

HAMILTON JUNIOR HIGH SCHOOL Registration Form for School Year 2022 - 2023

Campus Name: HAMILTON JUNIOR HIGH

Campus Phone: (254) 386-4376

Campus Fax: (254) 386-4384

STUDENT INFORMATION

Local ID	Student Name	Grade Level	Orig Entry Dt	Track	SSN	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Pacific Islander
						<input type="checkbox"/> White	<input type="checkbox"/> Black
						<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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:	
Other Ph:	Phone Pref:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	
Receive Mailouts:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Language Pref:	<input type="checkbox"/> English <input type="checkbox"/> Spanish
Emergency Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Email:	
Svc Branch:	Rank:	Enrolling Person:	
Right to Transport:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driver License #:	State:
Vehicle Make:	Model:	Color:	
Vehicle Plate #:	State:		

EMERGENCY CONTACT INFORMATION

1. Name:	Relation:	Cell Ph:	Home Ph:	Bus Ph:
Other Ph:	Phone Pref:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	Right to Transport:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Make:	Model:	Color:	Plate #:	State:
2. Name:	Relation:	Cell Ph:	Home Ph:	Bus Ph:
Other Ph:	Phone Pref:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	Right to Transport:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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:
Soc Sec Copy on File:	At Risk:	Migrant:
Gift:	LEP:	BIL:
ESL:	Par Per:	Econ:
Special Education:	Prim:	Sec:
Tert:	Multi:	

Hamilton ISD wishes to provide a safe environment for your children and also to meet your wishes. Therefore, we request that you complete this form to indicate to the District who you authorize to pick up your child from school. Please understand that both parents are approved for pick up UNLESS a court order has been provided to the campus office that states otherwise. You may identify up to 10 additional people.

I hereby authorize Hamilton Junior High to allow my child to leave the facility ONLY with the following people.

Name:	_____	Phone:	_____
Name:	_____	Phone:	_____
Name:	_____	Phone:	_____
Name:	_____	Phone:	_____
Name:	_____	Phone:	_____
Name:	_____	Phone:	_____
Name:	_____	Phone:	_____
Name:	_____	Phone:	_____
Name:	_____	Phone:	_____

_____	_____
Parent Signature	Date

Any additional information for the office?

Please list: _____

2021-2022 PEIMS Data Standards

Appendix F: Ethnicity and Race Reporting Guidance

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.

Student/Staff Name (please print)

(Parent/Guardian)/(Staff) Signature

Student/Staff Identification Number

Date

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:

_____ Hispanic / Latino

_____ Not Hispanic/Latino

Race – choose one or more:

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

Observer signature:

Campus and Date:

Texas Education Agency – March 2021

Hamilton Junior High

Student Residency Questionnaire

The information on this form is required to meet The Education for Homeless Children and Youth (EHCY) program, authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.), also known as the McKinney-Vento Act.

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. Texas Education Code Sec. 25.002(3)(d).

All of the questions below refer to the student that is enrolling.

Today's Date (MM/DD/YYYY):			
School:			
Last Name:			
First Name:			
Middle Name:			
Birth Date (MM/DD/YYYY):			
Grade:			
Last School Attended:			
Address where the student sleeps at night (Street Address, Apartment #, City, Zip):			
How long has the student been at this address?			
Main Phone Number:			
Other Phone Number:			
Other Phone Number for Emergencies:			

Provide the following information for school-age siblings (brothers and/or sisters) of the student:

Last Name	First Name	Brother or Sister	Stay at the same place (X)	Grade	School	District

Signature of Person Providing Information
Parent/Legal Guardian/Caregiver/Unaccompanied Student

Date

For School Use Only

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature

"X" all boxes below that best describe where the student sleeps at night, leave those blank that do not apply:

	In a home that the student's parent or legal guardian owns or rents (C189=0)
	In a place that does not have windows, doors, running water, heat, electricity, or is overcrowded (C189=3)
	Staying with a friend or relative because of loss of housing, economic hardship, or a similar reason (C189=2) <i>(Examples: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)</i>
	In a shelter (C189=5) <i>(Examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)</i>
	In an unsheltered location, such as: <ul style="list-style-type: none"> • a tent • a car or truck • a van • an abandoned building • on the streets • at a campground • in the park • in a bus or train station • other similar place (C189=3)
	In a hotel or motel because of loss of housing or economic hardship (C189=4) <i>(Examples: eviction, foreclosure, cannot get deposits for permanent home, flood, fire, hurricane)</i>
	In a transitional housing program (C189=5) <i>(Housing that is available as part of a program for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, governmental agency, or another organization)</i>
	<p>The student lives here because of a natural disaster. "X" the type of disaster below and provide the requested information:</p> <p>___Hurricane--Name of hurricane:_____</p> <p>___Flood</p> <p>___Tornado</p> <p>___Wildfire</p> <p>___Other—Please describe:_____</p> <p>Date the natural disaster took place:_____</p> <p>Where the natural disaster took place, including county:_____</p>
	The student does not sleep in any of the places described above. Tell below where the student does sleep:



Hamilton ISD Family Survey 2022-2023



In order to better serve your child/children, the school district would like to identify students who may qualify to receive additional educational services. The information provided will be kept confidential.

Please print and return form to school office:

Campus: _____

Date: _____

Student Name: _____

Grade: _____

Father/Guardian: _____

Mother/Guardian: _____

Father's Place of Employment: _____

Mother's Place of Employment: _____

Home Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please answer the following questions:

- Within the past 3 years, have you moved from one city, state, or school district to another?
☐ Yes ☐ No
- If yes, did you or your child move/leave in order to work in agriculture or fishing (temporary or seasonal)?
 (By checking yes, you are stating that you have worked in agricultural or fishing work within the last 36 months).
☐ Yes ☐ No

If you answered YES to question 2, please check all that apply.



Working with
fruits, vegetables,
cotton, wheat,
grain, agricultural
farms, fields or
vineyards

☐


Working in
a cannery

☐


Working on a dairy farm.
Working on a ranch-
feeding livestock, clearing
fields or building fences for
livestock

☐


Working in a slaughter
House-packaging and
Cutting meat

☐


Working in a plant
nursery, orchard,
growing or
harvesting trees or
picking pecans

☐


Working in a
fishery

☐


Working on a
poultry farm

☐

Other similar work, please explain:

For more information, please contact Migrant Service Coordinator: **Melissa Vega** 254-297-1253



Hamilton ISD
Encuesta de Familia
2022-2023



Con el fin de servir mejor a sus hijos, el distrito escolar le gustaría identificar a los estudiantes que califican para recibir servicios educativos adicionales. La información se mantendrá confidencial.

Por favor escriba con letra de molde y devuelva esta encuesta a la oficina de la escuela:

Fecha: _____

Nombre del Estudiante: _____

Grado: _____

Padre/Guardián: _____

Madre/Guardián: _____

Empleo del Padre: _____

Empleo de la Madre: _____

Dirección de Casa: _____ Ciudad: _____ Código Postal: _____

Teléfono de Casa: _____ Teléfono Celular: _____ Teléfono del Trabajo: _____

Por favor, conteste las siguientes preguntas:

1. ¿En los últimos 3 años se ha movido de una ciudad, Estado o de un distrito escolar a otro?

☐ Si

☐ No

2. Si la respuesta es SI, ¿usted o sus hijos se movieron a fin de trabajar o buscar trabajo en la agricultura o la pesca (ya sea temporalmente)? ¿Dentro de los últimos 36 meses?

☐ Si

☐ No

Si usted contesto SI a la pregunta 2, por favor marque la(s) que aplique(n).



Trabajando con
frutas, verduras,
algodón, trigo,
grano, granjas
agrícolas, campos
o viñeras

☐

Trabajando
en fábrica de
conservas

☐

Trabajando en lechería,
trabajo de Rancho-
alimentando animales,
limpiando campos,
construyendo cercas para
ganado

☐

Trabajando en una
matanza
Empacando y cortando
carne

☐

Trabajando en
guardería de
plantas o cultivo
de árboles o
recogiendo nueces

☐

Trabajando
en la pesca

☐

Trabajando en
una granja de
pollos

☐

Otros trabajos similares, por favor expliquen:

Para más información, póngase en contacto con el Coordinador de servicios migratorios: **Melissa Vega 254-297-1253**

This form is only for students who have never been in a US public school

HAMILTON INDEPENDENT SCHOOL DISTRICT

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.

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:

https://projects.esc20.net/upload/page/0084/docs/EL%20Identification_ReclassificationFlowchart%202018.pdf

This survey shall be kept in each student's permanent record folder.

NAME OF STUDENT: _____

ADDRESS: _____

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.

