Fonville Special Population Questionnaire

Student Name ___________________________  Grade Level _____________

In order to better serve the needs of your child, please read the statements below. Read the statements, as a representative of the following departments will make contact with you if necessary. Mark an “X” on the correct line.

__________ My child currently receives Special Education services.

__________ My child doesn’t receive Special Education services.

__________ My child currently receives 504 services.

__________ My child doesn’t receive 504 services.

__________ My child currently receives English as a Second Language services.

__________ My child doesn’t receive English as a Second Language services.

---

I would like more information regarding Special Education services. My contact information is:

Name ___________________________

Phone number (cell) ___________________________ (home) ___________________________

Brief description of need: _______________________________________________________

---

I would like more information regarding 504 (i.e. dyslexia, ADHD, asthma) services. My contact information is:

Name ___________________________

Phone number (cell) ___________________________ (home) ___________________________

Brief description: ______________________________________________________________

---

I would like more information regarding English as a Second Language services. My contact information is:

Name ___________________________

Phone number (cell) ___________________________ (home) ___________________________

Brief description: ______________________________________________________________
### Houston Independent School District

#### Enrollment Information

**2022 - 2023**

**Homeroom Teacher:**

<table>
<thead>
<tr>
<th>Has student ever attended an HISD School?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HISD Student ID</strong></td>
<td>Date of Enrollment</td>
<td>Date of Birth</td>
</tr>
<tr>
<td><strong>Legal Student Last Name</strong></td>
<td>First Name</td>
<td>Middle Name</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>Generation (Jr., Jr., etc.)</td>
<td><strong>Grade</strong></td>
</tr>
<tr>
<td><strong>HISD Student Last Name</strong></td>
<td>First Name</td>
<td>Middle Name</td>
</tr>
<tr>
<td><strong>Student Birthplace:</strong></td>
<td>City, State, Country</td>
<td>Year Started School in US</td>
</tr>
<tr>
<td><strong>Student Lives with</strong></td>
<td>Mother</td>
<td>Father</td>
</tr>
<tr>
<td><strong>Federal Student Ethnicity (Select One)</strong></td>
<td>Hispanic/Latino</td>
<td>Not Hispanic/Latino</td>
</tr>
<tr>
<td><strong>Student Race (Select all that apply)</strong></td>
<td>American Indian or Alaska Native</td>
<td>Asian</td>
</tr>
<tr>
<td><strong>Black or African American</strong></td>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>White</td>
</tr>
<tr>
<td><strong>Student Street Number</strong></td>
<td>Street Name</td>
<td>Apartment</td>
</tr>
<tr>
<td><strong>Contact #1</strong></td>
<td>Relationship</td>
<td>Street Number</td>
</tr>
<tr>
<td><strong>Contact #2</strong></td>
<td>Relationship</td>
<td>Street Number</td>
</tr>
<tr>
<td><strong>Contact #3</strong></td>
<td>Relationship</td>
<td>Street Number</td>
</tr>
<tr>
<td><strong>Family Physician</strong></td>
<td>Physician Phone</td>
<td></td>
</tr>
</tbody>
</table>

**Texas Education Code §25.002(f) requires the school district to record the name, address, and birth date of the person enrolling a child.**

#### Contact Information

- **Employer**
- **Occupation**
- **Home Phone**
- **Work Phone**
- **Cell Phone**
- **Preferred Language**
- **Translator Needed?**
- **Preferred Language**
- **Translator Needed?**
- **Preferred Language**
- **Translator Needed?**

#### Medical Insurance

- **CHIP**
- **Medicaid**
- **HCHD**
- **Private Insurance**
- **None**

#### Family Information

- **List the names of all brothers and sisters under 18 years of age.**
  - (If additional room is needed, write on reverse side.)

#### Signature

- **Signature of Contact 1/Legal Guardian**
- **TX Driver's License Number**
- **Date of Birth (Contact 1/Legal Guardian)**
- **Signature of Contact 2/Legal Guardian**
- **TX Driver's License Number**
- **Date of Birth (Contact 2/Legal Guardian)**

#### Financial Information

- **Total Monthly Family Income:**
- **Total Number In Household:**
STUDENT ASSISTANCE QUESTIONNAIRE (SAQ)
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 ___________________________

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 conservorship of the Department of Family & Protective Services (Foster Care)? ☐ Yes ☐ No

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) (If you checked this box, check one or both of the boxes below, if applicable.

☐ 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)

☐ 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

Part C: NEEDED SERVICES – 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) ☐ 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 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@houstonesd.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

## Health Inventory

<table>
<thead>
<tr>
<th>School</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teacher</th>
<th>School Last Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Please check if you have observed any of the following in your child:

- [ ] Tired 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 ____________________________________________________________

Health and Medical Services

GI/st 3/2012
PETICIÓN DE INFORMACIÓN SOBRE ALERGIAS DE ALIMENTOS

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.

<table>
<thead>
<tr>
<th>Alimento</th>
<th>Naturaleza de la reacción alérgica al alimento</th>
<th>¿Pone en riesgo su vida?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


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: __________________________ 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: __________________________

Servicios Médicos y de Salud Febrero 2012
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
   □ 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>
<td></td>
<td></td>
</tr>
</tbody>
</table>

--- FOR SCHOOL USE ONLY ---

PLEASE SUBMIT THIS INFORMATION AND FORMS AT

https://form.jotform.com/20008567467156

MIGRANT EDUCATION PROGRAM
4400 W. 18th Street, Route 1 ] Houston, TX 77092 [ 713-556-7288
HISD Multilingual Programs | 713-556-6980 Fax | January 2020
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.esd20.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.

Multilingual Programs Department | October 2018
HOUSTON INDEPENDENT SCHOOL DISTRICT

PRIVACY CODE: STUDENT RECORDS, RIGHTS, AND RESPONSIBILITIES

Directory Information: Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information for school-sponsored purposes.

Directory information may include the following:
- Student name
- Address
- Telephone listing
- Date and place of birth
- Photograph
- Major field of study
- Participation in officially recognized activities and sports
- Weight and height of members of athletic team
- Dates of attendance
- Awards received
- Most recent previous school attended by a student

If you DO NOT want to release directory information regarding your child, please check the appropriate box on the Privacy Code Form below and return it to your child's school.

Military Recruitment/Higher Education: Public Law 107-110 requires school districts receiving assistance under the No Child Left Behind Act of 2002 to provide a military recruiter or an institution of higher education, on request, with the name, address, and telephone number of a secondary student unless the parent has advised the district that the parent does not want the student's information disclosed without the parent's prior written consent.

If you DO NOT want your child's directory information released to military recruiters or institutions of higher education without your specific, prior, written consent, check the appropriate box on the Privacy Code Form below and return it to your child's school.

PRIVACY CODE FORM
Please check all boxes below that apply.

_____ I have received the Notice of Student Rights and Responsibilities with Respect to Student Records Maintained by the Houston Independent School District.

_____ I request that Houston ISD NOT release any directory information regarding my child, except as required by law.

_____ I request that Houston ISD NOT release my child's name, address, and telephone number to a military recruiter or an institution of higher education, without my specific written approval.

Student's Name ___________________________ Student's Date of Birth ____________

Students' School ___________________________ Student's Grade ______________

Name of Parent/Guardian ___________________________ Date: ________________

Parent/Guardian Signature ___________________________

HISD Office Of Student Support 1. July 2017
Información de directorio: Cierta información sobre los estudiantes del Distrito se considera información de directorio y se hará disponible a toda persona que cumpla el procedimiento para solicitar la información para fines escolares.

La información de directorio puede incluir lo siguiente:
- Nombre del estudiante;
- Dirección;
- Teléfono;
- Lugar y fecha de nacimiento;
- Fotografía;
- Área general de estudio;
- Participación en actividades y deportes oficiales;
- Peso y estatura de los miembros de un equipo deportivo;
- Fechas de asistencia;
- Premios;
- Nombre de la última escuela a la que asistió el estudiante.

Si usted desea ejercer la opción de NO DIVULGAR la información de directorio de su hijo, complete y firme el Formulario del Código de Privacidad que se encuentra en la parte inferior de esta página y entreguélo en la escuela de su hijo.

Reclutadores de las fuerzas armadas y a las instituciones de educación superior: La ley 107-110 del Derecho Público establece que los distritos escolares que reciben asistencia en conformidad con la ley Que Ningún Niño se Quede Atrás del año 2002, deben proveer a los reclutadores de las fuerzas armadas y a las instituciones de educación superior que los soliciten, los siguientes datos de los alumnos de secundaria y preparatoria: nombre, domicilio y teléfono, a menos que los padres hayan informado al distrito que no desean que se divulguen los datos de su hijo sin su consentimiento previo y por escrito.

Si usted desea ejercer la opción de NO DIVULGAR la información de directorio de su hijo a los reclutadores de las fuerzas armadas o a instituciones de educación superior sin su previa autorización expresa y escrita, complete y firme el Formulario del Código de Privacidad que se encuentra en la parte inferior de esta página y entreguélo en la escuela de su hijo.

FORMULARIO DEL CÓDIGO DE PRIVACIDAD
Por favor marque todos los que sean pertinentes.

______ Recibí la información sobre los derechos y responsabilidades de los estudiantes respecto a los expedientes estudiantiles que mantiene HISD.

______ Solicito que Houston ISD NO divulgue información de directorio de mi hijo, excepto aquella que sea exigida por la ley.

______ Solicito que Houston ISD NO divulgue el nombre, domicilio, o número de teléfono de mi hijo a los reclutadores de las fuerzas armadas o a instituciones de educación superior sin mi consentimiento expreso por escrito.

Nombre del estudiante____________________________________________________Fecha de nacimiento______

Nombre de la escuela____________________________________________________Grado que cursa______

Nombre del padre o tutor________________________________________________Fecha:________________

Firma del padre o tutor__________________________________________________________________________

HISD Office Of Student Support 1 Jul 2017
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.

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

<table>
<thead>
<tr>
<th>Student/Staff Identification Number</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

*Texas Education Agency – March 2009*
STUDENT MEDIA CONSENT AND RELEASE FORM

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 ____________________________
HOUSTON INDEPENDENT SCHOOL DISTRICT

MILITARY CONNECTED FAMILIES SURVEY

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

School ____________________________ 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
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.

STEP 1 (List all Houston ISD students in the household)

<table>
<thead>
<tr>
<th>Student ID</th>
<th>First Name</th>
<th>Last Name</th>
<th>MI</th>
<th>Date of Birth</th>
<th>School Name</th>
<th>Grade Level</th>
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</table>

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

HISD External Funding Department | June 2022