



## ENROLLMENT CHECKLIST

Thank you for applying to ROE for the 23-24 School Year.

Please check to make sure you are zoned: <https://schoolfinder.houstonisd.org/>

**All of the following are required for Registration. Incomplete applications will not be accepted.**

\_\_\_\_\_ Utility Bill. (i.e Electricity, Gas, Water)

Showing residential service with name and address of resident.

\_\_\_\_\_ Harris County Appraisal District (HCAD) statement showing Homestead Exemption for current year or Warranty Deed if you recently purchased your home.

\_\_\_\_\_ Lease Agreement (if applicable) If you are currently leasing a home or apartment the lease must list all occupants living in the home. Please bring the entire typed lease agreement.

**All lease agreements are subject to verification.**

\_\_\_\_\_ Drivers License.

International families must provide a current passport as identification.

\_\_\_\_\_ Birth Certificate - Original state issued birth certificate required for students born in the United States; Passport required for students born outside of USA.

\_\_\_\_\_ Immunization records

Immunizations must be translated in English by a licensed non-custodial medical professional

\_\_\_\_\_ Social Security card

\_\_\_\_\_ Divorce Decree if applicable

\_\_\_\_\_ If this is your **FIRST** Texas School a HOME LANGUAGE FORM must be completed

\_\_\_\_\_ Students last report card. If enrolling during the school year the withdrawal forms are needed from the previous school. All records must be translated in English.

# 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 spoken in the child's home **most of the time**? \_\_\_\_\_

2. What language does the child speak **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.



# River Oaks Elementary

Principal: Brett Gallini

## NEW STUDENT BACKGROUND INFORMATION FOR 23-24

Student's Legal Name: \_\_\_\_\_ HISD ID#: \_\_\_\_\_

Has the student ever attended an HISD school? Yes \_\_\_\_\_ No \_\_\_\_\_

List previous schools attended starting with the most current school/daycare attended.

- 1<sup>st</sup> – 5<sup>th</sup> grade students need the final/last report card to enroll

Name of School	Grade	City & State

In order to place your child please answer the following

In a Gifted & Talented, Magnet or Vanguard Program Y_____ N _____	Yes	No
If <b>Yes</b> was the GT test administer by and HISD School? Y_____ N _____		
If <b>Yes</b> where was the test administered _____		
Date tested _____ Attach a Copy of the GT Matrix to the application		
If your child was tested privately or at a non HISD School, please attach a copy		
In an ESL/ELL/EL/LEP Program		
In a Bilingual Program		
Tested for a learning disability		
In a Special Education Program		
On a 504 service plan		
In Speech Therapy		
Diagnosed with dyselexia		
Diagnosed with ADHD or displaying similar behavior		

Additional information that would be helpful with placement:

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\_\_\_\_\_  
Parent/Guardian Name (*print*)

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

2008 Kirby Dr. Houston, TX 77019

TEL: 713-942-1460

FAX: 713-942-1463



# 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 \_\_\_\_\_

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: \_\_\_\_\_



# 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.*

Student Last Name	First Name	Grade	Student ID Number
Apellido del estudiante	Nombre	Grado	Núm. de identificación estudiantil

Student Signature	Date
Firma del estudiante	Fecha

Parent or Guardian's Signature	Date
Firma del padre o tutor	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.

_____ Student/Staff Name (please print)	_____ (Parent/Guardian)/(Staff) Signature
_____ Student/Staff Identification Number	_____ Date

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## FAMILY SURVEY

STUDENT NAME:	DATE OF BIRTH:
CAMPUS NAME:	GRADE LEVEL:

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?


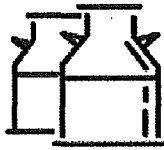






YES ☐ (Continue to question 2)

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)

 Fruit, vegetables, sunflower, cotton, wheat, grain, farms or ranches, fields & vineyards <input type="checkbox"/>	 Dairy farm <input type="checkbox"/>	 Fishery <input type="checkbox"/>	 Cannery <input type="checkbox"/>
 Poultry farm <input type="checkbox"/>	 Plant nursery, orchard, tree growing or harvesting <input type="checkbox"/>	 Slaughterhouse <input type="checkbox"/>	 Other similar work, please explain: <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  
 HISD Multilingual Programs | 713-556-6980 Fax | January 2020





**POLICE DEPARTMENT  
HOUSTON INDEPENDENT SCHOOL DISTRICT**

3500 Tampa • Houston, TX 77021  
Tel: 713-842-3715 • Fax: 713-842-3752



**Pedro "Pete" Lopez**  
*Chief of Police*

[www.HoustonISD.org](http://www.HoustonISD.org)  
[www.twitter.com/HoustonISD](https://twitter.com/HoustonISD)

**RE: STATE OF TEXAS LAWS PERTAINING TO SAFE GUN STORAGE AND  
RESPONSIBILITIES OF PARENTS/GUARDIANS**

Dear Parent/Guardian:

The Houston Independent School District (HISD) is dedicated to a safe learning environment at school and at home. In the U.S., gun violence on school campuses is alarming. In 2021, there were 202 incidents of gunfire on school campuses resulting in 49 deaths and 126 injuries. In Houston, 37 children were killed by firearms, and 161 were injured. HISD recognizes that proper gun storage education and laws are essential to ensuring a gun-free campus. To further our efforts to protect students from firearms, and as a courtesy to our families, HISD is informing parents and guardians of the legal obligations to protect minors from negligent gun storage. Please review the state statute on gun storage laws summarized below:

**Texas State Law 46.13 "Making a Firearm Accessible to a Child"**

In Texas, a "child" is defined as a person under the age of 17. The statute indicates that a person commits an offense if a child gains access to a readily dischargeable firearm and the person with criminal negligence:

- (1) failed to secure the firearm; or
- (2) left the firearm in a place the person knew or should have known the child would gain access to.

Respectfully,

Pedro "Pete" Lopez, Jr.  
HISD Chief of Police



**CUT HERE AND RETURN TO YOUR SCHOOL PRINCIPAL**

**SAFE GUN STORAGE ACKNOWLEDGEMENT FORM**

Please sign below acknowledging receipt of this information.

Student Name (Please Print) \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

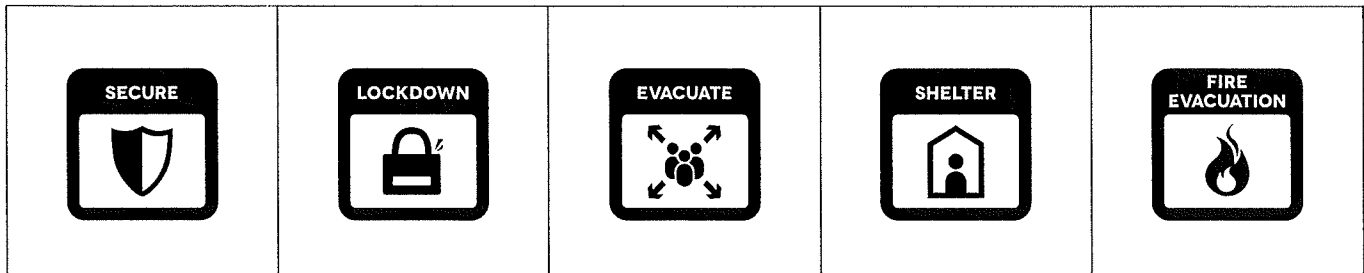
**HISD** | **Police Department**  
WE SOLVE. WE SERVE. WE PROTECT.

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## SAFETY ACKNOWLEDGMENT FORM

Safety is a top priority for HISD, and the district is committed to providing a safe environment for our students and staff. Safety drills and training are conducted as required by Texas Education Code and under guidance from organizations including but not limited to the Texas School Safety Center, Safe and Secure Schools, Sandy Hook Promise, and State Code Compliance.

### REQUIRED SAFETY DRILLS CONDUCTED INCLUDE:



In the event of an emergency or incident that requires reunification of students with their parents or guardians, the district has adopted the "I Love U Guys" Foundation Standard Reunification Method (SRM). The SRM provides a proven method for planning, practicing, and achieving a successful reunification. During any emergency situation the district will use multiple resources including, news outlets, social media, automated calls, and/or email to communicate with its targeted audience.

The district is committed to being proactive in emergency management and planning. This requires support and understanding. Safety starts with you. It is important to talk to your children about safety. If you see something, say something. Anonymous reporting of safety concerns, suspicious activity, student and/or workplace bullying, etc. is available to everyone by calling **713-641-7446**, online via the anonymous reporting system [HoustonISD.org/AnonymousReporting](https://HoustonISD.org/AnonymousReporting) or by downloading the **SAYSOMETHING MOBILE APP**. **Ensure you have the most up to date information and emergency contact at the campus level for effective communication.**

\_\_\_\_ I HAVE READ THE HISD SAFETY ACKNOWLEDGMENT FORM

Student Last Name	First Name	Grade
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Parent or Guardian's Printed Name	Date
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Parent or Guardian's Signature	Date
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**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

## 2022 - 2023 STUDENT RESIDENCY QUESTIONNAIRE (SRQ)

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: \_\_\_\_\_  
(relationship)

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

Does the student reside at a residential treatment center? ☐ Yes ☐ No

Facility Name: \_\_\_\_\_ Case Manager: \_\_\_\_\_ Contact Information: \_\_\_\_\_

**Please complete the Current Housing Situation AND Background Situation sections below to determine McKinney-Vento eligibility:**

### Part A: CURRENT HOUSING SITUATION – Check the student's current housing situation:

#### I CURRENTLY LIVE:

- ☐ In my own home or apartment, in Section 8 housing, HUD Subsidized housing or in military housing with parent(s), legal guardian(s), or caregiver(s)
- ☐ In my own home or apartment, in Section 8 housing, HUD Subsidized Housing or in military housing with parent(s) with parent(s) but lacks
- ☐ My home has no electricity ☐ My home has no running water

#### OR I CURRENTLY LIVE IN A TRANSITIONAL HOUSING SITUATION:

- ☐ Living in a shelter ☐ Living in a motel or hotel
- ☐ Living with more than one family in a house or apartment (Doubled-up) due to economic hardship

#### Unsheltered

- ☐ Moving from place to place ☐ Living in a structure not usually used for housing ☐ Living in a car, park, campsite, camper, or outside

UNACCOMPANIED YOUTH: ☐ Yes ☐ No (An unaccompanied youth is a student who is not in the physical custody of a parent or legal guardian. This would include students living with non-custodial relatives or friends without a parent or legal guardian).

### Part B: BACKGROUND SITUATION (If a Transitional Housing Situation is checked above – please check any below that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Catastrophic illness/ Medical expenses / disability | <input type="checkbox"/> House fire or other destruction        | <input type="checkbox"/> Parent(s) involved in military                |
| <input type="checkbox"/> New to Town   | <input type="checkbox"/> Natural disaster/evacuation            | <input type="checkbox"/> Parent Incarcerated/Recently released         |
| <input type="checkbox"/> Loss of Employment                                  | <input type="checkbox"/> Domestic Issue                         | <input type="checkbox"/> Student has been previously incarcerated      |
| <input type="checkbox"/> Economic hardship/low earnings                      | <input type="checkbox"/> Migrant work in fishing or agriculture | <input type="checkbox"/> Awaiting placement in foster care/CPS custody |
| <input type="checkbox"/> Evicted/kicked out                                  | <input type="checkbox"/> COVID-19 impacted: _____               |  |

### 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"/> School Supplies | <input type="checkbox"/> Personal Hygiene Items |
| <input type="checkbox"/> Free Lunch/ Breakfast  | <input type="checkbox"/> Immunizations  | <input type="checkbox"/> SNAP/Medicaid/ TANF/CHIP     | <input type="checkbox"/> Housing         | <input type="checkbox"/> Food                   |
| <input type="checkbox"/> Homeless Verification Letter for FAFSA <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 in HISD Connect under the Homeless tab (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) Add requested services under the Services Tab (4) 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.

# 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 us 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 us 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 us in electronic, digital and 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 \_\_\_\_\_

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

I DO \_\_\_\_ I DO NOT \_\_\_\_ give permission to River Oaks Elementary to Include my child's photo in the yearbook.





# River Oaks Elementary

Principal: Brett Gallini

## REQUEST AND APPROVAL FOR STUDENT CUMULATIVE RECORDS

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

The student has enrolled at River Oaks Elementary on \_\_\_\_\_. Please fax or mail a copy of the permanent academic, cumulative, test scores, health record, ESL, GT, Special Ed information.

RIVER OAKS ELEMENTARY

2008 Kirby Dr.

Houston, TX 77019



**STUDENT ACCESS FORM (PLEASE PRINT)**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother/Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Father/Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**INDIVIDUALS AUTHORIZED TO PICK UP MY CHILD**

NAME

PHONE #

RELATIONSHIP

NAME

PHONE #

RELATIONSHIP

NAME

PHONE #

RELATIONSHIP

NAME

PHONE #

RELATIONSHIP

The persons listed above have my permission to pick up my child in case of an emergency.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

My child is under the direction of a court order; either in the form of custody papers, possession orders, or restraining orders.    Yes \_\_\_\_\_                      No \_\_\_\_\_

If for any reason, you believe we need to be aware of the contents of any of these orders, please attach a copy of same hereto.