



**Houston Independent School District
Magnet Program Entrance Agreement
2021-2022**

School The Rice School/La Escuela Rice

Student Name _____ Student ID# _____ Grade Level _____

I (please enter *your* name, not your student's), _____, the parent or guardian understand that HISD's magnet programs and individual schools have a set of established expectations that students and/or parents must meet throughout the school year in order to be successful and remain in the Magnet program.

Program Expectations

Grades

- Grade PK-5, maintain a grade of at least 70 in all core and magnet classes during each grading cycle
- Grade 6-12, maintain an individual class average of 75 or higher in all core classes and an average of 80 or higher in all magnet classes

Attendance

- Maintain regular attendance in accordance with school's Student Code of Conduct and Texas Education Code (TEC) Section 25.085 Compulsory School Attendance

Behavior

- Adhere to the HISD Student Code of Conduct and maintain a conduct grade of 'S' or higher
- Refrain from excessive tardiness in accordance with the district and school's Student Code of Conduct

General

- Meet Magnet expectations for each specific theme that is given to each student according to the Magnet program's criteria, including Magnet course sequence as specified by the school.

Students who do not meet these program expectations or whose parents do not meet program expectations are placed on an ***HISD Magnet Growth Plan*** for a minimum of one grading cycle. The growth plan is intended to help students and parents successfully meet program expectations. A growth plan committee comprised of campus professionals and parent(s) will evaluate progress on this plan at the end of the specified time period. The growth plan is reviewed each grading cycle that it remains in place, and it is used to determine if the student should continue in the Magnet program the following school year. All Magnet transfers are for one year and may be only denied at the end of the year.

PLEASE NOTE:

- A Magnet transfer is a one-year commitment. A recommendation from the growth plan committee could result in a student losing his or her place in this Magnet program at the end of the year and returning to their zoned or another choice school at the beginning of the next school year.
- Students cannot be placed in the regular educational program on the same campus where they have a Magnet transfer.
- All students are limited to a single transfer each school year.
- Should the child choose to leave the program ***voluntarily*** before the end of the school year, he or she may return only to their zoned campus. A voluntary exit form must be completed if a student withdraws from the program before the end of the year.

Please Check the Following:

- I have accepted the seat online
 - Please accept the seat on my behalf
- Parent Initial** _____

We agree to adhere to the program expectations and policies as outlined in this agreement. All signatures are required for this agreement to be active. Student signature is only required for students in grades 6 and above.

 Student Signature

 Parent/Legal Guardian Signature

 Date

 Coordinator/Counselor Signature

 Principal/Designee Signature

 Date



**Houston Independent School District
The Rice School/La Escuela Rice
Enrollment Information
2021-2022**

Homeroom Teacher (Maestro):

Has student ever attended an HISD School? ¿Ha asistido el alumno a una escuela de HISD?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Si <input type="checkbox"/> No		Last School/Daycare Attended/ Última escuela o guardería que asistió					
HISD Student ID/ Identificación del estudiante HISD		Date of Enrollment/ Fecha de inscripción		Date of Birth/ Fecha de nacimiento		Gender/ Sexo <input type="checkbox"/> Male/ Masculino <input type="checkbox"/> Female/ Femenino	Grade/ Grado		
Legal Student Last Name/ Apellido legal del estudiante		First Name/ Primer nombre		Middle Name/ Segundo nombre		Generation/ Generación (Jr., III, etc.)	Student SS# / State Alt. # Número de Seguro Social del alumno		
Student Birthplace: City, State, Country Lugar de nacimiento del alumno: Ciudad Estado País			Year Started School in US/ Año que comenzó la escuela en los Estados Unidos		Student Lives with/ El estudiante vive con: <input type="checkbox"/> Mother/ Madre <input type="checkbox"/> Father/ Padre <input type="checkbox"/> Other/ Otro _____ <input type="checkbox"/> Both Parents/ Ambos Padres				
Federal Student Ethnicity (Select One) Etnia del alumno (Seleccione uno) <input type="checkbox"/> Hispanic/Latino/ Hispano o Latino <input type="checkbox"/> Not Hispanic/Latino/ No hispano o latino		Student Race/ Raza (Select all that apply/ Seleccione todos los que apliquen) <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 Domicilio del alumno	Street Number Número de la calle	Street Name Nombre de la calle	Apartment Apartamento	City Ciudad	State Estado	Zip Código Postal	County País	Home Phone Teléfono del hogar	
Student Cell Phone/ Teléfono celular del estudiante					Student e-mail Address/ Correo electrónico del estudiante				
Texas Education Code §25.002(f) requires the school district to record the name, address, and birth date of the person enrolling a child. El Código §25.002(f) de Educación de Texas requiere que el distrito escolar cuente con un expediente con el nombre, el domicilio y la fecha de nacimiento de la persona que inscribe al niño(a).									
Contact #1 Name (Last, First) Primer contacto (Apellido, Nombre)		Relationship/ Relación	Street Number Número de la calle	Street Name Nombre de la calle		Apartment Apartamento	City Ciudad	State Estado	Zip Código Postal
Employer/ Empleador		Occupation/ Ocupación		Home Phone/ Teléfono del hogar		Work Phone/ Teléfono del trabajo		Cell Phone/ Teléfono celular	
Preferred Language Lenguaje preferido <input type="checkbox"/> English/ Inglés <input type="checkbox"/> Spanish/ Español <input type="checkbox"/> Vietnamese/ Vietnamita <input type="checkbox"/> Other/ Otro _____		Translator Needed? ¿Necesita Intérprete? <input type="checkbox"/> Yes <input type="checkbox"/> No		e-mail Address/ Correo electrónico del primer contacto					
Contact #2 Name (Last, First) Segundo contacto (Apellido, Nombre)		Relationship/ Relación	Street Number Número de la calle	Street Name Nombre de la calle		Apartment Apartamento	City Ciudad	State Estado	Zip Código Postal
Employer/ Empleador		Occupation/ Ocupación		Home Phone/ Teléfono del hogar		Work Phone/ Teléfono del trabajo		Cell Phone/ Teléfono celular	
Preferred Language Lenguaje preferido <input type="checkbox"/> English/ Inglés <input type="checkbox"/> Spanish/ Español <input type="checkbox"/> Vietnamese/ Vietnamita <input type="checkbox"/> Other/ Otro _____		Translator Needed? ¿Necesita Intérprete? <input type="checkbox"/> Yes <input type="checkbox"/> No		e-mail Address/ Correo electrónico del primer contacto					
Contact #3 Name (Last, First) Tercer contacto (Apellido, Nombre)		Relationship/ Relación	Street Number Número de la calle	Street Name Nombre de la calle		Apartment Apartamento	City Ciudad	State Estado	Zip Código Postal
Employer/ Empleador		Occupation/ Ocupación		Home Phone/ Teléfono del hogar		Work Phone/ Teléfono del trabajo		Cell Phone/ Teléfono celular	
Preferred Language Lenguaje preferido <input type="checkbox"/> English/ Inglés <input type="checkbox"/> Spanish/ Español <input type="checkbox"/> Vietnamese/ Vietnamita <input type="checkbox"/> Other/ Otro _____		Translator Needed? ¿Necesita Intérprete? <input type="checkbox"/> Yes <input type="checkbox"/> No		e-mail Address/ Correo electrónico del primer contacto					
What type of medical insurance do you carry for this child? ¿Qué tipo de seguro médico tiene para su hijo? <input type="checkbox"/> CHIP <input type="checkbox"/> Medicaid <input type="checkbox"/> HCHD <input type="checkbox"/> Private Insurance/ Seguro Privado <input type="checkbox"/> None/ Ninguno					Family Physician/ Médico de la familia		Physician Phone/ Teléfono del médico		
List the names of all brothers and sisters under 18 years of age. (If additional room is needed, write on reverse side.) Anote los nombres de todos los hermanos y hermanas menores de 18 años. (Si necesitas más espacio, escribe al reverso)									
Last, First, and Middle Names Apellido, Nombre y segundo nombre		Gender Sexo	Birthdate Fecha de nacimiento	Grade Grado	Address of This Child Dirección de este niño(a)				
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). La firma a continuación certifica que toda la información anterior es correcta y verídica. Si se inscribe a un niño con documentación falsa, se exigirá el pago de matrícula o costos bajo el Código §25.001(h) de Educación de Texas									
Signature of Contact 1/Legal Guardian / Firma de la madre o tutora legal			TX Driver's License Number / Número de licencia de conducir de Texas			Date of Birth (Contact 1/Legal Guardian) / Fecha de nacimiento (madre o tutora legal)			
Signature of Contact 2/Legal Guardian / Firma del padre o tutor legal			TX Driver's License Number / Número de licencia de conducir de Texas			Date of Birth (Contact 2/Legal Guardian) / Fecha de nacimiento (padre o tutor legal)			
Total Monthly Family Income / Ingresos totales mensuales de familia:				Total Number In Household / Cantidad total de personas en el hogar:					

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: _____

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.



Kimberly Hobbs, Principal

K-2 Administrator – Jacqueline Curtis
3-5 Administrator – Ruby Gilbert
6-8 Administrator – Marilyn Callegari

K-5 Counselor – Crystal Thompson
6-8 Counselor –Shaniquwa Finley Carter
Magnet Coordinator – Vickie Matson

**REQUEST FOR STUDENT RECORDS
(Petición de documentos del estudiante)**

To: _____

Route: _____

**Last School Attended
Escuela en que asistió el estudiante**

Address

City, State, Zip

Registrar's Instructions: The following student(s) has enrolled in our school. Please send a copy of his/her complete file, including the permanent record, available test scores, year-to-date grades, any special education records and health records.

I hereby authorize the release of information mentioned above to The Rice School/La Escuela Rice.

Student's Name: _____

Nombre del Estudiante

Birth Date: ____/____/____

Nombre del Estudiante

Entering Grade: _____

Grado entrante

Parent Signature

Firma del padre

Date

Fecha

**Please Mail Directly to:
The Rice School/La Escuela Rice
7550 Seuss Dr.
Houston, TX 77025**



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 _____



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 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: _____ Grade: _____

Parent/Guardian Name: _____

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

Parent/Guardian Signature: _____ Date: _____

Date form received by Campus: _____



Student Travel History-Enrollment Questionnaire

Student Name: _____ Date: _____

1. Have you or anyone in your family lived in or traveled to a country with coronavirus transmission in the past 14 days?

Yes No

2. Have you or anyone in your family had contact with an individual with confirmed coronavirus within the previous 14 days?

Yes No

Printed name of person completing form

Signature of person completing form

If YES is answered to any of these questions, please contact the school health clinic.

If NO is answered to all of these questions, proceed with enrollment process.