



## HARTMAN MIDDLE SCHOOL ENROLLMENT 2020-2021

Date of Registration \_\_\_\_\_ Registration # \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Race \_\_\_\_\_

City of Birth \_\_\_\_\_ State or Country of Birth \_\_\_\_\_

Name of Elementary and Middle School Attended (in order of attendance)

Name of Elementary/Middle School	City, State	Dates Attended	Promoted (Y/N)

Past student of Houston ISD? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what year attended? \_\_\_\_\_

Any services being provided for student? Special Ed \_\_\_\_\_ 504 \_\_\_\_\_ ESL \_\_\_\_\_

Gifted/Talented \_\_\_\_\_ Free/Reduced Lunch \_\_\_\_\_ School Bus \_\_\_\_\_

### ADMINISTRATIVE USE ONLY

**Step 1** Administrative Approval \_\_\_\_\_

☐ BC ☐ Shot Records ☐ SSC

☐ School Records ☐ Proof of Residence

(check box if documents are included with registration packet)

Type of Transfer \_\_\_\_\_

Local Code \_\_\_\_\_

**Step 2** Nurse \_\_\_\_\_

Grade Level \_\_\_\_\_ YES = \_\_\_\_\_

**Step 3** Services \_\_\_\_\_

HISD ID # \_\_\_\_\_

**Step 4** Registrar \_\_\_\_\_

Request: TREX ☐ Fax ☐

**Step 4** Attendance \_\_\_\_\_

Dean Assignment \_\_\_\_\_

**Step 5** CSR \_\_\_\_\_

Counselor \_\_\_\_\_

# 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			
Student Cell Phone										Student e-mail Address									
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 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									
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									
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 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:									

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## 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.

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## FAMILY SURVEY

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

Dear Parent/Guardian:

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

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

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









YES ☐ (Continue to question 2)

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

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

YES ☐ (Please check all that apply below)

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

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

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

Parent/Guardian Name	Home Address	Telephone Number

— FOR SCHOOL USE ONLY—  
PLEASE SUBMIT THIS INFORMATION AND FORMS AT

<https://form.jotform.com/200065674657156>

MIGRANT EDUCATION PROGRAM  
4400 W. 18<sup>th</sup> Street, Route 1 | Houston, TX 77092 | 713-556-7288  
HISD Multilingual Programs | 713-556-6980 Fax | January 2020

**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.

<hr/> Student/Staff Name (please print)	<hr/> (Parent/Guardian)/(Staff) Signature
<hr/> Student/Staff Identification Number	<hr/> Date

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## STUDENT ASSISTANCE QUESTIONNAIRE (SAQ)

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

School \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ HISD ID \_\_\_\_\_

Current Address \_\_\_\_\_ Grade \_\_\_\_\_ ☐ Male ☐ Female

Lives with: ☐ Both Parents, ☐ Mother, ☐ Father, ☐ Legal Guardian, ☐ Caretaker/Relative without legal guardianship, ☐ Other \_\_\_\_\_  
relation

Is the student currently in the conservatorship of the Department of Family & Protective Services (Foster Care)? ☐ Yes ☐ No

If Yes – name of DFPS Case Manager: \_\_\_\_\_ Contact information: \_\_\_\_\_

Was the student previously in the conservatorship of the Department of Family & Protective Services (Foster Care)? ☐ Yes ☐ No

**Please complete the Current Housing Situation AND Background Situation sections below to determine McKinney-Vento eligibility:**

### Part A: CURRENT HOUSING SITUATION – Check the student's current housing situation

#### I CURRENTLY LIVE:

☐ In my own home or apartment, in Section 8 housing, HUD Subsidized Housing or in military housing with parent(s), legal guardian(s), or caregiver(s) (if you checked this box, check one or both of the boxes below, if applicable).

☐ My home has no electricity ☐ My home has no running water

#### OR I CURRENTLY LIVE IN A TRANSITIONAL HOUSING SITUATION:

☐ Living in a shelter ☐ Living in a motel or hotel

☐ Living with more than one family in a house or apartment (Doubled-up) due to economic hardship

#### Unsheltered

☐ Moving from place to place ☐ Living in a structure not usually used for housing ☐ Living in a car, park, campsite, camper, or outside

**UNACCOMPANIED YOUTH -** ☐ Yes ☐ No (An unaccompanied youth is a student who is not in the physical custody of a parent or legal guardian. This would include students living with non-custodial relatives or friends without a parent or legal guardian.)

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

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

### Part C: NEEDED SERVICES – based on availability (Check services needed and call 713-556-7237 to speak to an Outreach Worker)

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

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

Name (PLEASE PRINT): \_\_\_\_\_ Signature \_\_\_\_\_ Phone #'s \_\_\_\_\_

**School Personnel:** This form is intended to address the McKinney-Vento Act U.S.C. 11435. If any "Transitional Housing Situation" is checked under "Current Housing Situation" AND the family has indicated one of the "Background Situations" (1) immediately add PEIMS Coding on the At-risk Chancery panel for At-risk reason code 12, (2) code all of the McKinney-Vento Panels on that screen (the start date should be the date the form was completed and also add the end date, and (3) Email forms to [HomelessEducation@houstonisd.org](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

## HEALTH INVENTORY

SCHOOL \_\_\_\_\_

DATE \_\_\_\_\_

HISD ID# \_\_\_\_\_

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 \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

CHIP ☐ Medicaid ☐ HCHD ☐ Private Insurance ☐ None ☐

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

- A pregnant or parenting teen      Yes \_\_\_\_\_      No \_\_\_\_\_

**and/or**

- Has a severe life-threatening food allergy      Yes \_\_\_\_\_ Explain \_\_\_\_\_      No \_\_\_\_\_

Signature \_\_\_\_\_

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## 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.

Campus ECO Code: \_\_\_\_\_  
For office use only

### **STEP 1** (List all Houston ISD students in the household)

Student ID (office use only)	First Name	Last Name	MI	Date of Birth	School Name	Grade Level

### **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



# School Enrollment History

(Only for students enrolling in 2<sup>nd</sup> grade or above whose Home Language Survey indicates a language other than English)

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

Date of Birth: \_\_\_\_\_

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.

School Enrollment History					
School Year	Grade	Country/ U.S. State	Total Time Enrolled	If student did not attend school for a full academic year, specify months attended	For Office Use Document TELPAS Reading rating if available/Yrs in U.S. Schools
	Kinder		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial ( <b>Specify</b> )		
	1 <sup>st</sup>		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial ( <b>Specify</b> )		
	2 <sup>nd</sup>		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial ( <b>Specify</b> )		
	3 <sup>rd</sup>		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial ( <b>Specify</b> )		
	4 <sup>th</sup>		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial ( <b>Specify</b> )		
	5 <sup>th</sup>		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial ( <b>Specify</b> )		
	6 <sup>th</sup>		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial ( <b>Specify</b> )		
	7 <sup>th</sup>		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial ( <b>Specify</b> )		
	8 <sup>th</sup>		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial ( <b>Specify</b> )		
	9 <sup>th</sup>		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial ( <b>Specify</b> )		
	10 <sup>th</sup>		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial ( <b>Specify</b> )		
	11 <sup>th</sup>		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial ( <b>Specify</b> )		
	12 <sup>th</sup>		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial ( <b>Specify</b> )		

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

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

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

Multilingual Programs Department

Compliance Division

# Houston ISD Electronic Device Advisory Form

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School Year: 2020 - 2021

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

Campus Name: Hartman Middle School

Homeroom Teacher Name: \_\_\_\_\_

*"As per the Texas Education Agency (TEA) and Houston ISD, the use of cell phones and other personal electronic devices during testing is not permitted. I understand that I must power off my electronic device(s) and turn it in to the Test Administrator to hold until ALL students have completed the test. Being in possession of any electronic device(s) will be reason to have my test picked up and NOT SCORED. I understand that I will then have to turn in my phone, and that disciplinary action will be taken by campus administration."*

I understand and will comply with the directions regarding any electronic device.

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



**Hartman Middle School**  
7111 Westover Street  
Houston, Texas 77087  
Principal, Gerrol Johnson  
Phone (713) 845-7434 Fax (713)847-4706

Mr. Armstrong, Dean of Student  
Ms. Daniel, Dean of Student  
Ms. Thomas, Dean of Instruction

Ms. Zavala, Dean of Student  
Mr. Trevino, Dean of Student  
Ms. Robinson, Dean of Magnet

**Emergency Contact Release**  
2019-2020

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s) / Guardian (s) Name: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Parent(s)/Guardian Driver's License# \_\_\_\_\_

The following People have permission to pick up my child/children in case of emergency

1. Name; \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home # \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

2. Name; \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home # \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

3. Name; \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home # \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

4. Name; \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home # \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

5. Name; \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home # \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

6. Name; \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home # \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

**HOUSTON INDEPENDENT SCHOOL DISTRICT  
TRANSPORATION REGISTRATION FOR  
REGULAR (2-MILE) ELIGIBLE STUDENTS  
2019-2020**

STUDENT/PARENT COMPLETE 1-7 (PLEASE PRINT OR TYPE)

---

**SCHOOL ATTENDING:** Hartman Middle School **CAMPUS NO.:** 051

**DATE:** \_\_\_\_\_ **STUDENT ID NO. (HISD)** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MI)

**PARENT/GUARDIAN:** \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MI)

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMERGENCY NUMBER:** \_\_\_\_\_

**BIRTHDAY** \_\_\_\_\_ **ETHNICITY** \_\_\_\_\_ **GRADO:** \_\_\_\_\_

**ROUTE:** \_\_\_\_\_ **TRIP:** \_\_\_\_\_ **CODE** \_\_\_\_\_ **INTERSECTION** \_\_\_\_\_

---

DO NOT WRITE BELOW THIS LINE  
TO BE COMPLETED BY SCHOOL PERSONNEL

PLEASE VERIFY THAT PUPIL I.D. NUMBER (LINE 2) IS CORRECT

STUDENT ELIGIBILITY CHART HAS BEEN CHECKED VERIFYING  
THAT THE STUDENT RESIDES 2 MILES OR MORE THE SCHOOL? YES\_\_\_ NO\_\_\_

TEMPORARY BUS PASS ISSUED? YES\_\_\_\_\_ NO\_\_\_\_\_

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PRINCIPAL'S/DESIGNEE'S SIGNATURE