

Houston Independent School District

Enrollment Information

2020-2021

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 Alt. #									
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										
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"/> White		<input type="checkbox"/> Black or African American										
Student Address		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.																	
Guardian #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								
Guardian #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 #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 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:											