

Mark Twain Elementary

2025 – 2026

Registration/Enrollment Forms

- **Falsification Acknowledgement**
- **New Student Registration/Enrollment Information**
- **New Student Background Information**
- **Ethnicity and Race Data Questionnaire**
- **Home Language Survey**
- **School Enrollment History**
- **Health Inventory Sheet**

Please be sure all forms are signed and dated.



Mark Twain Elementary

Our Community. Our Joy. Our Solutions
Home of the Mighty Tigers!

Michele Rawson
Principal
mrawson1@houstonisd.org



FALSIFICATION OF REGISTRATION PENALTY ACKNOWLEDGEMENT

PLEASE READ THIS COMPLETELY
BEFORE FILLING OUT REGISTRATION FORMS

§37.10. TAMPERING WITH GOVERNMENTAL RECORD. (Current with legislation passed in the 2019 Regular Session)

Presenting a false document or record is an offense under this provision of the law. Violation may result in prosecution. Any person adjudged guilty shall be punished by fine or confinement or both. The Texas Penal Code §37.10(3), dealing with the falsification of government records states, "An offense under this section is a Class C misdemeanor if it is shown on the trial of the offense that the governmental record is a governmental record that is required for enrollment of a student in a school district and was used by the actor to establish the residency of the student."

TEXAS EDUCATION CODE SUBTITLE E. STUDENTS AND PARENTS; CHAPTER 25. ADMISSION, TRANSFER, AND ATTENDANCE; SEC. 25.001(h). ADMISSION:

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

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

FALSIFICATION OF INFORMATION WILL RESULT IN IMMEDIATE WITHDRAWAL OF THE STUDENT AND MAINTENANCE AND OPERATING EXPENSES FOR THE CURRENT YEAR WILL BE CHARGED TO EACH STUDENT ON A PER SCHOOL DAY BASIS.

REGISTRATION IS SUBJECT TO VERIFICATION OF RESIDENCE.

Student's Legal Name: _____

Grade Level (2025-2026): _____

Parent/Legal Guardian Printed Name: _____

Parent Legal Guardian Signature: _____

Date: _____



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2025-2026 New Student Registration/Enrollment Information

Student Legal Last Name		Student Legal First Name		Student Middle Name		2025-2026 Grade Level	
Name of School Last Attended				City, State		School District	
Date of Birth	Gender	Student lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other: _____			Phone Number		
Student Federal Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		Student Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White					
Will student have a sibling in the same grade? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, would you prefer them in the same class? <input type="checkbox"/> Yes <input type="checkbox"/> No			Sibling name(s) in same grade:				
Student Address	Street Number	Street Name	Apartment	City	State	Zip	
Contact 1 Info	Last Name, First Name		Street Number	Street Name	City	State	Zip
Relationship to student			Home Phone		Cell Phone		
Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Arabic <input type="checkbox"/> Other: _____			Translator Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address		
Contact 2 Info	Last Name, First Name		Street Number	Street Name	City	State	Zip
Relationship to student			Home Phone		Cell Phone		
Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Arabic <input type="checkbox"/> Other: _____			Translator Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address		
List the names of all siblings under 18 years of age							
Last, First, Middle Names		Grade	Gender	Date of Birth	Address of this Child		

Name of Parent/Legal Guardian filling out this form (printed)

Relationship to student

Signature of Parent/Legal Guardian filling out this form

Date



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NEW STUDENT BACKGROUND INFORMATION FORM 2025-2026

Student Legal Name: _____ HISD ID# _____

Has student ever attended an HISD school? Yes No

List previous 2 schools attended starting with the most current school/daycare attended.

1st -5th grade students cannot be placed in homeroom without submission of final/last report card.

Name of school	Grade	City & State	Promoted?	
			Yes	No

Before enrollment, was your child: YES NO

In a Gifted & Talented, Magnet, or Vanguard Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, was the GT test administered by an HISD school? If you marked "Yes" above, where was the test taken? _____ Date tested: _____ Please attach the GT Matrix to this form. If your child was tested privately or at a non-HISD school, please attach test/report results to better aid us in class placement.		
In an ESL/ELL/EL/LEP Program?		
In a Bilingual Program?		
Tested for a learning disability?		
In a Special Education program?		
On a 504 service plan?		
In speech therapy?		
Receiving psychological services?		
Diagnosed with dyslexia?		
Diagnosed with ADHD or displaying similar behavior?		
Receiving any other special program or services (OT, PT, play therapy, etc.)?		

Additional information that would be helpful for placement.

Parent/Guardian Name (Printed)

Signature of Parent/Legal Guardian

Date

**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.
- NotHispanic/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 _____

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:

- _____ Hispanic / Latino
- _____ NotHispanic/Latino

Race – choose one or more:

- _____ American Indian or Alaska Native
- _____ Asian
- _____ Black or African American
- _____ Native Hawaiian or Other Pacific Islander
- _____ White

Observer signature: _____

Campus and Date: _____

HOUSTON INDEPENDENT SCHOOL DISTRICT

SCHOOL ENROLLMENT HISTORY

(Only for students enrolling in 2nd grade or above whose Home Language Survey indicates a language other than English)

Student Name: _____

Student ID: _____

Grade Level: _____

School: _____

Date of Enrollment in U.S. schools: _____

Has student ever attended school outside the U.S.?

- No** If "no" then stop. No need to continue filling out this form.
- Yes** If "yes" please provide student's academic history below.

Student History Worksheet

School Year	Grade	Country/ U.S. State	Total Time Enrolled	If student did not attend school for a full academic year, specify months attended	For Office Use Document TELPAS Reading rating if available/Yrs in U.S. Schools
	Kinder		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	1 st		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	2 nd		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	3 rd		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	4 th		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	5 th		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	6 th		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	7 th		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	8 th		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	9 th		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	10 th		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	11 th		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	12 th		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		

Please use the back of this form if more space is needed.

Parent Signature: _____ Date: _____



HOUSTON INDEPENDENT SCHOOL DISTRICT
HEALTH INVENTORY

SCHOOL _____

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			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:

Tires easily Earaches Wheezing, shortness of breath with exercise
 Frequent headaches Difficulty making friends Nail Biting
 Fainting Coughs frequently at night 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 _____

Student Name: _____

District Name: _____

Student ID#: _____

Campus Name: _____

HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey only administered during **initial** enrollment in Texas public schools)

To be completed by Parent or Guardian for students enrolling in Prekindergarten* through grade 8 (or by students in grades 9-12).

* Prekindergarten includes any student enrolling in a 3- or 4-year-old school program.

Part One:

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:

Please answer the questions below about the languages your child or family uses. If your responses indicate the use of a language other than English, the school will conduct a language proficiency assessment to determine how well your child communicates in English. This information will be used to determine any appropriate linguistic supports and inform instructional 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.

This survey shall be kept in each student's permanent record folder. A copy of this survey shall follow the student while enrolled in any public or open enrolled charter school in Texas.

Part Two:

Please answer the questions to the best of your ability.

1. Which languages are used at home? _____
2. Which languages are used by the child at home? _____
3. If the child had a previous home setting, which languages were used? If there was no previous home setting, answer Not Applicable (N/A). _____

By checking this box, I understand a request to correct an error to this Home Language Survey can only happen if:

- 1) my child has not yet been assessed for English proficiency; and
- 2) corrections are made within two calendar weeks of my child's enrollment date.

Note: Please contact your school about the benefits of bilingual education services. The following resources may also provide information on program services that foster bilingualism.

- [Parent/ Guardian Rights](#)
- [Bilingual Education Program](#)
- [Program Information Videos](#)

Please visit the Emergent Bilingual Support Portal (txel.org) for additional information.

Signature of Parent/Guardian _____ Date _____

Signature of Student if Grades 9-12 _____ Date _____