

# 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"/> 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"/> Other	<input type="checkbox"/> Father <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"/> White	<input type="checkbox"/> Black or African American	
Student Address	Street Number	Street Name	Apartment	City State Zip County Home Phone
<b>Texas Education Code §25.002(f) requires the school district to record the name, address, and birth date of the person enrolling a child.</b>				
Mother/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? <input type="checkbox"/> Yes <input type="checkbox"/> No	e-mail Address	
Father/Contact #2 Name (Last, First)	Relationship	Street Number	Street Name	Apartment City State 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	e-mail Address	
Emergency/Contact #3 Name (Last, First)	Relationship	Street Number	Street Name	Apartment City State 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	e-mail Address	
<input type="checkbox"/> CHIP <input type="checkbox"/> Medicaid <input type="checkbox"/> HCHD <input type="checkbox"/> Private Insurance <input type="checkbox"/> None	What type of medical insurance do you carry for this child?	Family Physician	Physician Phone	
<b>List the names of all brothers and sisters under 18 years of age. (If additional room is needed, write on reverse side.)</b>				
Last, First, and Middle Names	Gender	Birthdate	Grade	Address of This Child
<b>Signature below certifies that all the information above is true and accurate.</b>				
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:		

HOUSTON INDEPENDENT SCHOOL DISTRICT  
School Health Department

HEALTH INVENTORY

SCHOOL \_\_\_\_\_

DATE \_\_\_\_\_

TEACHER \_\_\_\_\_

Please fill in this form and return it to the teacher or nurse at the earliest possible date. The information given on this form will enable the school staff to have a better understanding of the pupil's health status.

Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Birth weight \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Disease History	Age	Disease History	Age
Asthma		Orthopedic	
Allergy (specify)		Poliomyelitis	
Blood Disorder		Rheumatic Fever	
Convulsions		Serious Accident	
Diabetes		Surgery/Fractures	
Epilepsy		T.B. Contact	
Heart Disease		Hearing Loss	
Kidney Disorder		Vision Loss	

If this pupil has had any of the above conditions, did he/she receive medical care? Yes  No

Is he/she under treatment now? Yes  No

Please check any of the following signs and symptoms you have recently observed.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Tires easily       | <input type="checkbox"/> Frequent sore throats  | <input type="checkbox"/> Nail Biting                    |
| <input type="checkbox"/> Underweight        | <input type="checkbox"/> Frequent nose bleeds   | <input type="checkbox"/> Restlessness                   |
| <input type="checkbox"/> Overweight         | <input type="checkbox"/> Earaches               | <input type="checkbox"/> Shyness                        |
| <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Fainting               | <input type="checkbox"/> Does not like school           |
| <input type="checkbox"/> Frequent colds     | <input type="checkbox"/> Frequent stomach-aches | <input type="checkbox"/> Does not get along with others |

Has the pupil consulted a physician about the above symptoms? Yes  No

Has the pupil had a complete physical in the past year? Yes  No

Is this pupil on any kind of medication? \_\_\_\_\_

If so, what? \_\_\_\_\_

For what condition? \_\_\_\_\_

Is this pupil under medical care at this time? \_\_\_\_\_

Name of doctor or clinic \_\_\_\_\_

Further comment \_\_\_\_\_

Has the pupil ever attended the Houston Public Schools? \_\_\_\_\_

Name of school – date attended

PLEASE FEEL FREE TO CONSULT WITH THE SCHOOL STAFF ABOUT HEALTH PROBLEMS

Signature \_\_\_\_\_

# 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)

Catastrophic illness / medical expenses / disability

New to Town

Loss of Employment

Economic hardship/low earnings

Evicted/kicked out

House fire or other destruction

Natural disaster / evacuation

Domestic Issue

Migrant work in fishing or agriculture

Awaiting placement in foster care / CPS custody

Parent(s) involved in military deployment

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)

Enrollment Assistance

Free Lunch/Breakfast (Child Nutrition)

Immunizations

Temporary Assistance for Needy Families (TANF)

Transportation

School Supplies

Medicaid/CHIP Assistance

Emergency Clothing, Uniforms

Personal Hygiene Items

Food Stamps (SNAP) Assistance

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

## 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 \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_ Phone Number \_\_\_\_\_