You must have all of the following documents in order to complete an application:

- Proof Of Residence (Lease Agreement or Utility Bill within last 30 days)
- Parent Identification- Driver License or Texas ID
- Original Birth Certificate
- Original Social Security Card
- Updated Shot Record/ Immunization
- Proof of Income: 2019 Tax Return, or W-2, OR 3 MOST RECENT consecutive pay stubs, SSI, Child Support documentation, TANF, or Unemployment Benefits letter.
- Medicaid card or Insurance
- Child’s Last Physical Exam Record
- Must be 4 years old before September 1st.

*Note: If you are living with someone else you must also provide a utility bill or lease agreement in their name along with a copy of that person’s ID or Driver License, and a signed letter from that person stating that both the parent and the student are residing at the residence listed in the letter. In addition, the school will ask you to complete the statement of residence form.

Shearn is a Dual Language school! Give your child the gift of a second language, starting in Pre-K!

Thank you,
Shearn ES in Collaboration with the Head Start Program
## Houston Independent School District

### Enrollment Information

**2020 - 2021**

**Homeroom Teacher:**

<table>
<thead>
<tr>
<th>Has student ever attended an HISD School?</th>
<th>Yes</th>
<th>No</th>
<th>Last School/Daycare Attended</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>HISD Student ID</th>
<th>Date of Enrollment</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Legal Student Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Generation (Jr., III, etc.)</th>
<th>Student SS# / State Alt. #</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Birthplace: City, State, Country</th>
<th>Year Started School in US</th>
<th>Student Lives with</th>
<th>Mother</th>
<th>Father</th>
<th>Other</th>
<th>Both Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Federal Student Ethnicity (Select One)</th>
<th>Hispanic/Latino</th>
<th>Not Hispanic/Latino</th>
<th>Student Race (Select all that apply)</th>
<th>American Indian or Alaska Native</th>
<th>Asian</th>
<th>Black or African American</th>
<th>Native Hawaiian/Other Pacific Islander</th>
<th>White</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Address</th>
<th>Street Number</th>
<th>Street Name</th>
<th>Apartment</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Cell Phone</th>
<th>Student e-mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### Contact #1

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Relationship</th>
<th>Street Number</th>
<th>Street Name</th>
<th>Apartment</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer</th>
<th>Occupation</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preferred Language</th>
<th>English</th>
<th>Vietnamese</th>
<th>Translator Needed?</th>
<th>e-mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Contact #2

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Relationship</th>
<th>Street Number</th>
<th>Street Name</th>
<th>Apartment</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer</th>
<th>Occupation</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preferred Language</th>
<th>English</th>
<th>Vietnamese</th>
<th>Translator Needed?</th>
<th>e-mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Contact #3

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Relationship</th>
<th>Street Number</th>
<th>Street Name</th>
<th>Apartment</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer</th>
<th>Occupation</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Preferred Language</th>
<th>English</th>
<th>Vietnamese</th>
<th>Translator Needed?</th>
<th>e-mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
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<td></td>
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</tr>
</tbody>
</table>

What type of medical insurance do you carry for this child?  
- CHIP  
- Medicaid  
- HCHD  
- Private Insurance  
- None  

<table>
<thead>
<tr>
<th>Family Physician</th>
<th>Physician Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Last, First, and Middle Names</th>
<th>Gender</th>
<th>Birthdate</th>
<th>Grade</th>
<th>Address of This Child</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**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 Contact 1/Legal Guardian**  
**TX Driver’s License Number**  
**Date of Birth (Contact 1/Legal Guardian)**

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

**Total Monthly Family Income:**  
**Total Number In Household:**
Texas Education Agency  
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student’s or staff member’s ethnicity and race. United States Federal Register (71 FR 44866)

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

☐ Hispanic/Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ Not Hispanic/Latino

Part 2. Race: What is the person’s race? (Choose one or more)

☐ American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

☐ Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ Black or African American - A person having origins in any of the black racial groups of Africa.

☐ Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

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

Texas Education Agency – March 2009
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 spoken in the child's home most of the time? ____________________________

2. What language does the child speak most of the time? ____________________________

Signature of Parent/Guardian ____________________________ Date __________

Signature of Student if Grades 9-12 ____________________________ Date __________

NOTE: If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if:
1) your child has not yet been assessed for English proficiency; and
2) your written correction request is made within two calendar weeks of your child's enrollment date.

Multilingual Programs Department | October 2018
School Enrollment History
(Only for students enrolling in 2\textsuperscript{nd} 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.

<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: Document TELPAS Reading rating If available/ Yrs in U.S. Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kinder</td>
<td></td>
<td></td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1\textsuperscript{st}</td>
<td></td>
<td></td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2\textsuperscript{nd}</td>
<td></td>
<td></td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
<td></td>
<td></td>
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<tr>
<td>3\textsuperscript{rd}</td>
<td></td>
<td></td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
<td></td>
<td></td>
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<tr>
<td>4th</td>
<td></td>
<td></td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
<td></td>
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<tr>
<td>5\textsuperscript{th}</td>
<td></td>
<td></td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
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<td>6\textsuperscript{th}</td>
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<td></td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
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<td>7\textsuperscript{th}</td>
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<td></td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
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<td>8\textsuperscript{th}</td>
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<td></td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
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<td>9\textsuperscript{th}</td>
<td></td>
<td></td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
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<td>10\textsuperscript{th}</td>
<td></td>
<td></td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
<td></td>
<td></td>
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<tr>
<td>11\textsuperscript{th}</td>
<td></td>
<td></td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12\textsuperscript{th}</td>
<td></td>
<td></td>
<td>☐ All Year ☐ No Schooling ☐ Partial (Specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please use the back of this form if more space is needed.

Parent Signature: ___________________________  Date: ___________________________

Multilingual Programs Department  Compliance Division

HISD Confidential  ML_Foms_Compliance_School_Enrollment_History_v.20170508b
Student Name ___________________________________________ Grade

Last School attended _______________________________________

Has student ever attended an HISD School?  Yes_______ NO _______

Which one____________________________________ Grade_____

Please indicate YES or NO as to whether or not your child is presently or has in the past received any of the following services:

- Bilingual/ESL  Yes_______ No_______
- Special Education  Yes_______ No_______
- Resource  Yes_______ No_______
- Speech  Yes_______ No_______
- Other  Yes_______ No_______
- Section 504 Services?  Yes_______ No_______
- Gifted and Talented(GT)  Yes_______ No_______
- Retained?  Yes_______ No_______
- Does your child have any Special health problems  Yes_______ No_______

If yes, describe_________________________________________

_______________________________________________________

- Other information that you feel might be helpful

_______________________________________________________
Student Emergency Contact Form

Student:__________________________

Parent:__________________________

Teacher:__________________________

Phone:__________________________

Name and Phone number of who can be contacted concerning your child being picked up.

Name:_________________________PH#________________

Name:_________________________PH#________________

Name:_________________________PH#________________

Name:_________________________PH#________________

Name:_________________________PH#________________

Name:_________________________PH#________________

Name:_________________________PH#________________
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
Parent approval form

Dear Parents,

A field trip to Westwood Park will be scheduled by your child’s teacher. A teacher will accompany and monitor this group.

If you wish for your child to participate, it is required that you complete and sign the bottom of this form.

This to certify that_________________________________________

name of the child

Has permission to go on the above listed field trip with this group.

In case of emergency, I may be reached at __________________________

Telephone (work-home)

________________________________________  ________________________
Signature of parent or guardian                    Date
**HOUSTON INDEPENDENT SCHOOL DISTRICT**

**HEALTH INVENTORY**

SCHOOL ___________________________ 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:**

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

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

- [ ] 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 ________________________________
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>
<td></td>
<td></td>
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</tr>
</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: ____________
Houston Independent School District  
Student Attendance Contract  

Student Attendance Contract

School Year

Student  Parent/Guardian/Contact  Absences

Main Phone:  
Main Email:  
ID:  Grade:  Gender:  
Race/Ethnic:  Ye:  DoB:  

Total Unexcused Absences:
Total Excused Absences:
Entry Date:  
Exit Date:  

It is hereby agreed that the student named above will follow the attendance conditions below to the satisfaction of the campus administration. Effective immediately (check all that apply):

☐ The student must not have an unexcused absence or tardy from any class.
☐ The student must complete all make-up work and attend any tutorial as required by campus.
☐ The student must comply with any additional terms or activities described below:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

• Campus personnel will monitor the terms of this contract for compliance.
• Compliance with the terms of this contract does not change the student's attendance record nor restore credit for courses with excessive absences.
• Failure to comply with the terms of this contract may result in disciplinary action.
• Failure to comply with the terms of this contract may result in the restriction or removal of participation in certain class or school activities or programs, or non-renewal of a transfer.
• Failure to comply with the terms of this contract may result in the student being referred to Truancy Court and/or the parent/guardian being charged with Parent Contributing to Non-attendance.
• Any adult student (age 19 or above) with five or more unexcused absences in a semester may be withdrawn for the remainder of the school year. The Principal has the discretion to revoke Enrollment for the remainder of the current school year.

Contract Effective Date: ___________________________  Contract End Date: ___________________________

Student  Date  Counselor, Social Worker, or Teacher  Date
Parent/Guardian  Date  Student Case Worker (if applicable)  Date
Administrative  Date  Grip or Attendance Clerk  Date
Principal Name (Print)  Date  Principal Signature  Date

Noncompliance Actions:  
☐ Student complied with terms  ☐ Student did not comply with terms  
☐ Disciplinary action  ☐ Transfer non-renewed  ☐ Restrictions imposed  
☐ Adult student withdrawn  ☐ Court case filed against student  ☐ Court case filed against parent

Printed date: 3/12/2019  
Student Attendance Contract v 1.1  
5/2016 Drop Out Prevention Office - 713-556-7017
2019-2020 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 to student)

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) but lacks electricity or 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.)

Part B: BACKGROUND SITUATION (If a Transitional Housing Situation is checked above - please Check ANY below that apply)

□ Catastrophic illness / medical expenses / disability

□ Natural disaster / evacuation

□ New to Town

□ Domestic Issue

□ Loss of Employment

□ Migrant work in fishing or agriculture

□ Economic hardship/low earnings

□ Awaiting placement in foster care / CPS custody

□ Evicted/kicked out

□ Parent(s) involved in military deployment

□ House fire or other destruction

□ Parent incarcerated/Recently released from incarceration

Part C: NEEDED SERVICES – Based on availability (Check services needed and call 713-558-7237 to speak to an Outreach Worker)

□ Enrollment Assistance

□ Transportation

□ Emergency Clothing, Uniforms

□ Free Lunch/Breakfast (Child Nutrition)

□ School Supplies

□ Personal Hygiene Items

□ Immunizations

□ Medical/CHIP Assistance

□ Food Stamps (SNAP) Assistance

□ Temporary Assistance for Needy Families (TANF)

□ 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 FEIMS 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 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.
SCHOOL CHOICE PROGRAMS ELEMENTARY
APPLICATION FOR 2020-2021
Pre-Kindergarten through Grade 5

Please complete all relevant sections of this application and either bring it in person or send it by mail to Office of School Choice, 4400 W 18th Street, Houston, TX 77092. Applications must be received or postmarked no later than December 6, 2019 for consideration in the first phase of applications and lotteries. Please review the application process on Page 6. PLEASE PRINT CLEARLY

Section A - Student Information (must be completed for all applicants)

HISD ID#:________________________(May be found on student’s HISD report card or by calling student’s school.)

Name of student: ____________________________________________________________

First Name ___________________ Middle Name ___________________ Last Name ________________

Grade applying for:_________ Date of birth: Month____Day____Year______ Gender: □ Female □ Male

Ethnicity: □ Hispanic/Latino □ Not Hispanic/Latino
Race: □ Asian □ American Indian and Alaska Native □ Black or African American □ Native Hawaiian or Other Pacific Islander □ White (This information is requested in accordance with the Public Education Information System and federal regulations)

Current school: ____________________________In HISD? □ Yes □ No Current grade:_______ Current language of instruction: _________

Preferred language of instruction for 2019-2020 school year □ English □ Spanish (bilingual classes are not available in all programs) If eligible, are you requesting HISD bus transportation? □ Yes □ No (applications to Pre-K are NOT eligible for bus transportation)

Section B - Family Information (must be completed for all applicants)

With whom does the applicant live as a permanent resident? (Check one box.)

□ Both parents □ Mother only □ Father only □ Mother & step parent □ Father & step parent □ Other

Guardian #1 - Present address of student’s parent or legal guardian (student domicile)

First Name ___________________ Middle Name ___________________ Last Name ________________

Address: _____________________________________________________________

Apt. __________________ City ___________ State _______ ZIP ______

Phones: Home_________________________Cell_________________________ Work __________________________

*Email address______________________________

⚠️ Email is strongly recommended for parental notification and to track application status

Guardian #2 (Optional)

First Name ___________________ Middle Name ___________________ Last Name ________________

Address: _____________________________________________________________

Apt. __________________ City ___________ State _______ ZIP ______

Phones: Home_________________________Cell_________________________ Work __________________________

Email address: ____________________________

If either parent/guardian is an HISD employee: Employee ID# ____________ HISD email address: ____________________@houstonisd.org

Per District Policy, out-of-district employees must currently contribute to the Texas Teacher Retirement System (TRS) to qualify as an in-district applicant.

In the event that your student is not offered a seat, would you like to be contacted by schools with space available? ___ Yes ___ No language would you prefer us to communicate with you? □ English □ Spanish

If you are a current HISD parent you may opt in to receive text messages with reminders from us. If you wish to receive texts, please write your cell phone numbers in the spaces below. Important: before we can send you texts you must opt to receive them by texting "YES" on your cell to 68453. You may opt out at any time by texting "STOP" to the same number.

Please send text alerts to: cell 1 ______________________; cell 2 __________________________

Office Use Only – Date Submitted
Section C – Siblings

Please list below the details of any brothers or sisters of the applicant who will either be attending or are applying to one of the same Magnet programs as the applicant.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Date of Birth (mm/dd/yy)</th>
<th>In the case of multiple birth, do you prefer them to share a lottery number?</th>
<th>School Currently Attending</th>
<th>Current Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Share</td>
<td>Separate</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Share</td>
<td>Separate</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Share</td>
<td>Separate</td>
<td></td>
</tr>
</tbody>
</table>

Section D - Vanguard Information (complete only if applying to a Vanguard Magnet program)

Is your student currently identified as gifted and talented (G/T) by HISD?  □ Yes □ No

If testing is required I request that my child be tested in the following language: ___ English  ___ Spanish

Be sure to submit any of the additional documentation no later than January 08, 2020.

1. If your child was in a school last year (2018-19) but not in HISD, please attach the following documents to your application.

   □ A copy of your child’s end of year report card for 2018-2019, and

   □ A copy of the Iowa/Logramos test results taken September 2018 or later that your child took in a non-HISD school should be turned into the Vanguard Magnet to which you have applied.

   If your child was in HISD for all or last year you do not need to attach their report card. (We already have that).

2. If your child is in a school this year (2018-19) but not in HISD and is receiving any special services, please check all that apply below and submit documentation.

   □ Specialized Education-Full Individual Evaluation (FIE)

   □ Section 504 – 504 Accommodation Plan

   □ ESL (LEP) – Not enrolled in an HISD school (we may contact you for a home language survey).

   If your child is in HISD this year you do not need to attach the above. (We already have them).

3. Please check the correct box in the chart below.

   ![Income Chart]

   2019-2020 REDUCED INCOME CHART

   If your annual, monthly, or weekly salary is at or below the levels listed below for your household size, please circle the number of the size of your household.

<table>
<thead>
<tr>
<th>Total # Household</th>
<th>Annual</th>
<th>Monthly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$23,107</td>
<td>$1,926</td>
<td>$445</td>
</tr>
<tr>
<td>2</td>
<td>$31,284</td>
<td>$2,607</td>
<td>$602</td>
</tr>
<tr>
<td>3</td>
<td>$39,461</td>
<td>$3,289</td>
<td>$759</td>
</tr>
<tr>
<td>4</td>
<td>$47,638</td>
<td>$3,970</td>
<td>$917</td>
</tr>
<tr>
<td>5</td>
<td>$55,815</td>
<td>$4,652</td>
<td>$1,074</td>
</tr>
<tr>
<td>6</td>
<td>$63,992</td>
<td>$5,333</td>
<td>$1,231</td>
</tr>
<tr>
<td>7</td>
<td>$72,169</td>
<td>$6,015</td>
<td>$1,388</td>
</tr>
<tr>
<td>8</td>
<td>$80,346</td>
<td>$6,696</td>
<td>$1,546</td>
</tr>
<tr>
<td>For each additional member add:</td>
<td>+8,177</td>
<td>+682</td>
<td>+158</td>
</tr>
</tbody>
</table>

   □ If none of the above, check box.

4. If your child is applying to a Vanguard Kindergarten program:

   • Please complete the Parent Recommendation form (Section H). You do NOT submit a teacher recommendation.

   • Please attach a copy of your child’s birth certificate.

   Please schedule testing by completing Section E.

5. If your child is applying to 2nd through 5th grades:

   Please separate the Teacher Recommendation (Section J) and have one teacher from this year or last year complete and return it in a sealed envelope for you to submit with this application. Only the first recommendation received will be considered.

6. If your child is applying to first grade:

   • If the student IS in an HISD Kindergarten this year, you will not need to request Teacher Recommendations or testing because they will be tested at their current HISD School and teacher recommendations will be completed online for all kindergarten students.

   • If the student IS in a kindergarten but NOT in HISD, please separate the Teacher Recommendation (Section J) and have one teacher from this year complete and return it in a sealed envelope for you to submit with this application.

   Be sure to sign the application (Section F) and submit by December 6, 2019.

   You will also be contacted to schedule any required testing or if any further information is required. If your student is not currently labeled GT by HISD, they will need to take both the IOWA/Logramos and CogAT tests.