APPLICATION PACKET FOR NEW K-5 STUDENTS

REGISTRATION REQUIREMENTS
State Law requires that only a parent or legal guardian can register a child to enroll in school. The following items are required to register in an HISD school. All original documents must be presented at the time of registration. To ensure that you have all necessary documents, please place a check next to each requirement to indicate that you have included that item. To ensure that your child meets the immunization requirements, place a check in the box next to each type of immunization.

___ Proof of birth date (original/official copy of Birth Certificate or passport)
Student must be five on or before September 1, to enter kindergarten or six on or before September 1, to enter first grade

___ Proof of residency in the Bush attendance zone (THREE original documents required)
All proof of residency documents must indicate the parent’s name and address.

- If you lease, one item must be the current lease and the other a current electric bill.
- If you own, the documents must be 2 current utility bills.
- All applicants must submit current paycheck stub(s) from employed parent(s). Please mark out salary and social security numbers, but ensure the address is clearly visible.

___ Social Security Card (preferred, but not required)

___ Parent’s or legal guardian’s driver’s license

___ Completed application packet

For students enrolling in first grade or above, the most recent report card (final end-of-year report card showing completion of the current school year must be submitted by June 6)

Proof of Immunizations (must be in English and signed by a physician licensed to practice medicine in the United States.) Immunizations must be complete before a child can be registered to be enrolled in school. If you have questions about the immunizations, please check with your child’s doctor.

☐ Diphtheria and Tetanus: At least Four doses; last booster must be on or after the fourth birthday
☐ Polio: at least Three doses; last booster must be on or after fourth birthday
☐ MMR: total of Two doses on or after first birthday
☐ Hepatitis B: Three doses
☐ Varicella (chicken pox): Two doses on or after the first birthday or a reliable history of the disease.
☐ Hepatitis A: Two doses required. First dose must be given after first birthday.

All registration documents must be complete before a child is considered “registered.” Classroom assignments will not be made until all documents are complete. If students register and are not in attendance on the first day of school, August 26, 2019 at 7:30 a.m., then they are not enrolled.
**EARLY REGISTRATION INFORMATION**
**BARBARA BUSH ELEMENTARY SCHOOL**

**Homeroom Teacher**

Has student ever attended an HISD School? [ ] Yes [ ] No

<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>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Legal Student Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Generation (Jr., III, etc.)</th>
<th>Student SS# / State All. #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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 [ ] Father [ ] Other [ ] Both Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Federal Student Ethnicity (Selection)</th>
<th>[ ] Hispanic/Latino</th>
<th>[ ] Not Hispanic/Latino</th>
<th>[ ] American Indian or Alaska Native</th>
<th>[ ] Asian [ ] Black or African American</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Texas Education Code §25.022(f) requires the school district to record the name, address, and birth date of the person enrolling a child.**

<table>
<thead>
<tr>
<th>Mother/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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer</th>
<th>Occupation</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preferred Language</th>
<th>[ ] English</th>
<th>[ ] Spanish</th>
<th>[ ] Vietnamese</th>
<th>Translator Needed? [ ] Yes [ ] No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Father/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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer</th>
<th>Occupation</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preferred Language</th>
<th>[ ] English</th>
<th>[ ] Spanish</th>
<th>[ ] Vietnamese</th>
<th>Translator Needed? [ ] Yes [ ] No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EDUCATION CODE CHAPTER 25.001**

(h) In addition to the penalty provided by Section 37.10, Penal Code, a person who knowingly falsifies information on a form required for enrollment of a student in a school district is liable to the district if the student is not eligible for enrollment in the district but is enrolled on the basis of false information. The person is liable, for the period during which the ineligible student is enrolled, for the greater of:

1. the maximum tuition fee the district may charge under Section 25.038; or
2. the amount the district has budgeted for each student as maintenance and operation expenses.

What type of medical insurance do you carry for this child? [ ] CHIP [ ] Medicaid [ ] HCD [ ] Private Insurance [ ] None

Family Physician

Physician Phone

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 Name</th>
<th>Gender</th>
<th>Birthdate</th>
<th>Grade</th>
<th>Address of This Child</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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 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:
HOME LANGUAGE SURVEY
19 TAC Chapter 89, Subchapter BB, §§99.1215
(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. Once your child is
assessed, changes to the Home Language Survey responses are not permissible.

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:

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 ___________________________

Multilingual Programs Department | July 2018
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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student/Staff Identification Number</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Please check if you have observed any of the following in your child:

- Tired easily
- Frequent headaches
- Fainting
- Earaches
- Difficulty making friends
- Coughs frequently at night
- Wheezing, shortness of breath with exercise
- Nail Biting
- 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/skr  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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
Bush Elementary School
Houston Independent School District
General Information Sheet

Student's Name ____________________________

Parent's Name ____________________________

Birthdate: __________________
(Month/Day/Year)

2019-2020 Grade Level: ____________

Has the student ever attended an HISD school?  □YES □NO
If yes, which one(s)? ______________________
Grade(s) _________________________________

Please indicate YES or NO if your child is currently receiving or has ever received any of the following services:

Bilingual/ESL  □YES □NO

Tested for a learning disability  □YES □NO

Special Education
   Resource  □YES □NO
   Speech  □YES □NO
   Other  □YES □NO

Section 504 Services  □YES □NO

Gifted/Talented program  □YES □NO

Retained
   If yes, grade(s) __________________________

PARENT'S SIGNATURE ____________________