



## High School Ahead Academy Middle School

5320 Yale Street  
Houston, TX 77091  
(713)696-2643

*Ericka Austin, Principal*

### ENROLLMENT CHECKLIST

Thank you for your interest in High School Ahead Academy Middle School.

Please ensure that all the following documents are completed and included in your enrollment packet to avoid delay in processing your registration:

- ☐ Student's Birth Certificate
- ☐ Parent Photo Identification
- ☐ Student's Last Report Card w/ Promotion Status
- ☐ Immunization Record
- ☐ Social Security Card
- ☐ Proof of Residency (most recent electric, gas, water, or lease agreement in parent's name)
- ☐ Enrollment Form
- ☐ Entrance Interview Form
- ☐ Student Release Form
- ☐ Bus Request Form
- ☐ Request for Food Allergy Information
- ☐ Nurse Communication Form
- ☐ Health Questionnaire
- ☐ Health Inventory
- ☐ Socioeconomic Information Form
- ☐ Code of Student Conduct
- ☐ Family Survey
- ☐ Student Assistance Questionnaire (SAQ)
- ☐ Military Connected Families Survey
- ☐ Media Release Form
- ☐ Home Language Survey
- ☐ Metro Q Fare Card

If you have questions about documents needed for enrollment or the registration process, feel free to contact us.

Thank you,

Mr. Antravian D. Carter  
At-Risk Program Administrator  
713.696.2643  
[antravian.carter@houstonisd.org](mailto:antravian.carter@houstonisd.org)





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## Entrance Interview

PARENT RESPONSE	SCHOLAR RESPONSE
Why has the applicant fallen behind in school?	
Explain the reasons why the applicant should attend HSAA.	
Explain any concerns (emotional, academic, physical, etc.) about the applicant that will help teachers to help applicant.	

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

\_\_\_\_\_  
Scholar's Signature

\_\_\_\_\_  
HSAA Representative



# High School Ahead Academy

## Student Release Form

### 2020-2021



\_\_\_\_\_  
Student Name/Nombre del Estudiante

\_\_\_\_\_  
Teacher Name/Nombre del Maestro

#### Parent/Guardian Information

\_\_\_\_\_  
Parent/Guardian-Padre/Tutor Legal

\_\_\_\_\_  
Home/Work/Cell Phone-Tel. Casa/Cellular

\_\_\_\_\_  
Parent/Guardian-Padre/Tutor Legal

\_\_\_\_\_  
Home/Work/Cell Phone-Tel. Casa/Cellular

\_\_\_\_\_  
Address/Direction

\_\_\_\_\_  
Apt.

\_\_\_\_\_  
City/Cuidad

\_\_\_\_\_  
Zip Code

## Authorized to pick up student(s)

Name of Authorized Person Nombre de Persona Autorizada	Relationship Relacion	Home/Work/Cell Phone Tel. Casa/Cellular	Home/Work/Cell Phone Tel. Casa/Cellular

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date/Fecha

Person(s) **NOT** authorized to pick up my son/daughter    Persona(s) **NO** autorizadas para recoger a su hijo(a)

\_\_\_\_\_ Relationship (Relacion) \_\_\_\_\_

\_\_\_\_\_ Relationship (Relacion) \_\_\_\_\_

\_\_\_\_\_ Relationship (Relacion) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature-Firma del Padre o Tutor

\_\_\_\_\_  
Date/Decha



## High School Ahead Academy Middle School

5320 Yale Street  
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(713)696-2643

*Ericka Austin, Principal*

### Bus Transportation Request

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent's Contact #: \_\_\_\_\_ Student's Cell #: \_\_\_\_\_

Will you be a \_\_\_\_ CAR RIDER \_\_\_\_ WALKER \_\_\_\_ BUS RIDER

#### **PLEASE NOTE:**

High School Ahead offers a Magnet School transportation format for students. This means that buses will not come to your home for pick up or drop off. However, buses will pick up and drop off at a local access point (hub) near your home. Parents will be required to drop off students at their hub prior to the pick-up time assigned. Your local hub may be located on the campus of another HISD school. If you receive bus transportation and miss your pickup time, it will be the responsibility of a parent or guardian to provide transportation to school that day.

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: \_\_\_\_\_



# High School Ahead Academy Middle School

## 2020-2021

### NURSE COMMUNICATION

Please check the circle if any student has any one or more of the following conditions:

- ☐ Asthma
- ☐ Needs EpiPen
- ☐ Needs medication during school hours – ask for medication at school form
- ☐ Life threatening food allergy – ask for relevant forms
- ☐ Epilepsy
- ☐ Is pregnant or parenting

If none are applicable, please sign off:

<b>Student Name:</b>		<b>Grade:</b>	
<b>Parent/Guardian Name:</b>		<b>Today's Date:</b>	



High School Ahead Academy M. S.  
Health Questionnaire  
2020-2021

Does your student have...

1. Asthma?		
2. Life -threatening food allergies?		
3. A seizure disorder?		
4. A need for medication during school hours?		
5. A need for a treatment during school hours?		

Name: \_\_\_\_\_

Date: \_\_\_\_\_

X \_\_\_\_\_

Parent's Signature



# HOUSTON INDEPENDENT SCHOOL DISTRICT

## HEALTH INVENTORY

SCHOOL High School Ahead Academy

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		Yes	Bone/Joint Problem		Yes
Allergies		Yes	Rheumatic Fever		Yes
Blood Disorder		Yes	Surgery/Fractures		Yes
Diabetes		Yes	T. B. Disease		Yes
Epilepsy/Seizures		Yes	Hearing Loss		Yes
Heart Disease		Yes	Vision Loss		Yes
Kidney Disorder		Yes	Severe Menstrual Cramps		Yes
Cancer		Yes	Eating Disorder		Yes

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

<input type="checkbox"/> Tires easily	<input type="checkbox"/> Earaches	<input type="checkbox"/> Wheezing, shortness of breath with exercise
<input type="checkbox"/> Frequent headaches	<input type="checkbox"/> Difficulty making friends	<input type="checkbox"/> Nail Biting
<input type="checkbox"/> Fainting	<input type="checkbox"/> Coughs frequently at night	<input type="checkbox"/> 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 \_\_\_\_\_

## 2020 - 2021 Texas Minimum State Vaccine Requirements for Students Grades K - 12

This chart summarizes the vaccine requirements incorporated in the Texas Administrative Code (TAC), Title 25 Health Services, §§97.61-97.72. This document is not intended as a substitute for the TAC, which has other provisions and details. The Department of State Health Services (DSHS) is granted authority to set immunization requirements by the Texas Education Code, Chapter 38.

### IMMUNIZATION REQUIREMENTS

A student shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a public or private elementary or secondary school in Texas.

Vaccine Required (Attention to notes and footnotes)	Minimum Number of Doses Required by Grade Level												Notes	
	Grades K - 6th						Grade 7th	Grades 8th - 12th						
	K	1	2	3	4	5	6	7	-8	9	10	11		12
Diphtheria/Tetanus/Pertussis (DTaP/DTP/DT/Td/Tdap)	5 doses or 4 doses						3 dose primary series and 1 booster dose of Tdap / Td <i>within the last 5 years</i>	3 dose primary series and 1 booster dose of Tdap / Td <i>within the last 10 years</i>	For K – 6 <sup>th</sup> grade: 5 doses of diphtheria-tetanus-pertussis vaccine; 1 dose must have been received on or after the 4 <sup>th</sup> birthday. However, 4 doses meet the requirement if the 4 <sup>th</sup> dose was received on or after the 4 <sup>th</sup> birthday. <sup>1</sup> For students aged 7 years and older, 3 doses meet the requirement if 1 dose was received on or after the 4 <sup>th</sup> birthday. <sup>1</sup> For 7 <sup>th</sup> grade: 1 dose of Tdap is required if at least 5 years have passed since the last dose of tetanus-containing vaccine.* For 8 <sup>th</sup> – 12 <sup>th</sup> grade: 1 dose of Tdap is required when 10 years have passed since the last dose of tetanus-containing vaccine.* *Td is acceptable in place of Tdap if a medical contraindication to pertussis exists.					
Polio	4 doses or 3 doses												For K – 12 <sup>th</sup> grade: 4 doses of polio; 1 dose must be received on or after the 4 <sup>th</sup> birthday. <sup>1</sup> However, 3 doses meet the requirement if the 3 <sup>rd</sup> dose was received on or after the 4 <sup>th</sup> birthday. <sup>1</sup>	
Measles, Mumps, and Rubella <sup>2</sup> (MMR)	2 doses												For K – 12 <sup>th</sup> grade: 2 doses are required, with the 1st dose received on or after the 1 <sup>st</sup> birthday. <sup>1</sup> Students vaccinated prior to 2009 with 2 doses of measles and one dose each of rubella and mumps satisfy this requirement.	
Hepatitis B <sup>2</sup>	3 doses												For students aged 11 – 15 years, 2 doses meet the requirement if adult hepatitis B vaccine (Recombivax <sup>®</sup> ) was received. Dosage (10 mcg /1.0 mL) and type of vaccine (Recombivax <sup>®</sup> ) must be clearly documented. If Recombivax <sup>®</sup> was not the vaccine received, a 3-dose series is required.	
Varicella <sup>2,3</sup>	2 doses												For K – 12 <sup>th</sup> grade: 2 doses are required, with the 1st dose received on or after the 1 <sup>st</sup> birthday. <sup>1</sup>	
Meningococcal (MCV4)							1 dose						For 7 <sup>th</sup> – 12 <sup>th</sup> grade, 1 dose of quadrivalent meningococcal conjugate vaccine is required on or after the student's 11 <sup>th</sup> birthday. NOTE: If a student received the vaccine at 10 years of age, this will satisfy the requirement.	
Hepatitis A <sup>2</sup>	2 doses											For K – 11 <sup>th</sup> grade: 2 doses are required, with the 1st dose received on or after the 1 <sup>st</sup> birthday. <sup>1</sup>		

NOTE: Shaded area indicates that the vaccine is not required for the respective grade.

↓ Notes on the back page, please turn over.↓

<sup>1</sup> Receipt of the dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.

<sup>2</sup> Serologic evidence of infection or serologic confirmation of immunity to measles, mumps, rubella, hepatitis B, hepatitis A, or varicella is acceptable in place of vaccine.

<sup>3</sup> Previous illness may be documented with a written statement from a physician, school nurse, or the child's parent or guardian containing wording such as: "This is to verify that (name of student) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine." This written statement will be acceptable in place of any and all varicella vaccine doses required.

Information on exclusions from immunization requirements, provisional enrollment, and acceptable documentation of immunizations may be found in §97.62, §97.66, and §97.68 of the Texas Administrative Code, respectively and online at <https://www.dshs.texas.gov/immunize/school/default.shtm>.

#### Exemptions

Texas law allows (a) physicians to write medical exemption statements which clearly state a medical reason exists that the person cannot receive specific vaccines, and (b) parents/guardians to choose an exemption from immunization requirements for reasons of conscience, including a religious belief. The law does not allow parents/guardians to elect an exemption simply because of inconvenience (for example, a record is lost or incomplete and it is too much trouble to go to a physician or clinic to correct the problem). Schools should maintain an up-to-date list of students with exemptions, so they may be excluded in times of emergency or epidemic declared by the commissioner of public health.

Instructions for requesting the official exemption affidavit that must be signed by parents/guardians choosing the exemption for reasons of conscience, including a religious belief, can be found at [www.dshs.texas.gov/immunize/school/exemptions.aspx](http://www.dshs.texas.gov/immunize/school/exemptions.aspx). The original Exemption Affidavit must be completed and submitted to the school.

For children claiming medical exemptions, a written statement by the physician must be submitted to the school. Unless it is written in the statement that a lifelong condition exists, the exemption statement is valid for only one year from the date signed by the physician.

#### Provisional Enrollment

All immunizations must be completed by the first date of attendance. The law requires that students be fully vaccinated against the specified diseases. A student may be enrolled provisionally if the student has an immunization record that indicates the student has received at least one dose of each specified age-appropriate vaccine required by this rule. Student must not be overdue for the next dose in a series to be considered provisional. To remain enrolled, the student must complete the required subsequent doses in each vaccine series on schedule and as rapidly as is medically feasible and provide acceptable evidence of vaccination to the school.

A school nurse or school administrator shall review the immunization status of a provisionally enrolled student every 30 days to ensure continued compliance in completing the required doses of vaccination. If, at the end of the 30-day period, a student has not received a subsequent dose of vaccine, the student is not in compliance and the school shall exclude the student from school attendance until the required dose is administered.

Additional guidelines for provisional enrollment of students transferring from one Texas public or private school to another, students who are dependents of active duty military, students in foster care, and students who are homeless can be found in the TAC, Title 25 Health Services, Sections 97.66 and 97.69.

#### Documentation

Since many types of personal immunization records are in use, any document will be acceptable provided a physician or public health personnel has validated it. Validation includes a signature, initials, or stamp. An immunization record generated from an electronic health record must include clinic contact information and the provider's signature/stamp, along with the vaccine name and vaccination date (month, day, and year). An official record generated from a health authority is acceptable. An official record received from school officials, including a record from another state is acceptable.



TEXAS  
Health and Human  
Services | Texas Department of State  
Health Services

Texas Department of State Health Services • Immunization Unit • MC-1946 • P. O. Box 149347 • Austin, TX 78714-9347 • (800) 252-9152

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## SOCIOECONOMIC INFORMATION FORM

Complete and return one form to each school where you have a child enrolled. **Print using a pen.**

**\*CONFIDENTIAL\* - For HISD purposes only**

Houston ISD is required to collect the socioeconomic status of each student as a performance indicator for student achievement (TEC § 39 for Texas state requirements and ESEA §§1111 and 1116 for U.S. Department of Education requirements) and for use in disbursement of federal funds (ESEA §1113). This information is not shared with outside agencies.

**It is very important that families complete this socioeconomic form in order for schools to receive Title I and State Compensatory Education funding.** This funding will directly benefit your child's school. Title I and State Compensatory Education funding can be used to hire personnel, provide tutoring services, order technology, and provide professional development for teachers. We want to continue to provide these necessary learning supports, but without your assistance we may not be able to.

### STEP 1 (List all Houston ISD students in the household)

Campus ECO Code: \_\_\_\_\_  
For office use only

Student ID (office use only)	First Name	Last Name	MI	Date of Birth	School Name	Grade Level

### STEP 2

Do you receive Supplemental Nutrition Assistance (SNAP)? ☐ YES ☐ NO

Do you receive Temporary Assistance to Needy Families (TANF)? ☐ YES ☐ NO

If you answered YES on either of the above, skip Step 3 and continue to Step 4.

If you answered NO on both of the above, you must complete Steps 3 and 4.

### STEP 3 (Complete only if all answers in Step 2 are NO)

How many total members are in the household (include all adults and children)? \_\_\_\_\_

TOTAL YEARLY INCOME BEFORE DEDUCTIONS OF **ALL** HOUSEHOLD MEMBERS \_\_\_\_\_

Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's compensation, unemployment, and all other sources of income (**before any type of deductions**)

### STEP 4 (Check one of the following two boxes as appropriate and sign below.)

*In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA) no student shall be required, as part of any program funded in whole or in part by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent, or legal guardian.*

- ☐ I certify that all the information on this form is true. I understand the school will receive federal funds and will be rated for accountability based on the information I provide.
- ☐ I choose not to provide this information. I understand that the school's disbursement of federal funds and accountability rating may be affected by my choice.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## CODE OF STUDENT CONDUCT CÓDIGO DE CONDUCTA ESTUDIANTEL

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](http://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](http://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](http://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](http://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.*

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

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## FAMILY SURVEY

STUDENT NAME:	DATE OF BIRTH:
CAMPUS NAME:	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?


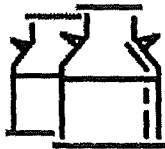






YES ☐ (Continue to question 2)

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

<https://form.jotform.com/200065674657156>

MIGRANT EDUCATION PROGRAM

4400 W. 18<sup>th</sup> Street, Route 1 | Houston, TX 77092 | 713-556-7288

HISD Multilingual Programs | 713-556-6980 Fax | January 2020



# HOUSTON INDEPENDENT SCHOOL DISTRICT

## STUDENT ASSISTANCE QUESTIONNAIRE (SAQ)

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

School \_\_\_\_\_ 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 \_\_\_\_\_  
relation

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

**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) (if you checked this box, check one or both of the boxes below, if applicable).

☐ 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.)

### 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"/> Natural disaster / evacuation                            |
| <input type="checkbox"/> New to Town  | <input type="checkbox"/> Domestic Issue   |
| <input type="checkbox"/> Loss of Employment                                   | <input type="checkbox"/> Migrant work in fishing or agriculture                   |
| <input type="checkbox"/> Economic hardship/low earnings                       | <input type="checkbox"/> Awaiting placement in foster care / CPS custody          |
| <input type="checkbox"/> Evicted/kicked out                                   | <input type="checkbox"/> Parent(s) involved in military deployment                |
| <input type="checkbox"/> House fire or other destruction                      | <input type="checkbox"/> Parent Incarcerated/Recently released from incarceration |

### 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"/> Free Lunch/Breakfast (Child Nutrition)         | <input type="checkbox"/> School Supplies          | <input type="checkbox"/> Personal Hygiene Items        |
| <input type="checkbox"/> Immunizations                                  | <input type="checkbox"/> Medicaid/CHIP Assistance | <input type="checkbox"/> Food Stamps (SNAP) Assistance |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <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 on the At-risk Chancery panel for At-risk reason code 12, (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) Email forms to HomelessEducation@houstonisd.org. If information is missing, please follow-up with the parent/guardian/school personnel listed the form to make sure each section is completed, as needed.

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## MILITARY CONNECTED FAMILIES SURVEY

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

School \_\_\_\_\_ 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

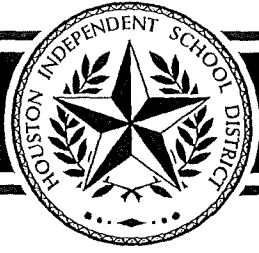
3. The student is a dependent of a member of a reserve force in the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard)

☐ 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



# 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 \_\_\_\_\_

# 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. 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:  
<http://web.esc20.net/LPAC-Interactive/InteractiveFlowchart-EN.htm>.

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

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## METRO Q<sup>®</sup> FARE CARD

METRO is offering Houston ISD students from kindergarten through 12th grade the opportunity to register and receive a discounted METRO Student Q<sup>®</sup> fare card on campus. The discounted METRO Student Q<sup>®</sup> fare card allows students to ride all METRO services for 50 percent off the regular fare when they use the Student METRO Q<sup>®</sup> fare card. METRO Local bus and light-rail service costs just 60 cents each way. (NOTE: Park & Ride service cost will vary). There is no cost to receive the Student METRO Q<sup>®</sup> fare card, but to participate and receive a discounted METRO Student Q<sup>®</sup> fare card on campus, students must have parental/guardian consent and they must register by providing the information below.

The deadline for students to provide a signed parental/guardian permission form to obtain a Student METRO Q<sup>®</sup> fare card on campus is [Date \_\_\_\_\_]. If a student already has a Student METRO Q<sup>®</sup> fare card, and applies for a second card, one of the cards will be deactivated. Students should only have one active card.

### PLEASE PRINT:

Student Name	Date of Birth
Address (Street, Apt.#, City, State, Zip)	
Email	Telephone Number
School	Student ID Number
Homeroom Teacher	Grade

### PLEASE CHECK ONE:

☐ **YES**, I am aware of the opportunity to register my child to receive a discounted Student METRO Q<sup>®</sup> fare card on campus. Houston ISD has my permission and is authorized to release any of the information above to METRO to facilitate my child's participation in the program.

☐ **NO**, I request that Houston ISD not release any of the information above to METRO to receive a discounted Student METRO Q<sup>®</sup> fare card on campus. I am aware of the opportunity for my child to receive the Student METRO Q<sup>®</sup> fare card on campus and I decline.

Parent/Guardian's Name	Parent/Guardian's Signature	Date
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NOTE: If this form is not on file at the school, your child will not receive a Student METRO Q<sup>®</sup> fare card on campus. If you have questions, you may contact METRO Client Services at 713-739-4015 or [Client.Services@ridemetro.org](mailto:Client.Services@ridemetro.org) or your child's school.