



BARBARA P. BUSH ELEMENTARY SCHOOL

Houston Independent School District

13800 Westerloch, Houston, Texas 77077 *281-368-2150 * FAX 281-368-2153

APPLICATION PACKET FOR NEW K-5 STUDENTS

REGISTRATION REQUIREMENTS

State Law requires that only a parent or legal guardian can register a child to enroll in school. The following items are required to register in an HISD school. **All original documents must be presented at the time of registration.** To ensure that you have all necessary documents, please place a check next to each requirement to indicate that you have included that item. To ensure that your child meets the immunization requirements, place a check in the box next to each type of immunization.

_____ **Proof of birth date** (original/official copy of Birth Certificate or passport)

Student must be five on or before September 1, to enter kindergarten or six on or before September 1, to enter first grade

_____ **Proof of residency in the Bush attendance zone** (**THREE original** documents required)

All proof of residency documents must indicate the parent's name and address.

- If you lease, one item must be the current lease and the other a current electric bill.
- If you own, the documents must be 2 current utility bills.
- **All applicants must submit current paycheck stub(s) from employed parent(s). Please mark out salary and social security numbers, but ensure the address is clearly visible.**

_____ **Social Security Card** (preferred, but not required)

_____ **Parent's or legal guardian's driver's license**

_____ **Completed application packet**

_____ **For students enrolling in first grade or above, the most recent report card (final end-of-year report card showing completion of the current school year must be submitted by June 6)**

Proof of Immunizations (must be in English and signed by a physician licensed to practice medicine in the United States.) Immunizations must be complete before a child can be registered to be enrolled in school. If you have questions about the immunizations, please check with your child's doctor.

- Diphtheria and Tetanus:** At least Four doses; last booster must be on or after the fourth birthday
- Polio:** at least Three doses; last booster must be on or after fourth birthday
- MMR:** total of Two doses on or after first birthday
- Hepatitis B:** Three doses
- Varicella (chicken pox):** Two doses on or after the first birthday or a reliable history of the disease.
- Hepatitis A:** Two doses required. First dose must be given after first birthday.

All registration documents must be complete before a child is considered "registered." Classroom assignments will not be made until all documents are complete. If students register and are not in attendance on the first day of school, **August 26, 2019 at 7:30 a.m.**, then they are not enrolled.

EARLY REGISTRATION INFORMATION

BARBARA BUSH ELEMENTARY SCHOOL

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 _____	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Legal Student Last Name _____		First Name _____	Middle Name _____	Generation (Jr, III, etc.) _____	Student SS# / State AIT # _____
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 _____
EDUCATION CODE CHAPTER 25.001					
<p>(h) In addition to the penalty provided by Section 37.10, Penal Code, a person who knowingly falsifies information on a form required for enrollment of a student in a school district is liable to the district if the student is not eligible for enrollment in the district but is enrolled on the basis of false information. The person is liable, for the period during which the ineligible student is enrolled, for the greater of:</p> <p>(1) the maximum tuition fee the district may charge under Section 25.036; or</p> <p>(2) the amount the district has budgeted for each student as maintenance and operation expenses.</p>					
What type of medical insurance do you carry for this child? <input type="checkbox"/> CHIP <input type="checkbox"/> Medicaid <input type="checkbox"/> HCHD <input type="checkbox"/> Private Insurance <input type="checkbox"/> 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 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

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. Once your child is assessed, changes to the Home Language Survey responses are not permissible.

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:
<http://web.esc20.net/LPAC-Interactive/InteractiveFlowchart-EN.htm>.

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

**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.

_____ Student/Staff Name (please print)	_____ (Parent/Guardian)/(Staff) Signature
_____ Student/Staff Identification Number	_____ 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 with 5 columns: Condition, Age First Identified, Under Doctor's Care?, Age First Identified, Under Doctor's Care? Rows include Asthma, Allergies, Blood Disorder, Diabetes, Epilepsy/Seizures, Heart Disease, Kidney Disorder, Cancer, Bone/Joint Problem, Rheumatic Fever, Surgery/Fractures, T. B. Disease, Hearing Loss, Vision Loss, Severe Menstrual Cramps, 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 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: _____

**Bush Elementary School
Houston Independent School District
General Information Sheet**

Student's Name _____

Birthdate: _____

(Month/Day/Year)

Parent's Name _____

2019-2020 Grade Level: _____

Health/Allergies:

Has the student ever attended an HISD school? YES NO
If yes, which one(s)? _____
Grade(s) _____

Emotional Well-Being, Self-Esteem:

Please indicate YES or NO if your child is currently receiving
or has ever received any of the following services:

Bilingual/ESL YES NO

Tested for a learning disability YES NO

Recent Family Changes:

Special Education

Resource YES NO

Speech YES NO

Other YES NO

Section 504 Services YES NO

Goals for my child for the next school year:

Gifted/Talented program YES NO

Retained

If yes, grade(s) _____ YES NO

PARENT'S SIGNATURE _____