HISD | School Choice
HUNDREDS OF OPTIONS. ONE APPLICATION.

Houston Independent School District
STEM Magnet Thematic Entrance Agreement, 2025-2026

Student Name:_____ Student ID:_____

Expectations for the Student
Magnet Students should demonstrate commitment to the magnet theme by the completion of all assignments and course meetings as required. They will contribute to sustaining a school environment that promotes mutual respect and supports the success of others as outlined in the student code of conduct.

Expectations for the Family
Family engagement and partnership is required for the Magnet educational experience. Families are expected to be responsive to communication from the school regarding academic progress, attendance, and behavior.

Continuation Requirements
- **Students will participate in a minimum of two thematic based electives and competitions (i.e. Engineering, robotics)**
- **Students must pass all Math, Science, and campus specific STEM electives to stay on track**

High School Specific requirements (All of the above including):
- **All high school students must take four years of Math and Science**

Students who do not meet program continuation requirements, 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.

Please Note:
- Students cannot be placed in the regular educational program on the same campus where they have a Magnet transfer.
- All students are limited to a single transfer each school year.
- Should the child choose to leave the program ***voluntarily*** before the end of the school year, he or she may return only to their zoned campus. A voluntary exit form must be completed if a student withdraws from the program before the end of the year.
- Any student with an approved Program Choice/Magnet transfer must attend the first day of school to which the transfer is granted in order to guarantee a spot at that school, unless there is an extenuating circumstance.

We agree to adhere to the program expectations and policies as outlined in this agreement. All signatures are required for this agreement to be active. Student signature is only required for students in grades 6 and above.

Student Signature:_____Date:_____

Parent Signature:_____Date:_____

Coordinator Signature:_____Date:_____

Principal/ Designee: _____ Date:_____

SCHOOL YEAR	GRADE	CAMPUS
2024-2025		

FOR OFFICE USE ONLY	
ENROLLMENT DOCUMENTATION	
DATE OF ENTRY	
DISTRICT ID NO.	
STUDENT LOCAL ID NO.	
DISTRICT OF RESIDENCE	

STUDENT ENROLLMENT FORM 2025-26

HOUSTON INDEPENDENT SCHOOL DISTRICT
4400 WEST 18TH ST - HOUSTON, TEXAS
77092-8501 PHONE: 713-556-6000

STUDENT INFORMATION / USAR LETRA DE MOLDE

SOCIAL SECURITY NO. / NUMERO SOCIAL	STUDENT NAME/ NOMBRE DE ESTUDIANTE			
	LAST / APELLIDO	FIRST / PRIMER NOMBRE	MIDDLE INITIAL /SEGUNDO (INICIAL)	GENERATION / GENERACION

GENDER / EL GENERO	DOB / FECHA DE NACIMIENTO	CITY / CIUDAD	STATE / ESTADO	COUNTRY / PAIS
☐ MALE/ MASCULINO ☐ FEMALE/ FEMENINO				UNITED STATES OF AMERICA

RESIDENTIAL ADDRESS- CITY. ZIP CODE/ LA DIRECCIÓN RESIDENCIAL-CIUDAD CÓDIGO POSTAL	MAILING ADDRESS - CITY ZIP CODE/ LA DIRECCION RESIDENCIAL-CIUDAD, ESTADO CÓDIGO POSTAL

HOME PHONE/ TELÉFONO		E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO	

FEDERAL ETHMCTY / ETHICIDAD DEL ALUMNO (SELECT ONE)	☐ HISPANIC/LATINO ☐ NOT HISPANIC/LATINO	RACE / RAZO (SELECT ALL THAT APPLY)	☐ (1) AMERICAN INDIAN OR ALASKAN NATIVE ☐ (2) ASIAN OR PACIFIC ☐ (3) BLACK, NOT OF HISPANIC ORIGIN ☐ (4) WHITE, NOT OF HISPANIC ORIGIN ☐ (5) NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER

SIBLINGS AT HOUSTON ISD / HIJOS EN HOUSTON ISD	NAME/NOMBRE	SCHOOUESCUELAS	GRADE/GRADO

LAST SCHOOL ATTENDED / NOMBRE LAS ÚLTIMAS ESCUELAS ASISTIDAS	CITY / CIUDAD	STATE/ ESTADO	ZIP CODE / CÓDIGO POSTAL	GRADE LAST COMPLETED / ÚLTIMO GRADO COMPLETADO

CONTACT 1 NAME / EL NOMBRE DE CONTACTO 1	☐ LIVES WITH STUDENT / ¿VIVE CON EL ESTUDIANTE	RESIDENTIAL ADDRESS - CITY. STATE ZIP CODE/ LA DIRECTION RESIDENTIAL / LA DIRECCION RESIDENCIAL-CIUDAD, ESTADO CÓDIGO POSTAL
LAST NAME / APELLIDO	FIRST NAME/ PRIMER NOMBRE	

HOME PHONE/ TELÉFONO DE CASA	WORK PHONE/ TELÉFONO DE TRABAJO	CELL PHONE/ EL NÚMERO DE TELÉFONO CELULAR	E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO

CONTACT 2 NAME / EL NOMBRE DE CONTACTO 2	☐ LIVES WITH STUDENT / ¿VIVE CON EL ESTUDIANTE	RESIDENTIAL ADDRESS - CITY. STATE ZIP CODE/ LA DIRECTION RESIDENTIAL / LA DIRECCION RESIDENCIAL-CIUDAD, ESTADO CÓDIGO POSTAL
LAST NAME / APELLIDO	FIRST NAME/ PRIMER NOMBRE	

HOME PHONE/ TELÉFONO DE CASA	WORK PHONE/ TELÉFONO DE TRABAJO	CELL PHONE/ EL NÚMERO DE TELÉFONO CELULAR	E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO

I understand that if there are any changes to this information that it is my responsibility to notify the school and to provide appropriate documentation.
Yo entiendo que si tengo algunos cambios en mi informacion yo sere responsable de notificar la escuela y proveere la documentacion apropiada.

date

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

1. Students at least 5, but less than 21 on or before September 1 and must be a resident of a participating district are eligible for tree attendance.
2. The parent or guardian signature must be the same as the name of the person with whom the student resides.
3. Texas penal code §37.10 provides that presuming a false document or false records for enrollment in school is an offense under state law.
4. Enrollment of the child under false documents subjects the person to liability for tuition or costs under Texas education code §25.001(h).
5. Texas education code §25,002 (f). Requires the school district to record the name, address, and date of birth of the person enrolling a child. /li>

Enrollment Information
Additional Contact Form
2025-2026

Student Name/ Nombre del estudiante	HISD Student ID/ Identificación del estudiante HISD

Individuals not listed on the Enrollment Information Form or Additional Contact Form will not be allowed to pick up your child. Please enter all persons allowed to pick up your child. If you need an additional form, please let your child's homeroom teacher know. We will send an additional form home with your child. To view or edit your child's contact list, log in to HISD Connect at **https://www.houstonisd.org/PSC**

Las personas que no estén en la lista del Formulario de Información de inscripción (Enrollment Information Form) o en el formulario de contacto adicional (Additional Contact Form) no podrán recoger a su hijo(a). Por favor incluya todas las personas autorizadas a recoger a su hijo(a). Si necesita un formulario adicional, comuníquese con el maestro de aula de su hijo(a). Enviaremos un formulario adicional a casa con su hijo. Para ver o cambiar la lista de contactos de su hijo, entre a la página de HISD Connect al **https://www.houstonisd.org/PSC**

Contact Name/ Nombre del contacto		Relationship/ Relación
Home Phone/ Teléfono de casa	Work Phone/ Teléfono del trabajo	Cell Phone/ Teléfono del célula

Please check box(es) applicable to this contact person/ Por favor de seleccionar la caja(s) que apliquen ala persona asignada como contacto en esta forma:

☐ Lives with student/ Vive con el estudiante ☐ Emergency/ Emergencia ☐ Has permission to pick up student/ Tiene permiso para recoger al estudiante

Contact Name/ Nombre del contacto		Relationship/ Relación
Home Phone/ Teléfono de casa	Work Phone/ Teléfono del trabajo	Cell Phone/ Teléfono del célula

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Kimberly Hobbs, Principal

K-2 Administrator – Vickie Matson
3-5 Administrator – Rubye Gilbert
6-8 Administrator – Marilyn Callegari

6-8 Counselor –Shaniquwa Finley Carter
Debbie Nettles –Magnet Coordinator

REQUEST FOR STUDENT RECORDS
(Petición de documentos del estudiante)

To: _____ **Route:** _____

Last School Attended
Escuela en que asistió el estudiante

_____
Address

_____
City, State, Zip

Registrar's Instructions: The following student(s) has enrolled in our school. Please send a copy of his/her complete file, including the permanent record, available test scores, year-to-date grades, any special education records, and health records.

I hereby authorize the release of information mentioned above to The Rice School/La Escuela Rice.

Student's Name: _____
Nombre del estudiante

Birth Date: _____/_____/_____
Nombre del estudiante

Entering Grade: _____
Grado entrante

_____
Parent Signature
Firma del padre

_____
Date
Fecha

Please Mail Directly to:
The Rice School/La Escuela Rice
7550 Seuss Dr.
Houston, TX 77025

Or

Email to:
Taisha Dawson
taisha.dawson@houstonisd.org

Texas Education Agency
1701 North Congress Avenue • Austin, Texas 78701-1494 • 512 463-9734 • 512 436-9838 FAX • tea.texas.gov

Student Name: _____ **District Name:** _____

Student ID#: _____ **Campus Name:** _____

HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215
(Home Language Survey only administered during **initial** enrollment in Texas public schools)

To be completed by Parent or Guardian for students enrolling in Prekindergarten* through grade 8 (or by students in grades 9-12).

* Prekindergarten includes any student enrolling in a 3- or 4-year-old school program.

Part One:

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:

Please answer the questions below about the languages your child or family uses. If your responses indicate the use of a language other than English, the school will conduct a language proficiency assessment to determine how well your child communicates in English. This information will be used to determine any appropriate linguistic supports and inform instructional 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.

This survey shall be kept in each student's permanent record folder. A copy of this survey shall follow the student while enrolled in any public or open enrolled charter school in Texas.

Texas Education Agency
1701 North Congress Avenue • Austin, Texas 78701-1494 • 512 463-9734 • 512 436-9838 FAX • tea.texas.gov

Part Two:

Please answer the questions to the best of your ability.

1. Which languages are used at home? _____

2. Which languages are used by the child at home? _____

3. If the child had a previous home setting, which languages were used? If there was no previous home setting, answer Not Applicable (N/A). _____

☐ **By checking this box, I understand a request to correct an error to this Home Language Survey can only happen if:**

1) my child has not yet been assessed for English proficiency; and
2) corrections are made within two calendar weeks of my child's enrollment date.

Note: Please contact your school about the benefits of bilingual education services. The following resources may also provide information on program services that foster bilingualism.

- Parent/ Guardian Rights
- Bilingual Education Program
- Program Information Videos

Please visit the Emergent Bilingual Support Portal (txel.org) for additional information.

Signature of Parent/Guardian _____ Date _____

Signature of Student if Grades 9-12 _____ 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:

	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

  and/or

- Has a severe life-threatening food allergy

Signature _____

This document is to be maintained in the Student's Cumulative Folder

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.

Food	Nature of allergic reaction to food	Life-Threatening?

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 ADMINSTRATOR 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: _____

Hazel Health Consent Form

HISD hazel

Our school is partnering with Hazel Health to provide access to quality health care services for all students. The school health representative can initiate a video visit with a Hazel Health provider while your child is at school. **To ensure your child has access to this service, complete BOTH pages of this form.**

To learn more about Hazel or complete this form online, visit:
my.hazel.co/houstonisd

Month / Day / Year

Child's First Name | Child's Last Name | Child's Birthdate

Parent / Legal Guardian #1 Name | Relationship to Student | ( ) Mobile Phone | Email

Parent / Legal Guardian #2 Name | Relationship to Student | ( ) Mobile Phone | Email

Required Insurance Information

Hazel Health has partnered with your school to cover your cost of services so that **there is no cost to your family.**

Why is insurance information needed if a Hazel visit is at no cost to me? Hazel Health bills insurance for services to ensure that the visit cost is covered by your health plan, and there are no out-of-pocket costs for the family.
Having insurance information also helps Hazel to better coordinate care for your child, such as referrals and prescriptions.
Once a visit is completed, you may receive an explanation of benefits (EOB) in the mail. If you receive an EOB, this is NOT a bill, it is simply a record indicating a visit occurred and was submitted to your insurance. No action is needed.
Your insurance information is always kept confidential and stored securely. By providing your insurance information you are empowering Hazel to continue its mission, ensuring every child is seen, heard and cared for.

What if my child does not have insurance? Any student, regardless of insurance status, can use Hazel Health.
Hazel will review and confirm the student's insurance status when a visit is scheduled or delivered.

For more information about insurance, please see our FAQ's at **www.hazel.co/faq.**

Please provide your child's insurance information:

Insurance Provider / Plan Name | Member ID Number | Group Number (if applicable)

Policy Holder First Name | Policy Holder Last Name | Policy Holder Birthdate | Relationship to Student

☐ **By checking this box, I attest that my child does not have health insurance coverage at this time.**

I have read the Hazel Health Services Authorization and Privacy Policy and: (Please check one box below)

☐ I **GIVE** permission for my child to receive health care services from Hazel Health providers.

☐ I **DO NOT give** permission for my child to receive health care services from Hazel Health providers.

Parent / Legal Guardian / Legal Representative Signature (Required) | Date

PLEASE CONTINUE TO PAGE 2 TO INPUT KNOWN ALLERGIES & OTHER HEALTH INFORMATION

This consent will remain valid unless revoked by the parent / legal guardian / legal representative.

Month / Day / Year

Child's First Name _____ Child's Last Name _____ Child's Birthdate _____

Does your child have any allergies?

☐ YES ☐ NO Medication allergies Please List: _____

☐ YES ☐ NO Food allergies Please List: _____

☐ YES ☐ NO Seasonal/Environmental allergies Please List: _____

Is your child currently taking any medications?

☐ YES ☐ NO Please List: _____

If recommended by Hazel's licensed medical provider, can the following medications (age/weight appropriate) be administered to your child at school?

YES	NO		YES	NO	
☐	☐	Tylenol™ / Acetaminophen (pain, fever)	☐	☐	Cough Syrup (cough)
☐	☐	Advil™ / Motrin™ / Ibuprofen (pain, fever)	☐	☐	Sudafed™ / Phenylephrine (congestion)
☐	☐	Children's Pepto™ / Calcium Carbonate (upset stomach)	☐	☐	Hydrocortisone Cream (inflammation, itch)
☐	☐	Liquid Pepto-Bismol™ / Bismuth Subsalicylate (nausea, indigestion, upset stomach)	☐	☐	Benadryl™ / Diphenhydramine (allergic reaction)
☐	☐	Liquid Antacid / Aluminum Hydroxide / Magnesium Hydroxide, Simethicone (upset stomach)	☐	☐	Zyrtec™ / Cetirizine (allergies, allergic reaction)
☐	☐	Throat Lozenge / Benzocaine / Menthol (cough, sore throat)	☐	☐	Zaditor™ / Ketotifen (allergy eye drops)
			☐	☐	Antibiotic Ointment / Bacitracin / Neomycin / Polymyxin B (cuts, infections)

Has your child ever had any of the following health conditions or health concerns?

YES	NO		YES	NO	
☐	☐	Acid Reflux (Heartburn)	☐	☐	Genetic disorder
☐	☐	ADD/ADHD (Attention Deficit Disorder)	☐	☐	High Blood Pressure
☐	☐	Anxiety	☐	☐	Kidney disease
☐	☐	Asthma	☐	☐	Migraine Headaches
☐	☐	Congenital Heart Defect	☐	☐	Seizure Disorder
☐	☐	Constipation	☐	☐	Sickle Cell Disease
☐	☐	Depression	☐	☐	Surgery: Appendix removed
☐	☐	Developmental Delay	☐	☐	Surgery: Ear Tubes
☐	☐	Diabetes	☐	☐	Surgery: Tonsils removed
☐	☐	Eczema	☐	☐	Other (please explain): _____

Does your child have a primary care doctor?

Hazel uses this information to coordinate with your child's doctor and inform them of any Hazel visit. Providing the fax number will allow Hazel to send a visit summary to your child's doctor.

☐ YES ☐ NO

Child's Doctor _____ Phone _____ Fax _____