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/JunUpdates/EnglishLearnerIdentification-ReclassificationFlowchart.pdf

This survey shall be kept in each student’s permanent record folder.

NAME OF STUDENT: ____________________________________________ STUDENT ID #: __________________

ADDRESS: ____________________________________________ TELEPHONE #: __________________

CAMPUS: Kate Bell Elementary

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.
HOUSTON INDEPENDENT SCHOOL DISTRICT
HEALTH INVENTORY

SCHOOL  **Kate Bell 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:

<table>
<thead>
<tr>
<th>Age First Identified</th>
<th>Under Doctor's Care?</th>
<th>Age First Identified</th>
<th>Under Doctor's Care?</th>
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</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>Bone/Joint Problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td>Rheumatic Fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Disorder</td>
<td>Surgery/Fractures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>T. B. Disease</td>
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<td></td>
</tr>
<tr>
<td>Epilepsy/Seizures</td>
<td>Hearing Loss</td>
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<td></td>
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<tr>
<td>Heart Disease</td>
<td>Vision Loss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney Disorder</td>
<td>Severe Menstrual Cramps</td>
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<td></td>
</tr>
<tr>
<td>Cancer</td>
<td>Eating Disorder</td>
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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
- 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.

<table>
<thead>
<tr>
<th>Food</th>
<th>Nature of allergic reaction to food</th>
<th>Life-Threatening?</th>
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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: Kate Bell Elementary Grade: ________________

Parent/Guardian Name: ________________________________________________________________

Work Phone: ___________ Mobile Phone: ___________ Home Phone: ___________

Parent/Guardian Signature: __________________________________ Date: ________________

Date form received by Campus: ____________________________

Health and Medical Services  February 2012
Please complete and sign this form. It will be placed in your child’s permanent folder.

__________________________  _______________________
Student’s Name                      Grade Level

This is a notification to the school that in case of inclement weather, my child

_____ will be picked up by one of the following persons:

__________________________  _______________________
Name of person 1 picking up        Relationship

__________________________  _______________________
Name of person 2 picking up        Relationship

__________________________  _______________________
Name of person 3 picking up        Relationship

_____ will walk/ride bike home.

_____ will ride the school bus.

_____ will ride a daycare bus. Name: _______________________________________

_____ OTHER  __________________________________________

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

☐ I attest that I am the parent or guardian of ______________ and I GIVE HISD and its employees and representatives permission to print, photograph, and record my child for use in electronic, digital, and printed media.

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

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

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

PLEASE PRINT

Name of child ____________________________ Grade __________________________

Address ______________________________________________________________

City, State, Zip _______________________________________________________

Name of parent or guardian ______________________________________________

School ____________________________

Signature of parent or guardian __________________________________________

Date ____________________________ Phone Number __________________________

HISD Media Relations | July 2018
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.

<table>
<thead>
<tr>
<th>Student/Staff Name (please print)</th>
<th>(Parent/Guardian)/(Staff) Signature</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Student/Staff Identification Number</th>
<th>Date</th>
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</table>

*Texas Education Agency – March 2009*
HOUSTON INDEPENDENT SCHOOL DISTRICT

MILITARY CONNECTED FAMILIES SURVEY

All information MUST be completed by parent, school personnel or community liaison.

School Kate Bell Elementary Date ___________________

Student Name _______________________________________ HISD ID# ______________

Dear Parent or Guardian,

The State of Texas requires schools to collect data relating to the enrollment of military-connected students. This collection is done to allow educational institutions the ability to monitor critical elements of education success for children who are dependents of military personnel, and show the state’s commitment to military personnel and their children.

For students in grades Kindergarten through 12:

1. The student is a dependent of an active duty member of the United States Army, Navy, Air Force, Marine Corps, or Coast Guard
   □ Yes □ No

2. The student is a dependent of a member of the Texas National Guard (Army, Air Guard, or State Guard)
   □ Yes □ No

3. The student is a dependent of a member of a reserve force in the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard)
   □ Yes □ No

For pre-kindergarten students only:

4. The student is a dependent of an active duty uniformed member of the Army, Navy, Air Force, Marine Corps, or Coast Guard, or activated/mobilized uniformed member of the Texas National Guard (Army, Air Guard, or State Guard) who was injured or killed while serving on active duty.
   □ Yes □ No
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
   - Dairy farm
   - Fishery
   - Cannery
   - Poultry farm
   - Plant nursery, orchard, tree growing or harvesting
   - Slaughterhouse
   - Other similar work, please explain:

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

<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Home Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

--- FOR SCHOOL USE ONLY---

PLEASE SUBMIT THIS INFORMATION AND FORMS AT
https://form.jotform.com/91125105857152

MIGRANT EDUCATION PROGRAM
4400 W. 18th Street, Route 1 | Houston, TX 77092 | 713-556-7288
HISD Multilingual Programs | 713-556-6980 Fax | May 2019
**HOUSTON INDEPENDENT SCHOOL DISTRICT**

**2019-2020 STUDENT ASSISTANCE QUESTIONNAIRE (SAQ)**

All information MUST be completed by parent, school personnel or community liaison.

**School:**

Kate Bell Elementary _______________________

**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

**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:

______________________________

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

**PART A: CURRENT HOUSING SITUATION**

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**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) 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 (Double-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.)

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**PART B: BACKGROUND SITUATION**

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(at Transitional Housing Situation is checked above or please check ANY below that apply)

- □ Catastrophic illness / medical expenses / disability □ Natural disaster / evacuation
- □ New to Town □ Domestic Issue
- □ Loss of Employment □ Migrant work in fishing or agriculture
- □ Economic hardship/low earnings □ Awaiting placement in foster care / CPS custody
- □ Evicted/kicked out □ Parent(s) involved in military deployment
- □ House fire or other destruction □ Parent incarcerated/Recently released from incarceration

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**PART C: SERVICES**

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Based on availability (Check services needed and call 713-556-7237 to speak to an Outreach Worker)

- □ Enrollment Assistance □ Transportation □ Emergency Clothing, Uniforms
- □ Free Lunch/Breakfast (Child Nutrition) □ School Supplies □ Personal Hygiene Items
- □ Immunizations □ Medicaid/CHIP Assistance □ Food Stamps (SNAP) Assistance
- □ Temporary Assistance for Needy Families (TANF) □ Homeless Verification Letter for FAFSA □ Other

To the best of my knowledge this Information is true and correct.

**Name (PLEASE PRINT):**

______________________________

**Signature:**

______________________________

**Phone #:**

______________________________

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**School Personnel:** This form is intended to address the McKinney-Vento Act U.S.C. 11435. If any "Transitional Housing Situation" is checked under "Current Housing Situation" **AND** the family has indicated one of the "Background Situations" (1) immediately add PEIMS Coding on the At-risk Chancery panel for At-risk reason code 12, (2) code all of the McKinney-Vento Panels on that screen (the start date should be the date the form was completed and also add the end date, and (3) Email forms to HomelessEducation@houstonisd.org. 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.
COMPULSORY SCHOOL ATTENDANCE LAWS

TO PARENTS OR TO PERSONS STANDING IN PARENTAL RELATION TO CHILDREN

The Texas Education Code §25.095 requires the school district to notify a student's parents in writing at the beginning of the school year that if the student is absent from school on 10 or more days or parts of days within a six-month period in the same school year or on three or more days or parts of days within a four-week period:

1) the student's parent (or legal guardian) is subject to prosecution under TEC §25.093; and
2) the student is subject to prosecution under TEC §25.094.

It is the parent's duty to monitor the student's school attendance and require the student to attend school and request a conference with a school official to discuss the absences. The parent is subject to prosecution under § 25.093 (b) for failure to require your child to attend school.

LEYES SOBRE LA ASISTENCIA OBLIGATORIA A LA ESCUELA

A LOS PADRES O TUTORES LEGALES DE LOS ESTUDIANTES

Sección 25.095 del Código de Educación del Estado de Texas require que el distrito notifique al padre del alumno por palabra escrita al principio del año escolar del hecho que si el alumno está ausente de la escuela por 10 días o más, inclusive ausencias de parte del día, dentro de un período de seis meses dentro de un año escolar, o si está ausente por 3 días dentro de un período de 4 semanas:

1) el padre (o tutor legal) del estudiante puede ser enjuiciado según lo establecido en el código de educación de Texas, TEC §25.093
2) el estudiante puede ser enjuiciado según lo establecido en el código de educación de Texas, TEC §25.094

El padre tiene la obligación de estar al tanto de la asistencia escolar de su niño, exigirle que asista a la escuela y solicitar una conferencia con las autoridades de la escuela para discutir las ausencias. El padre puede ser enjuiciado según lo establecido en la sección del código de educación de Texas, TEC §25.093(b) si no le exige a su hijo que asista a la escuela.

Parent Signature/Firma del Padre
Date/Fecha