

# Houston Independent School District

## Enrollment Information

20\_\_\_\_ - 20\_\_\_\_

Homeroom Teacher:

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

HOUSTON INDEPENDENT SCHOOL DISTRICT  
School Health Department

HEALTH INVENTORY

SCHOOL \_\_\_\_\_

DATE \_\_\_\_\_

TEACHER \_\_\_\_\_

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

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

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

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

If this pupil has had any of the above conditions, did he/she receive medical care?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is he/she under treatment now? Yes \_\_\_\_\_ No \_\_\_\_\_

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

_____ Tires easily	_____ Frequent sore throats	_____ Nail Biting
_____ Underweight	_____ Frequent nose bleeds	_____ Restlessness
_____ Overweight	_____ Earaches	_____ Shyness
_____ Frequent headaches	_____ Fainting	_____ Does not like school
_____ Frequent colds	_____ Frequent stomach-aches	_____ Does not get along with others

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

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

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

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

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

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

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

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

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

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

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

Signature \_\_\_\_\_

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## 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](mailto: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.

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## 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 \_\_\_\_\_