

# Houston Independent School District

JOHN E. CODWELL ELEM.

## Enrollment Information

20 12 - 20 13

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		
Local Student Ethnicity (Select One) <input type="checkbox"/> 1 American Indian/Alaska Native <input type="checkbox"/> 4 Hispanic	<input type="checkbox"/> 2 Asian/Pacific Islander <input type="checkbox"/> 5 White, Not of Hispanic Orig.		<input type="checkbox"/> 3 Black, Not of Hispanic Orig.		
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
<b>Texas Education Code §25.002(f) requires the school district to record the name, address, and birth date of the person enrolling a child.</b>					
Mother/Contact #1 Name (Last, First)	Relationship	Street Number	Street Name	Apartment	City State Zip
Employer	Occupation	Home Phone	Work Phone	Cell Phone	
Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese <input type="checkbox"/> Other	Translator Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	e-mail Address		
Father/Contact #2 Name (Last, First)	Relationship	Street Number	Street Name	Apartment	City State Zip
Employer	Occupation	Home Phone	Work Phone	Cell Phone	
Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese <input type="checkbox"/> Other	Translator Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	e-mail Address		
Emergency/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?		Family Physician		Physician Phone	
<input type="checkbox"/> CHIP <input type="checkbox"/> Medicaid <input type="checkbox"/> HCHD <input type="checkbox"/> Private Insurance <input type="checkbox"/> None					
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	
<b>Signature below certifies that all the information above is true and accurate.</b>					
Enrollment of the child under false documents subjects the person to liability for tuition or costs under Texas Education Code §25.001(h).					
Signature of Mother or Legal Guardian		TX Driver's License Number		Date of Birth (Mother or Legal Guardian)	
Signature of Father or Legal Guardian		TX Driver's License Number		Date of Birth (Father or Legal Guardian)	
Total Monthly Family Income:			Total Number In Household:		

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



## REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent:

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as how your child reacts when exposed to the food that is listed.

No information to report.

Food	Nature of allergic reaction to food	Life-Threatening?

**TO REQUEST A SPECIAL DIET, MODIFICATION OF A MEAL PLAN OR PROVIDE OTHER INFORMATION FROM YOUR DOCTOR ABOUT YOUR CHILD'S FOOD ALLERGY, YOU MUST CONTACT THE SCHOOL NURSE OR SCHOOL ADMINISTRATOR WHERE YOUR CHILD ATTENDS SCHOOL.**

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date form received by Campus: \_\_\_\_\_



# MEDIA RELEASE FORM

Houston Independent School District • 4400 West 18th Street, Houston, Texas 77092-8501

I hereby grant permission to \_\_\_\_\_  
to photograph/interview my child, \_\_\_\_\_.  
It is my understanding that this photograph/interview or portions thereof will  
be used for public view.

I agree to participate in this project without financial remuneration, and I  
understand that this releases \_\_\_\_\_,  
photographer/interviewer from any future claims as well as from any liability  
arising from the use of said photograph/interview.

Name of child \_\_\_\_\_  
(please print or type)

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

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.

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

HOUSTON INDEPENDENT SCHOOL DISTRICT  
School Health Department

HEALTH INVENTORY

SCHOOL \_\_\_\_\_

DATE \_\_\_\_\_

TEACHER \_\_\_\_\_

Please fill in this form and return it to the teacher or nurse at the earliest possible date. The information given on this form will enable the school staff to have a better understanding of the pupil's health status.

Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Birth weight \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Disease History	Age	Disease History	Age
Asthma		Orthopedic	
Allergy (specify)		Poliomyelitis	
Blood Disorder		Rheumatic Fever	
Convulsions		Serious Accident	
Diabetes		Surgery/Fractures	
Epilepsy		T.B. Contact	
Heart Disease		Hearing Loss	
Kidney Disorder		Vision Loss	

If this pupil has had any of the above conditions, did he/she receive medical care?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is he/she under treatment now? Yes \_\_\_\_\_ No \_\_\_\_\_

Please check any of the following signs and symptoms you have recently observed.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Tires easily       | <input type="checkbox"/> Frequent sore throats  | <input type="checkbox"/> Nail Biting                    |
| <input type="checkbox"/> Underweight        | <input type="checkbox"/> Frequent nose bleeds   | <input type="checkbox"/> Restlessness                   |
| <input type="checkbox"/> Overweight         | <input type="checkbox"/> Earaches               | <input type="checkbox"/> Shyness                        |
| <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Fainting               | <input type="checkbox"/> Does not like school           |
| <input type="checkbox"/> Frequent colds     | <input type="checkbox"/> Frequent stomach-aches | <input type="checkbox"/> Does not get along with others |

Has the pupil consulted a physician about the above symptoms? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the pupil had a complete physical in the past year? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this pupil on any kind of medication? \_\_\_\_\_

If so, what? \_\_\_\_\_

For what condition? \_\_\_\_\_

Is this pupil under medical care at this time? \_\_\_\_\_

Name of doctor or clinic \_\_\_\_\_

Further comment \_\_\_\_\_

Has the pupil ever attended the Houston Public Schools? \_\_\_\_\_

Name of school - date attended \_\_\_\_\_

PLEASE FEEL FREE TO CONSULT WITH THE SCHOOL STAFF ABOUT HEALTH PROBLEMS

Signature \_\_\_\_\_

40.3100

PARENTS, PLEASE COMPLETE AND SIGN THIS FORM. IT WILL BE PLACED IN YOUR CHILD'S FOLDER.

RAINY DAY/EMERGENCY PLAN

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Teacher's Name

\_\_\_\_\_  
Grade Level

\_\_\_\_\_  
Room Number

THIS IS NOTIFICATION TO THE SCHOOL THAT IN CASE OF INCLEMENT WEATHER, MY CHILD

\_\_\_\_ WILL BE PICKED UP BY \_\_\_\_\_  
Name of person picking up Relationship

\_\_\_\_ WILL WALK HOME.

\_\_\_\_ WILL RIDE THE SCHOOL BUS HOME.

\_\_\_\_ WILL RIDE THE METRO BUS HOME.

\_\_\_\_ OTHER \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Emergency/

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Date

*NOTE: IN CASE OF AN ADDRESS OR A PHONE CHANGE, PLEASE NOTIFY THE SCHOOL AS SOON AS POSSIBLE.*

**HOUSTON INDEPENDENT SCHOOL DISTRICT**  
**HOME LANGUAGE SURVEY**  
**(PK - 12)**  
**(English)**

Student Name: \_\_\_\_\_ School: \_\_\_\_\_  
 Student Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ HISD ID#: \_\_\_\_\_ PEIMS# \_\_\_\_\_  
Month/Day/Year

The Texas Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction to all students. Please answer the following questions.

<b>PART A:</b>		
<b>(I) Place of Birth (Country of Origin)</b> City _____ Country _____	<b>(I) Date of initial entry into U.S. schools</b> Month _____ Day _____ Year _____	<b>(I) Number of complete academic years in a U.S. school.</b>
<b>(I) When your child lived outside the U.S., did he or she attend school regularly? (Check one.)</b> <input type="checkbox"/> Yes, my child attended school regularly in all previous grades outside the U.S. <input type="checkbox"/> No, my child missed significant portions of one or more school years, as specified: Specify grade and time period, including month and year (example: Grade 2, Jan. 2002 through May 2002). Do not include periods of absence that lasted less than one month. Do not include regularly scheduled school holidays or vacations. _____		
<b>(M) Has your family worked in either the AGRICULTURE or FISHING industry in the last 3 years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>PART B:</b>		
<b>1. What language is spoken in your home most of the time?</b> English _____ Spanish _____ Vietnamese _____ Other (Specify) _____		
<b>2. What language does the student (do you) speak most of the time?</b> English _____ Spanish _____ Vietnamese _____ Other (Specify) _____		
<b>Grades PK - 8</b>  _____ (Parent or Guardian)  _____ (Date)	<b>Grades 9 - 12</b>  _____ (Parent or Guardian or Student)  _____ (Date)	

**NOTE TO SCHOOL PERSONNEL:**

1. Signed copy of the Home Language Survey (HLS) must be filed in the student's permanent folder.
2. In Part A, items marked with an (I) are required for identification of immigrant students. (Refer to Bilingual/ESL Program Guidelines for identification procedures) An immigrant student is one who was born outside of the United States and has been attending schools in the United States for less than three complete academic years. Item marked with an (M) is required for identification of migrant students.
3. In Part B, an answer of a language other than English to either question #1 or #2 or #3 identifies a student for language proficiency assessment (LAS testing).

**Yes, NEEDS OLPT TESTING**  
**(If entering grades PK-12)**

Student must be tested, identified, and placed in an appropriate program within 4 weeks of their enrollment.

**Yes, NEEDS ENG. NRT TESTING**  
**(If entering grades 2-12)**

ORIGINAL - Student Folder  
 YELLOW - School Copy (For Optional Use)  
 PINK - Multilingual Assessment Center

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 would like the option of not having your child's directory information released to military recruiters or institutions of higher education without your specific, prior, written consent, complete the *Privacy Code Form* at the bottom of this form and return it to your child's school.

**Challenge of 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 the 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 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 \$1.00.

The Inactive Student Records Department microfilms high-school transcripts for permanent retention. 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 local media, 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:** The parents or the student over 18 has 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.

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*Return this form by \_\_\_\_\_ if you do not want directory information released.*

### PRIVACY CODE FORM

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, without my specific written approval.

\_\_\_\_ 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.

\_\_\_\_\_  
(Student's Name)

\_\_\_\_\_  
(Student's HISD ID Number)

\_\_\_\_\_  
(Student's School)

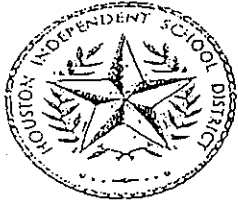
\_\_\_\_\_  
(Student's Birth Date)

\_\_\_\_\_  
(Student's Grade)

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)





# Code of Student Conduct

## Student and Parent Acknowledgment

The Houston Independent School District shall foster a climate of mutual respect for the rights of others. Each student is expected to respect the rights and privileges of other students, teachers, and district personnel. The student's responsibilities for achieving a positive learning environment at school and/or school-related activities shall include the following:

- Attend all classes and each day and be on time
- Prepare for each class with appropriate materials and completed assignments
- Dress according to the dress code adopted by each individual school
- Know that the possession, use, and/or sale of illegal or unauthorized drugs, alcohol and weapons is unlawful and prohibited
- Show respect toward others
- Conduct oneself in a responsible manner
- Pay required fees and fines
- Know and obey all school rules in the *Code of Student Conduct* and the School-Based Discipline Management System
- Cooperate with staff in investigation of disciplinary matters

- Seek changes in school policies and regulations in an orderly and responsible manner, through appropriate channels
- Report threats to the safety of students and staff members as well as misconduct on the part of any other students or staff members to the building principal, a teacher, or another adult
- Use HISD technology systems for school business purposes only and use school computers and related equipment appropriately
- Abide by the technology security procedures developed by HISD such as never leaving a terminal workstation unattended or unsecured while logged to a host computer or network
- Report all observed or suspected technology security problems immediately to a teacher

The *Code of Student Conduct* has been written to help your son or daughter gain the greatest possible benefit from school experience.

The school is in need of your help and cooperation. It is important that every student understand the *Code* and be held accountable by his or her parent(s) or guardian(s) to follow the rules and regulations set forth in the *Code*. Please read and discuss the *Code* with your child. When you have done so, you and your child must sign this form and return it to the school. Signatures of parents and student acknowledge receipt of a copy of the *Code of Student Conduct* and certify that both have read and discussed the *Code*. It is expected that parents and students will accept their responsibilities as described in the *Code of Student Conduct*.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Grade \_\_\_\_\_ Homeroom \_\_\_\_\_ School \_\_\_\_\_

Note: Place original form in student's cumulative folder.

# Houston Independent School District



Dear Parent or Guardian:

It is the parent's duty to require the student to attend school, monitor the student's attendance, and request a conference with school officials to discuss any concerns about attendance. In HISD elementary schools, a student may have no more than eight (8) unexcused absences during the school year. In secondary schools, a student may have no more than four (4) unexcused absences to receive credit for a regular 18-week semester schedule. In a nine (9) -week accelerated block schedule or in an every-other-day block schedule, a student may have a maximum of two (2) unexcused absences per semester or a maximum of four (4) unexcused absences per year.

State law provides that if a student is absent from school without parental consent for any portion of the school day for three (3) days in a four (4) -week period or for ten (10) or more days in a six (6) -month period, the student and the student's parent or legal guardian are subject to prosecution by the Harris County Justice of the Peace Courts. The student may also be referred to a juvenile court.

Principals may excuse absences for personal illness, death in the family, or other legitimate reasons. Teachers will give students an opportunity to make up work for all absences, and students/parents must use the established district process for appealing credit lost because of excessive absences.

By signing below, I signify that I have read and understand the HISD Attendance Requirements.

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Parent Signature

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Student Signature