



Thomas Middle School Enrollment 2021 – 2022

Student Name: _____ Contact Number: _____

1. Registration Packet (all fields must be filled)
2. Immunization Records
3. Student Birth Certificate/Passport
4. Students Social Security Card
5. Parent/Guardian Identification (Valid Driver License, Military ID, Passport or State ID)
6. Proof of Residence
7. Withdrawal Paperwork (enrolling after start of school year)
8. Last Report Card
9. Other School Records; ARD, 504, or LEP

If you have further questions regarding the enrollment, please email:

Ms. Estrada at Yadira.Estrada@houstonisd.org or

call 713-732-3500 ext. 077113



Thomas M. S. Enrollment Requirements

Student Identity:

- Birth Certificate or Passport
- Social Security
- Current Immunization Record
- If applicable; documentation regarding custody, probation, foster care, and parent's military status and/or legal residency

Proof of Address:

- Current Utility Bill, must display address and parent's name
- Leasing document listing parent's name
- Other- If parent is not a leaseholder/homeowner and is living with relatives, CURRENT lease of the person with whom they reside with, a CURRENT utility bill, and HISD Statement of Residence form must be filled out

School Records:

- Final Report Card w/promotion status (if during the summer)
- Recent Report Card & Withdrawal Documents (if during the school year)
- STARR, IOWA, Stanford, Gifted/Talented, SPED documents (if applicable to you)

If you have further questions regarding the requirements, please email:

Ms. Estrada at Yadira.Estrada@houstonisd.org or call 713-732-3500 ext. 077113

Houston Independent School District

Enrollment Information

20 - 20

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 | | <input type="checkbox"/> Gender 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 | | | | | | | | | | | | |
| 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"/> Black or African American <input type="checkbox"/> White | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | |
| 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? | | e-mail Address | | | | | | | | | | | |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |
| 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? | | e-mail Address | | | | | | | | | | | |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |
| 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? | | e-mail Address | | | | | | | | | | | |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |
| <input type="checkbox"/> CHIP <input type="checkbox"/> Medicaid <input type="checkbox"/> HCHD <input type="checkbox"/> Private Insurance <input type="checkbox"/> 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.) | | | | | | | | | | | | | | | | | | | |
| Last, First, and Middle Names | | | | Gender | | Birthdate | | Grade | | Address of This Child | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | |
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| 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: | | | | | | | | | |



Thomas Middle School Registration 2020-2021

Date of Registration _____

Last Name _____

First Name _____ Middle Name _____

Address _____ Zip _____

Sex _____ Date of Birth (Month) _____ (Day) _____ (Year) _____

Social Security # _____ - _____ - _____ Race _____

City of Birth _____ State or Country of Birth _____

Name of High and Middle School Attended (in order of attendance)

| HS Credits Name of Elementary/Middle School | City, State | Dates Attended | HS Credits Earned (Y/N) (Algebra I) |
|---------------------------------------------|-------------|----------------|-------------------------------------|
| | | | |
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Please indicate below if your student has ever qualified for a special school program. Parent must provide the required documentation at time of enrollment.

| Has your child ever been placed in a: (circle YES or NO for all that applies) | | | Required Documentation: |
|-------------------------------------------------------------------------------|------------|-----------|---------------------------------------|
| Special Education Program | YES | NO | IEP / ARD Special Education Documents |
| 504 Learning Disability Program | YES | NO | 504 / Accommodation Documents |
| ESL Program | YES | NO | Last Report Card / ESL Form |
| Gifted & Talented / Vanguard Program | YES | NO | GT Matrix or Last Report Card |
| Summer School Program | YES | NO | Summer School Final Report Card |

Parent Signature: _____ **Date Completed:** _____

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. 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**? _____

Signature of Parent/Guardian

Date

Signature of Student if Grades 9-12

Date

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.

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?


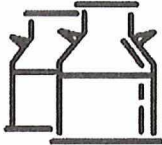






YES ☐ (Continue to question 2)

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. 18th Street, Route 1 | Houston, TX 77092 | 713-556-7288
HISD Multilingual Programs | 713-556-6980 Fax | January 2020

**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.

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div style="background-color: #e0f7fa; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div>Student/Staff Name (please print)</div> | <div style="background-color: #e0f7fa; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div>(Parent/Guardian)/(Staff) Signature</div> |
| <div style="background-color: #e0f7fa; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div>Student/Staff Identification Number</div> | <div style="background-color: #e0f7fa; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div>Date</div> |

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 who completed the form to make sure each section is completed, as needed.

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.

Campus ECO Code: _____
For office use only

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

| 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

STUDENT MEDIA CONSENT AND RELEASE FORM

This release allows the Houston Independent School District (HISD) to print, photograph, and record my child for use in efforts to promote HISD's activities and achievements. The consent includes allowing my child to be included and/or featured in materials to train teachers and/or increase public awareness of HISD schools through digital and print media including: newspaper, radio, TV, websites, blogs, and social media channels (Facebook, Twitter, YouTube, etc.), DVDs, displays, and brochures. This release includes the use of my child's work, name, image, and/or voice.

☐ I attest that I am the parent or guardian of _____ and **I GIVE** HISD and its employees and representatives permission to print, photograph, and record my child for use in electronic, digital, and printed media.

☐ I attest that I am the parent or guardian of _____ and **I DO NOT GIVE** HISD and its employees and representatives permission to print, photograph, and record my child for use in audio, video, film or any other electronic, digital, or printed media.

I agree to release the Houston Independent School District, its past, present and future trustees, officers, employees, representatives, and agents, from any and all liability, claims, demands, and causes of action arising out of the use of this material.

I certify that I have read this document and fully understand its terms and conditions. I also understand that I may withdraw consent at any time by sending a written request to the principal of my child's school.

PLEASE PRINT

Name of child _____ Grade _____

Address _____

City, State, Zip _____

Name of parent or guardian _____

School _____ Heights High School

Signature of parent or guardian _____

Date _____ Phone Number _____

HOUSTON INDEPENDENT SCHOOL DISTRICT

PRIVACY CODE: STUDENT RECORDS, RIGHTS, AND RESPONSIBILITIES

Student Records: State law requires the Houston Independent School District (HISD) to maintain an education record for each student attending its schools. These records contain identifying data pertaining to the student and may include information concerning demographics, grades, attendance, health, discipline, guidance, assessment, and appraisals.

Access to Records: In addition to HISD employees, who have a legitimate educational interest in a student's records, parents, guardians, and the student are the only persons who have access to student records maintained by the district.

Both parents—married, separated, or divorced—have access to a student's records until the student becomes 18 years of age and is no longer a dependent student under Section 152 of the Internal Revenue Code. A parent's rights to access student records may be restricted by a court order. Legal guardians have the same rights of access as parents. Parents and students may review records during regular school hours by contacting their school principal.

After the student becomes 18 and is no longer a dependent, only the student has access to his or her records. However, that student may consent to others having access.

Under certain restricted conditions, other individuals may review a student's records. These conditions include:

- Other schools to which a student is transferring.
- Specified officials for audit or evaluation purposes.
- Appropriate parties in connection with financial aid to a student.
- Accrediting organizations.
- State and local juvenile justice system authorities pursuant to state law.
- Appropriate officials in cases of health and safety emergencies.

Records may also be reviewed to comply with a judicial order or lawfully issued subpoena provided the parent and student received notice before compliance. No other persons are allowed to review a student's records without either permission of the parent or that of the student if over 18 years of age.

Challenge to 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 your school 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 cents 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. The Inactive Student Records Department microfilms high-school transcripts for permanent retention.

Special Education Records: 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 district's website (www.houstonisd.org) 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: Parents or a student over the age of 18 have 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.

HOUSTON INDEPENDENT SCHOOL DISTRICT

PRIVACY CODE: STUDENT RECORDS, RIGHTS, AND RESPONSIBILITIES

Directory Information: Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information for school-sponsored purposes.

Directory information may include the following:

- Student name
- Address
- Telephone listing
- Date and place of birth
- Photograph
- Major field of study
- Participation in officially recognized activities and sports
- Weight and height of members of athletic team
- Dates of attendance
- Awards received
- Most recent previous school attended by a student

If you DO NOT want to release directory information regarding your child, please check the appropriate box on the Privacy Code Form below and return it to your child's school.

Military Recruitment/Higher Education: 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 DO NOT want your child's directory information released to military recruiters or institutions of higher education without your specific, prior, written consent, check the appropriate box on the Privacy Code Form below and return it to your child's school.

PRIVACY CODE FORM

Please check all boxes below that apply.

_____ 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.

_____ 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, without my specific written approval.

Student's Name _____ Student's Date of Birth _____

Students' School Heights High School Student's Grade _____

Name of Parent/Guardian _____ Date: _____

Parent/Guardian Signature _____



HOUSTON INDEPENDENT SCHOOL DISTRICT

HEALTH INVENTORY

SCHOOL _____

DATE _____

HISD ID# _____

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 ____/____/____ Parent/Guardian Name _____

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

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 Yes ☐ No ☐

and/or

- Has a severe life-threatening food allergy Yes ☐ Explain _____ No ☐

Signature _____