

Registration Form for School Year 2020 - 2021

Campus Name _____ Campus Phone: (956) _____ Campus Fax: _____

STUDENT INFORMATION

Local ID _____ Student Name _____ Grade Level _____ Orig Entry Dt _____ Track _____ SSN _____

Gender _____ Date of Birth _____ Birth Place _____ Age (Sept 1st) _____ Texas Unique ID _____

Address: _____ Student Home Phone: _____

Mailing Address: _____ Student Cell Phone: _____

Student Email: _____ Will your child be using bus transportation to get to school? Yes No

PARENT INFORMATION

1. Guardian: _____ Relation: _____ 2. Guardian: _____ Relation: _____

Address: _____ Address: _____

City, St, Zip: _____ City, St, Zip: _____

Employer: _____ Employer: _____

Cell Ph: _____ Home Ph: _____ Bus Ph: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____

Other Ph: _____ Phone Pref: Cell Home Business Other Other Ph: _____ Phone Pref: Cell Home Business Other

Receive Mailouts: Yes No Language Pref: English Spanish Receive Mailouts: Yes No Language Pref: English Spanish

Emergency Contact: Yes No Email: _____ Emergency Contact: Yes No Email: _____

Svc Branch: _____ Rank: _____ Enrolling Person: _____ Svc Branch: _____ Rank: _____ Enrolling Person: _____

Right to Transport: Yes No Driver License #: _____ State: _____ Right to Transport: Yes No Driver License #: _____ State: _____

Vehicle Make: _____ Model: _____ Color: _____ Vehicle Make: _____ Model: _____ Color: _____

Vehicle Plate #: _____ State: _____ Vehicle Plate #: _____ State: _____

EMERGENCY CONTACT INFORMATION

1. Name: _____ Relation: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____

Other Ph: _____ Phone Pref: Cell Home Business Other Right to Transport: Yes No Driver License #: _____ State: _____

Vehicle Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____

2. Name: _____ Relation: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____

Other Ph: _____ Phone Pref: Cell Home Business Other Right to Transport: Yes No Driver License #: _____ State: _____

Vehicle Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____

Doctor: _____ Bus Ph: _____ Dentist: _____ Bus Ph: _____

Hospital: _____ Bus Ph: _____ Other Medical: _____ Bus Ph: _____

List any Allergies or Health Concerns: _____

SIBLING INFORMATION

Brothers/Sisters	Grade	School	Brothers/Sisters	Grade	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

BUS INFORMATION

Eligible: _____ Seat: _____ Special Requirements _____

Route: _____ Run: _____ Transportation: _____

Pickup Stop: _____ Dropoff Stop: _____ Special Seating: _____

Pickup Assigned: _____ Dropoff Assigned: _____ Wheelchair: _____

Pickup Route: _____ Dropoff Route: _____

The above information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records or information is a violation of state law and may subject you to tuition cost for your child. I certify that the information given above is correct. I authorize the school to contact the person named on this form and the above named physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physician, or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.

Parent or Guardian Signature _____ Date of Birth _____ Date _____

(For Office Use Only)

Teacher Name: _____ Control Nbr: _____ Eligibility Code: _____

Birth Certificate on File: _____ Mil Conn: _____ Foster Care: _____ Immunization on File: _____ Title I: _____

Soc Sec Copy on File: _____ At Risk: _____ Migrant: _____ Hm Lng: _____

Gift: _____ LEP: _____ BIL: _____ ESL: _____ Par Per: _____ Econ: _____ Special Education: Prim: _____ Sec: _____ Tert: _____ Multi: _____



La Villa ISD - STUDENT RESIDENCY QUESTIONNAIRE INFORMATION FORM

This information will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student _____ Grade _____ School _____

Parent/Guardian _____ Phone _____

Last School Attended _____

Current Physical Address _____

Previous Physical Address _____

Number of Children Enrolled in (*La Villa ISD*) _____

Is your current address a temporary living arrangement?

Yes or No

Is this a temporary living arrangement due to loss of housing, economic hardship, or financial difficulties?

Yes or No

Were you displaced from your home due to a Natural Disaster? (hurricane, fire, flood, tornado, etc.)

Yes or No

Type of Natural Disaster:

Hurricane: _____ (Please name)

Other: _____ (Please describe)

Please choose which of the following situations the student currently resides in (choose all that apply):

House or apartment with parent or guardian

Sharing housing with friends or family members (other than or in addition to parent/guardian)

Motels/Hotels

Shelter or other transitional housing

Unsheltered - in a car, park, substandard housing, etc.

If you are living in shared housing, please check all the following reasons that apply:

Loss of housing

Economic hardship

Loss of employment

Parent/Guardian is currently on active duty in the U.S. Military

Other (Please explain; i.e. substandard housing) _____

Are you a student living apart from your parents or guardians? Yes No

Signature of Parent/Guardian/Unaccompanied Youth/School Representative

Date



La Villa ISD Socioeconomic Information Form 2020-2021

CONFIDENTIAL

Student ID _____

Student Name _____

Student Date of Birth _____

Student Grade _____

Physical Address: _____

Table with 2 columns: Brother/Sister, La Villa ISD Campus. Includes three rows for listing family members.

La Villa ISD is required to collect and report the socioeconomic status of each student to the Texas Education Agency for purposes of the annual state accountability ratings and for federal reporting. Please note that this form is not sent to the Texas Education Agency and that the income levels indicated for your family are not reported to the Texas Education Agency. Only the Economic Disadvantaged status of each student as determined by the information provided is reported to the Texas Education Agency.

SECTION A

Do you receive Supplemental Nutrition Assistance (SNAP)? [] Yes [] No Case Number _____

Do you receive Temporary Assistance to Needy Families (TANF)? [] Yes [] No Case Number _____

If you answered YES on either of the above, skip SECTION B and continue to the SIGNATURE section.

SECTION B (Complete only if all answers in SECTION A are NO)

How many members are in the household (include all adults and children)? _____

TOTAL YEARLY INCOME BEFORE DEDUCTIONS OF ALL HOUSEHOLD MEMBERS

(check ONE box below): 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)

- Income brackets: \$0 - 21,590; \$21,591 - 29,101; \$29,102 - 36,612; \$36,613 - 44,123; \$44,124 - 51,634; \$51,635 - 59,145; \$59,146 - 66,656; \$66,657 - 74,167; \$74,168 - 81,678; \$81,679 - 89,189; \$89,190 - 96,700; \$96,701 - 104,211; \$104,212 - 111,722; \$111,723 - 119,233; \$119,234 - 126,744; \$126,745 and above

SIGNATURE Please check one of the following two boxes as appropriate. 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 and that all income is reported. 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 _____

FOR SCHOOL USE ONLY

Total Household size _____ Total Monthly Income _____

- 00 - Not Economically Disadvantaged
01 - Eligible for Free Meals (DC List)
02 - Eligible for Reduced-Price Meals (DC List)
99 - Other Economic Disadvantage



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Military-Connected Student Form

Student ID _____

Student Name _____

Student Date of Birth _____

Student Grade _____

Physical Address _____

_____	0	Not a military-connected student
_____	1	Student in grade KG-12 is a dependent of an active duty member of the United States military
_____	2	Student in grade KG-12 is a dependent of a current member of the Texas National Guard (Army, Air Guard, or State Guard)
_____	3	Student in grade KG-12 is a dependent of a current member of a reserve force in the United States military
_____	4	Pre-kindergarten student is: <ol style="list-style-type: none">1. A dependent of an active duty member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who is ordered to active duty by proper authority or2. Is the child of a member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who was injured or killed while serving on active duty Note: A student remains eligible for enrollment if the child's parent leaves the armed forces or is no longer on active duty after the child begins a pre-kindergarten class.
_____	5	Student in grade KG-12 is a dependent of a former member of one of the following: -the United States military -the Texas National Guard (Army, Air Guard, or State Guard) -a reserve force in the United States military
_____	6	Student in grade KG-12 was a dependent of a member of a military or reserve force in the United States military who was killed in the line of duty

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____

Date _____



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Student Name: _____ Grade: _____

AGREEMENT FOR PARTICIPATION

In consideration for the privileges of using the District’s electronic, communication system, and consideration for having access to the public networks, I hereby release the District, its operations, its employees, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child’s use, of, or inability to use, the systems, including without limitation, the type of damage identified in the District’s policy and administrative regulations.

I **give** permission for my child to participate in the district’s electronic communications systems.

I **do not give** permission for my child to participate in the district’s electronic communications systems.

Student Signature

Parent/Guardian Signature

Date

TEXAS COMPULSORY ATTENDANCE FORM

The Texas Compulsory Attendance Law status in short: if any person, standing in parental relation to the child, fails to require his/her child to attend school for such periods as required by law, that person is in jeopardy of being charged with violating the provision of this law.

You can be referred to the judge if your child:

***has 3 unexcused absences in a four week period.**

or

***has 10 unexcused absences in a six month period.**

I am aware of and understand the Texas Compulsory Attendance Law.

Parent/Guardian Signature

Date

PARENTAL CONSENT

We/I the undersigned hereby consent to La Villa ISD, its agents, servants, or employees to photograph/videotape our/my child for use in promotional events (brochures, newsletters, newspaper ads, billboard, presentations, and/or web pages. Such promotional items may be distributed throughout the area and worldwide.

We/I **CONSENT** to the use of our/my child’s name or image in such events.

We/I **DO NOT** CONSENT to the use of our/my child’s name or image in such events.

Parent/Guardian Signature

Date



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Health and Emergency Information Form

Dear: Parent or Guardian:

To best be informed of your child’s health, please complete all information as best as you can:

Student Name _____
Last First Middle

Address _____

Mother’s Name _____ Phone # _____

Father’s Name _____ Phone # _____

In case of emergency, please list two alternate people and phone numbers in the event that no one can be reached at the above numbers:

Name/relationship _____ Phone # _____

Name/relationship _____ Phone # _____

Primary Physician: _____ Phone# _____

Health History (Please list any medications your child is currently taking).

Does your child have an allergy to any foods, medications, insects, latex or other substances?
____ YES ____ NO. If YES, Please specify _____

Please check all that apply	to your child:	
____ Allergies-seasonal	____ Diabetes	____ Kidney Disorder
____ ADHD/ADD	____ Epilepsy Seizure Disorder	____ Migraines
____ Asthma	____ Hearing Problems	____ Surgery
____ Depression	____ Heart Condition	Other _____

May your child receive first aid treatment at school and be examined by a nurse? Yes ____ No ____

ALL MEDICATIONS THAT NEED TO BE GIVEN AT SCHOOL ARE TO BE BROUGHT FROM HOME WITH A SIGNED PERMISSION SLIP.

NO MEDICATIONS FROM MEXICO WILL BE ADMINISTERED BY THE SCHOOL NURSE.

In case of an emergency and I cannot be reached, I, the undersigned, authorize La Villa ISD to take whatever action is necessary in their judgment for the health of my child. I will not hold the district or nurse financially or legally responsible for the emergency care and/or transportation of my child.

Parent /Guardian Signature _____

Date _____



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NOTICE TO STUDENTS AND PARENTS REGARDING DRUG-FREE SCHOOLS

The La Villa ISD believes that student’s use of alcohol and illicit drugs are both wrong and harmful. Consequently, the district has established a code of student conduct that prohibits the use, sale, possession, and distribution of alcohol and illicit drugs by students on school premises or as part of any school activity, regardless of its location. Compliance with this code of conduct is mandatory, and students shall be disciplined if they are found to have violated this code of conduct. (See policy FNCF(L) attached).

The district’s policies and its discipline Management Plan Provide a range of disciplinary sanctions for alcohol and drug related offenses. Students may be suspended for up to six school days or expelled for a period of time ranging from seven school days to the end of the school; in addition, they may be offered to appropriate law enforcement officials for criminal prosecution. Procedural requirements for the imposition of suspension and expulsion are set out in the district’s policies at FOA, FOA(L), FOD, and food(L). The principal of your school will be glad to provide you with access to or a copy of these policies.

Depending on the nature and severity of a drug or alcohol related offense, a student may be required to complete and appropriate rehabilitation program either in lieu of or in addition to other school discipline. The principal or counselor of your school can provide you with information about rehabilitation and re-entry programs that are available in our community or within reasonable access of our community.

I and my child(ren) have read the district’s notice regarding drug-free school and understand that my child(ren) will be subject to school discipline and possibly to criminal prosecution if they are found to have violated the district’s code of student conduct, which prohibits the use, possession, sale, or distribution of illicit drugs and alcohol on school premises or at any school activity.

Parent/Guardian Signature Date

Student Signature Date

La Villa Independent School District does not discriminate on the basis of race, age, religion, color, national origin, sex, or disability in providing educational services, activities, and programs. El distrito escolar de La Villa no discrimina segun la raza, edad, religion, color, origen de nacionalidad, sexo, o incapacidad para suministrar servicios, actividades, o programas educativos.

**P.O. Box 9 * 500 East 9th Street * La Villa, Texas 78562 * (956) 262-4755 * Fax (956) 262-5408
* Elementary School (956) 262-9357*Middle School (956) 262-4760 * High School (956) 262-4715**



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School/Parent Compact

The purpose:

The purpose of the school/parent compact is to communicate a common understanding of home and school responsibilities to assure that every child attains high standards of a quality education.

The Parents Responsibility:

As an involved parent, I will support my child/children by ensuring that he attends school daily and arrive to school on time. I will provide a quiet place for my child to complete homework assignments and give my child assistance when needed.

When I volunteer and participate in school functions, I am communicating the importance of my child’s education.

I understand the importance of monitoring the quality and the amount of television viewing my child engages in at home.

I understand the importance of involving my child in extracurricular and co-curricular activities to promote his/her social, emotional, and physical development.

I understand that by participating in parent groups/clubs, e.g. PTO, LPAC, Board of Education meeting, site-based committees, parent training workshops), I asset my right to contribute to the decision-making process within the school district.

The School’s Responsibility:

The La Villa ISD will solicit parent and community participation (through meeting, interview, questionnaires, surveys, etc.) regarding the education of the children it serves.

School will communicate with parents in clear, comprehensive language that promotes open communication between school and the home.

Parents will be notified of school events in a timely, efficient manner.

Teachers will communicate individual student accomplishments as well as areas of concern of parents.

Instruction will focus on academics, the development of social skills, (e.g. citizenship, communicating, with peers and adults, working cooperatively) and life skills.

Schools will provide a safe and secure learning environment for all

students. Signatures of:

Student: _____ Parent: _____

Teacher: _____ Admin: _____



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Student and Parent Notification and Acknowledgment

Student _____ Campus _____ Grade _____ LD.# _____

Discipline Management

The La Villa Independent School District Student Code of Conduct and Discipline Management Plan has been developed and adopted to help students gain the greatest possible benefit from school. The district needs the help and cooperation of all parents/guardians in establishing the kind of school and classroom environment which will foster maximum learning. It is important that every student understands the student code of conduct and discipline management plan and that students be encouraged by their parents to follow the rules and regulations that are set forth.

Please read and discuss the student code of conduct and discipline management plan with your son or daughter and emphasize that when misconduct occurs at school appropriate disciplinary procedures will follow. It is required by state law that the district maintains a record that students and parents have received a copy of the student code of conduct and discipline management plan. Please sign this form and return it to the principal. The form will be kept in your child’s cumulative folder.

Parent/Guardian Signature

Date

Student Signature

Date

Student Insurance

Yes, I will buy school accident insurance for my child at school 24 hours

No, I am not interested in buying school accident insurance for my child

Parent/Guardian Signature

Date

Field Trip Permission

My child, _____ has my permission to attend all La Villa ISD sponsored trips for the 2020-2021 school year.

Parent Signature

Date



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Notice Regarding Directory Information and Parent’s Response Regarding Release of Student Information

State law requires the district to give you the following information:

Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about the student. If you do not want La Villa ISD to disclose directory information from your child’s education records without your prior written consent, you must notify the district in writing within ten school days of child’s first day of instruction for this school year.

This means that the district must give certain personal information (called “directory information”) about your child to any person who requests it, unless you have told the district in writing not to do so. In addition, you have the right to tell the district that it may, or may not; use certain personal information about your child for specific school-sponsored purposes. The district is providing you this form so you can communicate your wishes about these issues

For the following school-sponsored purposes: La Villa ISD has designated the following information as directory information:

- Student’s name
- Telephone listing
- Photograph
- Major field of study
- Dates of attendance
- Most recent school previously attended
- Enrollment status
- Student identification numbers or identifiers that cannot be used alone to gain access to electronic education records
- Address
- E-mail address
- Date and place of birth
- Degrees, honors, and awards received
- Grade level
- Participation in officially recognized activities and sports
- Weight and height, if a member of an athletic team

Directory information identified only for limited school-sponsored purposes remains otherwise confidential and will not be released to the public without the consent of the parent or eligible student.

I, parent of _____ (student’s name), do give do not give the district permission to use the information in the above list for the specified school-sponsored purposes.

Parent Signature _____ Date _____

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PARENT NAME: _____

ADDRESS: _____

CITY & STATE: _____

PHONE: _____

DATE ISSUED: _____ SIGNATURE: _____
(Parent or Guardian)

Dear Parents:

This is to advise you of the Texas Education Code: Section 21.032, Compulsory Attendance, which reads as follows:

Section 21.032, Compulsory Attendance. Unless specifically exempted by Section 21.033 of this code or under other laws or unless a child is at least 17 years of age and has been issued a high school equivalency certificate, every child in the state who is as much as six years of age, or who is less than seven years of age and has previously been enrolled in first grade, and who has not completed the academic year in which his 17th birthday occurred shall be required to attend the public schools in the district of his residence or in some other district to which he may be transferred as provided or authorized by law a minimum of 170 days or the regular school term of the district in which the child resides or to which he has been transferred.

Also, you are advised of the Texas Education Code: Section 4.25, Thwarting Compulsory Attendance Law, which reads as follows:

- (a) If any parent or person standing in parental relation to a child, within the compulsory school attendance ages and not lawfully exempt or properly excused from school attendance, fails to require such child to attend school for such periods as required by law it shall be the duty of the proper Attendance Officer to warn, in writing, the parent or person standing in parental relation, intentionally, knowingly, recklessly, or with criminal negligence fails to require the child to attend school as required by law, the parent or person standing in parental relation commits an offense. The Attendance Officer shall file a complaint against him in the county court, in the justice court of his resident precinct, or in the municipality of which he resides or in the municipality or justice of the peace precinct in which the school is located. In addition, if the child has been voluntarily absent from school for 10 or more days or parts of days within a six-month period or 3 or more days or parts of days within a four week period without the consent of his parents, the Attendance Officer can file charges. A court in which a complaint is filed under this subsection shall give preference to a hearing on the complaint over other cases before the court. Each day the child remains out of school after the warning has been given or the child ordered to school by the juvenile court may constitute a separate offense. (b) I is a defense to prosecution under subsection (a) of this section that the parent or person standing in parental relation to the child is unable to compel the child to attend school. (c) At the trial of any person charged with violating the provisions of this section, the attendance records of the child or ward may be presented in court by any authorized employee of the school district.

In order to comply with the above, you are requested to see that _____ attends _____ School on a regular basis. In the event that _____ does not start attending school immediately and on a regular basis, a complaint will be filed by the Attendance Officer with a judge in a Justice of the Peace Court.

Sincerely

Attendance Officer



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Please complete this form ONLY if changes need to be made to the student's ethnicity/race on file.

Texas Public School Student 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. 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 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 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.

Student (please print)

Parent/Guardian (Signature)

Student Identification Number

Date

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La Villa Independent School District
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 HOME LANGUAGE SURVEY-19 TAC Chapter 89, Subchapter BB, §89.1215
 (Home Language Survey applicable ONLY if administered for students enrolling in pre-kindergarten 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. Please note: this form is needed for students new to Texas and Pre-Kindergarten.

Dear Parent or Guardian:

To determine if your child would benefit from Bilingual and/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 and/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: <http://web.esc20.net/LPAC-Interactive/InteractiveFlowchart-EN.htm>.

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, only if: 1) your child has not yet been assessed for English proficiency; and 2) corrections are made within two calendar weeks of your child's enrollment date.