

# YOUNG LEARNERS

## REGISTRATION CHECKLIST 2009-2010

**NEW STUDENT NAME**

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**CAMPUS NAME**

*The following information is required for enrollment of NEW STUDENTS*

Documents	Check Yes or No (√)	Yes	No
Copy of the Birth Certificate			
Enrollment Form			
Ethnicity and Race Questionnaire			
Health Inventory Form			
Home Language Survey			
Copy of the Immunization Record			
Media Release Form			
Out of District Transfer			
Pre-K Application			
Copy of the Proof of Residency Lease Agreement, Utility Bill- (Lights, Water, Gas), Telephone Bill, Letter from the person that you are staying with and a copy of their bill			
Social Security Card			

Receiver <sup>1</sup> Signature: \_\_\_\_\_

Receiver <sup>2</sup> Signature: \_\_\_\_\_

Data Department Signature: \_\_\_\_\_

**APPLICATION FOR PREKINDERGARTEN, 2009-2010**

Houston Independent School District

§ 29.153 of the Texas Education Code lists qualifications of children for prekindergarten programs. The child whose name appears below is applying to be considered for entry into the Houston Independent School District's prekindergarten program. Prekindergarten classroom assignment will be based on the child's home language. Please complete the application by printing the required information.

**Criteria for admittance:**

Child will be 4 years of age on or before September 1, 2009.

Child is a resident of the Houston Independent School District.

Child meets immunization requirements, and also meets at least one of the following conditions:

- Child is unable to speak and comprehend the English language (Home Language Survey must be completed), or
- Child is homeless, as defined by [42 USC 11434a], or
- Child is economically disadvantaged (See chart below, documented foster child, or food stamp case number), or
- Child of an active duty member of the armed forces; including the state military forces or a reserve component of the United States, or the child of an armed forces member who was injured, killed, or missing in action while serving on active duty. (refer to Article 6 of House Bill 1)
- Child is or ever has been in the conservatorship of the Department of Family and Protective Services following an adversary hearing held as provided by Section 262.201, Family Code
- NSLP to include all children who meet any eligibility criteria for Head Start, not only those who meet the low-income eligibility criteria for Head Start. The TEC, §5.001(4), defines *educationally disadvantaged* as "eligible to participate in the national free or reduced-price lunch program." Consequently, all children who are eligible for Head Start are eligible for free prekindergarten, based on their eligibility for the NSLP. (1)(1) Public Law 110-134, which amended 42 USC, §1758

Child's Name _____	Child's SSN _____	Child's Birthdate _____	Child's Age on September 1 _____	Total Number in Household _____
Parent's Name _____	Address _____		Phone Number _____	

**2009-2010 Income Chart to Determine Economic Disadvantage for Prekindergarten Eligibility**

Total Number in household	Annual	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
For each add'l family member add:	+6,919	+577	+134

Is income per year, month, or week? \_\_\_\_\_

Household Member	Job Income	How Paid	Other Income	How Paid?
1. _____	\$ _____	YR MO WK	\$ _____	YR MO WK
2. _____	\$ _____	YR MO WK	\$ _____	YR MO WK

I understand that school officials may verify the information on this application. If investigation indicates false information has been provided and the child is not eligible to participate in the program at the time of this application, the child may be withdrawn from the program to make room for a child who is eligible. I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of funds; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state laws.

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

08-24-09  
Date

Signatures must be obtained and dated within 60 days prior to the first day of school.

**TO BE COMPLETED BY SCHOOL PERSONNEL**

(Attach copies of required documentation)

**APPROVAL BASED ON:**

ALTERNATE STATE ID \_\_\_\_\_

HISD PERMANENT ID \_\_\_\_\_

- \_\_\_\_\_ Limited English Proficient
  - Home Language Survey must indicate child hears/speaks a language other than English at home.
  - Child has been tested with oral English assessment (Attach proof of assessment and scores. A score of Non-English Speaking OR Limited English: Speaking indicates eligibility as LEP.)
  - Parent must sign Notification of Enrollment in Bilingual/ESL Program.

- \_\_\_\_\_ Birth Certificate (Proof of age required)
- \_\_\_\_\_ Proof of Residency (Utility bill, mortgage statement, etc, required unless homeless)

- \_\_\_\_\_ Homeless
  - Child lacks a fixed, regular, and adequate residence.
  - Primary nighttime residence is a supervised public or private shelter designed to provide temporary living accommodations, or an institution that provides temporary residence for individuals intended to be institutionalized.
  - Primary nighttime residence is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

- \_\_\_\_\_ Home Language Survey
- \_\_\_\_\_ Immunization Records (Clinic record, doctor's statement, or proof of exempt status required.)
- \_\_\_\_\_ Approved
- \_\_\_\_\_ Rejected

- \_\_\_\_\_ Income Eligibility
- \_\_\_\_\_ Military member's child
- \_\_\_\_\_ Foster care
- \_\_\_\_\_ NSLP to include all children who meet any eligibility criteria for Head Start

THE ORIGINAL OF THIS FORM MUST BE KEPT IN THE STUDENTS PERMANENT RECORD, COMPLETE WITH ALL REQUIRED SIGNATURES AND DOCUMENTATION.



## Houston Independent School District Young Learners School Enrollment Information 2009-2010 School Year

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		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade
Legal Student Last Name		First Name	Middle Name	Generation (Jr., III, etc.)	Student SS# / State All. #		
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
Local Student Ethnicity (Select One) <input type="checkbox"/> 1 American Indian/Alaska Native <input type="checkbox"/> 4 Hispanic		<input type="checkbox"/> 2 Asian/Pacific Islander <input type="checkbox"/> 5 White, Not of Hispanic Orig.		<input type="checkbox"/> 3 Black, Not of Hispanic Orig.			
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							
Texas Education Code §25.002(f) requires the school district to record the name, address, and birth date of the person enrolling a child.							
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			
What type of medical insurance do you carry for this child?		Family Physician		Physician Phone			
<input type="checkbox"/> CHIP		<input type="checkbox"/> Medicaid	<input type="checkbox"/> HCHD	<input type="checkbox"/> Private Insurance	<input type="checkbox"/> None		
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		
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 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:			

**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).
- 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

# APPLICATION FOR OUT-OF-DISTRICT STUDENT TRANSFER

## STUDENT TRANSFER DEPARTMENT

### HOUSTON INDEPENDENT SCHOOL DISTRICT

4400 W. 18<sup>th</sup> St.

Houston, Texas 77092-8501

Phone (713) 556-6734 Fax (713) 556-6784

ID Number: \_\_\_\_\_

DATE: \_\_\_\_\_

NEW  RENEWAL

#### STUDENT INFORMATION

Student Name (Last, First, Middle Initial)			Social Security Number			Date of Birth		
Student Street number	Street Name	Apt#	City	State	Zip Code	Home Phone		
Address								
Student Lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other (Name/Relationship)								
Father / Guardian Name (Last, First)			Work Phone	Cell Phone	Email Address			
Mother / Guardian Name (Last, First)			Work Phone	Cell Phone	Email Address			

#### TRANSFER REQUEST

Transfer Request for current year?  or next school year  Grade for school year of application: \_\_\_\_\_

School district in which student resides \_\_\_\_\_ School student would attend in that district \_\_\_\_\_ ( ) ( ) ( )

School last attended \_\_\_\_\_ District \_\_\_\_\_ School Year \_\_\_\_\_

Did student use a transfer last semester?  Yes  No If yes, to which school? \_\_\_\_\_

To which school is the transfer requested? \_\_\_\_\_

#### THIS SECTION MUST BE COMPLETED BY PARENT OR GUARDIAN

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Is Parent / Guardian an HISD employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give location: _____ HISD Employee ID: _____	For Employees wishing to apply for a tuition-free-transfer, the parent must present <ul style="list-style-type: none"> <li>Certified copy of the student's birth certificate</li> <li>Social Security Number</li> <li>Latest pay statement indicating the employee contributes to TRS</li> </ul>
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#### SCHOOL USE ONLY

Signature below verifies that, according to HISD Board Policy FDA(Local), no qualified HISD resident student's transfer has been denied during the current school year.

Magnet Program <input type="checkbox"/> Yes <input type="checkbox"/> No	Receiving Principal's Recommendation <input type="checkbox"/> Granted <input type="checkbox"/> Denied
Manager of Magnet Programs (If applicable) _____	Signature of Receiving Principal _____

**TRANSFER DEPARTMENT USE ONLY—DO NOT WRITE BELOW THIS LINE**

Signature of Student Transfer Department \_\_\_\_\_ Date \_\_\_\_\_

Signature of Chief Academic Officer \_\_\_\_\_ Date \_\_\_\_\_

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.

- |                          |                              |                                      |
|--------------------------|------------------------------|--------------------------------------|
| _____ Tires easily       | _____ Frequent sore throats  | _____ Nail Biting                    |
| _____ Underweight        | _____ Frequent nose bleeds   | _____ Restlessness                   |
| _____ Overweight         | _____ Earaches               | _____ Shyness                        |
| _____ Frequent headaches | _____ Fainting               | _____ Does not like school           |
| _____ Frequent colds     | _____ Frequent stomach-aches | _____ 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 \_\_\_\_\_