Dear NEW HISD PRE-KINDERGARTEN PARENT,
(Students enrolling in Young Scholars Academy HISD program for the first time)

As you began to complete your child’s HISD file, please note the items listed below are required. HISD requires that all documents listed must be completed and submitted before each student in order to be a part of the HISD program, NO EXCEPTIONS! All slots are on a first come first serve basis to students enrolled for the full calendar year and who have completed records. If you have any questions regarding this YSAFE enrollment packet, please see or contact the charter school registrar’s office at 713-654-1400.

Thank you for your cooperation,

Nashe Riles, Registrar

Please ensure to attach required documents listed below. Incomplete applications will not be processed/accepted.

- 2019-2020 Enrollment Application
- 2019-2020 Pre-kindergarten Application
- Home Language Survey
- Health Inventory
- Media Release Form
- Rainy/ Emergency Plan
- Current paycheck stub and/or other documents (required)
- In District Transfer or Out of District Transfer (which ever applicable)
- Birth certificate, passport, hospital birth record, adoption records, church baptismal records, or other legal documents that establishes identity
- Updated Immunization Records (2 copies)
- Social Security Card
- Utility Bill (lights, gas, water, rent receipt, lease agreement, electric bill, or property tax)
- Photocopy of parents’ state/government issued I.D.

*Please see the registrar’s office if you do not have a utility bill in your name.

*When submitting completed packets, please be sure to staple all documents together.
# Houston Independent School District

## Enrollment Information

20__ - 20__

**Homeroom Teacher:**

### Has student ever attended an HISD School?
- [ ] Yes
- [x] No

#### Last School/Daycare Attended

<table>
<thead>
<tr>
<th>HISD Student ID</th>
<th>Date of Enrollment</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Legal Student Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Generation (Jr., III, etc.)</th>
<th>Student SS# / State Alt. #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Student Birthplace:
- City, State, Country

#### Year Started School in US
- Student Lives with
- [ ] Mother
- [ ] Father
- [ ] Other
- [ ] Both Parents

#### Student Race
- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Black or African American
- [ ] Hispanic/Latino
- [ ] Not Hispanic/Latino

#### Student Ethnicity
- [ ] Native Hawaiian/Other Pacific Islander
- [ ] White

#### Student 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
- [ ] English
- [ ] Spanish
- [ ] Other

#### Translator Needed?
- [ ] Yes
- [ ] No

#### e-mail Address

### Contact #2 Name (Last, First)
- Relationship
- Street Number Street Name Apartment City State Zip

#### Employer

#### Occupation

#### Home Phone

#### Work Phone

#### Cell Phone

#### Preferred Language
- [ ] English
- [ ] Spanish
- [ ] Other

#### Translator Needed?
- [ ] Yes
- [ ] No

#### e-mail Address

### Contact #3 Name (Last, First)
- Relationship
- Street Number Street Name Apartment City State Zip

#### Employer

#### Occupation

#### Home Phone

#### Work Phone

#### Cell Phone

#### Preferred Language
- [ ] English
- [ ] Spanish
- [ ] Other

#### Translator Needed?
- [ ] Yes
- [ ] No

#### e-mail Address

**What type of medical insurance do you carry for this child?**
- [ ] CHIP
- [ ] Medicaid
- [ ] HCHD
- [ ] Private Insurance
- [ ] 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.)

<table>
<thead>
<tr>
<th>Last, First, and Middle Names</th>
<th>Gender</th>
<th>Birthdate</th>
<th>Grade</th>
<th>Address of This Child</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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:**

v.4.3 - 01-07-2014
Application for Prekindergarten 2019-2020

$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, 2019 AND a resident of HISD.
- Child meets Immunization requirements, and also meets at least one of the following conditions:
  - Child is unable to speak and comprehend the English language
  - Child is economically disadvantaged (defined below), or
  - Child meets any eligibility criteria for Head Start, or
  - Child is homeless, as defined by [42 USC 11434a).
  - 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, or
  - Child of active duty member of armed forces or child of an armed forces member injured, killed, or missing in action while on active duty
  - Child of person eligible for the Star of Texas Award as a peace officer as defined in Section 3106.002, a firefighter as defined in Section 3106.003, or an emergency medical first responder as defined in Section 3106.004

Child & Family Information

<table>
<thead>
<tr>
<th>Child's Name</th>
</tr>
</thead>
</table>

Child's SSN

Birthdate

Child's Age on Sept. 1

Parent's Name

Address

Phone #

Family Income

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Job Income</th>
<th>Payroll Schedule</th>
<th>Other Income</th>
<th>Payroll Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>$</td>
<td>YR MO WK</td>
<td>$</td>
<td>YR MO WK</td>
</tr>
<tr>
<td>2.</td>
<td>$</td>
<td>YR MO WK</td>
<td>$</td>
<td>YR MO WK</td>
</tr>
</tbody>
</table>

Total Number in Household

Parent Statement of Understanding

I understand the school officials may verify the information on this application document. If investigation indicates false information has been provided and the child is not eligible to participate in the program, the child may be withdrawn to make room for a child who is eligible. I certify that all 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 Signature Date

2019-2020 Income Chart to Determine Economic Disadvantage Prekindergarten

<table>
<thead>
<tr>
<th>Total # in Household</th>
<th>Annual</th>
<th>Monthly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$23,107</td>
<td>$1,926</td>
<td>$445</td>
</tr>
<tr>
<td>2</td>
<td>32,284</td>
<td>2,607</td>
<td>602</td>
</tr>
<tr>
<td>3</td>
<td>39,461</td>
<td>3,289</td>
<td>799</td>
</tr>
<tr>
<td>4</td>
<td>47,638</td>
<td>3,970</td>
<td>917</td>
</tr>
<tr>
<td>5</td>
<td>55,815</td>
<td>4,652</td>
<td>1,074</td>
</tr>
<tr>
<td>6</td>
<td>63,992</td>
<td>5,333</td>
<td>1,231</td>
</tr>
<tr>
<td>7</td>
<td>72,169</td>
<td>6,015</td>
<td>1,388</td>
</tr>
<tr>
<td>8</td>
<td>80,346</td>
<td>6,696</td>
<td>1,546</td>
</tr>
</tbody>
</table>

For each additional member add: +6,177 +682 +158

ALTERNATE STATE ID: _____________

HISD PERMANENT ID: _____________

- Birth Certificate
- Proof of Residency
- Immunization Records (clinical record, doctor's statement, or proof of exempt)

____ Approved ______ Not Approved
APPLICATION FOR STUDENT TRANSFER  
STUDENT TRANSFER DEPARTMENT  
HOUSTON INDEPENDENT SCHOOL DISTRICT  
4400 W. 18th St.  
Houston, Texas 77092-8501  
Phone (713) 556-6734  Fax (713) 556-6784

<table>
<thead>
<tr>
<th>STUDENT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name (Last Name)</td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Student Address:
- Street number
- Street Name
- Apt.#
- City
- State
- Zip Code
- Home Phone

<table>
<thead>
<tr>
<th>Father / Guardian Name (Last, First)</th>
<th>Work Phone</th>
<th>Cell Phone</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother / Guardian Name (Last, First)</th>
<th>Work Phone</th>
<th>Cell Phone</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is Parent / Guardian an HISD employee? □ Yes □ No  
If yes, give location:

TRANSFER REQUEST

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

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

To which school is the transfer requested:

Reason for Transfer:
- Choice Program Transfers
- Special Transfers
- Open Enrollment Transfers

- Former Attendance Boundary
- Grandparent Affidavit
- Hardship
- Home Field Advantage
- Homeless
- Public Education Grant
- School-Based Employee
- Special Education
- Violent Crime Victim
- Charter School
- Pre-K Enrollment
- Space Available
- HISD Charter

Signature below certifies that all the information above is true and accurate to the best of my knowledge. If a transfer is granted on false information, it is subject to revocation. I understand that I am making a one year commitment. Transfers follow School Guidelines and Student Code of Conduct and can be revoked for unacceptable behavior and/or excessive absences at the end of the school year. Transfers will be approved based on the Office of School Choice deadlines and campus space availability.

Signature of Parent or Legal Guardian:

OFFICE OF SCHOOL CHOICE USE ONLY—DO NOT WRITE BELOW THIS LINE

All Transfers must be signed by the Receiving Principal  
Receiving Principal's Recommendation

Grant □  Deny □

Signature of Receiving Principal

TRANSFER DEPARTMENT USE ONLY—DO NOT WRITE BELOW THIS LINE

Application

Grant □  Deny □
## Application for Out-of-District Student Transfer

**Student Transfer Department**

**Houston Independent School District**

4400 W. 18th St.
Houston, Texas 77092-8501

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

**Application for Out-of-District Student Transfer**

### Student Information

<table>
<thead>
<tr>
<th>Student Name (Last, First, Middle Initial)</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Street number</td>
<td>Street Name</td>
<td>Apt#</td>
</tr>
<tr>
<td>Student Lives with:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Mother</td>
<td>□ Father</td>
<td>□ Both</td>
</tr>
<tr>
<td>Father / Guardian Name (Last, First)</td>
<td>Work Phone</td>
<td>Cell Phone</td>
</tr>
<tr>
<td>Mother / Guardian Name (Last, First)</td>
<td>Work Phone</td>
<td>Cell Phone</td>
</tr>
</tbody>
</table>

### Transfer Request

<table>
<thead>
<tr>
<th>Transfer Request for current year?</th>
<th>□ or next school year</th>
<th>□ Grade for school year of application:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School district in which student resides</td>
<td>School student would attend in that district</td>
<td></td>
</tr>
<tr>
<td>School last attended</td>
<td>District</td>
<td>School Year</td>
</tr>
<tr>
<td>Did student use a transfer last semester?</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>To which school is the transfer requested?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### This Section Must Be Completed by Parent or Guardian

<table>
<thead>
<tr>
<th>Signature of Parent/Legal Guardian</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is Parent / Guardian an HISD employee?</th>
<th>□ Yes</th>
<th>□ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, give location:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HISD Employee ID:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Magnet Program</th>
<th>Receiving Principal's Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
<td>□ Granted</td>
</tr>
<tr>
<td>□ No</td>
<td></td>
</tr>
</tbody>
</table>

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
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:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Age First Identified</th>
<th>Under Doctor’s Care?</th>
<th>Age First Identified</th>
<th>Under Doctor’s Care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td>Bone/Joint Problem</td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td></td>
<td></td>
<td>Rheumatic Fever</td>
<td></td>
</tr>
<tr>
<td>Blood Disorder</td>
<td></td>
<td></td>
<td>Surgery/Fractures</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td>T. B. Disease</td>
<td></td>
</tr>
<tr>
<td>Epilepsy/Seizures</td>
<td></td>
<td></td>
<td>Hearing Loss</td>
<td></td>
</tr>
<tr>
<td>Heart Disease</td>
<td></td>
<td></td>
<td>Vision Loss</td>
<td></td>
</tr>
<tr>
<td>Kidney Disorder</td>
<td></td>
<td></td>
<td>Severe Menstrual Cramps</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
<td>Eating Disorder</td>
<td></td>
</tr>
</tbody>
</table>

Please check if you have observed any of the following in your child:

- __ Tires easily
- __ Frequent headaches
- __ Earaches
- __ Wheezing, shortness of breath with exercise
- __ 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?

| Type of Insurance | □ 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 ___________________________
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.
Students and parents are expected to become familiar with the provisions of the districtwide Code of Student Conduct and the rules and regulations adopted and implemented by individual schools. Students are also expected to abide by the policies set forth in the Code so that they can get the most out of their years in school.

You may access the entire HISD Code of Student Conduct online at www.HoustonISD.org/CodeofConduct or by requesting a copy at the front office of your student’s school.

Parent and Student Acknowledgement and Optional Request for Printed Copy of the Code of Student Conduct

Conferencia de recibo del Código de Conducta Estudiantil y opción de solicitar una copia impresa

_____ No, I do not want a printed copy of the HISD Code of Student Conduct, as I will access it online at www.HoustonISD.org/CodeofConduct.

_____ No, no necesito una copia impresa del Código de Conducta Estudiantil de HISD ya que lo consultare en línea en www.HoustonISD.org/CodeofConduct.

_____ Yes, I do want a printed copy of the HISD Code of Student Conduct.

_____ Sí, quiero tener una copia impresa del Código de Conducta Estudiantil de HISD.

It is important that every student understands the Code of Student Conduct and is expected by his or her parent(s) or guardian(s) to follow the rules and regulations set forth in it. By signing below, the parent and student acknowledge that they understand how to access and obtain a printed copy of the Code. These signatures also certify that both parent and student accept their responsibilities as described in the Code of Student Conduct.

Es importante que todos los estudiantes entiendan el Código de Conducta Estudiantil y que sus padres o tutores les exijan que sigan las reglas y directivas establecidas en él. Al firmar al pie, los padres y el estudiante firman que comprenden cómo lograr acceso al Código en línea y cómo obtener una copia impresa. Las firmas certifican también que tanto los padres como el estudiante aceptan las responsabilidades descritas en el Código de Conducta Estudiantil.

Student Last Name  
Apellido del estudiante

First Name  
Nombre

Grade  
Grado

Student ID Number  
Núm. de identificación estudiantil

Student Signature  
Firma del estudiante

Date  
Fecha

Parent or Guardian’s Signature  
Firma del padre o tutor

Date  
Fecha
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 ______________________________
H O U S T O N    I N D E P E N D E N T    S C H O O L    D I S T R I C T

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.

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

<table>
<thead>
<tr>
<th>Student ID</th>
<th>First Name</th>
<th>Last Name</th>
<th>MI</th>
<th>Date of Birth</th>
<th>School Name</th>
<th>Grade Level</th>
</tr>
</thead>
</table>

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

HISD External Funding Department | June 2019
2019-2020 Dress Guidelines

Pre-Kindergarten – 8th Grade

All Students

Shoes- Closed-toe at all times, no sandals!
Backpacks- Clear or mesh and must be able to fit in the student’s cubby/locker. **Backpacks that are not clear or mesh will not be allowed on campus, no exceptions.**

**Pre-Kindergarten only**- Towels/Blankets for nap time must be able to fit in cubby; a change of clothing that can be left at school (please label all items).

**Kindergarten only**- A change of clothing that can be left at school for emergencies.

6th-8th grade- Required attire for Leadership Day/Events- White button-down shirt, khaki bottoms, and black closed toe shoes.

Young Scholars Academy Dress Guidelines

1. No head coverings are permitted (unless approved for religious reasons). Hats, caps, scarves, bandanas, or dark glasses may not be worn in the school.
2. Although hooded jackets are allowed, students may not wear hoods on the head. Jackets will be confiscated and donated if students are found continuously violating this dress code.
3. Shorts, skorts, skirts and dresses must reach the knee while standing.
4. All shirts must be tucked neatly into the bottoms and belts must be worn with all bottoms requiring a belt, NO EXCEPTION!
5. All clothing and accessories must be free of profane, suggestive or provocative language and/or symbols, advertisement or promotion of alcohol, tobacco, or drug use, and/or reference to or association with gang activity. All clothing **MUST COVER THE ENTIRE MID-RIFF AREA, CHEST, BACK AND TOP OF SHOULDER AREA** (no spaghetti strap or off the shoulder tops are allowed).
6. Pants must be worn at the waist and held by a belt at all times. Students may not wear pants that by design or by the way they are worn create a safety hazard. Suspenders or overall tops must be worn on the shoulders.
7. Accessories/clothing which constitutes a safety hazard to self and/or others is unacceptable.

**Failure to comply with the dress code will result in the student being issued a school uniform for the day, sent to the principal, or sent home. Continuous violations may result in uniform requirement for the remainder of the school year.**
<table>
<thead>
<tr>
<th>Pre-K and Kindergarten</th>
<th>First Grade</th>
<th>Second Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quantity</strong></td>
<td><strong>Product</strong></td>
<td><strong>Quantity</strong></td>
</tr>
<tr>
<td>2 boxes</td>
<td>24 Crayons</td>
<td>2 boxes</td>
</tr>
<tr>
<td>1 pk</td>
<td>Pre-K/Kinder Handwriting Paper</td>
<td>4</td>
</tr>
<tr>
<td>1 box</td>
<td>8-10 Washable Markers</td>
<td>1 box</td>
</tr>
<tr>
<td>2</td>
<td>Elmers Liquid Glue</td>
<td>1 pkg</td>
</tr>
<tr>
<td>1 box</td>
<td>Kleenex</td>
<td>1 box</td>
</tr>
<tr>
<td>12</td>
<td>Ticonderoga, My First Pencil</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Vinyl Folder, Blue</td>
<td>24</td>
</tr>
<tr>
<td>2</td>
<td>Vinyl Folder, Green</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>Vinyl Folders, Yellow</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Third and Fourth Grade</th>
<th>Fifth Grade/Middle School</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quantity</strong></td>
<td><strong>Product</strong></td>
</tr>
<tr>
<td>2 boxes</td>
<td>24 Crayons</td>
</tr>
<tr>
<td>1</td>
<td>Binder, 1 inch</td>
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<tr>
<td>3</td>
<td>Glue Sticks</td>
</tr>
<tr>
<td>2 pkg</td>
<td>Index Cards</td>
</tr>
<tr>
<td>1 box</td>
<td>Kleenex</td>
</tr>
<tr>
<td>1 box</td>
<td>Markers</td>
</tr>
<tr>
<td>2</td>
<td>Notebook Paper, Wide Rule</td>
</tr>
<tr>
<td>24</td>
<td>Pencils</td>
</tr>
<tr>
<td>2</td>
<td>Spiral Notebook, blue</td>
</tr>
<tr>
<td>2</td>
<td>Spiral Notebook, green</td>
</tr>
<tr>
<td>2</td>
<td>Spiral Notebook, red</td>
</tr>
<tr>
<td>2</td>
<td>Spiral Notebook, yellow</td>
</tr>
<tr>
<td>4</td>
<td>Vinyl Folders, Yellow</td>
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<tr>
<td></td>
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</tbody>
</table>

Providing high quality, family-centered child care and education for more than 20 years.
RESPONSIBLE USE OF LAPTOPS AND PROPER ONLINE BEHAVIOR

Students are expected to follow the same code of conduct on the Internet as they do in the classroom.

- Follow copyright laws
- Use appropriate language online
- Students will make available all messages or files upon parent, administrator or teacher request
- Like a textbook or a locker, HISD owns the laptop. Students are only permitted to use it for educational advancement
- Administrators have the capability to remotely view student computers

WHAT IS PROHIBITED?

Improper use of the laptop will result in consequences such as discipline, detention, and/or limited use of the device. The following actions are prohibited:

- Bypassing the filter
- Using another student’s username or password
- Sharing passwords (other than with parents)
- Downloading or installing software that has not been approved
- Tampering with hardware
- Using chat rooms, IM, social networking; hosting non-school-approved web pages
- Accessing inappropriate material that is unacceptable in a school setting

5 COMMON SENSE RULES FOR PARENTS

1. Model good behavior
2. Pay attention
3. Share your values
4. Establish limits
5. Make kids accountable

SAFETY DON'TS FOR STUDENTS AND PARENTS

NEVER
give out personal information
NEVER
share passwords with anyone
NEVER
arrange a face-to-face meeting with someone you met online
DO NOT OPEN
an email if you do not know who sent it
DO NOT CLICK on banner ads or pop up ads on websites
NEVER USE bad language or send threatening emails

SOCIAL MEDIA

Although social media programs are blocked on all HISD student computers, parents should:

MONITOR all social media use
BE AWARE of which social media sites your child is using
TALK WITH YOUR CHILD about their digital footprint, which is any and all information about a person on the Internet
LOOK OUT FOR CYBER-BULLYING and notify the school immediately if you find evidence of it

Visit www.HoustonISD.org/CyberSafety for more advice and tips for parents.