Houston Independent School District
Walnut Bend Elementary School
Principal: Michele Dahlquist

10620 Briar Forest Dr.
Houston, TX  77042

Phone: 713-917-3540
Fax: 713-917-3656

2019/20 Registration Requirements

It is the PARENTS’ responsibility to gather the required documents, and all documents must be present at the time of registration.

Please provide the following documents:

_____ Proof of Birth Date (original/official copy of Birth Certificate or Passport)
   - The child MUST be 5 years old on or before September 1, 2019 in order to enroll in Kindergarten,
     or 4 years old on or before September 1, 2019 in order to enroll in Pre-Kindergarten.
   - If your child is a refugee or asylee, you must present their original I-94, their “Green Card”, or their US VISA from their passport for verification.

_____ Social Security Card (preferred, but not required)

_____ Immunization Record (current immunizations required to begin school)

_____ Proof of Residency (Apartment lease, CURRENT utility bill or property tax statement)
   - If neither your name nor your student’s name are on the apartment lease and you are living with someone else, you will also need to fill out a Residence Affidavit packet and provide additional documentation from the person with whom you live. We will contact the apartment complex or landlord to verify this information.

_____ Parent/Guardian Photo Identification

_____ Pre-K ONLY: Proof of income for everyone in the household that earns income (current paycheck stub, 2018 tax return, SNAP letter with EDG Number, Employer Statement Form or Zero Income Declaration Form)

For Office Use Only:
Date: ______________________________________
Time: ______________________________________

☐ Address  ☐ LEP/Bilingual
☐ Nurse  ☐ Refugee
## Enrollment Information

**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><strong>Legal Student Last Name</strong></td>
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<tr>
<td><strong>First Name</strong></td>
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<td><strong>Middle Name</strong></td>
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<td><strong>Generation</strong></td>
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<td><strong>Gender</strong></td>
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<td><strong>Grade</strong></td>
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<tr>
<td><strong>HISD Student ID</strong></td>
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<tr>
<td><strong>Date of Enrollment</strong></td>
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<tr>
<td><strong>Date of Birth</strong></td>
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<tr>
<td><strong>Student Lives with</strong></td>
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<tr>
<td><strong>Student SS# / State Alt. #</strong></td>
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<tr>
<td><strong>Last School/Daycare Attended</strong></td>
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</table>

**Student Birthplace:**

- **City, State, Country**
- **Year Started School in US**
- **Student Lives with**
  - **Mother**
  - **Father**
  - **Other**
  - **Both Parents**

**Federal Student Ethnicity (Select One):**

- **Hispanic/Latino**
- **Not Hispanic/Latino**
- **American Indian or Alaska Native**
- **Asian**
- **Black or African American**
- **White**

**Student Race (Select all that apply):**

- **Native Hawaiian/Other Pacific Islander**
- **White**
- **Asian**
- **Black or African American**
- **American Indian or Alaska Native**
- **Hispanic/Latino**
- **Not Hispanic/Latino**
- **Other**

**Student Address:**

- **Street Number**
- **Street Name**
- **Apartment**
- **City**
- **State**
- **Zip**
- **County**
- **Home Phone**

**Student Cell Phone:**

**Student e-mail Address:**

**Texas Education Code §25.002(f) requires the school district to record the name, address, and birth date of the person enrolling a child.**

<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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<tbody>
<tr>
<td><strong>Employer</strong></td>
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<td><strong>Occupation</strong></td>
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<td><strong>Work Phone</strong></td>
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<td><strong>Preferred Language</strong></td>
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<td><strong>Translator Needed?</strong></td>
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<td><strong>English</strong></td>
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<td><strong>Yes</strong></td>
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<td><strong>Spanish</strong></td>
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<td><strong>No</strong></td>
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<td><strong>Vietnamese</strong></td>
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<td><strong>Other</strong></td>
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<td><strong>e-mail Address</strong></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>
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<td><strong>English</strong></td>
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<td><strong>Spanish</strong></td>
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<tr>
<th>Contact #3 Name (Last, First)</th>
<th>Relationship</th>
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<th>Street Name</th>
<th>Apartment</th>
<th>City</th>
<th>State</th>
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<td><strong>English</strong></td>
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<table>
<thead>
<tr>
<th>What type of medical insurance do you carry for this child?</th>
<th>CHIP</th>
<th>Medicaid</th>
<th>HCHD</th>
<th>Private Insurance</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Physician</strong></td>
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<tr>
<td><strong>Physician Phone</strong></td>
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</tbody>
</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:**
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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<tbody>
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<table>
<thead>
<tr>
<th>Student/Staff Identification Number</th>
<th>Date</th>
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</table>

Texas Education Agency – March 2009
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
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:

<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>
<td></td>
<td>Bone/Joint Problem</td>
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<tr>
<td>Allergies</td>
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<td>Rheumatic Fever</td>
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<tr>
<td>Blood Disorder</td>
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<td>Surgery/Fractures</td>
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<tr>
<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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<tr>
<td>Heart Disease</td>
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<td>Vision Loss</td>
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<tr>
<td>Kidney Disorder</td>
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<td>Severe Menstrual Cramps</td>
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<td>Eating Disorder</td>
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<tr>
<td>Cancer</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 ________________________________________________
COMPULSORY SCHOOL ATTENDANCE LAWS

TO PARENTS OR TO PERSONS STANDING IN PARENTAL RELATION TO CHILDREN

The Texas Education Code §25.095 requires the school district to notify a student's parents in writing at the beginning of the school year that if the student is absent from school on 10 or more days or parts of days within a six-month period in the same school year or on three or more days or parts of days within a four-week period:

1) the student's parent (or legal guardian) is subject to prosecution under TEC §25.093; and
2) the student is subject to prosecution under TEC §25.094.

It is the parent's duty to monitor the student's school attendance and require the student to attend school and request a conference with a school official to discuss the absences. The parent is subject to prosecution under § 25.093 (b) for failure to require your child to attend school.

By signing below, I acknowledge that I understand and will abide by Texas law with regard to my child(ren)'s school attendance.

_________________________________________  __________________________________________
Signature of Parent                             Printed Name

________________________________________
Date
TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN PREKINDERGARTEN THROUGH GRADE 8 (OR BY STUDENT IN GRADES 9-12): The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

To determine if your child would benefit from Bilingual or English as a Second Language program services, please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if Bilingual or English as a Second Language program services are appropriate and to inform instructional and program placement recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

For more information on the process that must be followed, please visit the following website: https://projects.esc20.net/upload/page/0081/docs/JuneUpdates/EnglishLearnerIdentification-ReclassificationFlowchart.pdf

This survey shall be kept in each student's permanent record folder.

NAME OF STUDENT: ___________________________________________ STUDENT ID #: ___________________

ADDRESS: _______________________________________________ TELEPHONE #: ___________________

CAMPUS: _______________________________________________

NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.

1. What language is spoken in the child’s home most of the time? __________________________

2. What language does the child speak most of the time? __________________________

________________________________________ Date

Signature of Parent/Guardian

________________________________________ Date

Signature of Student if Grades 9-12

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.
Placement Information

Student’s Name: ___________________________ Age: ________ Date of Birth: ___________________________

Parent Name: ___________________________ Phone #: ___________________________

Address: ___________________________ Home Language: ___________________________

Please list all siblings- First and Last Name(s), Birthdate(s) and Grade(s)

________________________________________

________________________________________

________________________________________

Current Grade: ______ Has your child ever repeated a grade? ______ No ______ Yes- If yes, what grade? ___________________________

Has your child ever attended an HISD school in the past? ______ No ______ Yes- If yes, please list school and grades: ___________________________

Has your child attended PPCD Classes? ______ No ______ Yes- If yes, name of school: ___________________________

Has your child attended Pre-Kindergarten? ______ No ______ Yes- If yes, name of school: ___________________________

Special Services

To serve our students most effectively, we ask that you help us by marking the appropriate areas, and make any comments you feel would assist us in providing the best educational services for your child.

Which of the following services has your child received? Please circle the appropriate grade level your child was in when the service was received, and name the school and district where the support was received.

_____ Bilingual/ESL

Pre-K K 1 2 3 4 5

_____ Speech

Pre-K K 1 2 3 4 5

_____ Special Ed

Pre-K K 1 2 3 4 5

(Circle one or more: Resource, Autistic, Emotionally Disturbed, Visually Impaired, Hearing Impaired, Medically Impaired, Orthopedically Impaired)

_____ 504

Pre-K K 1 2 3 4 5

_____ Reading Specialist

Pre-K K 1 2 3 4 5

_____ Counseling

Pre-K K 1 2 3 4 5

_____ Gifted/Talented

Pre-K K 1 2 3 4 5

_____ Other ___________________________

Pre-K K 1 2 3 4 5

Do you have copies of recent meetings ARD paperwork or 504 paperwork? ______ No ______ Yes

Health Problems: ___________________________

Comments and/or additional information you would like to share with your child’s teacher:

________________________________________

________________________________________

________________________________________

________________________________________

Parent/Guardian Signature: ___________________________ Date: ___________________________
Dear Registrar:

We have enrolled a former student:

Last Name/Apellido: _____________________________
First Name/Nombre: _____________________________
Middle/Segundo Nombre: ________________________

Social Security #/# de Seguro Social: __________
Date of Birth/Fecha de Nacimiento: ______________

The final regulations of Family Education Rights and Privacy Act 9 (as amended on 6/17/76) allow schools to transfer records WITHOUT WRITTEN CONSENT to another school system in which the student enrolled.

We would appreciate receiving all the information concerning this child, such as:

1. Health Records
2. Academic and Attendance Records
3. Test Records
4. Psychological Data
5. Special Education, 504, and/or RTI Data
7. LEP Information
8. Gifted and Talented Records

I __________________________________________ give permission to have these records released to Houston ISD.

Name of Parent/Guardian (please print):

Yo __________________________________________ doy permiso para que estos registros / expedientes sean liberados

Nombre del Padre o Tutor (letra molde): ____________________________ a Houston ISD.

Signature of Parent or Guardian/Firma del Padre o Tutor: ____________________________
School Enrollment History
(Only for students enrolling in 2nd grade or above whose Home Language Survey indicates a language other than English)

Student Name: ____________________________ Date of Birth: ____________________________
Grade Level: ____________________________ School: ____________________________
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.

<table>
<thead>
<tr>
<th>School Year</th>
<th>Grade</th>
<th>Country/ U.S. State</th>
<th>Total Time Enrolled</th>
<th>If student did not attend school for a full academic year, specify months attended</th>
<th>For Office Use Document TELPAS Reading rating if available/Yrs in U.S. Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kinder</td>
<td></td>
<td></td>
<td>□ All Year □ No Schooling □ Partial (Specify)</td>
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Please use the back of this form if more space is needed.

Parent Signature: ____________________________ Date: ____________________________

Multilingual Programs Department

Compliance Division

HISD Confidential