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
# Enrollment Information

**Houston Independent School District**

**Homeroom Teacher:**

<table>
<thead>
<tr>
<th>Has student ever attended an HISD School?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last School/Daycare Attended</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>HISD Student ID</th>
<th>Date of Enrollment</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Grade</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Legal Student Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Generation</th>
<th>Student SS# / State Alt. #</th>
</tr>
</thead>
<tbody>
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<td></td>
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<td>(Jr., III, etc.)</td>
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</table>

<table>
<thead>
<tr>
<th>Student Birthplace: City, State, Country</th>
<th>Year Started School in US</th>
<th>Student Lives with</th>
<th>Mother</th>
<th>Father</th>
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<table>
<thead>
<tr>
<th>Federal Student Ethnicity (Select One)</th>
<th>Student Race (Select All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino</td>
<td>American Indian or Alaska Native</td>
</tr>
<tr>
<td>Not Hispanic/Latino</td>
<td>Asian</td>
</tr>
<tr>
<td></td>
<td>Black or African American</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Address</th>
<th>Street Number</th>
<th>Street Name</th>
<th>Apartment</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
<th>Home Phone</th>
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<table>
<thead>
<tr>
<th>Student Cell Phone</th>
<th>Student e-mail Address</th>
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</table>

**Texas Education Code §26.002(f) requires the school district to record the name, address, and birth date of the person enrolling a child.**

<table>
<thead>
<tr>
<th>Contact #1 Name (Last, First)</th>
<th>Relationship</th>
<th>Street Number</th>
<th>Street Name</th>
<th>Apartment</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<thead>
<tr>
<th>Employer</th>
<th>Occupation</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
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<table>
<thead>
<tr>
<th>Preferred Language</th>
<th>English</th>
<th>Spanish</th>
<th>Other</th>
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</thead>
<tbody>
<tr>
<td>Vietnamese</td>
<td></td>
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<tr>
<th>No</th>
<th>Yes</th>
<th>Translator Needed?</th>
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<tbody>
<tr>
<td>e-mail Address</td>
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<tr>
<th>Contact #2 Name (Last, First)</th>
<th>Relationship</th>
<th>Street Number</th>
<th>Street Name</th>
<th>Apartment</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<th>Cell Phone</th>
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<th>Translator Needed?</th>
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<tr>
<td>e-mail Address</td>
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<tr>
<th>Contact #3 Name (Last, First)</th>
<th>Relationship</th>
<th>Street Number</th>
<th>Street Name</th>
<th>Apartment</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<table>
<thead>
<tr>
<th>Employer</th>
<th>Occupation</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
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<tr>
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<th>Yes</th>
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</thead>
<tbody>
<tr>
<td>e-mail Address</td>
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<tr>
<th>What type of medical insurance do you carry for this child?</th>
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<tbody>
<tr>
<td>CHIP</td>
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</table>

**List the names of all brothers and sisters under 18 years of age. (If additional room is needed, write on reverse side.)**

<table>
<thead>
<tr>
<th>Last, First, and Middle Names</th>
<th>Gender</th>
<th>Birthdate</th>
<th>Grade</th>
<th>Address of This Child</th>
</tr>
</thead>
</table>

**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:**
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

<table>
<thead>
<tr>
<th>Student Name</th>
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<tbody>
<tr>
<td>Home Address</td>
<td></td>
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<tr>
<td>Parent Name</td>
<td></td>
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<tr>
<td>Parent Signature</td>
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</table>

<table>
<thead>
<tr>
<th>Teacher</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone Number</td>
<td></td>
</tr>
<tr>
<td>Cell Phone Number</td>
<td></td>
</tr>
<tr>
<td>Emergency Phone Number</td>
<td></td>
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</tbody>
</table>
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
PREKINDERGAFTEN 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.
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 rules 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.

<table>
<thead>
<tr>
<th>Student/Staff Name (please print)</th>
<th>(Parent/Guardian)/(Staff) Signature</th>
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</thead>
<tbody>
<tr>
<td>Student/Staff Identification Number</td>
<td>Date</td>
</tr>
</tbody>
</table>

Texas Education Agency – March 2009
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>
<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>
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<td>Bone/Joint Problem</td>
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<tr>
<td>Allergies</td>
<td></td>
<td>Rheumatic Fever</td>
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<tr>
<td>Blood Disorder</td>
<td></td>
<td>Surgery/Fractures</td>
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<td>Diabetes</td>
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<td>T. B. Disease</td>
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<tr>
<td>Epilepsy/Seizures</td>
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<td>Hearing Loss</td>
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<td>Heart Disease</td>
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<td>Vision Loss</td>
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<tr>
<td>Kidney Disorder</td>
<td></td>
<td>Severe Menstrual Cramps</td>
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<tr>
<td>Cancer</td>
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<td>Eating Disorder</td>
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</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>
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</thead>
<tbody>
<tr>
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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: __________________

Health and Medical Services

February 2012
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 ____________________________
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 consultará 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 afirmarán 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.

<table>
<thead>
<tr>
<th>Student Last Name</th>
<th>First Name</th>
<th>Grade</th>
<th>Student ID Number</th>
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<tbody>
<tr>
<td>Apellido del estudiante</td>
<td>Nombre</td>
<td>Grado</td>
<td>Núm. de identificación estudiantil</td>
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</tbody>
</table>

Student Signature
Firma del estudiante

Date
Fecha

Parent or Guardian’s Signature
Firma del padre o tutor

Date
Fecha

HISD Office of Legal Services | June 2019
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

<table>
<thead>
<tr>
<th>Student ID</th>
<th>First Name</th>
<th>Last Name</th>
<th>MI</th>
<th>Date of Birth</th>
<th>School Name</th>
<th>Grade Level</th>
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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

HISD External Funding Department | July 2018
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
- Dairy farm
- Fishery
- Cannery
- Poultry farm
- Plant nursery, orchard, tree growing or harvesting
- Slaughterhouse
- Other similar work, please explain:

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

<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Home Address</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

— 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