ENROLLMENT CHECKLIST

Please Note:

- Original documents are required; copies will be made and originals will be returned.
- Students enrolling in Kindergarten must be 5 years of age on or before September 1\textsuperscript{st} of the year in which admission is sought.

Forms & Documents Needed

- Enrollment Information
- Home Language Survey
- Health Inventory

- Food Allergy Information

- Travel History Questionnaire

- Special Populations Survey

- Birth Certificate – Hospital birth record, adoption records, church baptismal certificate, military dependent ID, or passport.

- Social Security Card (requested if student has SS#)

- Complete Immunization Records

- Proof of Current Address – Showing address in Kolter Elementary attendance zone.
  
  - Electric, Gas, or Water Bill, in the name of the parent with whom the student resides.
  - Fully executed Lease Agreement – In the name of the parent with whom the student resides.

- Report Card/ Grades – Students enrolling in 1\textsuperscript{st} through 5\textsuperscript{th} grades will need to submit a current or final school year report card. (Please submit once you have received your copy to complete enrollment.)

- Parent or Legal Guardian’s Driver’s License

In cases of divorced parents, the legal court decree showing custody of the child is required. (The only pages to be copied are those showing the custody arrangements and the page which has a seal, date and judges’ signature.)
Houston Independent School District
KOLTER ELEMENTARY
Enrollment Information
2020 - 2021

Has student ever attended an HISD School? □ Yes □ No

HISD Student ID

Date of Enrollment

Date of Birth

□ Male

Female

Grade

Legal Student Last Name

First Name

Middle Name

Generation (jr., III, etc.)

Student SS# / State Alt. #

Student Birthplace: City, State, County

Year Started School in US

Student Lives with

□ Mother

□ Father

□ Other

□ Both Parents

Federal Student Ethnicity

□ Hispanic/Latino

□ Not Hispanic/Latino

Student Race

□ American Indian or Alaska Native

□ Asian

□ Black or African American

□ Native Hawaiian/Other Pacific Islander

□ White

Student Street Number

Street Name

Apartment

City

State

Zip

County

Home Phone

Student Contact:

Contact #1 Name (Last, First)

Relationship

Street Number

Street Name

Apartment

City

State

Zip

Employer

Occupation

Home Phone

Work Phone

Cell Phone

Preferred Language

□ English

□ Spanish

Other

Translator Needed?

□ Yes

□ 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

□ English

□ Spanish

Other

Translator Needed?

□ Yes

□ 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

□ English

□ Spanish

Other

Translator Needed?

□ Yes

□ No

e-mail Address

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

□ CHIP

□ Medicaid

□ HCHD

□ Private Insurance

□ None

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 B8, §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.

LPAC_HLS_v20180802 Confidential
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:

**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></td>
<td>Bone/Joint Problem</td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td></td>
<td></td>
<td>Rheumatic Fever</td>
<td></td>
</tr>
<tr>
<td>Blood Disorder</td>
<td></td>
<td></td>
<td>Surgery/Fractures</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td>T. B. Disease</td>
<td></td>
</tr>
<tr>
<td>Epilepsy/Seizures</td>
<td></td>
<td></td>
<td>Hearing Loss</td>
<td></td>
</tr>
<tr>
<td>Heart Disease</td>
<td></td>
<td></td>
<td>Vision Loss</td>
<td></td>
</tr>
<tr>
<td>Kidney Disorder</td>
<td></td>
<td></td>
<td>Severe Menstrual Cramps</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
<td>Eating Disorder</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

Health and Medical Services

GI/slr 3/2012
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>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</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: __________________
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.
SPECIAL POPULATIONS SURVEY

Please check YES or NO as to whether your child is presently or has in the past received any of the following services:

1. (G.T.) Gifted/ Talented Classes
   _____ YES _____ NO
   If yes, please send G.T. Matrix to Mrs. Crossett: KATHLEEN.CROSSETT@HOUSTONISD.ORG

2. LEP
   • Bilingual
     _____ YES _____ NO
   • ESL
     _____ YES _____ NO
   If yes, contact Ms. Murphy: MMURPHY2@HOUSTONISD.ORG

3. Special Education
   • Resource
     _____ YES _____ NO
   If yes, contact Mrs. Brown: TIFFANY.WILSONBROWN@HOUSTONISD.ORG
   • Speech
     _____ YES _____ NO
   If yes, contact Ms. Barry: SBARRY1@HOUSTONISD.ORG
   • Other
     _____ YES _____ NO

4. 504 Services
   _____ YES _____ NO
   If yes, contact Mrs. Wolfe: ASHANTIA.WOLFE@HOUSOTNISD.ORG

5. Retained
   _____ YES _____ NO
   If yes, please indicate grade. ______

6. Other information that you feel may be helpful.
   __________________________________________________________
   __________________________________________________________
Dear Kolter Parents,

Please make a thoughtful selection by numbering first, second, and third on the list of courses below in order of preference. If only one selection is marked, a second choice will be chosen for you by space availability. Unfortunately, we are not able to grant everyone his or her first choice due to pupil to teacher ratios. However, every effort will be made to place your child in your first or second choice language class.

Should you have a problem with the assignment, we will consider making adjustments after the first four weeks of instruction. This is to ensure a smooth beginning of school. You may notify the office as soon as you are aware of any issues.

Please complete the bottom portion of this form.

Thank you,

Kathleen Crossett, Assistant Principal & Magnet Coordinator

Please indicate 1st, 2nd, or 3rd choice of language for your child.

French __________ Spanish __________ Chinese __________

Student's Name __________________ Grade in 2020 – 2021 __________________

I acknowledge that my first choice in Language is not a guarantee, and my child will be placed in either the first or second choice if space is available.

Parent's Signature __________________
Houston Independent School District Magnet Entrance Agreement
for 2020 - 2021

School: Kolter Elementary

Student Name __________________________  Student ID# __________  Grade Level _______

I (please enter your name, not your student's), ________________________, the parent or guardian
understand that HISD's magnet programs and individual schools have a set of established expectations that students
and/or parents must meet throughout the school year in order to be successful and remain in the Magnet program.

Program Expectations

Grades
- Grade PK-5, maintain a grade of at least 70 in all core and Magnet classes during each grading cycle
- Grade 6-12, maintain an individual class average of 75 or higher in all core classes and an average of
  80 or higher in all Magnet classes

Attendance
- Maintain regular attendance in accordance with the school's Student Code of Conduct and Texas
  Education Code (TEC) Section 25.086 Compulsory School Attendance

Behavior
- Adhere to the HISD Student Code of Conduct and maintain a conduct grade of 'S' or higher
- Refrain from excessive tardiness in accordance with the district and school's Student Code of Conduct

General
- Meet Magnet expectations for each specific theme that is given to each student according to the Magnet
  program's criteria, including Magnet course sequence as specified by the school

Students who do not meet these program expectations, or whose parents do not meet program expectations, are
placed on an HISD Magnet Growth Plan for a minimum of one grading cycle. The growth plan is intended to help
students and parents successfully meet program expectations. A growth plan committee comprised of campus
professionals and parent(s) will evaluate progress on this plan at the end of the specified time period. The growth
plan is reviewed each grading cycle that it remains in place and is used to determine if the student should continue
in the Magnet program the following school year. All Magnet transfers are for one year and may only be denied at
the end of the year.