

STUDENT ENROLLMENT FORM 2023-2024

SCHOOL YEAR	GRADE	CAMPUS
-------------	-------	--------

2023-2024

FOR OFFICE USE ONLY	
ENROLLMENT DOCUMENTATION	
DATE OF ENTRY	
DISTRICT ID NO.	
STUDENT LOCAL ID NO.	
DISTRICT OF RESIDENCE	

PK Type (Select)
HISD PK
Private Daycare PK
Public Daycare PK
No Schooling

Houston Independent School District
4400 West 18th St - Houston, Texas 77092-8501
Phone: 713-556-6000

STUDENT INFORMATION / USAR LETRA DE MOLDE

SOCIAL SECURITY NO. / NUMERO SOCIAL	STUDENT NAME / NOMBRE DE ESTUDIANTE			
	LAST / APELLIDO	FIRST / PRIMER NOMBRE	MIDDLE INITIAL /SEGUNDO (INICIAL)	GENERATION / GENERACIÓN
GENDER / EL GÉNERO	DOB / FECHA DE NACIMIENTO	CITY / CIUDAD	STATE / ESTADO	COUNTRY / PAÍS
<input type="checkbox"/> MALE / MASCULINO <input type="checkbox"/> FEMALE / FEMENINO				United States of America
RESIDENTIAL ADDRESS - CITY. ZIP CODE / LA DIRECCIÓN RESIDENCIAL-CIUDAD CÓDIGO POSTAL		MAILING ADDRESS – CITY ZIP CODE / LA DIRECCIÓN RESIDENCIAL-CIUDAD CÓDIGO POSTAL		
HOME PHONE / TELÉFONO	E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO			
FEDERAL ETHNICITY / ETHICIDAD DEL ALUMNO (SELECT ONE)	<input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NOT HISPANIC/LATINO	RACE / RAZO (SELECT ALL THAT APPLY)	<input type="checkbox"/> (1) AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> (2) ASIAN OR PACIFIC <input type="checkbox"/> (3) BLACK, NOT OF HISPANIC ORIGIN <input type="checkbox"/> (4) WHITE, NOT OF HISPANIC ORIGIN <input type="checkbox"/> (5) NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER	
SIBLINGS AT HOUSTON ISD / HIJOS EN HOUSTON ISD	NAME/NOMBR E	SCHOOL/ESCUELAS	GRADE/GRADO	
LAST SCHOOL ATTENDED / NOMBRE LAS ÚLTIMAS ESCUELAS ASISTIDAS	CITY / CIUDAD	STATE / ESTAD O	ZIP CODE / CÓDIGO POSTAL	Grade Last Completed / Último Grado completado
CONTACT 1 NAME / EL NOMBRE DE CONTACTO 1	<input type="checkbox"/> LIVES WITH STUDENT / ¿VIVE CON EL ESTUDIANTE	RESIDENTIAL ADDRESS - CITY. STATE ZIP CODE / LA DIRECCIÓN RESIDENCIAL / LA DIRECCIÓN RESIDENCIAL-CIUDAD, ESTADO CÓDIGO POSTAL		
LAST NAME / APELLIDO	FIRST NAME / PRIMER NOMBRE			
HOME PHONE / TELÉFONO DE CASA	WORK PHONE / TELÉFONO DE TRABAJO	CELL PHONE / EL NÚMERO DEL TELÉFONO CÉLULAR	E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO	
CONTACT 2 NAME / EL NOMBRE DE CONTACTO 2	<input type="checkbox"/> LIVES WITH STUDENT / ¿VIVE CON EL ESTUDIANTE	RESIDENTIAL ADDRESS - CITY. STATE ZIP CODE / LA DIRECCIÓN RESIDENCIAL / LA DIRECCIÓN RESIDENCIAL-CIUDAD, ESTADO CÓDIGO POSTAL		
LAST NAME / APELLIDO	FIRST NAME / PRIMER NOMBRE			
HOME PHONE / TELÉFONO DE CASA	WORK PHONE / TELÉFONO DE TRABAJO	CELL PHONE / EL NÚMERO DEL TELÉFONO CÉLULAR	E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO	

I understand that if there are any changes to this information that it is my responsibility to notify the school and to provide appropriate documentation.
 Yo entiendo que si tengo algunos cambios en mi informacion yo sere responsable de notificar la escuela y proveere la documentacion apropiada.

Date _____

Signature of Parent/Guardian/Appointee

Please Print Name

Month Day Year

1. Students at least 5, but less than 21 on or before September 1 and must be a resident of a participating district are eligible for free attendance.
 2. The parent or guardian signature must be the same as the name of the person with whom the student resides.
 3. Texas Penal Code §37.10 provides that presenting a false document or false records for enrollment in school is an offense under state law.
 4. Enrollment of the child under false documents subjects the person to liability for tuition or costs under Texas Education Code §25.001(h).
 5. Texas Education Code §25.002(f) requires the school district to record the name, address, and date of birth of the person enrolling a child./i>

HOUSTON INDEPENDENT SCHOOL DISTRICT

2023 - 2024 STUDENT RESIDENCY QUESTIONNAIRE (SRQ)

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: _____
(relationship)

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

Does the student reside at a residential treatment center? Yes No

Facility Name: _____ Case Manager: _____ Contact Information: _____

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)
- In my own home or apartment, in Section 8 housing, HUD Subsidized Housing or in military housing with parent(s) with parent(s) but lacks
 - 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).

PARENTING STUDENT: Yes No (A student who has a child/children).

Part B: BACKGROUND SITUATION (If a Transitional Housing Situation is checked above – please check any below that apply)

- Catastrophic illness/ Medical expenses / disability House fire or other destruction Parent(s) involved in military
- New to Town Natural disaster/evacuation Parent Incarcerated/Recently released
- Loss of Employment Domestic Issue Student has been previously incarcerated
- Economic hardship/low earnings Migrant work in fishing or agriculture Awaiting placement in foster care/CPS custody
- Evicted/kicked out Student is a parent COVID-19 impacted: _____

Part C: NEEDED SERVICES – based on availability (Check services needed and call 713-556-7237 to speak to an Outreach Worker)

- Enrollment Assistance Transportation Emergency Clothing, Uniforms School Supplies Personal Hygiene Items
- Free Lunch/ Breakfast Immunizations SNAP/Medicaid/ TANF/CHIP Housing Food
- Homeless Verification Letter for FAFSA 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 in HISD Connect under the Homeless tab (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) Add requested services under the Services Tab (4) 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

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

migrantprogram@houstonisd.org

MIGRANT EDUCATION PROGRAM

4400 West 18th Street, Route 1 | Houston, TX 77092 | 713-556-7288
 HISD Multilingual Programs | 713-556-6980 Fax | March 2023

HOUSTON INDEPENDENT SCHOOL DISTRICT

MILITARY-CONNECTED STUDENT SURVEY

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

School _____ Grade _____ 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. Is the student a dependent of an active-duty member of the United States military?
 Yes No
2. Is the student a dependent of a current member of the Texas National Guard (Army, Air Guard, or State Guard)?
 Yes No
3. Is the student a dependent of a current member of a reserve force in the United States military?
 Yes No

For pre-kindergarten students only:

4. Is the student a dependent of an active-duty member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who is ordered to active duty by proper authority or who was injured or killed while serving on active duty?
 Yes No

For students in grades Kindergarten through 12:

5. Is the student a dependent of a former member (veteran) of the following: the United States military, the Texas National guard (Army, Air Guard, or State Guard), or a reserve force in the United States military?
 Yes No
6. Is the student a dependent of a member of a military or reserve force in the United States military who was killed in the line of duty?
 Yes No

If you answered "Yes" to the questions above, district personnel will contact you to provide additional information. Please complete the following information:

Parent/Guardian	Home Address	Telephone Number

— FOR SCHOOL USE ONLY —

For any "YES" responses **scan/email** this survey to MilitaryConnected@HoustonISD.org
Office of Student Assistance | 713-556-7237 | March 2023

**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.

_____ Student/Staff Name (please print)	_____ (Parent/Guardian)/(Staff) Signature
_____ Student/Staff Identification Number	_____ Date