

# HOUSTON INDEPENDENT SCHOOL DISTRICT HOME LANGUAGE SURVEY (PK – 12) (English)

Student Name: \_\_\_\_\_ School: \_\_\_\_\_  
 Student Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ HISD ID#: \_\_\_\_\_ PEIMS#: \_\_\_\_\_  
                     Month              Day              Year

The Texas Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction to all students. Please answer the following questions.

<b>PART A:</b>		
<b>(I) Place of Birth (Country of Origin)</b> City _____ Country _____	<b>(I) Date of initial entry into U.S. schools</b> Month _____ Day _____ Year _____	<b>(I) Number of complete academic years in a U.S. school</b> _____
<b>(I) When your child lived outside the U.S., did he or she attend school regularly? (Check one.)</b> <input type="checkbox"/> Yes, my child attended school regularly in all previous grades outside the U.S. <input type="checkbox"/> No, my child missed significant portions of one or more school years, as specified: Specify grade and time period, including month and year (example: Grade 2, Jan. 2002 through May 2002). Do not include periods of absence that lasted less than one month. Do not include regularly scheduled school holidays or vacations. _____		
<b>(M) Has your family worked in either the AGRICULTURE or FISHING INDUSTRY in the last 3 years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>PART B:</b>		
<b>1. What language is spoken in your home most of the time?</b> English _____ Spanish _____ Vietnamese _____ Other (Specify) _____		
<b>2. What language does the student (do you) speak most of the time?</b> English _____ Spanish _____ Vietnamese _____ Other (Specify) _____		
Grades PK – 8 _____ (Parent or Guardian) _____ (Date)	Grades 9 – 12 _____ (Parent or Guardian or Student) _____ (Date)	

**NOTE TO SCHOOL PERSONNEL:**

- Signed copy of the Home Language Survey (HLS) must be filed in the student's permanent folder.
- In Part A, items marked with an (I) are required for identification of immigrant students. (Refer to Bilingual/ESL Program Guidelines for identification procedures) An immigrant student is one who was born outside of the United States or its territories and has been attending schools in the United States for less than three complete academic years. Item marked with an (M) is required for identification of migrant students.
- In Part B, an answer of a language other than English to either question #1 or #2 identifies a student for oral language proficiency assessment (and written testing if entering Gr. 2-12).

☐ **Yes, NEEDS OLPT ENTRY TESTING**  
(If entering grades PK-12)

☐ **Yes, NEEDS ENGLISH NRT ENTRY TESTING**  
(If entering grades 2-12)

Student must be tested, identified, and placed in an appropriate program within 4 weeks of enrollment.

# 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"/> Native Hawaiian/Other Pacific Islander		<input type="checkbox"/> Asian <input type="checkbox"/> White		<input type="checkbox"/> Black or African American											
Student Address		Street Number		Street Name		Apartment		City		State		Zip		County		Home Phone	
Texas Education Code §25.002(f) requires the school district to record the name, address, and birth date of the person enrolling a child.																	
Mother/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									
Father/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									
Emergency/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					
List the names of all brothers and sisters under 18 years of age. (If additional room is needed, write on reverse side.)																	
Last, First, and Middle Names				Gender		Birthdate		Grade		Address of This Child							
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).																	
Signature of Mother or Legal Guardian				TX Driver's License Number				Date of Birth (Mother or Legal Guardian)									
Signature of Father or Legal Guardian				TX Driver's License Number				Date of Birth (Father or Legal Guardian)									
Total Monthly Family Income:										Total Number In Household:							

# APPLICATION FOR OUT-OF-DISTRICT STUDENT TRANSFER

## STUDENT TRANSFER DEPARTMENT HOUSTON INDEPENDENT SCHOOL DISTRICT

ID Number: \_\_\_\_\_

4400 W. 18<sup>th</sup> St.

Houston, Texas 77092-8501

Phone (713) 556-6734 Fax (713) 556-6784

☐ NEW ☐ RENEWAL

DATE: \_\_\_\_\_

### STUDENT INFORMATION

<b>Student Name (Last, First, Middle Initial)</b>				<b>Social Security Number</b>			<b>Date of Birth</b>
Student	Street number	Street Name	Apt#	City	State	Zip Code	Home Phone
Address							
Student Lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other (Name/Relationship)							
Father / Guardian Name (Last, First)				Work Phone	Cell Phone	Email Address	
Mother / Guardian Name (Last, First)				Work Phone	Cell Phone	Email Address	

### TRANSFER REQUEST

**Transfer Request for current year?** ☐ **or next school year** ☐ **Grade for school year of application:** \_\_\_\_\_

School district in which student resides \_\_\_\_\_ School student would attend in that district \_\_\_\_\_ ( ) ( ) ( )

School last attended \_\_\_\_\_ District \_\_\_\_\_ School Year \_\_\_\_\_

Did student use a transfer last semester? ☐ Yes ☐ No If yes, to which school? \_\_\_\_\_

To which school is the transfer requested? \_\_\_\_\_

### THIS SECTION MUST BE COMPLETED BY PARENT OR GUARDIAN

Signature of Parent/Legal Guardian _____		Date _____
Is Parent / Guardian an HISD employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	For Employees wishing to apply for a tuition-free-transfer, the parent must present	
If yes, give location: _____	• Certified copy of the student's birth certificate	
HISD Employee ID: _____	• Social Security Number	
	• Latest pay statement indicating the employee contributes to TRS.	

### SCHOOL USE ONLY

Signature below verifies that, according to HISD Board Policy FDA(Local), no qualified HISD resident student's transfer has been denied during the current school year.

#### Magnet Program

☐ Yes☐ No

#### Receiving Principal's Recommendation

☐ Granted ☐ Denied

Manager of Magnet Programs (If applicable) \_\_\_\_\_

Signature of Receiving Principal \_\_\_\_\_

**TRANSFER DEPARTMENT USE ONLY—DO NOT WRITE BELOW THIS LINE**

Signature of Student Transfer Department \_\_\_\_\_ Date \_\_\_\_\_

Signature of Chief Academic Officer \_\_\_\_\_ Date \_\_\_\_\_



**Energized for STEM Academy, Inc.**  
**Shavon Clark, Principal**

**Rainy Day/ Emergency Plan**  
**Plan de Emergencia**  
***School Year 2016-2017***

\_\_\_\_\_  
Student's Name

*Nombre del estudiante*

\_\_\_\_\_  
Teacher's Name

*Nombre del Maestro*

\_\_\_\_\_  
Grade Level

\_\_\_\_\_  
Room #

THIS IS NOTIFICATION TO THE SCHOOL THAT IN CASE OF INCLEMENT WEATHER, MY CHILD.

*En caso del mal tiempo mi hijo puede ser levantado por:*

\_\_\_\_\_  
WILL BE PICKED UP BY \_\_\_\_\_  
*Será Levantado Por*      Name of person picking up      Relationship

\_\_\_\_\_  
WILL WALK HOME.  
*Caminara a la casa.*

\_\_\_\_\_  
WILL RIDE THE SCHOOL BUS HOME.  
*El autobús lo llevara a la casa.*

\_\_\_\_\_  
OTHER \_\_\_\_\_  
*Otro* \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature      (\_\_\_\_) \_\_\_\_\_      (\_\_\_\_) \_\_\_\_\_  
Emergency/Work Phone      Home Phone

\_\_\_\_\_  
Date

**NOTE:** In case of an address or a phone number change. Please notify the school as soon as possible.

**NOTIFIQUE:** En caso de cambio de dirección o cambio de numero de teléfono. Por favor notifique a la escuela lo más pronto posible.

6201 Bissonnet \* Houston, Texas 77081 \* Telephone 713-773-3600 \* Fax 713-773-3630

HOUSTON INDEPENDENT SCHOOL DISTRICT  
School Health Department

HEALTH INVENTORY

SCHOOL \_\_\_\_\_

DATE \_\_\_\_\_

TEACHER \_\_\_\_\_

Please fill in this form and return it to the teacher or nurse at the earliest possible date. The information given on this form will enable the school staff to have a better understanding of the pupil's health status.

Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Birth weight \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Disease History	Age	Disease History	Age
Asthma		Orthopedic	
Allergy (specify)		Poliomyelitis	
Blood Disorder		Rheumatic Fever	
Convulsions		Serious Accident	
Diabetes		Surgery/Fractures	
Epilepsy		T.B. Contact	
Heart Disease		Hearing Loss	
Kidney Disorder		Vision Loss	

If this pupil has had any of the above conditions, did he/she receive medical care? Yes ☐ No ☐

Is he/she under treatment now? Yes ☐ No ☐

Please check any of the following signs and symptoms you have recently observed.

<input type="checkbox"/> Tires easily	<input type="checkbox"/> Frequent sore throats	<input type="checkbox"/> Nail Biting
<input type="checkbox"/> Underweight	<input type="checkbox"/> Frequent nose bleeds	<input type="checkbox"/> Restlessness
<input type="checkbox"/> Overweight	<input type="checkbox"/> Earaches	<input type="checkbox"/> Shyness
<input type="checkbox"/> Frequent headaches	<input type="checkbox"/> Fainting	<input type="checkbox"/> Does not like school
<input type="checkbox"/> Frequent colds	<input type="checkbox"/> Frequent stomach-aches	<input type="checkbox"/> Does not get along with others

Has the pupil consulted a physician about the above symptoms? Yes ☐ No ☐

Has the pupil had a complete physical in the past year? Yes ☐ No ☐

Is this pupil on any kind of medication? \_\_\_\_\_

If so, what? \_\_\_\_\_

For what condition? \_\_\_\_\_

Is this pupil under medical care at this time? \_\_\_\_\_

Name of doctor or clinic \_\_\_\_\_

Further comment \_\_\_\_\_

Has the pupil ever attended the Houston Public Schools? \_\_\_\_\_

Name of school – date attended \_\_\_\_\_

PLEASE FEEL FREE TO CONSULT WITH THE SCHOOL STAFF ABOUT HEALTH PROBLEMS

Signature \_\_\_\_\_



## HOUSTON INDEPENDENT SCHOOL DISTRICT

HATTIE MAE WHITE EDUCATIONAL SUPPORT CENTER  
4400 WEST 18th STREET • HOUSTON, TEXAS 77092-8501

### Student Media Consent and Release Form

*Throughout the school year, students may be highlighted in efforts to promote HISD activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of our schools through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media.*

I, as the parent or guardian of \_\_\_\_\_, hereby give HISD and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

- a. This is with the understanding that neither HISD nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.
- b. I further release and relieve HISD, its Board of Trustees, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

**Please understand that failure to return this release form within ten (10) school days from the date of distribution will constitute approval of the above requests.**

**Please Print**

Name of child \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

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





# Student Residency & Assistance Questionnaire

for Students in Transitional Housing



<b>School Information</b>	<input type="checkbox"/> Address change for previous student      Date of change: _____
School _____	<input type="checkbox"/> Newly or recently enrolled student      Previous school: _____
<b>Student Information</b>	
Name _____	DOB _____ HISD ID _____
Current Address _____	Contact Numbers _____
Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Care-taker/Relative without legal guardianship <input type="checkbox"/> Other	
Grade _____	Gender _____ Siblings in HISD: _____

<b>Housing</b>	<b>Current Housing Situation</b> (check all that apply):	<b>Background Situation</b> (check all that apply):
	<input type="checkbox"/> Living in a shelter: _____ <input type="checkbox"/> Living with more than one family in a house or apartment <input type="checkbox"/> Living in a motel or hotel <input type="checkbox"/> Moving from place to place / "couch surfing" <input type="checkbox"/> Living in a car, park, campsite, or outside <input type="checkbox"/> Living in a trailer park / mobile home <input type="checkbox"/> Scattered Site Housing (HUD supplemented) <input type="checkbox"/> Moving due to migrant work in fishing or agriculture <input type="checkbox"/> Housing lacks running water and/or electricity <input type="checkbox"/> Living in a structure not usually used for housing  Type of structure: _____	<input type="checkbox"/> New to town <input type="checkbox"/> Loss of employment <input type="checkbox"/> Economic hardship / low earnings <input type="checkbox"/> Evicted / kicked out <input type="checkbox"/> House fire or other destruction <input type="checkbox"/> Natural disaster / evacuation <input type="checkbox"/> Domestic issue: _____ <input type="checkbox"/> Migrant work in fishing or agriculture <input type="checkbox"/> Awaiting placement in Foster Care / CPS custody <input type="checkbox"/> Parent(s) involved in military deployment <input type="checkbox"/> Recently released from incarceration <input type="checkbox"/> Catastrophic illness / medical expenses / disability <input type="checkbox"/> Other: _____
Unaccompanied Youth? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Unaccompanied youth includes a youth not in the physical custody of a parent or guardian. This would include runaways living in runaway shelters, abandoned buildings, cars, on the streets, or in other inadequate housing; children and youth denied housing by their families; school-age unwed mothers living in homes for unwed mothers because they have no other housing available, and students living with non-custodial relatives or friends without a parent or legal guardian.

<b>Services</b>	<b>Needed Services</b> (based on availability)	<b>Administrative Use</b>
	<input type="checkbox"/> Emergency clothing, uniforms <input type="checkbox"/> School supplies <input type="checkbox"/> Other supplies: _____ <input type="checkbox"/> Other service(s): _____ <input type="checkbox"/> Transportation (list details and special needs below) Transportation details: _____ _____ _____ _____ _____	Date received: _____ Caseworker: _____ <b>Referral source:</b> <input type="checkbox"/> School <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Other _____ <input type="checkbox"/> Shelter (location) _____ <b>Service Log</b> (dates and notes) Emergency Clothing: _____ Supplies: _____ Other Services: _____ Transportation: _____

**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





## **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.



# 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

## **Energized for Excellence Academy, Inc.**

### **CHILD HEALTH INSURANCE/SEGURO MEDICO DEL ALUMNO**

Family Health Insurance Carrier: \_\_\_\_\_ Insurance Policy# \_\_\_\_\_

*Nombre del la compañía de seguro medico:*

*# de póliza:*

Telephone number of Insurance Plan: \_\_\_\_\_

*Numero de teléfono de plan medico:*

Subscriber's Name (on insurance card): \_\_\_\_\_ Subscriber's SS #: \_\_\_\_\_

*Nombre del suscriptor (en la tarjeta de seguro):*

*#de Seguro Social del suscriptor:*

Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations:

*Problemas especiales, incapacidades, alergias, o información medica para situaciones de emergencia:*

Transport Arrangement in an Emergency Situation:

*Arreglo de transportación en una situación de emergencia:*

Ambulance Service: \_\_\_\_\_ Child will be taken to: \_\_\_\_\_

*Servicio de ambulancia:*

*El alumno será transportado:*

**(Parents/Guardians are responsible for all emergency transportation charges)**

**(los padres/guardián son responsables por los pagos de la ambulancia)**

#### **Parent/Legal Guardian Consent and Agreement for Emergencies:**

As parent/guardian, I give consent to have first aid by facility staff, and, if necessary, transported to receive emergency care. It is understood that a conscientious effort will be made to notice my spouse or me. If it is impossible to late my spouse or I, the expense of any emergency service will be accepted by me. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree review and update this information whenever a change occurs and at least every six months.

I give permission for my child to take part in all activities; including trips away from the school. In the event of an accident or emergency, if my child's physician is not available, I hereby grant permission to care another licensed physician. I hereby authorize the bearer of this slip to authorize medical treatment by the emergency room physician or when he deems necessary for my child(ren).

*Como padre/tutor legal doy consentimiento para mi hijo/a reciba ayuda de salud del personal de escuela y si es necesario para que sea transportado para recibir cuidado de emergencia medica. Entiendo que se hará un esfuerzo para notificarme a mi o mi cónyuge. Si es imposible localizar a mi cónyuge o a mi los gasto de cualquier servicio de emergencia serán aceptados por mi. Entiendo que yo seré responsable por todos los cargos que el seguro no pague. Doy mi consentimiento para que la persona de contacto mencionada arriba me represente hasta que yo pueda estar disponible. Estoy de acuerdo en revisar actualizar la información cada vez que ocurra un cambio y por lo menos cada seis meses.*

*Doy autorización para que mi hijo/a participe en todas las actividades incluyendo paseos fuera de escuela. En caso de un accidente o emergencia, si el doctor de mi hijo/a no esta disponible, doy autorización para que hablen a otro doctor con licencia. Otro al portador de esta forma poder para autorizar al doctor de emergencia a dar el tratamiento que sea necesario para mi hijo/a.*

Signature of Parent(s) or Legal Guardian(s):

Firma del padre o tutor legal: \_\_\_\_\_

Firma del padre o tutor legal: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

Suscrito y jurado ante mi este día \_\_\_\_\_ del mes \_\_\_\_\_ del año \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

*Firma del notario publico*

County \_\_\_\_\_ State \_\_\_\_\_

*Condado*

*Estado*

## STATEMENT OF RESIDENCE INSTRUCTIONS

A parent or legal guardian who resides with relatives or friends within HISD and who wishes to send a child to an HISD school must submit a statement of residence. **The parent or guardian must complete the statement at the school and must supply the following:**

- ☐ **Photo identification** of the official resident of the address which applicant is living.
- ☐ **A letter** from the official resident of the address at which the applicant is living, stating how long the applicant has lived at that address. Include the name of the school the student attended most recently.
- ☐ **Recent bill** - copy of the official resident's recent bill for electricity, gas, or water; and if the residence is an apartment, a valid lease giving the name of the official resident.

(For assistance, call the Student Transfer Department at 713-556-6734.)

## STATEMENT OF RESIDENCE INSTRUCTIONS

Los padres o tutores legales de un alumno que residen con parientes o amigos dentro de los límites geográficos de HISD y desean inscribir a su hijo a una escuela de HISD deben presentar una declaración que afirme su residencia en el distrito. **Los padres o tutores legales deben completar dicha declaración en la escuela y presentar lo siguiente:**

- ☐ **Identificación con fotografía** del residente oficial en la dirección donde vive actualmente el estudiante.
- ☐ **Una carta del residente oficial** en la dirección donde vive actualmente el estudiante, indicando cuánto tiempo el alumno ha vivido en ese domicilio y el nombre de la última escuela a la que asistió el alumno
- ☐ **La copia de la cuenta más reciente de electricidad, gas o agua y si dicha residencia es un apartamento**, el contrato de arrendamiento del residente oficial.

(Para más información, llame al Departamento de Transferencias Estudiantiles al 713-556-6734).



# STATEMENT OF RESIDENCE

STATE OF TEXAS ]

COUNTY OF HARRIS ]

BEFORE ME, the undersigned authority, on this day personally appeared

\_\_\_\_\_, who on his/her word says:

My name is \_\_\_\_\_ and I live at

\_\_\_\_\_ Apt. # \_\_\_\_\_ in Houston, Texas, 77 \_\_\_\_\_.

This is the legal residence of \_\_\_\_\_

who is my \_\_\_\_\_.

Because of circumstances beyond my control, my child(ren) and I must reside at this address.

I agree to provide to the principal of \_\_\_\_\_ School, and the Attendance Boundaries and Transfer Department, notification of change of address when such occurs.

I further agree to withdraw \_\_\_\_\_ from the school in the event the above statement is found to be incorrect.

## CERTIFICATION

I hereby certify that the information stated herein is true and accurate to the best of my knowledge. I am not making this request for the purpose of obtaining some benefit or admission into a school or program of the Houston Independent School District. I understand that submitting this form with false information may constitute a violation of Section 37.10 of the Texas Penal Code.

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Campus Employee's Signature

\_\_\_\_\_  
Title

# Physician's Request for Special Dietary Accommodations

All sections must be completely filled out before form will be accepted.

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

**Part I (To be completed by Parent/Guardian)**

Name of Students (Last): \_\_\_\_\_ (First): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Which meals will the child eat at school (please circle)? Breakfast Lunch After School Snack

School Nurse/ Nurse Consultant: \_\_\_\_\_ Contact Information: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I give Health Services/ Food Services permission to speak with the below named Physician or Authorized Medical Authority to discuss the dietary needs described below.

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

\_\_\_\_\_  
Date

**Part II (To be completed by School Nurse or Physician)**

Does the child have a disability? Yes ☒ No ☐

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, a "person with a disability" is any person who has a physical or mental impairment that substantially limits one or more life activities, has a record of such an impairment or is regarded as having such an impairment.

If yes, please describe the major life activities affected by the disability: \_\_\_\_\_

Does the child have a life-threatening food allergy? Yes ☒ No ☐

If yes to any of the above questions, Part III must be completed and signed by a Licensed Physician.

If no to both questions, Part III may be completed and signed by a Licensed Physician or Recognized Medical Authority.

**Part III (To be completed by Licensed Physician or Recognized Medical Authority)**

**Medical Condition:** \_\_\_\_\_

**Foods to be omitted:**

\_\_\_\_ Fluid Milk      \_\_\_\_ All dairy products      \_\_\_\_ All milk protein (casein, whey, etc.)      \_\_\_\_ Soy protein  
\_\_\_\_ Wheat      \_\_\_\_ Gluten      \_\_\_\_ Eggs      \_\_\_\_ All egg protein (albumin, etc.)  
\_\_\_\_ Seafood      \_\_\_\_ Corn (as major ingredient)      \_\_\_\_ All corn additives (dextrin, caramel color, etc.)  
\_\_\_\_ Peanuts      \_\_\_\_ All Nuts      \_\_\_\_ All foods produced in a facility with nut containing products  
\_\_\_\_ Other (please be specific): \_\_\_\_\_

**Foods to be substituted:** \_\_\_\_\_

(For non-disabled students who cannot have fluid milk, food services will choose the most appropriate milk substitute.)

**Texture Modification:** \_\_\_\_ soft \_\_\_\_ minced \_\_\_\_ pureed other (specify) \_\_\_\_\_

**HISD Formulary - Please choose from the following list:**

Boost Kid Essentials 1.0      Nutren Jr.      Nutren Jr. with Fiber      Peptamen Jr. 1.5

Peptamen 1.5      Nutren 1.5

\*Supplements not on the formulary list will take up to 6 weeks to be processed

**Supplement dosage per meal:**

\_\_\_\_ Breakfast      \_\_\_\_ Lunch      \_\_\_\_ After School Snack Program (if offered)

**Will the student eat a regular meal along with receiving a supplement?** Yes No

**Name of Medical Authority (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

Send completed forms to school nurse/nurse consultant. Physician requests must be renewed each school year. Any change of treatment must be requested in writing by the physician. To ensure that the request is processed prior to the first day of school, submit the request no later than one month prior to the first day of school.





# Energized for STEM Academy, Inc.

Dr. Shavon Clark, Principal

## EMERGENCY CONTACT FORM

### MORNING DROP-OFF AND PICK-UP PROCEDURE

You must sign-in your child in the morning and sign-out at the end of each day.

Your child needs to be picked up by 4:15 PM

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

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

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*\*Please check if your daughter/son will be riding the bus and write the information requested.\**

☐ My child will be riding the school bus. Bus service name: \_\_\_\_\_

What is the bus service phone number and contact name: \_\_\_\_\_

## EMERGENCY CONTACTS

In the event of an emergency and the school is unable to reach either parent or guardian indicated on this form, Please list three (3) emergency contacts and phone numbers. Please list contact phone numbers in order of contact preference.

\*\*\*\*\*A VALID PICTURE IDENTIFICATION WILL BE REQUESTED\*\*\*\*\*

Name #1: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

Name#2: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

Name#3: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

List person(s) that will be allowed to pick up above named student before 3:30 PM and or for emergency purposes.

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

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

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

\_\_\_\_\_  
Date