



Sandra Cisneros, Principal
Annel Monreal, Assistant Principal
Southmayd Elementary
1800 Coral, Houston, Texas 77012
Office: 713-924-1720
Fax: 713-924-1722

SOUTHMAYD ELEMENTARY SCHOOL
PRE-K AND KINDERGARTEN PARENT CONTRACT
2020 -2021

I, _____ pledge that my child _____

- Will attend school on a regular basis and strive for perfect attendance and excellence.
- Will arrive on time 7:30 am and picked up on time at dismissal 2:50 pm.
- Will make sure to keep up with my child's conduct and sign the conduct note that is send home weekly.
- Will communicate with my child's teacher when there is a concern in class.
- Will make sure my child does their homework and turns it in a timely manner.

I also pledge to be involved in my son/daughter's learning process so that my child will have a good start in school.

I understand that Pre-K is a non-compulsory (not required by law) and my son/daughter may be subject to withdraw if:

- 1) Enrollment Information is incorrect or inaccurate.
- 2) He / She has excessive absences (excuse or unexcused) or tardies.
- 3) He / She is not picked up on time after school.
- 4) He /She has excessive office referrals or displays major behavior issues daily.

Parent Signature

_____/_____/_____
Date

Houston Independent School District

Enrollment Information

20 20 - 20 21

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"/> Native Hawaiian/Other Pacific Islander		<input type="checkbox"/> Asian <input type="checkbox"/> White		<input type="checkbox"/> Black or African American	
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	
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 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:			



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Dismissal Form
Bus/Walker/Car Rider Form
Student School Hours 7:30 a.m. – 2:50 p.m.

Parents of Southmayd Students,

Welcome back! We are looking forward to a great year.

To ensure student safety, we are asking you to fill out our dismissal form. Please mark below which dismissal gate your child(ren) will exit after school. Your selection can only be changed by notifying your child's classroom teacher. We will have designated areas for your child(ren) to exit campus in a safe and orderly manner.

Thank you for your cooperation and patience. With your help, we will continue to provide a safe environment for our students.

PLEASE MARK BELOW:

_____ Front Car Lane **Exit 1 – Kernel Street**
Pre K – 5th Grade Car Riders

_____ Bus Lane **Exit 3 – Coral Street**
(All buses – HISD, Lozano, Guerra, Nava, Ponce, Sofia's, Gidaldhy, Little Bo Peep)

_____ Library Side Gate **Exit 3 – Coral Street**
(My child will be picked up by _____)
PK – 1st Grade Walkers
(Older siblings included) _____

_____ Back **Exit 4 - Ilex and Coral Street**
2nd – 3rd Grade Walkers

_____ Back Gate **Exit 5 – Ilex Street**
4th – 5th Grade Walkers

Student Name

Teacher

Home Address

Home Phone Number

Parent Name

Cell Phone Number

Parent Signature

Emergency Phone Number

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**? _____

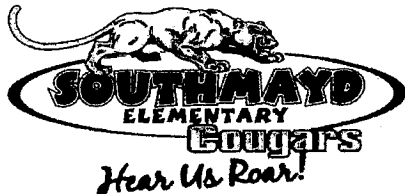
Signature of Parent/Guardian

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.



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ELECTRONIC DEVICES USE POLICY

2020-2021

2019-2020 We are pleased to offer students access to a computer network for electronic mail and access to the Internet. To gain access to e-mail and the Internet, all students must obtain parental permission as verified by the signatures on the form below. Should a parent prefer that a student not have e-mail and Internet access, use of the computers is still possible for more traditional purposes such as word processing.

What is possible? Access to e-mail and the Internet will enable students to explore thousands of libraries, databases, museums, and other repositories of information and to exchange personal communication with other Internet users around the world. Families should be aware that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate, or potentially offensive. While the purposes of the school are to use Internet resources for constructive educational goals, students may find ways to access other materials. We believe that the benefits to students from access to the Internet in the form of information resources and opportunities for collaboration exceed the disadvantages. But ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. Therefore, we support and respect each family's right to decide whether or not to apply for access.

What is expected? Students are responsible for appropriate behavior on the school's computer network just as they are in a classroom or on a school playground. Communications on the network are often public in nature. General school rules for behavior and communications apply. It is expected that users will comply with district standards and the specific rules set forth below. The use of the network is a privilege, not a right, and may be revoked if abused. The user is personally responsible for his/her actions in accessing and utilizing the school's computer resources. The students are advised never to access, keep, or send anything that they would not want their parents or teachers to see.

What are the rules?

Privacy - Network storage areas may be treated like school lockers. Network administrators may review communications to maintain system integrity will insure that students are using the system responsibly.

Storage capacity - Users are expected to remain within allocated disk space and delete e-mail or other material which take up excessive storage space.

Illegal copying - Students should never download or install any commercial software, shareware, or freeware onto network drives or disks, unless they have written permission from the Network Administrator. Nor should students copy other people's work or intrude into other people's files.

Inappropriate materials or language - No profane, abusive or impolite language should be used to communicate nor should materials be accessed which are not in line with the rules of school behavior. A good rule to follow is never view, send, or access materials which you would not want your teachers and parents to see. Should students encounter such material by accident, they should report it their teacher immediately.

Succinct Advice - These are guidelines to follow to prevent the loss of network privileges at School.

1. Do not use a computer to harm other people or their work.
2. Do not damage the computer or the network in any way.
3. Do not interfere with the operation of the network by installing illegal software, shareware, or freeware.
4. Do not violate copyright laws.
5. Do not view, send, or display offensive messages or pictures.
6. Do not share your password with another person.
7. Do not waste limited resources such as disk space or printing capacity.
8. Do not trespass in another's folders, work, or files.
9. Do notify an adult immediately, if by accident, you encounter materials which violate the miles of appropriate use.
10. **Be prepared to be held accountable for your actions and for the loss of privileges if the Rules of Appropriate Use are violated.**

Houston Independent School District
Parent Permission Form and User Agreement

As a parent or guardian of a student at School Southmayd Elementary, I have read the above information about the appropriate use of computers at the school and I understand this agreement will be kept on file at the school. (Questions should be directed to the principal for clarification.)

My child may use e-mail and the Internet while at school according to the rules outlined.

I would prefer that my child not use *e-mail* and the *Internet* while at school.

Parent's Name: (please print) _____

Parent Signature: _____

Date: _____

As a user of the School computer network, I agree to comply with the above stated rules and to use the network in a constructive manner.

Student's Name: (please print) _____

Student's Signature: _____

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.

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Student/Staff Name (please print)	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> (Parent/Guardian)/(Staff) Signature
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Student/Staff Identification Number	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> 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 _____



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: _____

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 _____

HOUSTON INDEPENDENT SCHOOL DISTRICT

CODE OF STUDENT CONDUCT CÓDIGO DE CONDUCTA ESTUDIANTIL

Students and parents are expected to become familiar with the provisions of the districtwide *Code of Student Conduct* and the rules and regulations adopted and implemented by individual schools. Students are also expected to abide by the policies set forth in the *Code* so that they can get the most out of their years in school.

Todos los estudiantes y sus padres deben familiarizarse con las directivas del Código de Conducta Estudiantil vigente en el Distrito y con las reglas y normativas adoptadas e implementadas en las escuelas. Es de esperar también que los estudiantes cumplan con las normas del Código para que puedan lograr el máximo provecho de su carrera escolar.

You may access the entire *HISD Code of Student Conduct* online at www.HoustonISD.org/CodeofConduct or by requesting a copy at the front office of your student's school.

El Código de Conducta Estudiantil de HISD completo se encuentra en www.HoustonISD.org/CodeofConduct y es posible además obtener una copia impresa en la recepción de la escuela de su hijo.

Parent and Student Acknowledgement and Optional Request for Printed Copy of the *Code of Student Conduct*

Confirmación de recibo del Código de Conducta Estudiantil y opción de solicitar una copia impresa

No, I do not want a printed copy of the *HISD Code of Student Conduct*, as I will access it online at www.HoustonISD.org/CodeofConduct.

No, no necesito una copia impresa del Código de Conducta Estudiantil de HISD ya que lo consultaré en línea en www.HoustonISD.org/CodeofConduct.

Yes, I do want a printed copy of the *HISD Code of Student Conduct*.

Sí, quiero tener una copia impresa del Código de Conducta Estudiantil de HISD.

It is important that every student understands the *Code of Student Conduct* and is expected by his or her parent(s) or guardian(s) to follow the rules and regulations set forth in it. By signing below, the parent and student acknowledge that they understand how to access and obtain a printed copy of the *Code*. These signatures also certify that both parent and student accept their responsibilities as described in the *Code of Student Conduct*.

Es importante que todos los estudiantes entiendan el Código de Conducta Estudiantil y que sus padres o tutores les exijan que sigan las reglas y directivas establecidas en él. Al firmar al pie, los padres y el estudiante afirman que comprenden cómo lograr acceso al Código en línea y cómo obtener una copia impresa. Las firmas certifican también que tanto los padres como el estudiante aceptan las responsabilidades descritas en el Código de Conducta Estudiantil.

Student Last Name	First Name	Grade	Student ID Number
Apellido del estudiante	Nombre	Grado	Núm. de identificación estudiantil
Student Signature			Date
Firma del estudiante			Fecha
Parent or Guardian's Signature			Date
Firma del padre o tutor			Fecha

HOUSTON INDEPENDENT SCHOOL DISTRICT

SOCIOECONOMIC INFORMATION FORM

Complete and return one form to each school where you have a child enrolled. **PLEASE PRINT**

CONFIDENTIAL

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 sections 1111 and 1116 for U.S. Department of Education requirements) and for use in disbursement of federal funds (ESEA section 1113).

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.

SECTION A—List all Houston ISD students in the household

Student ID	First Name	Last Name	MI	Date of Birth	School Name	Grade Level

SECTION B

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 SECTION C and continue to SECTION D.

SECTION C (Complete only if all answers in SECTION B 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**)

SECTION D (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

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.**


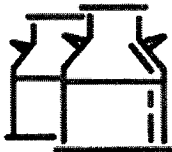






Please answer the following questions and return this form to your child's school.

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. 18th Street, Route 1 | Houston, TX 77092 | 713-556-7288
 HISD Multilingual Programs | 713-556-6980 Fax | January 2020