de lo siguiente en su hijo(a):

_____ Se cansa fácilmente _____ Dolor de oído _____ Silbido o poco aliento cuando hace ejercicio

_____ Dolor de cabeza frecuente _____ Dificultad para hacer amigos _____ Se come las uñas

_____ Desmayos _____ Tose frecuentemente por la noche _____ Inquietud

¿El doctor ha examinado a su hijo(a) por alguna causa mencionada arriba? ☐ Sí ☐ No

¿Su hijo(a) toma algún medicamento? ☐ Sí ☐ No

¿Cuál? _____

¿Para qué condición? _____

Otro comentario _____

¿Qué tipo de seguro médico tiene su hijo(a)?

CHIP☐ Medicaid☐ HCHD ☐ Seguro médico privado☐ No tiene ☐

Favor de visitar a la enfermera (o director(a)) si su hijo(a) es:

- Una adolescente embarazada o con hijos

y/o

- Tiene alergia mortal a ciertos alimentos

Firma _____

Este documento permanecerá en el Folder Cumulativo Estudiantil

PETICIÓN DE INFORMACIÓN SOBRE ALERGIAS DE ALIMENTOS

2023-2024

Estimados padres:

Este formulario permite revelar si su hijo(a) es alérgico a algún alimento o si tiene una alergia severa a alimentos que deba informar al distrito para tomar las precauciones necesarias para su seguridad.

"Alergia severa a alimentos" refiere a una reacción peligrosa o que pone en riesgo su vida debido a un alérgeno alimenticio introducido por inhalación, ingestión o contacto con la piel que requiere de atención médica inmediata.

Favor de hacer una lista de los alimentos a cuales su hijo(a) es alérgico o tiene una alergia severa, al igual que cómo reacciona su hijo(a) cuando es expuesto a los alimentos listados.

☐ No tengo información que reportar.

Alimento	Naturaleza de la reacción alérgica al alimento	¿Pone en riesgo su vida?

PARA SOLICITAR UNA DIETA ESPECIAL, MODIFICACIONES AL PLAN ALIMENTICIO O PARA PROPORCIONAR MAYOR INFORMACIÓN SOBRE LA ALERGIA ALIMENTICIA DE SU HIJO(A), CONTACTE A LA ENFERMERA ESCOLAR O ADMINISTRADORES DE LA ESCUELA DE SU HIJO(A).

El distrito mantendrá la información proporcionada arriba como confidencial y podrá revelar información a maestros, consejeros escolares, enfermeras escolares y otro personal apropiado, dentro de los límites de la Ley de Privacidad y Derechos Educativos Familiares y las normas del distrito.

Nombre del estudiante: _____ Fecha de nac.: _____

Escuela: KOLTER ELEMENTARY Grado: _____

Nombre del padre, madre o tutor: _____

Teléfono de trabajo: _____ Celular: _____ Teléfono: _____

Firma del padre, madre o tutor: _____ Fecha: _____

Fecha que la escuela recibió este documento: _____

KOLTER ELEMENTARY SCHOOL
Language Choice Form2022-2023
Grades 1-5

Dear Kolter Parents,

With Kolter being a Language Themed Magnet School, our goal is to provide a strong language foundation for your child. We are only able to do this by sustaining the language instruction throughout the child's Kolter career.

Please make a thoughtful selection by numbering first, second, and third on the list of courses below in order of preference. If only one selection is marked, a second choice will be chosen for you by space availability. Unfortunately, we are not able to grant everyone his or her first choice due to student to teacher ratios. However, every effort will be made to place your child in your first or second choice language class.

Should you have a problem with the assignment we will consider making adjustments after the first four weeks of instruction. This is to ensure a smooth beginning of school. You may notify the office as soon as you are aware of any issues.

Thank you,
Kathleen Crossett

Please indicate 1st, 2nd, or 3rd choice of language for your child.

FRENCH_____ **SPANISH**_____ **CHINESE**_____

Student's Name_____ **Grade 2022-2023** _____

Sibling's Name:_____ **Language Teacher:**_____

Sibling's Name:_____ **Language Teacher:**_____

I acknowledge that my first choice in language is **not a guarantee,** and my child will be placed in either the first or second choice if space is available.

Parent'sSignature _____ **Date** _____

KOLTER

ELEMENTARY

COUGARS

Special Population Survey

Please check YES or NO as to whether your child is presently or has in the past received any of the following services:

1. **(G.T.) Gifted /Talented Classes** _____YES_____NO

   If yes, please send G.T. Matrix to Ms. Jones: Benne.ThomasJones@houstonisd.org

2. **LEP** _____YES _____NO
   - **Bilingual** _____YES_____NO
   - **ESL** _____YES_____NO

   If yes, please contact Ms. Jones: Benne.ThomasJones@houstonisd.org

3. **Special Education/IEP**
   - **Resource** _____YES_____NO

   If yes, please contact Ms. Crossett: Kathleen.Crossett@houstonisd.org

   - **Speech** _____YES_____NO

   If yes, please contact Ms. Barry: SBarry1@houstonisd.org

   - **Other** _____YES_____NO

4. **504 Services** _____YES_____NO

   If yes, please contact Ms. Jones: PMorrris@houstonisd.org

5. **Retained** _____Yes_____NO

   If yes, please indicate grade. _____

Other information that you feel may be helpful.

_____

_____

_____

Student Name:_____ **Grade Level Entering**_____

HOUSTON INDEPENDENT SCHOOL DISTRICT

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: KOLTER ELEMENTARY

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.

HOUSTON INDEPENDENT SCHOOL DISTRICT

CUESTIONARIO SOBRE EL IDIOMA QUE SE HABLA EN EL HOGAR

19 TAC Chapter 89, Subchapter BB, §89.1215
(SOLO para estudiantes que se inscriban en la escuela, prekínder a 12° grado)

PARA LOS ESTUDIANTES DE PREKÍNDER A OCTAVO GRADO, ESTE CUESTIONARIO DEBE LLENARLO EL PADRE O TUTOR. LOS ESTUDIANTES DE 9° A 12° GRADO PUEDEN LLENARLO ELLOS MISMOS. El estado de Texas requiere que la siguiente información se obtenga para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Es responsabilidad del padre o tutor, no de la escuela, proporcionar la información requerida en las siguientes preguntas sobre el idioma de la familia.

Estimado padre o tutor:

Para determinar si su hijo podría beneficiarse de los servicios de los programas bilingües o de inglés como segundo idioma, por favor conteste las dos preguntas planteadas abajo.

Si alguna de sus respuestas indica el uso de un idioma diferente del inglés, el distrito escolar deberá realizar una evaluación para determinar hasta qué punto su hijo se comunica bien en inglés. El resultado de la evaluación se usará para determinar si es apropiado proveer a su hijo servicios de programas bilingües o de inglés como segundo idioma, y para guiar las recomendaciones sobre la instrucción y la asignación a un programa escolar adecuado. Si tiene preguntas sobre el propósito y el uso de este cuestionario, o si necesita ayuda para completarlo, por favor comuníquese con el personal del distrito escolar.

Para ver más información sobre el proceso requerido, por favor visite el siguiente sitio web: https://projects.esc20.net/upload/page/0081/docs/LPAC-TrainingFlowchartSpanish-Accessible.pdf.

Esta encuesta debe permanecer archivada en el expediente permanente del estudiante.

NOMBRE DEL ESTUDIANTE: _____ NÚM. DE ID: _____

DIRECCIÓN: _____ TELÉFONO: _____

ESCUELA: KOLTER ELEMENTARY

NOTA: INDIQUE SÓLO UN IDIOMA EN CADA RESPUESTA.

1. ¿Qué idioma usa en la casa del estudiante **la mayor parte del tiempo**?

_____

2. ¿Qué idioma usa su hijo **la mayor parte del tiempo**?

_____

_____ _____
Firma del padre o tutor Fecha

_____ _____
Firma del estudiante, si cursa un grado entre 9° y 12° Fecha

AVISO: Si cree que cometió un error cuando completó esta encuesta sobre el idioma que se habla en el hogar, podrá solicitar una corrección, por escrito, solamente si:
1) todavía no se le ha administrado a su hijo la evaluación de dominio del inglés; y
2) se presenta la solicitud escrita de corrección en el lapso de las dos semanas calendario siguientes a la inscripción.

HOUSTON INDEPENDENT SCHOOL DISTRICT
APPLICATION FOR PREKINDERGARTEN 2023-2024

Sec. 29.153 of the Texas Education Code lists qualifications of children for Prekindergarten programs. The child whose name appears below is applying to be considered for entry into the Houston Independent School District's Prekindergarten program. Prekindergarten classroom assignment will be based on the child's home language. Please complete the application by printing the required information.

Criteria for Admittance

Child will be 4 years of age on or before September 1, 2023 **AND** a resident of HISD.
Child meets immunization requirements, and also meets **at least one** of the following conditions:

- Child is unable to speak and comprehend the English language
- Child is economically disadvantaged (defined below), or
- Child meets any eligibility criteria for Head Start, or
- Child is homeless, as defined by [42 USC 11434a],
- Child is or ever has been in the conservatorship of the Department of Family and Protective Services following an adversary hearing held as provided by Section 262.201, Family Code, or
- Child of active-duty member of armed forces or child of an armed forces member injured, killed, or missing in action while on active duty
- Child of a person eligible for the Star of Texas Award as:
  - a peace officer under Texas Government Code §3106.002, a firefighter under Texas Government Code §3106.003 or an emergency medical first responder under Texas Government Code §3106.004

Child & Family Information

Child's Name	
Child's SSN	
Birthdate	
Child's Age on Sept. 1	
Parent's Name	
Address	
Phone #	

Family Income

Household Member	Job Income	Payroll Schedule	Other Income	Payroll Schedule
1.	$	YR MO WK	$	YR MO WK
2.	$	YR MO WK	$	YR MO WK
Total Number in Household:				

Parent Statement of Understanding

I understand the school officials may verify the information on this application document. If investigation indicates false information has been provided and the child is not eligible to participate in the program, the child may be withdrawn to make room for a child who is eligible. I certify that all the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of funds and that deliberate misrepresentation of the information may subject me to prosecution under applicable state laws.

Parent Signature _____ **Date** _____

BELOW FOR COMPLETION BY SCHOOL PERSONNEL ONLY

APPROVAL BASED ON:

☐ Limited English Proficient
- Home Language Survey must indicate child hears/speaks a language other than English at home.
- Child has been tested with oral Language assessment (Attach proof of assessment and scores. A score of Non-English Speaking OR Limited English Speaking indicates eligibility as LEP.)
- Parent must sign Notification of Enrollment in Bilingual/ESL Program.

☐ Homeless
- Child lacks a fixed, regular, and adequate residence.
- Primary nighttime residence is a supervised public or private shelter designed to provide temporary living accommodations, or an institution that provides temporary residence for individuals intended to be institutionalized.
- Primary nighttime residence is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings

☐ Proof of Income Eligibility
- Current paycheck stub, current pay envelope, letter from employer stating gross wages paid and how often they are paid, unemployment, worker's comp.
- or disability payment stub, current SNAP, or TNAF case number for free meals

☐ Acceptable documentation for self-employment income include: business or farming documents (ex. Ledgers and/or self-issued pay stub, 2022 tax return)
- Military Member's Child
- Foster Care
- NSLP to include all children who meet any eligibility criteria for Head Start
- Star of Texas Award

2023-2024 Income Chart to Determine Economic Disadvantage Prekindergarten Eligibility

Total # in Household	Annual	Monthly	Weekly
1	$26,973	$2,248	$519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
For each additional member add:	+9,509	+793	+183

ALTERNATE STATE ID:

HISD PERMANENT ID:
☐ Birth Certificate
☐ Proof of Residency
☐ Immunization Records (clinic record, doctor's statement, or proof of exempt)
__ Approved __ Not Approved

Signature of Principal or Designee _____ **Date** _____

The original of this form must be kept in the student's permanent record, complete with all required signatures and documentation.

DISTRITO ESCOLAR INDEPENDIENTE DE HOUSTON
SOLICITUD DE ADMISIÓN PARA PREKÍNDER 2023-2024

La sección §. 29.153 del Código de Educación de Texas establece requisitos que los niños deben cumplir para ingresar en un programa de prekínder. El niño cuyo nombre se escribe a continuación solicita ingreso en el programa de prekínder del Distrito Escolar Independiente de Houston. Se le asignará un salón de clases con base en el idioma que se habla en su hogar. Por favor, escriba la información requerida en el formulario con letra de imprenta.

Criterios de admission

El niño tendrá 4 años cumplidos para el 1ro de septiembre de 2023 Y es residente de HISD.
El niño cumple con los requisitos de vacunación y con al menos una de las siguientes condiciones:

- no es capaz de hablar y comprender el idioma inglés
- es económicamente desfavorecido (ver definición abajo), o
- cumple con cualquiera de los requisitos de elegibilidad de Head Start, o
- está desamparado, según la definición de la sección [42 USC 11434a],
- está o ha estado bajo tutela del Departamento de la Familia y Servicios de Protección a raíz de una audiencia adversaria celebrada según se estipula en la Sección 262.201, Código de derecho de la familia, o
- es hijo de un miembro activo de las fuerzas armadas o de un miembro de las fuerzas armadas herido, muerto o desaparecido en el transcurso de su servicio activo.
- es hijo de una persona elegible para el premio de la estrella del Texas como:
  - un oficial de paz bajo el Código del Gobierno de Texas §3106.002, un bombero bajo el código del gobierno de Texas §3106.003 o un respondedor médico de emergencia en el Código del Gobierno de Texas §3106.004

Datos del niño y la familia

Nombre del niño	
Número de Seguro Social del niño	
Fecha de nacimiento del niño	
Edad del niño el 1.o de Sept.	
Nombre del padre	
Domicilio	
Número de teléfono	

Ingresos de la familia

Miembro de la casa	Ingresos	Frecuencia del pago	Otros ingresos	Frecuencia del pago
1.	$	Año Mes Semana	$	Año Mes Semana
2.	$	Año Mes Semana	$	Año Mes Semana
Total de personas en la casa:				

Declaración de entendimiento del padre

Entiendo que las autoridades escolares pueden verificar la información de esta solicitud de admisión. Si la investigación indica que la información es falsa y que el niño no es elegible para participar en el programa, éste puede ser retirado del programa para dar cabida a un niño que sea elegible. Yo certifico que toda la información anterior es verdadera y correcta y que he informado acerca de todos mis ingresos. Entiendo que esta información se utiliza para recibir fondos y que la falsificación deliberada de datos me expone a ser enjuiciado por las leyes estatales que rijan.

Firma del padre _____ **Fecha** _____

BELOW FOR COMPLETION BY SCHOOL PERSONNEL ONLY

2023-2024 Income Chart to Determine Economic Disadvantage Prekindergarten Eligibility

Total # in Household	Annual	Monthly	Weekly
1	$26,973	$2,248	$519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
For each additional member add:	+9,509	+793	+183

APPROVAL BASED ON:

☐ Limited English Proficient
- Home Language Survey must indicate child hears/speaks a language other than English at home.
- Child has been tested with oral Language assessment (Attach proof of assessment and scores. A score of Non-English Speaking OR Limited English Speaking indicates eligibility as LEP.)
- Parent must sign Notification of Enrollment in Bilingual/ESL Program.

☐ Homeless
- Child lacks a fixed, regular, and adequate residence.
- Primary nighttime residence is a supervised public or private shelter designed to provide temporary living accommodations, or an institution that provides temporary residence for individuals intended to be institutionalized.
- Primary nighttime residence is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings

☐ Proof of Income Eligibility

The original of this form must be kept in the student's permanent record, complete with all required signatures and documentation.

DISTRITO ESCOLAR INDEPENDIENTE DE HOUSTON
SOLICITUD DE ADMISIÓN PARA PREKÍNDER 2023-2024

ALTERNATE STATE ID:

HISD PERMANENT ID:

- ☐ Birth Certificate
- ☐ Proof of Residency
- ☐ Immunization Records (clinic record, doctor's statement, or proof of exempt)
  __ Approved __ Not Approved

  - Current paycheck stub, current pay envelope, letter from employer stating gross wages paid and how often they are paid, unemployment, worker's comp.
  - or disability payment stub, current SNAP, or TNAF case number for free meals

- ☐ Acceptable documentation for self-employment income include: business or farming documents (ex. Ledgers and/or self-issued pay stub, 2022 tax return)
  - Military Member's Child
  - Foster Care
  - NSLP to include all children who meet any eligibility criteria for Head Start
  - Star of Texas Award

_____ _____

Signature of Principal or Designee **Date**

The original of this form must be kept in the student's permanent record, complete with all required signatures and documentation.