

Houston Independent School District
RICE STEM Magnet Thematic Entrance Agreement, 2022-2023

Student Name: _____

Student ID: _____

Expectations for the Student

Magnet Students should demonstrate commitment to the magnet theme by the completion of all assignments and course meetings as required. They will contribute to sustaining a school environment that promotes mutual respect and supports the success of others as outlined in the student code of conduct.

Expectations for the Family

Family engagement and partnership is required for the Magnet educational experience. Families are expected to be responsive to communication from the school regarding academic progress, attendance, and behavior.

Continuation Requirements

- Students will participate in a thematic based elective (i.e., Engineering, robotics) and a minimum of two STEM related competitions per year
- Students must pass all required core Math and Science courses as well as campus specific STEM electives to stay on track

High School Specific requirements (All of the above including):

- All high school students must take a minimum of four years of Math and Science.

Students who do not meet program continuation requirements, 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 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 only be denied at the end of the year.

Please Note:

- 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.

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: _____ Date: _____

Parent Signature: _____ Date: _____

Coordinator Signature: _____ Date: _____

Principal/ Designee: _____ Date: _____



**Houston Independent School District
The Rice School/La Escuela Rice
Enrollment Information
2022 - 2023**

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					
<p align="center">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).</p>											
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"/> Vietnamese/ Vietnamita <input type="checkbox"/> Spanish/ Español <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"/> Vietnamese/ Vietnamita <input type="checkbox"/> Spanish/ Español <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"/> Vietnamese/ Vietnamita <input type="checkbox"/> Spanish/ Español <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			
<p align="center">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)</p>											
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)					
<p align="center">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</p>											
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:					



Enrollment Information Additional Contact Form 2022-2023

Student Name/ Nombre del estudiante	HISD Student ID/ Identificación del estudiante HISD
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Individuals not listed on the Enrollment Information Form or Additional Contact Form will not be allowed to pick up your child. Please enter all persons allowed to pick up your child. If you need an additional form, please let your child's homeroom teacher know. We will send an additional form home with your child. To view or edit your child's contact list, log in to HISD Connect at <https://www.houstonisd.org/PSC>

Las personas que no estén en la lista del Formulario de Información de inscripción (Enrollment Information Form) o en el formulario de contacto adicional (Additional Contact Form) no podrán recoger a su hijo(a). Por favor incluya todas las personas autorizadas a recoger a su hijo(a). Si necesita un formulario adicional, comuníquese con el maestro de aula de su hijo(a). Enviaremos un formulario adicional a casa con su hijo. Para ver o cambiar la lista de contactos de su hijo, entre a la página de HISD Connect al <https://www.houstonisd.org/PSC>

Contact Name/ Nombre del contacto	Relationship/ Relación
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Home Phone/ Teléfono de casa	Work Phone/ Teléfono del trabajo	Cell Phone/ Teléfono del célula
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Please check box(es) applicable to this contact person/ Por favor de seleccionar la caja(s) que apliquen ala persona asignada como contacto en esta forma:

Lives with student/ Vive con el estudiante Emergency/ Emergencia Has permission to pick up student/ Tiene permiso para recoger al estudiante

Contact Name/ Nombre del contacto	Relationship/ Relación
-----------------------------------	------------------------

Home Phone/ Teléfono de casa	Work Phone/ Teléfono del trabajo	Cell Phone/ Teléfono del célula
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Please check box(es) applicable to this contact person/ Por favor de seleccionar la caja(s) que apliquen ala persona asignada como contacto en esta forma:

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Contact Name/ Nombre del contacto	Relationship/ Relación
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Home Phone/ Teléfono de casa	Work Phone/ Teléfono del trabajo	Cell Phone/ Teléfono del célula
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Home Phone/ Teléfono de casa	Work Phone/ Teléfono del trabajo	Cell Phone/ Teléfono del célula
------------------------------	----------------------------------	---------------------------------

Please check box(es) applicable to this contact person/ Por favor de seleccionar la caja(s) que apliquen ala persona asignada como contacto en esta forma:

Lives with student/ Vive con el estudiante Emergency/ Emergencia Has permission to pick up student/ Tiene permiso para recoger al estudiante

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 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: _____