



Sinclair Elementary

A STEM & Communications Magnet School

Welcome.

Here's everything you need to know about enrollment with us.

Check Forms

Check for all the documents you'll need.
Any campus/district forms you'll need are within this packet.

Ask

Our Front Office will be more than happy to help you with any questions you may have.
All the information contained in this packet is what's required for your child, but you might have questions. And that's ok!

Sign

Sign and complete the forms

All Sinclair packets must be dropped off to the front office. Please bring required documents with you, copies will be made. If you have any question please contact our SIR, Ms. Chavez at cchavez5@houstonisd.org

Lee Mashburn - Principal

Elmer Villatoro - Assistant Principal

Brenda Munoz - Assistant Principal



Sinclair Elementary

A STEM & Communications Magnet School

Document Requirements 2025-2026

Document Type

Proof of Age	Copy of birth certificate, hospital certificate or passport
Pre-Kindergarten	4 yrs. old on/or before September 1 st
Kindergarten	5 yrs. old on/or before September 1 st
First Grade	6 yrs. old on/or before September 1 st
Proof of Residence	Current utility bill, water, light, gas or lease agreement in parent's name.
Photo Identification	Driver's License, Passport or Government issued ID for the Parent/Legal guardian enrolling the child
Report Card	Latest report card from previous school (if applicable)
Social Security Card	
Shot Records	
Proof of Income (Pre-K Applicants only)	Recent pay stub, TANF, Income Tax Return

It is the policy of the Houston Independent School District not to discriminate on the basis of age, color, handicap or disability, ancestry, national origin, marital status, race, religion, sex, veteran status, or political affiliation in its educational or employment programs and activities.

Presenting a false document or false records under TEC Section 25.002 is an offense under Section 37.10 Penal Code and may be prosecuted as a criminal offense and enrollment of the child under false documents subjects the person to liability for tuition costs under Section 25.01 (h).



Sinclair Elementary

A STEM & Communications Magnet School

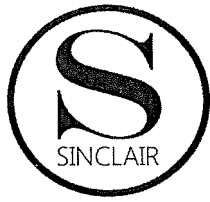
Immunization Requirements 2025-2026

Immunization requirements for children entering school for the first time, from another Texas District, State or Country:

Immunization	Health Clinic Records or Physician Records (records must be signed by a physician licensed to practice in the United States)
DPT (DT)	4 yrs. old: 5 doses (last dose since age 4) 5 yrs. old/older: 4 doses (last dose since age 4)
POLIO	4 yrs. old: 4 doses (last dose since age 4) 5 yrs. old/older: 4 doses (last dose since age 4)
MMR	2 doses
HIB	4 doses (by 12 months of age)
Hepatitis B	3 doses
Hepatitis A	2 doses (First dose on or after 1st birthday)
Pneumococcal Conjugate (PCV7)	4 doses (under age 5)
Varicella	2 doses (or submit a written statement from the physician or parent/guardian certifying child had chicken pox on or about [date] and does not need the Varicella vaccine.)
Influenza	First dose after first birthday. Recommended

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Sinclair
Elementary

Student
Name: _____

Homeroom
Teacher: _____

For the 2025-2026 school year my child will be dismissed as a:

_____ Walk-up - Pick-up _____ Drive-through pick-up _____ After3

_____ Bus-rider (See below)

Bus Route number or name of daycare/van: _____

My child may be picked up by the following people: (if additional lines are needed, please attach a separate piece of paper)

_____	_____	_____
Name	Relationship	Telephone #
_____	_____	_____
Name	Relationship	Telephone #
_____	_____	_____
Name	Relationship	Telephone #

My child may not be picked up by the following people:

_____	_____	_____
Name	Relationship	Telephone #
_____	_____	_____
Name	Relationship	Telephone #

The following people may come to campus to have lunch with my child:

_____	_____	_____
Name	Relationship	Telephone #
_____	_____	_____
Name	Relationship	Telephone #

Parent Signature

Date

SCHOOL YEAR	GRADE	CAMPUS
2025-2026		

STUDENT ENROLLMENT FORM

2025-2026

FOR OFFICE USE ONLY	
ENROLLMENT DOCUMENTATION	
DATE OF ENTRY	
DISTRICT ID NO.	
STUDENT LOCAL ID NO.	
DISTRICT OF RESIDENCE	

PK Type (Select)
HISD PK
Private Daycare PK
Public Daycare PK
No Schooling

Houston Independent School District 4400 West 18th St - Houston, Texas 77092-8501 Phone: 713-556-6000

SOCIAL SECURITY NO. / NUMERO SOCIAL		STUDENT NAME / NOMBRE DE ESTUDIANTE		
	LAST / APELLIDO	FIRST / PRIMER NOMBRE	MIDDLE INITIAL /SEGUNDO (INICIAL)	GENERATION / GENERACIÓN
GENDER / EL GÉNERO	DOB / FECHA DE NACIMIENTO	CITY / CIUDAD	STATE / ESTADO	COUNTRY / PAÍS
<input type="checkbox"/> MALE / MASCULINO <input type="checkbox"/> FEMALE / FEMENINO				United States of America
RESIDENTIAL ADDRESS - CITY. ZIP CODE / LA DIRECCIÓN RESIDENCIAL-CIUDAD CÓDIGO POSTAL		MAILING ADDRESS - CITY ZIP CODE / LA DIRECCIÓN RESIDENCIAL-CIUDAD CÓDIGO POSTAL		
HOME PHONE / TELÉFONO		E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO		
FEDERAL ETHNICITY / ETHICIDAD DEL ALUMNO (SELECT ONE)	<input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NOT HISPANIC/LATINO	RACE / RAZO (SELECT ALL THAT APPLY)	<input type="checkbox"/> (1) AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> (2) ASIAN OR PACIFIC <input type="checkbox"/> (3) BLACK, NOT OF HISPANIC ORIGIN <input type="checkbox"/> (4) WHITE, NOT OF HISPANIC ORIGIN <input type="checkbox"/> (5) NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER	
SIBLINGS AT HOUSTON ISD / HIJOS EN HOUSTON ISD	NAME/NOMBRE	SCHOOL/ESCUELAS	GRADE/GRADO	
LAST SCHOOL ATTENDED / NOMBRE LAS ÚLTIMAS ESCUELAS ASISTIDAS	CITY / CIUDAD	STATE / ESTADO	ZIP CODE / CÓDIGO POSTAL	Grade Last Completed / Último Grado completado
CONTACT 1 NAME / EL NOMBRE DE CONTACTO 1	<input type="checkbox"/> LIVES WITH STUDENT / ¿VIVE CON EL ESTUDIANTE	RESIDENTIAL ADDRESS - CITY. STATE ZIP CODE / LA DIRECCIÓN RESIDENCIAL / LA DIRECCIÓN RESIDENCIAL-CIUDAD, ESTADO CÓDIGO POSTAL		
LAST NAME / APELLIDO	FIRST NAME / PRIMER NOMBRE			
HOME PHONE / TELÉFONO DE CASA	WORK PHONE / TELÉFONO DE TRABAJO	CELL PHONE / EL NÚMERO DEL TELÉFONO CÉLULAR	E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO	
CONTACT 2 NAME / EL NOMBRE DE CONTACTO 2	<input type="checkbox"/> LIVES WITH STUDENT / ¿VIVE CON EL ESTUDIANTE	RESIDENTIAL ADDRESS - CITY. STATE ZIP CODE / LA DIRECCIÓN RESIDENCIAL / LA DIRECCIÓN RESIDENCIAL-CIUDAD, ESTADO CÓDIGO POSTAL		
LAST NAME / APELLIDO	FIRST NAME / PRIMER NOMBRE			
HOME PHONE / TELÉFONO DE CASA	WORK PHONE / TELÉFONO DE TRABAJO	CELL PHONE / EL NÚMERO DEL TELÉFONO CÉLULAR	E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO	

I understand that if there are any changes to this information that it is my responsibility to notify the school and to provide appropriate documentation.

Yo entiendo que si tengo algunos cambios en mi informacion yo sere responsable de notificar la escuela y proveere la documentacion apropiada.

Signature of Parent/Guardian/Appointee	Please Print Name	Date	Month Day Year
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- Students at least 5, but less than 21 on or before September 1 and must be a resident of a participating district are eligible for free attendance.
- The parent or guardian signature must be the same as the name of the person with whom the student resides.
- Texas Penal Code §37.10 provides that presenting a false document or false records for enrollment in school is an offense under state law.
- Enrollment of the child under false documents subjects the person to liability for tuition or costs under Texas Education Code §25.001(h).
- Texas Education Code §25.002(f) requires the school district to record the name, address, and date of birth of the person enrolling a child./li>

HOUSTON INDEPENDENT SCHOOL DISTRICT

MEDIA CONSENT AND RELEASE FORM

This release allows the Houston Independent School District (HISD) to print, photograph, record video and capture images of my student for use by HISD. HISD's use may include promotion of the district, its activities and achievements. This consent includes the ability to use print, photographic, and recorded materials to train teachers and/or increase public awareness of HISD through digital and print media including but not limited to newspaper, radio, television programming, billboards, websites, blogs, and social media channels (Facebook, Twitter, Instagram, YouTube, etc.), DVDs, displays, and brochures. The district's use of digital or print media includes the ability to display my child's work, image, name, location, and/or voice.

- ☐ 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, _____ **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

Student Name _____

Address _____

City, State, Zip _____

School _____ Grade _____

Parent / Guardian Signature _____

Date _____ Phone Number _____

Student Name: _____

District Name: Houston Independent School District

Student ID#: _____

Campus Name: Sinclair Elementary

HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey only administered during **initial** enrollment in Texas public schools)

To be completed by Parent or Guardian for students enrolling in Prekindergarten* through grade 8 (or by students in grades 9-12).

* Prekindergarten includes any student enrolling in a 3- or 4-year-old school program.

Part One:

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:

Please answer the questions below about the languages your child or family uses. If your responses indicate the use of a language other than English, the school will conduct a language proficiency assessment to determine how well your child communicates in English. This information will be used to determine any appropriate linguistic supports and inform instructional 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.

This survey shall be kept in each student's permanent record folder. A copy of this survey shall follow the student while enrolled in any public or open enrolled charter school in Texas.

Part Two:

Please answer the questions to the best of your ability.

1. Which languages are used at home? _____
2. Which languages are used by the child at home? _____
3. If the child had a previous home setting, which languages were used? If there was no previous home setting, answer Not Applicable (N/A). _____

☐ By checking this box, I understand a request to correct an error to this Home Language Survey can only happen if:

- 1) my child has not yet been assessed for English proficiency; and
- 2) corrections are made within two calendar weeks of my child's enrollment date.

Note: Please contact your school about the benefits of bilingual education services. The following resources may also provide information on program services that foster bilingualism.

- [Parent/ Guardian Rights](#)
- [Bilingual Education Program](#)
- [Program Information Videos](#)

Please visit the Emergent Bilingual Support Portal (txel.org) for additional information.

Signature of Parent/Guardian _____ Date _____

Signature of Student if Grades 9-12 _____ Date _____

HOUSTON INDEPENDENT SCHOOL DISTRICT

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 _____
relation

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

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)

- | | |
|---|---|
| <input type="checkbox"/> Catastrophic illness / medical expenses / disability | <input type="checkbox"/> Natural disaster / evacuation |
| <input type="checkbox"/> New to Town | <input type="checkbox"/> Domestic Issue |
| <input type="checkbox"/> Loss of Employment | <input type="checkbox"/> Migrant work in fishing or agriculture |
| <input type="checkbox"/> Economic hardship/low earnings | <input type="checkbox"/> Awaiting placement in foster care / CPS custody |
| <input type="checkbox"/> Evicted/kicked out | <input type="checkbox"/> Parent(s) involved in military deployment |
| <input type="checkbox"/> House fire or other destruction | <input type="checkbox"/> 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)

- | | | |
|---|---|--|
| <input type="checkbox"/> Enrollment Assistance | <input type="checkbox"/> Transportation | <input type="checkbox"/> Emergency Clothing, Uniforms |
| <input type="checkbox"/> Free Lunch/Breakfast (Child Nutrition) | <input type="checkbox"/> School Supplies | <input type="checkbox"/> Personal Hygiene Items |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Medicaid/CHIP Assistance | <input type="checkbox"/> Food Stamps (SNAP) Assistance |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Other _____ | |

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

Name (PLEASE PRINT): _____ Signature _____ Phone #'s _____

School Personnel: This form is intended to address the McKinney-Vento Act U.S.C. 11435. If any "Transitional Housing Situation" is checked under "Current Housing Situation" AND the family has indicated one of the "Background Situations" (1) immediately add PEIMS Coding 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.

**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)

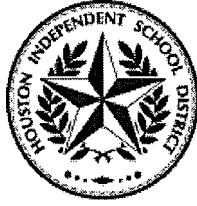
- ☐ **Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **Not Hispanic/Latino**

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

This document is to be maintained in the Student's Cumulative Folder



REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent:

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as how your child reacts when exposed to the food that is listed.

☐ No information to report.

Food	Nature of allergic reaction to food	Life-Threatening?

TO REQUEST A SPECIAL DIET, MODIFICATION OF A MEAL PLAN OR PROVIDE OTHER INFORMATION FROM YOUR DOCTOR ABOUT YOUR CHILD'S FOOD ALLERGY, YOU MUST CONTACT THE SCHOOL NURSE OR SCHOOL ADMINISTRATOR WHERE YOUR CHILD ATTENDS SCHOOL.

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

Student Name: _____ Date of Birth: _____

School: Sinclair Elementary Grade: _____

Parent/Guardian Name: _____

Work Phone: _____ Mobile Phone: _____ Home Phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form received by Campus: _____



HOUSTON INDEPENDENT SCHOOL DISTRICT

HEALTH INVENTORY

SCHOOL SinclairElementary

DATE _____

TEACHER _____

SCHOOL LAST ATTENDED _____

Please fill in this form and return to the teacher or nurse. The information given on this form will help the school staff to have a better understanding of your child's health needs:

Name _____ Sex _____ Birthdate _____ Birth weight _____

Address _____ Phone _____

Have you ever been told by a doctor that your child had:

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

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

_____ Tires easily _____ Earaches _____ Wheezing, shortness of breath with exercise.
_____ Frequent headaches _____ Difficulty making friends _____ Nail Biting
_____ Fainting _____ Coughs frequently at night _____ Restlessness

Has your child been seen by a doctor for any of the above? ☐ Yes ☐ No

Is your child on any kind of medication? ☐ Yes ☐ No

If so, what? _____

For what condition? _____

Further comment _____

What type of medical insurance do you carry for this child?

CHIP ☐ Medicaid ☐ HCHD ☐ Private Insurance ☐ None ☐

Please see the School Nurse (or School Principal) if your child has other needs or is:

- A pregnant or parenting teen
and/or
- Has a severe life-threatening food allergy

Signature _____



Student Travel History-Enrollment Questionnaire

Student Name: _____ Date: _____

1. Have you or anyone in your family lived in or traveled to a country with widespread Ebola transmission?

☐ Yes ☐ No

2. Have you or anyone in your family had contact with an individual with confirmed Ebola Virus Disease within the previous 21 days?

☐ Yes ☐ No

Printed name of person completing form

Signature of person completing form

If YES is answered to any of these questions, please contact the school health clinic.

If NO is answered to all of these questions, proceed with enrollment process.

HOUSTON INDEPENDENT SCHOOL DISTRICT

MILITARY-CONNECTED STUDENT SURVEY

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

School Sinclair Elementary School Grade 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. Is the student a dependent of an active-duty member of the United States military?
☐ Yes ☐ No
2. Is the student a dependent of a current member of the Texas National Guard (Army, Air Guard, or State Guard)?
☐ Yes ☐ No
3. Is the student a dependent of a current member of a reserve force in the United States military?
☐ Yes ☐ No

For pre-kindergarten students only:

4. Is the student a dependent of an active-duty member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who is ordered to active duty by proper authority or who was injured or killed while serving on active duty?
- ☐ Yes ☐ No

For students in grades Kindergarten through 12:

5. Is the student a dependent of a former member (veteran) of the following: the United States military, the Texas National guard (Army, Air Guard, or State Guard), or a reserve force in the United States military?
- ☐ Yes ☐ No
6. Is the student a dependent of a member of a military or reserve force in the United States military who was killed in the line of duty?
- ☐ Yes ☐ No

If you answered “Yes” to the questions above, district personnel will contact you to provide additional information. Please complete the following information:

Parent/Guardian	Home Address	Telephone Number

— FOR SCHOOL USE ONLY—

For any “YES” responses **scan/email** this survey to MilitaryConnected@HoustonISD.org
Office of Student Assistance | 713-556-7237 | March 2023

HOUSTON INDEPENDENT SCHOOL DISTRICT

FAMILY SURVEY

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

Dear Parent/Guardian:

The Houston Independent School District is assisting the state of Texas to identify students who may qualify for the Migrant Education Program to receive additional services. **The information provided below will be kept confidential.**

Please answer the following questions and return this form to your child's school.

1. Have you or anyone in your household moved within the last 3 years from one school district to another in Texas or within the United States?

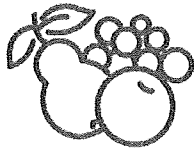
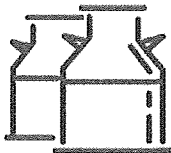






YES ☐ (Continue to question 2)

NO ☐ (Stop here and return survey to your child's school)

2. Were any of these moves made to find temporary/seasonal work in agriculture or fishing? (e.g., field work, canneries, dairy work, meat processing, etc.)

YES ☐ (Please check all that apply below)

NO ☐ (Stop here and return survey to your child's school)

 Fruit, vegetables, sunflower, cotton, wheat, grain, farms or ranches, fields & vineyards <input type="checkbox"/>	 Dairy farm <input type="checkbox"/>	 Fishery <input type="checkbox"/>	 Cannery <input type="checkbox"/>
 Poultry farm <input type="checkbox"/>	 Plant nursery, orchard, tree growing or harvesting <input type="checkbox"/>	 Slaughterhouse <input type="checkbox"/>	 Other similar work, please explain: <input type="checkbox"/>

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

Parent/Guardian Name	Home Address	Telephone Number

— FOR SCHOOL USE ONLY—

PLEASE SUBMIT THIS INFORMATION AND FORMS AT

migrantprogram@houstonisd.org

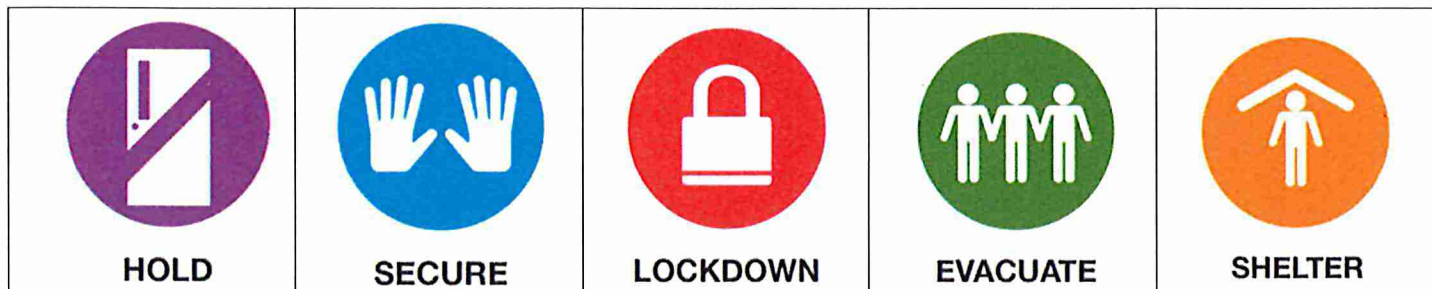
MIGRANT EDUCATION PROGRAM

4400 West 18th Street, Route 1 | Houston, TX 77092 | 713-556-7288
HISD Multilingual Programs | 713-556-6980 Fax | March 2023

SAFETY ACKNOWLEDGMENT FORM

Safety is a top priority for HISD, and the district is committed to providing a safe and secure learning environment for our students and staff. Safety drills and training are conducted as required by Texas Education Code §37.114 and under guidance from organizations including but not limited to the Texas School Safety Center ([A Parent's Guide to School Safety Toolkit | Texas School Safety Center](#)), Safe and Secure Schools, Sandy Hook Promise, I Love U Guys Foundation, and state fire marshal's office.

SAFETY DRILLS CONDUCTED INCLUDE:



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

The district is committed to being proactive in emergency management and planning. This requires your support and understanding. Safety starts with you. It is important to talk to your children about safety. If you see something, say something. Anonymous reporting of safety concerns, suspicious activity, student and/or workplace bullying, etc. is available to everyone by calling **844-5-SayNow**, online via the anonymous reporting system P3Camus: [P3 Campus | Anonymous Reporting Solution for Schools](#), or by downloading the P3Campus **MOBILE APP**. **Ensure you have the most up to date information and emergency contact at the campus level for effective communication.**

____ I HAVE READ THE HISD SAFETY ACKNOWLEDGMENT FORM

Student Last Name	First Name	Grade

Parent or Guardian's Printed Name	Date

Parent or Guardian's Signature	Date

That's it.

Thanks for making Sinclair your school of choice.

Our number one priority is the safety, education and future of your children.

We hope we have answered all of your questions, but if we didn't, don't hesitate to call us at **(713) 867-5160**