

# Houston Independent School District

## Enrollment Information

20\_\_ - 20\_\_

Homeroom Teacher:

Has student ever attended an HISD School? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last School/Daycare Attended		
HISD Student ID	Date of Enrollment	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade
Legal Student Last Name	First Name	Middle Name	Generation (Jr., III, etc.)	Student SS# / State Alt. #
Student Birthplace: City, State, Country	Year Started School in US	Student Lives with	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> Both Parents	
Federal Student Ethnicity (Select One) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Student Race (Select all that apply) <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	Street Number	Street Name	Apartment	City
				State
				Zip
				County
				Home Phone
Student Cell Phone			Student e-mail Address	
<b>Texas Education Code §25.002(f) requires the school district to record the name, address, and birth date of the person enrolling a child.</b>				
Contact #1 Name (Last, First)	Relationship	Street Number	Street Name	Apartment
				City
				State
				Zip
Employer	Occupation	Home Phone	Work Phone	Cell Phone
Preferred Language	<input type="checkbox"/> English <input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____	Translator Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	e-mail Address
Contact #2 Name (Last, First)	Relationship	Street Number	Street Name	Apartment
				City
				State
				Zip
Employer	Occupation	Home Phone	Work Phone	Cell Phone
Preferred Language	<input type="checkbox"/> English <input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____	Translator Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	e-mail Address
Contact #3 Name (Last, First)	Relationship	Street Number	Street Name	Apartment
				City
				State
				Zip
Employer	Occupation	Home Phone	Work Phone	Cell Phone
Preferred Language	<input type="checkbox"/> English <input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____	Translator Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	e-mail Address
<input type="checkbox"/> CHIP <input type="checkbox"/> Medicaid <input type="checkbox"/> HCHD <input type="checkbox"/> Private Insurance <input type="checkbox"/> None			What type of medical insurance do you carry for this child?	Family Physician
				Physician Phone
<b>List the names of all brothers and sisters under 18 years of age. (If additional room is needed, write on reverse side.)</b>				
Last, First, and Middle Names	Gender	Birthdate	Grade	Address of This Child
<b>Signature below certifies that all the information above is true and accurate.</b>				
Enrollment of the child under false documents subjects the person to liability for tuition or costs under Texas Education Code §25.001(h).				
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)
Total Monthly Family Income:			Total Number In Household:	