



Sinclair Elementary

A STEM & Communications Magnet School

Welcome.

Here's everything you need to know about enrollment with us.

Check Forms

Check for all the documents you'll need.
Any campus/district forms you'll need are within this packet.

Ask

Our Front Office will be more than happy to help you with any questions you may have.
All the information contained in this packet is what's required for your child, but you might have questions. And that's ok!

Sign

Sign and complete the forms.

Electronically signed forms, may be emailed to our Registrar, Mrs. Chavez at cchavez5@houstonisd.org

Lee Mashburn - Principal

Linh Hoang - Assistant Principal

Lisa Gonzales - Teacher Specialist



Sinclair Elementary

A STEM & Communications Magnet School

Document Requirements 2023-2024

Document Type

Proof of Age	Copy of birth certificate, hospital certificate or passport
Pre-Kindergarten	4 yrs. old on/or before September 1 st
Kindergarten	5 yrs. old on/or before September 1 st
First Grade	6 yrs. old on/or before September 1 st
Proof of Residence	Current utility bill, water, light, gas or lease agreement in parent's name.
Photo Identification	Driver's License, Passport or Government issued ID for the Parent/Legal guardian enrolling the child
Report Card	Latest report card from previous school (if applicable)
Social Security Card	
Shot Records	
Proof of Income (Pre-K Applicants only)	Recent pay stub, TANF, Income Tax Return

It is the policy of the Houston Independent School District not to discriminate on the basis of age, color, handicap or disability, ancestry, national origin, marital status, race, religion, sex, veteran status, or political affiliation in its educational or employment programs and activities.

Presenting a false document or false records under TEC Section 25.002 is an offense under Section 37.10 Penal Code and may be prosecuted as a criminal offense and enrollment of the child under false documents subjects the person to liability for tuition costs under Section 25.01 (h).



Sinclair Elementary

A STEAM & Communications Magnet School

Immunization Requirements 2023-2024

Immunization requirements for children entering school for the first time, from another Texas District, State or Country:

Immunization	Health Clinic Records or Physician Records (records must be signed by a physician licensed to practice in the United States)
DPT (DT)	4 yrs. old: 5 doses (last dose since age 4) 5 yrs. old/older: 4 doses (last dose since age 4)
POLIO	4 yrs. old: 4 doses (last dose since age 4) 5 yrs. old/older: 4 doses (last dose since age 4)
MMR	2 doses
HIB	4 doses (by 12 months of age)
Hepatitis B	3 doses
Hepatitis A	2 doses (First dose on or after 1st birthday)
Pneumococcal Conjugate (PCV7)	4 doses (under age 5)
Varicella	2 doses (or submit a written statement from the physician or parent/guardian certifying child had chicken pox on or about [date] and does not need the Varicella vaccine.)
Influenza	First dose after first birthday. Recommended

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Sinclair
Elementary

Student
Name: _____

Homeroom
Teacher: _____

For the 2023-2024 school year my child will be dismissed as a:

_____ Walk-up - Pick-up _____ Drive-through pick-up _____ After3

_____ Bus-rider (See below)

Bus Route number or name of daycare/van: _____

My child may be picked up by the following people: (if additional lines are needed, please attach a separate piece of paper)

_____	_____	_____
Name	Relationship	Telephone #
_____	_____	_____
Name	Relationship	Telephone #
_____	_____	_____
Name	Relationship	Telephone #

My child may not be picked up by the following people:

_____	_____	_____
Name	Relationship	Telephone #
_____	_____	_____
Name	Relationship	Telephone #

The following people may come to campus to have lunch with my child:

_____	_____	_____
Name	Relationship	Telephone #
_____	_____	_____
Name	Relationship	Telephone #

Parent Signature

Date

SCHOOL YEAR	GRADE	CAMPUS
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2023-2024	Sinclair Elementary	
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STUDENT ENROLLMENT FORM

2023-2024

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

PK Type (Select)
HISD PK
Private Daycare PK
Public Daycare PK
No Schooling

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 / GENERACIÓN
GENDER / EL GÉNERO	DOB / FECHA DE NACIMIENTO	CITY / CIUDAD	STATE / ESTADO	COUNTRY / PAÍS
<input type="checkbox"/> MALE / MASCULINO <input type="checkbox"/> FEMALE / FEMENINO				United States of America
RESIDENTIAL ADDRESS - CITY. ZIP CODE / LA DIRECCIÓN RESIDENCIAL-CIUDAD CÓDIGO POSTAL		MAILING ADDRESS - CITY ZIP CODE / LA DIRECCIÓN RESIDENCIAL-CIUDAD CÓDIGO POSTAL		
HOME PHONE / TELÉFONO		E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO		
FEDERAL ETHNICITY / ETHICIDAD DEL ALUMNO (SELECT ONE)	<input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NOT HISPANIC/LATINO	RACE / RAZO (SELECT ALL THAT APPLY)	<input type="checkbox"/> (1) AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> (2) ASIAN OR PACIFIC <input type="checkbox"/> (3) BLACK, NOT OF HISPANIC ORIGIN <input type="checkbox"/> (4) WHITE, NOT OF HISPANIC ORIGIN <input type="checkbox"/> (5) NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER	
SIBLINGS AT HOUSTON ISD / HIJOS EN HOUSTON ISD	NAME/NOMBR E	SCHOOL/ESCUELAS	GRADE/GRADO	
LAST SCHOOL ATTENDED / NOMBRE LAS ÚLTIMAS ESCUELAS ASISTIDAS	CITY / CIUDAD	STATE / ESTAD O	ZIP CODE / CÓDIGO POSTAL	Grade Last Completed / Último Grado completado
CONTACT 1 NAME / EL NOMBRE DE CONTACTO 1	<input type="checkbox"/> LIVES WITH STUDENT / ¿VIVE CON EL ESTUDIANTE	RESIDENTIAL ADDRESS - CITY. STATE ZIP CODE / LA DIRECCIÓN RESIDENCIAL / LA DIRECCIÓN 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 DEL TELÉFONO CÉLULAR	E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO	
CONTACT 2 NAME / EL NOMBRE DE CONTACTO 2	<input type="checkbox"/> LIVES WITH STUDENT / ¿VIVE CON EL ESTUDIANTE	RESIDENTIAL ADDRESS - CITY. STATE ZIP CODE / LA DIRECCIÓN RESIDENCIAL / LA DIRECCIÓN 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 DEL TELÉFONO CÉLULAR	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.

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

- 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 free attendance.
- The parent or guardian signature must be the same as the name of the person with whom the student resides.
- Texas Penal Code §37.10 provides that presenting a false document or false records for enrollment in school is an offense under state law.
- Enrollment of the child under false documents subjects the person to liability for tuition or costs under Texas Education Code §25.001(h).
- 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>

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 Sinclair Elementary

Signature of parent or guardian _____

Date _____ 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: _____ Sinclair Elementary

NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.

1. What language is used in the child's home **most of the time**? _____

2. What language does the child use **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.

HOUSTON INDEPENDENT SCHOOL DISTRICT

2023 - 2024 STUDENT RESIDENCY QUESTIONNAIRE (SRQ)

All information MUST be completed by parent, school personnel or community liaison.

School Sinclair Elementary Date _____

Student Name _____ Date of Birth _____ HISD ID _____

Current Address _____ Grade _____ ☐ Male ☐ Female

Lives with: ☐ Both Parents, ☐ Mother, ☐ Father, ☐ Legal Guardian, ☐ Caretaker/Relative without legal guardianship, ☐ Other: _____
(relationship)

Is the student currently in the conservatorship of the Department of Family & Protective Services (Foster Care)? ☐ Yes ☐ No

If Yes – name of DFPS Case Manager: _____ Contact Information : _____

Was the student previously in the conservatorship of the Department of Family & Protective Services (Foster Care)? ☐ Yes ☐ No

Does the student reside at a residential treatment center? ☐ Yes ☐ No

Facility Name: _____ Case Manager: _____ Contact Information: _____

Please complete the Current Housing Situation AND Background Situation sections below to determine McKinney-Vento eligibility:

Part A: CURRENT HOUSING SITUATION – Check the student's current housing situation:

I CURRENTLY LIVE:

- ☐ In my own home or apartment, in Section 8 housing, HUD Subsidized housing or in military housing with parent(s), legal guardian(s), or caregiver(s)
- ☐ In my own home or apartment, in Section 8 housing, HUD Subsidized Housing or in military housing with parent(s) with parent(s) but lacks
- ☐ My home has no electricity ☐ My home has no running water

OR I CURRENTLY LIVE IN A TRANSITIONAL HOUSING SITUATION:

- ☐ Living in a shelter ☐ Living in a motel or hotel
- ☐ Living with more than one family in a house or apartment (Doubled-up) due to economic hardship

Unsheltered

- ☐ Moving from place to place ☐ Living in a structure not usually used for housing ☐ Living in a car, park, campsite, camper, or outside

UNACCOMPANIED YOUTH: ☐ Yes ☐ No (An unaccompanied youth is a student who is not in the physical custody of a parent or legal guardian. This would include students living with non-custodial relatives or friends without a parent or legal guardian).

PARENTING STUDENT: ☐ Yes ☐ No (A student who has a child/children).

Part B: BACKGROUND SITUATION (If a Transitional Housing Situation is checked above – please check any below that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Catastrophic illness/ Medical expenses / disability | <input type="checkbox"/> House fire or other destruction | <input type="checkbox"/> Parent(s) involved in military |
| <input type="checkbox"/> New to Town | <input type="checkbox"/> Natural disaster/evacuation | <input type="checkbox"/> Parent Incarcerated/Recently released |
| <input type="checkbox"/> Loss of Employment | <input type="checkbox"/> Domestic Issue | <input type="checkbox"/> Student has been previously incarcerated |
| <input type="checkbox"/> Economic hardship/low earnings | <input type="checkbox"/> Migrant work in fishing or agriculture | <input type="checkbox"/> Awaiting placement in foster care/CPS custody |
| <input type="checkbox"/> Evicted/kicked out | <input type="checkbox"/> Student is a parent | <input type="checkbox"/> COVID-19 impacted: _____ |

Part C: NEEDED SERVICES – based on availability (Check services needed and call 713-556-7237 to speak to an Outreach Worker)

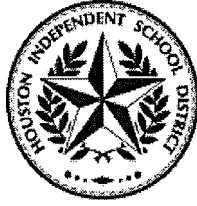
- | | | | | |
|---|---|---|--|---|
| <input type="checkbox"/> Enrollment Assistance | <input type="checkbox"/> Transportation | <input type="checkbox"/> Emergency Clothing, Uniforms | <input type="checkbox"/> School Supplies | <input type="checkbox"/> Personal Hygiene Items |
| <input type="checkbox"/> Free Lunch/ Breakfast | <input type="checkbox"/> Immunizations | <input type="checkbox"/> SNAP/Medicaid/ TANF/CHIP | <input type="checkbox"/> Housing | <input type="checkbox"/> Food |
| <input type="checkbox"/> Homeless Verification Letter for FAFSA | <input type="checkbox"/> Other: _____ | | | |

To the best of my knowledge this information is true and correct.

Name (PLEASE PRINT): _____ Signature: _____ Phone #'s _____

School Personnel: This form is intended to address the McKinney-Vento Act U.S.C. 11435. If any "Transitional Housing Situation" is checked under "Current Housing Situation" AND the family has indicated one of the "Background Situations" (1) immediately add PEIMS Coding in HISD Connect under the Homeless tab (2) Code all of the McKinney-Vento Panels on that screen (the start date should be the date the form was completed and also add the end date, and (3) Add requested services under the Services Tab (4) Email forms to HomelessEducation@houstonisd.org. If information is missing, please follow-up with the parent/guardian/school personnel who completed the form to make sure each section is completed, as needed.

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: Sinclair Elementary Grade: _____

Parent/Guardian Name: _____

Work Phone: _____ Mobile Phone: _____ Home Phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form received by Campus: _____



HOUSTON INDEPENDENT SCHOOL DISTRICT

HEALTH INVENTORY

SCHOOL Sinclair Elementary

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 _____

HOUSTON INDEPENDENT SCHOOL DISTRICT

SCHOOL ENROLLMENT HISTORY

(Only for students enrolling in 2nd grade or above whose Home Language Survey indicates a language other than English)

Student Name: _____

Student ID: _____

Grade Level: _____

School: Sinclair Elementary

Date of Enrollment in U.S. schools: _____

Has student ever attended school outside the U.S.?

☐ **No** If "no" then stop. No need to continue filling out this form.

☐ **Yes** If "yes" please provide student's academic history below.

Student History Worksheet

School Year	Grade	Country/ U.S. State	Total Time Enrolled	If student did not attend school for a full academic year, specify months attended	For Office Use Document TELPAS Reading rating if available/Yrs in U.S. Schools
	Kinder		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	1 st		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	2 nd		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	3 rd		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	4 th		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	5 th		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	6 th		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	7 th		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	8 th		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	9 th		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	10 th		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	11 th		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	12 th		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		

Please use the back of this form if more space is needed.

Parent 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.

_____ Student/Staff Name (please print)	_____ (Parent/Guardian)/(Staff) Signature
_____ Student/Staff Identification Number	_____ Date

HOUSTON INDEPENDENT SCHOOL DISTRICT

MILITARY CONNECTED FAMILIES SURVEY

All information **MUST** be completed by parent, school personnel or community liaison.

School Sinclair Elementary Date _____

Student Name _____ HISD ID# _____

Dear Parent or Guardian,

The State of Texas requires schools to collect data relating to the enrollment of military-connected students. This collection is done to allow educational institutions the ability to monitor critical elements of education success for children who are dependents of military personnel, and show the state's commitment to military personnel and their children.

For students in grades Kindergarten through 12:

1. The student is a dependent of an active duty member of the United States Army, Navy, Air Force, Marine Corps, or Coast Guard

☐ Yes ☐ No

2. The student is a dependent of a member of the Texas National Guard (Army, Air Guard, or State Guard)

☐ Yes ☐ No

3. The student is a dependent of a member of a reserve force in the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard)

☐ Yes ☐ No

For pre-kindergarten students only:

4. The student is a dependent of an active duty uniformed member of the Army, Navy, Air Force, Marine Corps, or Coast Guard, or activated/mobilized uniformed member of the Texas National Guard (Army, Air Guard, or State Guard) who was injured or killed while serving on active duty.

☐ Yes ☐ No

HOUSTON INDEPENDENT SCHOOL DISTRICT

PRIVACY CODE: STUDENT RECORDS, RIGHTS, AND RESPONSIBILITIES

Student Records: State law requires the Houston Independent School District (HISD) to maintain an education record for each student attending its schools. These records contain identifying data pertaining to the student and may include information concerning demographics, grades, attendance, health, discipline, guidance, assessment, and appraisals.

Access to Records: In addition to HISD employees, who have a legitimate educational interest in a student's records, parents, guardians, and the student are the only persons who have access to student records maintained by the district.

Both parents—married, separated, or divorced—have access to a student's records until the student becomes 18 years of age and is no longer a dependent student under Section 152 of the Internal Revenue Code. A parent's rights to access student records may be restricted by a court order. Legal guardians have the same rights of access as parents. Parents and students may review records during regular school hours by contacting their school principal.

After the student becomes 18 and is no longer a dependent, only the student has access to his or her records. However, that student may consent to others having access.

Under certain restricted conditions, other individuals may review a student's records. These conditions include:

- Other schools to which a student is transferring.
- Specified officials for audit or evaluation purposes.
- Appropriate parties in connection with financial aid to a student.
- Accrediting organizations.
- State and local juvenile justice system authorities pursuant to state law.
- Appropriate officials in cases of health and safety emergencies.

Records may also be reviewed to comply with a judicial order or lawfully issued subpoena provided the parent and student received notice before compliance. No other persons are allowed to review a student's records without either permission of the parent or that of the student if over 18 years of age.

Challenge to Content of a Record: If a parent or a student over 18 feels that the student record contains information which is misleading, incorrect, or a violation of the privacy or other rights of the student, that person may challenge the contents of the record in an informal hearing. To initiate this procedure, contact your school principal.

Copies: A student 18 years of age or over or a parent or guardian of a student under 18 years of age requesting copies of his or her child's official district records for a purpose other than the transaction of the official business of the district shall pay 10 cents a page for each copy. A limit of three high-school transcripts will be provided free to post-secondary schools. Each additional copy will cost \$1. The Inactive Student Records Department microfilms high-school transcripts for permanent retention.

Special Education Records: The district maintains Special Education records for seven years after the last date of service and then destroys the records in accordance with state law. A "Notice of Destruction of Special Education Records" is published annually through the district's website (www.houstonisd.org) advising the parent or adult student how they may request a copy of the records before they are destroyed. It is important that the parent or adult student keep a copy of all Special Education records for use in later years.

Complaints: Parents or a student over the age of 18 have the right to file a complaint with the U.S. Department of Education concerning alleged failures of the district to comply with the provisions of the Family Education Rights and Privacy Act of 1974.

HOUSTON INDEPENDENT SCHOOL DISTRICT

PRIVACY CODE: STUDENT RECORDS, RIGHTS, AND RESPONSIBILITIES

Directory Information: Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information for school-sponsored purposes.

Directory information may include the following:

- Student name
- Address
- Telephone listing
- Date and place of birth
- Photograph
- Major field of study
- Participation in officially recognized activities and sports
- Weight and height of members of athletic team
- Dates of attendance
- Awards received
- Most recent previous school attended by a student

If you DO NOT want to release directory information regarding your child, please check the appropriate box on the Privacy Code Form below and return it to your child's school.

Military Recruitment/Higher Education: Public Law 107-110 requires school districts receiving assistance under the No Child Left Behind Act of 2002 to provide a military recruiter or an institution of higher education, on request, with the name, address, and telephone number of a secondary student unless the parent has advised the district that the parent does not want the student's information disclosed without the parent's prior written consent.

If you DO NOT want your child's directory information released to military recruiters or institutions of higher education without your specific, prior, written consent, check the appropriate box on the Privacy Code Form below and return it to your child's school.

PRIVACY CODE FORM

Please check all boxes below that apply.

_____ I have received the Notice of Student Rights and Responsibilities with Respect to Student Records Maintained by the Houston Independent School District.

_____ I request that Houston ISD NOT release any directory information regarding my child, except as required by law.

_____ I request that Houston ISD NOT release my child's name, address, and telephone number to a military recruiter or an institution of higher education, without my specific written approval.

Student's Name _____ Student's Date of Birth _____

Students' School Sinclair Elementary Student's Grade _____

Name of Parent/Guardian _____ Date: _____

Parent/Guardian Signature _____

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

HOUSTON INDEPENDENT SCHOOL DISTRICT

FAMILY SURVEY

STUDENT NAME:	DATE OF BIRTH:
CAMPUS NAME: Sinclair Elementary	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

MigrantProgram@HoustonISD.org

MIGRANT EDUCATION PROGRAM

4400 W. 18th Street, Route 1 | Houston, TX 77092 | 713-556-6980 Fax
HISD Multilingual Education Department | 713-556-7288 | May 2018

HOUSTON INDEPENDENT SCHOOL DISTRICT

HOME SCHOOL QUESTIONNAIRE

PARENT/GUARDIAN: Please list the name and date of birth for every child taught in your home in Section I and complete Sections II –IV. ***This form must be completed by the student's parent/guardian only.***

SECTION I: STUDENT DATA

Last Name, First Name, Middle Initial	Grade	PowerSchool ID number (if applicable)	Date of Birth

SECTION II: HOME SCHOOL INFORMATION

1. What date did home schooling begin? **Date:** _____
Month/Day/Year
2. Is the student enrolled in a tuition-based diploma program?
☐ No
☐ Yes - What is the name of the program? _____

SECTION III: ASSURANCES

1. Is there a curriculum consisting of books, workbooks or other written materials? ☐ Yes ☐ No
2. Is the student pursuing the curriculum in a bona fide manner under the direction of a parent or parents or one standing in parental authority? ☐ Yes ☐ No
3. Does the curriculum meet the basic educational goals of reading, spelling, grammar, mathematics, and a course in good citizenship? ☐ Yes ☐ No

SECTION IV: PARENT/GUARDIAN INFORMATION

_____ Parent/Guardian (Printed Name)	_____ Parent/Guardian (Signature)	_____ Date of Signature
_____ Address	_____ City/State	_____ Zip
_____ Home Phone Number	_____ Cell Phone Number	_____ Email Address

That's it.

Thanks for making Sinclair your school of choice.

Our number one priority is the safety, education and future of your children.

We hope we have answered all of your questions, but if we didn't, don't hesitate to call us at **(713) 867-5160**