

Young Scholars Academy for Excellence
1809 Louisiana
Houston, Texas 77002
Anella Coleman, Principal
713-654-1400 ~ 713-654-1401

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 apart 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 in regards to this YSAFE enrollment packet please see or contact the charter school registrar's office at 713-654-1400.

Thank you for your cooperation,

Joaquina Spiller-Cummings, Registrar

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

- | | |
|---|---|
| <input type="checkbox"/> 2017-2018 Enrollment Application | <input type="checkbox"/> 2017-2018 Pre-kindergarten Application |
| <input type="checkbox"/> Home Language Survey | <input type="checkbox"/> Health Inventory |
| <input type="checkbox"/> Media Release Form | <input type="checkbox"/> Rainy/ Emergency Plan |
| <input type="checkbox"/> Current paycheck stub and/or other documents (required) | |
| <input type="checkbox"/> In District Transfer or Out of District Transfer (which ever applicable) | |
| <input type="checkbox"/> Birth certificate, passport, hospital birth record, adoption records, church baptismal records, or other legal documents that establishes identity | |
| <input type="checkbox"/> Updated Immunization Records (2 copies) | <input type="checkbox"/> Social Security Card |
| <input type="checkbox"/> Utility Bill (lights, gas, water, rent receipt, lease agreement, electric bill, or property tax) | |
| <input type="checkbox"/> Photo copy 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.**

Young Scholars Academy for Excellence
1809 Louisiana
Houston, Texas 77002
Anella Coleman, Principal
713-654-1400 ~ 713-654-1401

Dear **NEW HISD KINDERGARTEN – 8th grade 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 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 in regards to this YSAFE enrollment packet please see or contact the charter school registrar's office at 713-654-1400.

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

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|---|---|
| <input type="checkbox"/> 2017-2018 Enrollment Application | <input type="checkbox"/> Photo copy of parents state/government issued I.D. |
| <input type="checkbox"/> Home Language Survey | <input type="checkbox"/> Health Inventory |
| <input type="checkbox"/> Media Release Form | <input type="checkbox"/> Rainy/ Emergency Plan |
| <input type="checkbox"/> In District Transfer or Out of District Transfer (which ever applicable) | |
| <input type="checkbox"/> Copy of last report card and test scores | |
| <input type="checkbox"/> Birth certificate, passport, hospital birth record, adoption records, church baptismal records, or other legal documents that establishes identity | |
| <input type="checkbox"/> Updated Immunization Records (2 copies) | <input type="checkbox"/> Social Security Card |
| <input type="checkbox"/> Utility Bill (lights, gas, water, rent receipt, lease agreement, electric bill, or property tax) | |

*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.**

APPLICATION FOR STUDENT TRANSFER

STUDENT TRANSFER DEPARTMENT
HOUSTON INDEPENDENT SCHOOL DISTRICT

ID Number: _____

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

NEW RENEWAL

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

DATE: _____

PARENT: COMPLETE THIS SECTION ONLY- PLEASE PRINT OR TYPE

Transfer request for current year? or next school year? Grade for school year of application: _____

Student Name (Last, First, MI) _____ Date of Birth (MM/DD/YYYY) _____ Age _____ Gender
 Male
 Female

Student Ethnicity American Indian/Alaska Black/African-American Native Hawaiian/Pacific Islander
 Asian Hispanic/Latino White

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

Student Lives with: Mother Father Both 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 _____

Is parent/legal guardian an HISD Employee? Yes No If yes, give location: _____

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? _____ Transportation requested? Yes No

Give detailed reason for student transfer request (attach additional sheet, if necessary).

Signature below certifies that all the information given 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 must be renewed each year.

Signature of Parent or Legal Guardian _____

Date _____

PRINCIPAL'S USE ONLY -- DO NOT WRITE BELOW THIS LINE

Sending Principal's Recommendation
 Granted Denied

All original and renewal Magnet and Special Transfers must be signed by the sending and receiving principals.

Receiving Principal's Recommendation
 Granted Denied

Signature of Sending Principal _____

Signature of SWAS Magnet Coordinator / Special Education _____

Signature of Receiving Principal _____

TO BE COMPLETED BY STUDENT TRANSFER DEPARTMENT

Application
 Granted Denied

Reason Denied _____

Appeal
 Granted Denied

Signature of Manager, Student Transfer Department _____

Date _____

APPLICATION FOR OUT-OF-DISTRICT STUDENT TRANSFER

STUDENT TRANSFER DEPARTMENT
HOUSTON INDEPENDENT SCHOOL DISTRICT

ID Number: _____

4400 W. 18th St.

Houston, Texas 77092-8501

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

DATE: _____

NEW RENEWAL

STUDENT INFORMATION

Student Name (Last, First, Middle Initial)			Social Security Number				Date of Birth	
Student Address	Street number	Street Name	Apt#	City	State	Zip Code	Home Phone	
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? Yes No

If yes, give location: _____

HISD Employee ID: _____

For Employees wishing to apply for a tuition-free-transfer, the parent must present

- Certified copy of the student's birth certificate
- Social Security Number
- Latest pay statement indicating the employee contributes to TRS.

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

- Yes
 No

Receiving Principal's Recommendation

- Granted 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 Enrollment Information

2017-2018

Homeroom Teacher: _____

Has student ever attended a HISD School? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last School 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 Social Security Number		
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			
Student Ethnicity	<input type="checkbox"/> 1 American Indian/Alaska-Native	<input type="checkbox"/> 2 Asian/Pacific Islander	<input type="checkbox"/> 3 Black, Not of Hispanic Orig.	<input type="checkbox"/> 4 Hispanic	<input type="checkbox"/> 5 White, Not of Hispanic Orig.	Home Phone	
Student Address	Street number	Street Name	Apartment	City	State	Zip	County
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"/> Vietnamese	<input type="checkbox"/> Spanish	<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"/> Vietnamese	<input type="checkbox"/> Spanish	<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"/> Vietnamese	<input type="checkbox"/> Spanish	<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? <input type="checkbox"/> CHIP <input type="checkbox"/> Medicaid <input type="checkbox"/> HCHD <input type="checkbox"/> Private Insurance <input type="checkbox"/> None				Family Physician		Physician Phone	
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), 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.

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Student/Staff Name (please print)	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> (Parent/Guardian)/(Staff) Signature
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Student/Staff Identification Number	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date



**HOUSTON INDEPENDENT SCHOOL DISTRICT
HOME LANGUAGE SURVEY
(PK – 12)
(English)**

Student Name: _____ School: _____
 Student Address: _____ Home Phone: _____
 Date of Birth: _____ Grade: _____ HISD ID#: _____ PEIMS#: _____
 Month Day Year

The Texas Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction to all students. Please answer the following questions.

PART A:		
(I) Place of Birth (Country of Origin) City _____ Country _____	(I) Date of initial entry into U.S. schools Month _____ Day _____ Year _____	(I) Number of complete academic years in a U.S. school _____
(I) When your child lived outside the U.S., did he or she attend school regularly? (Check one.) <input type="checkbox"/> Yes, my child attended school regularly in all previous grades outside the U.S. <input type="checkbox"/> No, my child missed significant portions of one or more school years, as specified: Specify grade and time period, including month and year (example: Grade 2, Jan. 2002 through May 2002). Do not include periods of absence that lasted less than one month. Do not include regularly scheduled school holidays or vacations. _____		
(M) Has your family worked in either the AGRICULTURE or FISHING INDUSTRY in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PART B:		
1. What language is spoken in your home most of the time? English _____ Spanish _____ Vietnamese _____ Other (Specify) _____		
2. What language does the student (do you) speak most of the time? English _____ Spanish _____ Vietnamese _____ Other (Specify) _____		
Grades PK – 8 _____ (Parent or Guardian) _____ (Date)	Grades 9 – 12 _____ (Parent or Guardian or Student) _____ (Date)	

NOTE TO SCHOOL PERSONNEL:

1. Signed copy of the Home Language Survey (HLS) must be filed in the student's permanent folder.
2. In Part A, items marked with an (I) are required for identification of immigrant students. (Refer to Bilingual/ESL Program Guidelines for identification procedures) An immigrant student is one who was born outside of the United States or its territories and has been attending schools in the United States for less than three complete academic years. Item marked with an (M) is required for identification of migrant students.
3. In Part B, an answer of a language other than English to either question #1 or #2 identifies a student for oral language proficiency assessment (and written testing if entering Gr. 2-12).

- Yes, NEEDS OLPT ENTRY TESTING (If entering grades PK-12)**
- Yes, NEEDS ENGLISH NRT ENTRY TESTING (If entering grades 2-12)**

Student must be tested, identified, and placed in an appropriate program within 4 weeks of enrollment.



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 _____



HOUSTON INDEPENDENT SCHOOL DISTRICT

HATTIE MAE WHITE EDUCATIONAL SUPPORT CENTER
4400 WEST 18th STREET • HOUSTON, TEXAS 77092-8501

Student Media Consent and Release Form

Throughout the school year, students may be highlighted in efforts to promote HISD activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of our schools through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media.

I, as the parent or guardian of _____, hereby give HISD and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

- a. This is with the understanding that neither HISD nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.
- b. I further release and relieve HISD, its Board of Trustees, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

Please understand that failure to return this release form within ten (10) school days from the date of distribution will constitute approval of the above requests.

Please Print

Name of child _____ Grade _____

Address _____

City, State, Zip _____

Signature of parent or guardian _____

Date _____ Phone Number _____