For the 2022-2023 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)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Telephone #</th>
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<tbody>
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</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Telephone #</th>
</tr>
</thead>
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</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Telephone #</th>
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</thead>
<tbody>
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</table>

________________________________________  ____________________________
Parent Signature  Date
**STUDENT ENROLLMENT FORM**  
2022-23

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

**STUDENT INFORMATION / USAR LETRA DE MOLDE**

<table>
<thead>
<tr>
<th>SOCIAL SECURITY NO. / NÚMERO SOCIAL</th>
<th>STUDENT NAME / NOMBRE DE ESTUDIANTE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LAST / APELLIDO</td>
</tr>
<tr>
<td></td>
<td>FIRST / PRIMER NOMBRE</td>
</tr>
<tr>
<td></td>
<td>MIDDLE INITIAL / SEGUNDO (INICIAL)</td>
</tr>
<tr>
<td></td>
<td>GENERATION / GENERACIÓN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GENDER / EL GÉNERO</th>
<th>DOB / FECHA DE NACIMIENTO</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALE / MASCULINO</td>
<td>CITY / CIUDAD</td>
</tr>
<tr>
<td>FEMALE / FEMENINO</td>
<td>STATE / ESTADO</td>
</tr>
</tbody>
</table>

RESIDENTIAL ADDRESS - CITY, ZIP CODE / LA DIRECCIÓN RESIDENCIAL-CIUDAD CÓDIGO POSTAL  
MAILING ADDRESS - CITY ZIP CODE / LA DIRECCIÓN RESIDENCIAL-CIUDAD CÓDIGO POSTAL  
United States of America

<table>
<thead>
<tr>
<th>HOME PHONE / TELÉFONO</th>
<th>E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FEDERAL ETHNICITY / ETHICIDAD DEL ALUMNO (SELECT ONE)</th>
<th>RACE / RAZO (SELECT ALL THAT APPLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HISPANIC/LATINO</td>
<td>(1) AMERICAN INDIAN OR ALASKAN NATIVE</td>
</tr>
<tr>
<td>NOT HISPANIC/LATINO</td>
<td>(2) ASIAN OR PACIFIC</td>
</tr>
<tr>
<td></td>
<td>(3) BLACK, NOT OF HISPANIC ORIGIN</td>
</tr>
<tr>
<td></td>
<td>(4) WHITE, NOT OF HISPANIC ORIGIN</td>
</tr>
<tr>
<td></td>
<td>(5) NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER</td>
</tr>
</tbody>
</table>

SIBLINGS AT HOUSTON ISD / HIJOS EN HOUSTON ISD

<table>
<thead>
<tr>
<th>NAME/NOMBRE</th>
<th>ESCUELAS</th>
<th>GRADE/GRADO</th>
</tr>
</thead>
</table>

LAST SCHOOL ATTENDED / NOMBRE LAS ÚLTIMAS ESCUELAS ASISTIDAS  
CITY / CIUDAD  
STATE / ESTADO  
ZIP CODE / CÓDIGO POSTAL  
Grade Last Completed / Último Grado completado

<table>
<thead>
<tr>
<th>CONTACT 1 NAME / EL NOMBRE DE CONTACTO 1</th>
<th>LIVES WITH STUDENT / VIVE CON EL ESTUDIANTE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>RESIDENTIAL ADDRESS - CITY, STATES ZIP CODE / LA DIRECCIÓN RESIDENCIAL-CIUDAD, ESTADO CÓDIGO POSTAL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LAST NAME / APELLIDO</th>
<th>FIRST NAME / PRIMER NOMBRE</th>
<th>HOME PHONE / TELÉFONO DE CASA</th>
<th>WORK PHONE / TELÉFONO DE TRABAJO</th>
<th>CELL PHONE / EL NÚMERO DEL TELÉFONO CÉLULAR</th>
<th>E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CONTACT 2 NAME / EL NOMBRE DE CONTACTO 2</th>
<th>LIVES WITH STUDENT / VIVE CON EL ESTUDIANTE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>RESIDENTIAL ADDRESS - CITY, STATES ZIP CODE / LA DIRECCIÓN RESIDENCIAL-CIUDAD, ESTADO CÓDIGO POSTAL</td>
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</table>

Signature of Parent/Guardian/Appointee  
Please Print Name  
Date  
Month Day Year

1. Students in 5th grade, but those less than 21 on or before September 1 and must be a resident of a participating district are eligible for free attendance.  
2. The parent or guardian signs for the child on the document, which must be the same as the name of the person who educated the student resides.  
3. Texas Penal Code 237.10 provides that presenting a false document or false records for enrollment is a felony under state law.  
4. Enrollment of the child under these documents subjects the parent to liability for tuition or costs under Texas Education Code §25.001(b).  
5. Texas Education Code §25.001(2) requires the school district to record the name, address, and date of birth of the person enrolling a child.  

Student Enrollment Form (Jane Doe)  
Submitted 9/4/2022
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 (for use only)</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>
</tr>
</thead>
<tbody>
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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
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 ________________________________

HISD Media Relations | July 2018
REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent:

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

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

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

☐ No information to report.

<table>
<thead>
<tr>
<th>Food</th>
<th>Nature of allergic reaction to food</th>
<th>Life-Threatening?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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: __________________________ Grade: __________________________

Parent/Guardian Name: __________________________

Work Phone: __________________________ Mobile Phone: __________________________ Home Phone: __________________________

Parent/Guardian Signature: __________________________ Date: __________________________

Date form received by Campus: __________________________

Health and Medical Services

February 2012
Please 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></th>
<th>Age First Identified</th>
<th>Under Doctor’s Care?</th>
<th></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>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td></td>
<td>Rheumatic Fever</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Disorder</td>
<td></td>
<td>Surgery/Fractures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td>T. B. Disease</td>
<td></td>
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<td></td>
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<tr>
<td>Epilepsy/Seizures</td>
<td></td>
<td>Hearing Loss</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Heart Disease</td>
<td></td>
<td>Vision Loss</td>
<td></td>
<td></td>
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<tr>
<td>Kidney Disorder</td>
<td></td>
<td>Severe Menstrual Cramps</td>
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<tr>
<td>Cancer</td>
<td></td>
<td>Eating Disorder</td>
<td></td>
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</tbody>
</table>

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

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

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

Is your child on any kind of medication? [ ] Yes [ ] No

If so, what? __________________________

For what condition? __________________________

Further comment __________________________

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

- [ ] CHIP
- [ ] Medicaid
- [ ] HCHD
- [ ] Private Insurance
- [ ] None

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

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

Signature __________________________

Health and Medical Services  GJ/sir 3/2012
Houston Independent School District
Change of Address Form

Proof of Residency
Please attach one of the following to this form or bring it to the Office of Student Enrollment. All documents must be current and show the name and address of the student’s parent or legal guardian.

☐ Rent receipt
☐ Signed, current lease agreement
☐ Utility receipts
☐ Current residential property tax receipts

<table>
<thead>
<tr>
<th>Name</th>
<th>Grade</th>
<th>Birth date</th>
<th>Current school</th>
<th>Office use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>5.</td>
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</tbody>
</table>

Address information
Old address:

________________________________________________________________________

New address:

________________________________________________________________________

Parent information
Parent phone: ___________________________ Parent email: ___________________________

Every school district must require identification of students as a condition of enrollment. Please read the following statements and initial each.

___ I hereby certify that the above information is true and accurate and is without falsehood stated or implied.

___ I understand that a person who knowingly falsifies information on a form required for enrollment of a student in a school district is liable to the district if the student is not eligible for enrollment but is enrolled on the basis of the false information.

___ I understand that I will be liable for the period during which the ineligible student is enrolled, for the maximum tuition fee the district may charge under TEC 25.038 or the amount the district has budgeted for each student as maintenance and operating expenses.

__________________________________________________________________________

Parent signature                Parent name (please print)                Date
2022 - 2023 STUDENT RESIDENCY QUESTIONNAIRE (SRQ)
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 conservatorship of the Department of Family & Protective Services (Foster Care)? □ Yes □ No

Does the student reside at a residential treatment center? □ Yes □ No

Facility Name: ___________________________ Case Manager: ___________________________ Contact Information: ___________________________

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)

□ In my own home or apartment, in Section 8 housing, HUD Subsidized Housing or in military housing with parent(s) with parent(s) but lacks

□ My home has no electricity

□ My home has no running water

OR I CURRENTLY LIVE IN A TRANSITIONAL HOUSING SITUATION:

□ Living in a shelter

□ Living in a motel or hotel

□ Living with more than one family in a house or apartment (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, campground, 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).

PARENTING STUDENT: □ Yes □ No (A student who has a child/children).

Part B: BACKGROUND SITUATION (If a Transitional Housing Situation is checked above – please check any below that apply)

□ Catastrophic illness/ Medical expenses / disability

□ House fire or other destruction

□ Parent(s) involved in military

□ New to Town

□ Natural disaster / evacuation

□ Parent Incarcerated/ Recently released

□ Loss of Employment

□ Domestic issue

□ Student has been previously incarcerated

□ Economic hardship/ low earnings

□ Migrant work in fishing or agriculture

□ Awaiting placement in foster care/CPS custody

□ Evicted / kicked out

□ Student is a parent

□ COVID-19 impacted: ___________________________

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

□ School Supplies

□ Personal Hygiene Items

□ Free Lunch/ Breakfast

□ Immunizations

□ SNAP/ Medicaid/ TANF/ CHIP

□ Housing

□ Food

□ Homeless Verification Letter for FAFSA

□ 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 in HISD Connect under the Homeless tab (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) Add requested services under the Services Tab (4) 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.
HOME LANGUAGE SURVEY
19 TAC Chapter 89, Subchapter BB, §89.1215
(Home Language Survey applicable ONLY if administered
for students enrolling in prekindergarten through grade 12)

TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN
PREKINDERGARTEN THROUGH GRADE 8 (OR BY STUDENT IN GRADES 9-12): The state of Texas
requires that the following information be completed for each student who enrolls in a Texas public school
for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language
information requested by the questions below.

Dear Parent or Guardian:

To determine if your child would benefit from Bilingual or English as a Second Language program services,
please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must
conduct an assessment to determine how well your child communicates in English. This assessment
information will be used to determine if Bilingual or English as a Second Language program services are
appropriate and to inform instructional and program placement recommendations. If you have questions
about the purpose and use of the Home Language Survey, or you would like assistance in completing the
form, please contact your school/district personnel.

For more information on the process that must be followed, please visit the following website:
https://projects.esc20.net/upload/page/0081/docs/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 used in the child's home most of the time? ___________________________

2. What language does the child use 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 | August 2020
SCHOOL ENROLLMENT HISTORY  
(Only for students enrolling in 2nd grade or above whose 
Home Language Survey indicates a language other than English)

Student Name: ___________________________  Student ID: _______________________
Grade Level: ___________________________  School: ___________________________
Date of Enrollment in U.S. schools: ________________________

Has student ever attended school outside the U.S.?  
☐ No  If "no" then stop. No need to continue filling out this form.  
☐ Yes  If "yes" please provide student's academic history below.

### Student History Worksheet

<table>
<thead>
<tr>
<th>School Year</th>
<th>Grade</th>
<th>Country/ U.S. State</th>
<th>Total Time Enrolled</th>
<th>If student did not attend school for a full academic year, specify months attended</th>
<th>For Office Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kinder</td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st</td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
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<td></td>
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<tr>
<td>2nd</td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd</td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
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Please use the back of this form if more space is needed.

Parent Signature: ___________________________  Date: ________________
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, Cambodian, 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

Texas Education Agency – March 2009
SAFETY ACKNOWLEDGMENT FORM

Safety is a top priority for HISD, and the district is committed to providing a safe environment for our students and staff. Safety drills and training are conducted as required by Texas Education Code and under guidance from organizations including but not limited to the Texas School Safety Center, Safe and Secure Schools, Sandy Hook Promise, and State Code Compliance.

REQUIRED SAFETY DRILLS CONDUCTED INCLUDE:

In the event of an emergency or incident that requires 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 a 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 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 713-641-7446, online via the anonymous reporting system HoustonISD.org/AnonymousReporting or by downloading the SAYSOMETHING 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

<table>
<thead>
<tr>
<th>Student Last Name</th>
<th>First Name</th>
<th>Grade</th>
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</table>

Parent or Guardian's Printed Name  Date

Parent or Guardian's Signature  Date

HISD Risk Management | July 2022
RE: STATE OF TEXAS LAWS PERTAINING TO SAFE GUN STORAGE AND RESPONSIBILITIES OF PARENTS/GUARDIANS

Dear Parent/Guardian:

The Houston Independent School District (HISD) is dedicated to a safe learning environment at school and at home. In the U.S., gun violence on school campuses is alarming. In 2021, there were 202 incidents of gunfire on school campuses resulting in 49 deaths and 126 injuries. In Houston, 37 children were killed by firearms, and 161 were injured. HISD recognizes that proper gun storage education and laws are essential to ensuring a gun-free campus. To further our efforts to protect students from firearms, and as a courtesy to our families, HISD is informing parents and guardians of the legal obligations to protect minors from negligent gun storage. Please review the state statute on gun storage laws summarized below:

**Texas State Law 46.13 “Making a Firearm Accessible to a Child”**

In Texas, a “child” is defined as a person under the age of 17. The statute indicates that a person commits an offense if a child gains access to a readily dischargeable firearm and the person with criminal negligence:

(1) failed to secure the firearm; or

(2) left the firearm in a place the person knew or should have known the child would gain access to.

Respectfully,

Pedro “Pete” Lopez, Jr.
HISD Chief of Police

---

**SAFE GUN STORAGE ACKNOWLEDGEMENT FORM**

Please sign below acknowledging receipt of this information.

Student Name (Please Print) ____________________________________________________________

Parent/Guardian Name (Please Print) ____________________________________________________

Parent/Guardian Signature ____________________________________________________________

Date ____________________________
Student Travel History-Enrollment Questionnaire

Student Name: ____________________________ Date: __________________

1. Have you or anyone in your family lived in or traveled to a country with coronavirus transmission in the past 14 days?
   □ Yes □ No

2. Have you or anyone in your family had contact with an individual with confirmed coronavirus within the previous 14 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.

Federal and State Compliance - November 2014
revised January 2020
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

HISD Federal and State Compliance | July 2017
PRIVACY CODE: STUDENT RECORDS, RIGHTS, AND RESPONSIBILITIES

Student Records: State law requires the Houston Independent School District (HISD) to maintain an education record for each student attending its schools. These records contain identifying data pertaining to the student and may include information concerning demographics, grades, attendance, health, discipline, guidance, assessment, and appraisals.

Access to Records: In addition to HISD employees, who have a legitimate educational interest in a student’s records, parents, guardians, and the student are the only persons who have access to student records maintained by the district.

Both parents—married, separated, or divorced—have access to a student’s records until the student becomes 18 years of age and is no longer a dependent student under Section 152 of the Internal Revenue Code. A parent’s rights to access student records may be restricted by a court order. Legal guardians have the same rights of access as parents. Parents and students may review records during regular school hours by contacting their school principal.

After the student becomes 18 and is no longer a dependent, only the student has access to his or her records. However, that student may consent to others having access.

Under certain restricted conditions, other individuals may review a student’s records. These conditions include:
- Other schools to which a student is transferring.
- Specified officials for audit or evaluation purposes.
- Appropriate parties in connection with financial aid to a student.
- Accrediting organizations.
- State and local juvenile justice system authorities pursuant to state law.
- Appropriate officials in cases of health and safety emergencies.

Records may also be reviewed to comply with a judicial order or lawfully issued subpoena provided the parent and student received notice before compliance. No other persons are allowed to review a student’s records without either permission of the parent or that of the student if over 18 years of age.

Challenge to Content of a Record: If a parent or a student over 18 feels that the student record contains information which is misleading, incorrect, or a violation of the privacy or other rights of the student, that person may challenge the contents of the record in an informal hearing. To initiate this procedure, contact your school principal.

Copies: A student 18 years of age or over or a parent or guardian of a student under 18 years of age requesting copies of his or her child’s official district records for a purpose other than the transaction of the official business of the district shall pay 10 cents a page for each copy. A limit of three high-school transcripts will be provided free to post-secondary schools. Each additional copy will cost $1. The Inactive Student Records Department microfilms high-school transcripts for permanent retention.

Special Education Records: The district maintains Special Education records for seven years after the last date of service and then destroys the records in accordance with state law. A "Notice of Destruction of Special Education Records" is published annually through the district’s website (www.houstonisd.org) advising the parent or adult student how they may request a copy of the records before they are destroyed. It is important that the parent or adult student keep a copy of all Special Education records for use in later years.

Complaints: Parents or a student over the age of 18 have the right to file a complaint with the U.S. Department of Education concerning alleged failures of the district to comply with the provisions of the Family Education Rights and Privacy Act of 1974.
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 | July 2017
CODE OF STUDENT CONDUCT
CÓDIGO DE CONDUCTA ESTUDIANTIL

Students and parents are expected to become familiar with the provisions of the districtwide Code of Student Conduct and the rules and regulations adopted and implemented by individual schools. Students are also expected to abide by the policies set forth in the Code so that they can get the most out of their years in school.

Todos los estudiantes y sus padres deben familiarizarse con las directivas del Código de Conducta Estudiantil vigente en el Distrito y con las reglas y normativas adoptadas e implementadas en las escuelas. Es de esperar también que los estudiantes cumplan con las normas del Código para que puedan lograr el máximo provecho de su carrera escolar.

You may access the entire HISD Code of Student Conduct online at www.HoustonISD.org/CodeofConduct or by requesting a copy at the front office of your student’s school.

El Código de Conducta Estudiantil de HISD completo se encuentra en www.HoustonISD.org/CodeofConduct y es posible además obtener una copia impresa en la recepción de la escuela de su hijo.

Parent and Student Acknowledgement and Optional Request for Printed Copy of the Code of Student Conduct

Confirmación de recibo del Código de Conducta Estudiantil y opción de solicitar una copia impresa

☐ No, I do not want a printed copy of the HISD Code of Student Conduct, as I will access it online at www.HoustonISD.org/CodeofConduct.

☐ No, no necesito una copia impresa del Código de Conducta Estudiantil de HISD ya que lo consultaré en línea en www.HoustonISD.org/CodeofConduct.

☐ Yes, I do want a printed copy of the HISD Code of Student Conduct.

☐ Sí, quiero tener una copia impresa del Código de Conducta Estudiantil de HISD.

It is important that every student understands the Code of Student Conduct and is expected by his or her parent(s) or guardian(s) to follow the rules and regulations set forth in it. By signing below, the parent and student acknowledge that they understand how to access and obtain a printed copy of the Code. These signatures also certify that both parent and student accept their responsibilities as described in the Code of Student Conduct.

Es importante que todos los estudiantes entiendan el Código de Conducta Estudiantil y que sus padres o tutores les exijan que sigan las reglas y directivas establecidas en él. Al firmar al pie, los padres y el estudiante afirman que comprenden cómo lograr acceso al Código de Conducta Estudiantil. Estas firmas certifican también que tanto los padres como el estudiante aceptan las responsabilidades descritas en el Código de Conducta Estudiantil.

<table>
<thead>
<tr>
<th>Student Last Name</th>
<th>First Name</th>
<th>Grade</th>
<th>Student ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apellido del estudiante</td>
<td>Nombre</td>
<td>Grado</td>
<td>Núm. de identificación estudiantil</td>
</tr>
</tbody>
</table>

Student Signature
Firma del estudiante

Date
Fecha

Parent or Guardian’s Signature
Firma del padre o tutor

Date
Fecha

HISD Office of Legal Services | June 2019
**FAMILY SURVEY**

<table>
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<tr>
<th>STUDENT NAME:</th>
<th>DATE OF BIRTH:</th>
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<tbody>
<tr>
<td>CAMPUS NAME:</td>
<td>GRADE LEVEL:</td>
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**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>
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**FOR SCHOOL USE ONLY**

PLEASE SUBMIT THIS INFORMATION AND FORMS AT

MigrantProgram@HoustonISD.org

MIGRANT EDUCATION PROGRAM

4400 W, 18th Street, Route 1 | Houston, TX 77092 | 713-556-6980 Fax
HISD Multilingual Education Department | 713-556-7288 | May 2018
HOME SCHOOL QUESTIONNAIRE

PARENT/GUARDIAN: Please list the name and date of birth for every child taught in your home in Section I and complete Sections II –IV. *This form must be completed by the student’s parent/guardian only.*

SECTION I: STUDENT DATA

<table>
<thead>
<tr>
<th>Last Name, First Name, Middle Initial</th>
<th>Grade</th>
<th>PowerSchool ID number <em>(if applicable)</em></th>
<th>Date of Birth</th>
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SECTION II: HOME SCHOOL INFORMATION

1. What date did home schooling begin? Date: ____________________________ Month/Day/Year

2. Is the student enrolled in a tuition-based diploma program?
   - [ ] No
   - [ ] Yes - What is the name of the program? ____________________________

SECTION III: ASSURANCES

1. Is there a curriculum consisting of books, workbooks or other written materials? [ ] Yes [ ] No

2. Is the student pursuing the curriculum in a bona fide manner under the direction of a parent or parents or one standing in parental authority? [ ] Yes [ ] No

3. Does the curriculum meet the basic educational goals of reading, spelling, grammar, mathematics, and a course in good citizenship? [ ] Yes [ ] No

SECTION IV: PARENT/GUARDIAN INFORMATION

<table>
<thead>
<tr>
<th>Parent/Guardian (Printed Name)</th>
<th>Parent/Guardian (Signature)</th>
<th>Date of Signature</th>
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THIS FORM MUST BE KEPT IN THE STUDENT’S LEAVER FOLDER
Federal and State Compliance Department | August 2020
# 2022-2023 Academic Calendar

## Houston Independent School District

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<td>25 26 27 28 29 30 31</td>
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### Key
- **Holidays**
  - September 5, 2022: Labor Day
  - October 5, 2022: Fall Holiday
  - November 21-25, 2022: Thanksgiving Break
  - December 22-January 4, 2023: Winter Break for Teachers
  - December 22-January 6, 2023: Winter Break for Students
  - January 16, 2023: MLK Day
  - March 13-17, 2023: Spring Break
  - March 31, 2023: Chavez-Huerta Day
  - April 7, 2023: Spring Holiday
  - April 21, 2023: Spring Holiday
  - May 29, 2023: Memorial Day
- **Teacher Preparation Days (no students)**
  - September 5, 2022
- **Teacher Service Days (no students)**
  - October 6, 2022

### School Day Start and End Times
- Elementary School: 7:30-3:00
- K-8 and Middle School: 8:30-4:00
- High School: 8:30-4:10

### Significant Dates
- **August 8, 2022**: Teachers report to work
- **August 22, 2022**: First day of school
- **December 21, 2022**: Last day of first semester
- **January 9, 2023**: First day of second semester
- **May 31, 2023**: Last day of school for students
- **June 1, 2023**: Last day for teachers

### Grading Periods
- **Aug. 22-Sept. 30**: First grading period
- **Oct. 3-Nov. 4**: Second grading period
- **Nov. 7-Dec. 21**: Third grading period
- **Jan. 9-Feb. 24**: Fourth grading period
- **Feb. 27-Apr. 14**: Fifth grading period
- **Apr. 17-May 31**: Sixth grading period

### Report Card Dates
- **Aug. 22-Sept. 30**: First report card
- **Oct. 3-Nov. 4**: Second report card
- **Nov. 7-Dec. 21**: Third report card
- **Jan. 9-Feb. 24**: Fourth report card
- **Feb. 27-Apr. 14**: Fifth report card
- **Apr. 17-May 31**: Sixth report card

**Last Updated 02/15/22**