

**Houston Independent School District
Community Services School Enrollment Information 2016-2017**

SITE/TEACHER _____ **C.A.?** Yes No **LEP STUDENT?** Yes No **SPEC ED SERVICES?** Yes No

FILL OUT COMPLETELY AND FAX (713) 967-5223 OR EMAIL TO Mrs. Maldonado and Mrs. Darby

Has student ever attended an HISD School? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last School/Attribution Code			
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 Other:	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	<input type="checkbox"/> 1 American Indian/Alaska Native	<input type="checkbox"/> 2 Asian/Pacific Islander	<input type="checkbox"/> 3 Black, Not of Hispanic Origin		
	<input type="checkbox"/> 4 Hispanic	<input type="checkbox"/> White, Not of Hispanic Orig.			
FEDERAL Student Ethnicity (Select One) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Does the student live in a residential facility (Y) (N) (replaces AT RISK Documentation)				
	Student Race (Select all that apply)	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
		<input type="checkbox"/> Native Hawaiian/Other Pacific Islander			
ADDRESS Street Number	Street Name	Apartment	City	State	Zip County Home Phone
Texas Education Code §25.002F) requires the school district to record the name, address, and birth date of the person enrolling a child.					
Mother/Contact #1 Name (Last, First)	Relationship	Street Number	Street Name	Apartment	City State
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
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
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	
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). Student Cell E-mail					
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:		