

## New Student Enrollment Parent Checklist

To enroll your student, I must have all of the following; in order to get him/her processed in a timely manner.

- ✓ Withdrawal from previous school
- ✓ Parent/Guardian ID
- ✓ Proof of residency
- ✓ Birth Certificate
- ✓ Social Security Card
- ✓ Immunization (Must have at time of enrollment if coming from out state)
- ✓ Participation in special programs (SPED, 504, ESL, GT)
- ✓ TMS student enrollment packet

Previous school name: \_\_\_\_\_

Phone & Fax #: \_\_\_\_\_

Thank you,

Isabel Gomez  
TMS Registrar

**REQUEST FOR RECORDS**

Date \_\_\_\_\_

The student listed below is enrolling at our school. Please send requested information at your earliest convenience:

- ✓ Most recent report card
- ✓ Complete transcript of courses taken and grades received
- ✓ Standardized test scores
- ✓ Participation in special programs (ESL, G.T, SPED, 504)
- ✓ Discipline Record
- ✓ Immunization & health records/Vision & Hearing
- ✓ Birth Certificate
- ✓ Social Security Card
- ✓ Attendance records-UNEXCUSED ABSENCES
- ✓ Copy of Doctors physical for athletics
- ✓ Withdrawn form
- ✓ All Bilingual/ESL records including original Home Lang. Survey & LPAC

Thank You,  
Isabel C. Gomez  
igomez@taylorisd.org  
Registrar, TMS

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Name of Student	Grade	Date of Birth
Nombre de estudiante	grado	fecha de nacimiento

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Social Security/PEIMS Number
Numero de seguro social

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Name of Last School Attended	Phone Number
Nombre de la ultima escuela	telefono

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Address of Previous School (City, State Zip Code)
Dirección de escuela adonde fue

**PERSON ENROLLING THIS STUDENT**

Date of enrollment: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

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Parent Signature  
Firma de Parente

## ENROLLMENT FORM

**Has student** gone to Taylor Schools before? (Circle one) YES NO If so, campus \_\_\_\_\_

Student Full Name: \_\_\_\_\_  
Complete name as listed on birth certificate                      First                      Middle                      Last

Grade Level: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ DOB: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (If different from above): \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

**Mother's name** \_\_\_\_\_ **address** \_\_\_\_\_  
CIRCLE ONE - NATURAL MOTHER - STEP MOTHER - GUARDIAN                      If different

Place of business: \_\_\_\_\_ phone: \_\_\_\_\_

**Father's name** \_\_\_\_\_ **address** \_\_\_\_\_  
CIRCLE ONE - NATURAL FATHER - STEP FATHER - GUARDIAN                      If different

Place of business: \_\_\_\_\_ phone: \_\_\_\_\_

Student lives with: \_\_\_\_\_ Natural Mother/Natural Father/Both  
\_\_\_\_\_ Natural Parent and (circle one) Step-mother Step-father  
\_\_\_\_\_ Grandparent(s)  
\_\_\_\_\_ Legal Guardian - Relationship to student \_\_\_\_\_  
Guardian papers? \_\_\_\_\_  
\_\_\_\_\_ Foster Care / DPRS / Homeless / other

Please list ALL previous schools attended in the last 2 years: (Name, city, phone number)

Special Programs (Circle programs that apply)

Special Education                      ESL/LEP                      Migrant                      G/T                      Other

Place of birth: \_\_\_\_\_

Is the student a recent immigrant? Date arrived? \_\_\_\_\_

How was attendance at previous school? (Circle one) Good Fair Attended Court for Truancy

How was discipline at previous school? (Circle one) Good Fair On Probation

County Probation is filed \_\_\_\_\_  
Probation Officer's name \_\_\_\_\_ Phone # \_\_\_\_\_

Does student have charges pending in court at this time? (Circle one) YES NO

If yes, name of County and Judge \_\_\_\_\_

Does student have any medical/health conditions that the school should be aware of?

(Circle one) YES NO

Explanation: \_\_\_\_\_

Special scheduling considerations:

Athletics (Physical required) \_\_\_\_\_

Pre AP classes \_\_\_\_\_

Other \_\_\_\_\_

## AT RISK INFORMATION

**Place an "X" next to criteria that applies to your student. Leave blank when not applicable.**

- \_\_\_\_\_ In grade 7<sup>th</sup> or 8<sup>th</sup> – did not maintain an average equivalent to 70 on a scale of 100 in two or more core subjects the prior and/or current semester.
- \_\_\_\_\_ Has been retained for one or more school years.  
Grade held back \_\_\_\_\_ Year \_\_\_\_\_  
Grade held back \_\_\_\_\_ Year \_\_\_\_\_
- \_\_\_\_\_ Did not perform satisfactorily on an assessment test administered to the student during the previous or current school year at a level equal to at least 110% of the level of satisfactory performance.
- \_\_\_\_\_ Is pregnant or is a parent
- \_\_\_\_\_ Has been placed in an alternative education placement program (AEP, TOC, JJAEP, LOTT DETENTION) during the preceding or current school year.
- \_\_\_\_\_ Has been expelled during the previous or current school year  
Reason \_\_\_\_\_
- \_\_\_\_\_ Is currently on parole, probation, deferred prosecution, or other conditional release.
- \_\_\_\_\_ Has been reported as a dropout in a previous school year..
- \_\_\_\_\_ Student is of Limited English Proficiency
- \_\_\_\_\_ Is in the custody or care of the Department of Protective and Regulatory Services, or has, during the current school year, been referred to the department by a school official, officer of the juvenile court or law official.
- \_\_\_\_\_ Is Homeless (lives in a shelter, such as a family shelter, domestic shelter, youth shelter, motel, hotel, or weekly rate housing, in a house or apartment with more than one family, in a car, abandoned building, campground, on the street, temporary foster care, living with an adult who is not the legal parent or legal guardian of the child, in a house with no electricity, water, or heat, or with friends or family because student is a runaway.
- \_\_\_\_\_ Has resided in a residential placement facility in the district, including a detention facility, substance abuse treatment facility and emergency shelter, psychiatric hospital, halfway house, or foster group home.
- \_\_\_\_\_ Are you an immigrant? If yes, what month/year \_\_\_\_\_

**X**

**Parent Signature**

**TAYLOR INDEPENDENT SCHOOL DISTRICT****Student Residency Questionnaire**

Name of Campus \_\_\_\_\_

Name of Student \_\_\_\_\_ Sex:  Male  
Last First Middle  FemaleBirth Date \_\_\_\_\_ Grade: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Month Day Year (or student identification number)**This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.**

- Is your current address a temporary living arrangement? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Is this temporary living arrangement due to loss of housing or economic hardship? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered yes, how long have you been living in this arrangement: \_\_\_\_\_

**If you answered YES to the above questions, please complete the remainder of this form.****If you answered NO, you may stop here.**

Where is the student presently living? (Check one box)

- In the home of a friend or relative because I lost my housing (examples: fire, hurricane, flood, lost job, divorce, domestic violence, kicked out by parents, parent in military and was shipped out, parent(s) in jail, etc.)
- In a shelter because I do not have permanent housing (examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)
- Moving from place to place
- In a hotel or motel (examples: because of economic hardship, eviction, cannot get deposits for permanent home, flood, fire, hurricane, etc.)
- In a tent, car, van, abandoned building, on the streets, at a campground, in the park or other unsheltered location

Name of Parent(s)/Legal Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

*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. TEC Sec. 25.002(3)(d).*

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please send a copy to John Matthews, Homeless Liaison at Main Street Campus.**

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

Date \_\_\_\_\_ McKinney-Vento Liaison Signature \_\_\_\_\_

Taylor ISD

Food Allergy Disclosure

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

“Severe food allergy” means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child’s allergic reaction to the food.

Food:	Nature of allergic reaction to the food:

The District will maintain the confidentiality of the information provided above and may dis-close the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy. [See FL]

Student name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date form was received by the school: \_\_\_\_\_

**Exhibit 1A Student/Staff Ethnicity and Race Data Questionnaire in English**

**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

Date

Student/Staff Identification Number

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 2010**

# HOME LANGUAGE SURVEY

## CUESTIONARIO DE IDIOMA DEL HOGAR

Taylor ISD would like you to take the time to answer this brief survey about the languages spoken in your home. The purpose of this survey is to help with communication between the home and school and to ensure that your child receives the most appropriate educational program to ensure their academic success.

A Taylor ISD le gustaría que usted se tome el tiempo para contestar este cuestionario acerca de los idiomas que se hablan en su casa. El propósito de este cuestionario es para ayudar a la comunicación entre la casa y la escuela y asegurar que su niño recibe el programa educativo más apropiado para asegurar su éxito académico.

Sincerely/Sinceramente,

School Principal/Director(a) de la Escuela

.....  
Student's name/Nombre del estudiante:

School/Escuela: \_\_\_\_\_

Grade/Grado: \_\_\_\_\_

Date/Fecha: \_\_\_\_\_

Please answer with the **1 language** that best answers the question.

Favor de contestar con **1 idioma** que mejor contesta cada pregunta.

1. What language is spoken in your home **MOST** of the time?  
¿Cuál es el idioma que **MÁS** se habla en su hogar?

2. What language does your child speak **MOST** of the time?  
¿Cuál es el idioma que **MÁS** habla su niño(a)?

Signature of Parent/Guardian Firma del Padre/Guardián:





**TAYLOR INDEPENDENT SCHOOL DISTRICT  
2016-2017**

PLEASE RETURN THIS FORM TO YOUR CHILD'S CAMPUS **ONLY** IF YOUR CHILD  
MEETS ONE OF THE CRITERIA BELOW

In 2009 The Texas Legislature adopted the Interstate Compact on Educational Opportunity for Military Students – Texas Education Code Chapter 162. This legislation requires schools to recognize and extend certain privileges to students who are military dependents and to assist military dependent students in the transition process of changing schools when their military parents are reassigned and forced to relocate.

Parent Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If Known: Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_ Campus: \_\_\_\_\_

Please check one box below to indicate if your child is a dependent of a member of:

**For all students:**

- Active Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard  
[This includes Missing in Action (MIA)]
- Texas National Guard
- Reserve Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard

**For Pre-Kindergarten students ONLY:**

- Armed forces or reserved forces of the United States (Army, Navy, Air Force, Marine Corps, or Coast Guard) or Texas National Guard who has been injured or killed while on active duty

**Taylor ISD 2016 – 2017**  
**Acknowledgment of Electronic Distribution of**  
**District & Campus Information & Forms**

A copy of the following acknowledgement form will be sent home with your child for both the parent and student to sign and then return to your child's school.

My child and I have been offered the option to receive a paper copy or to electronically access the following at [www.taylorisd.org](http://www.taylorisd.org):

1. District & Campus Student / Parent Handbook
2. Student Code of Conduct
3. Acceptable Use of District Technology Resources Policy (*Found in the District Student/Parent Handbook*)
4. Consent/Opt-Out Form (*Found in the District Student/Parent Handbook*)
5. Student Directory Information & Use of Student Work (*Found in the District Student/Parent Handbook*)

1. District/Campus Handbooks & Student Code of Conduct

Accept responsibility for accessing the District & Campus Student / Parent Handbook and the Student Code of Conduct by visiting the Web address listed above.

I will obtain a hard copy of the District & Campus Student/Parent Handbook and Student Code of Conduct from the front office where my child attends school.

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2. Internet Acceptable Use Policy

I understand and will abide by the Internet Acceptable Use Policy located in the District Student/Parent Handbook. Should I commit any violation, my access privileges may be revoked.

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3. Consent/Opt-Out Form

I understand that I will notify the principal in writing no later than September 5, 2016 if I do not want my student to participate in the school activities outlined on the Consent/Opt-Out form in the District Student/Parent Handbook.

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4. Student Directory Information

I understand that I will notify the principal in writing no later than September 5, 2016 if I do not want my student's directory information released for the limited school-sponsored purposes listed in the District Student/Parent Handbook.

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5. Use of Student Work in District Publications

I understand that I will notify the principal in writing no later than September 5, 2016 if I do not want my student's artwork or special projects displayed on the districts website and in district publications.

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I understand that the District & Campus handbooks contain information that my child and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Student Code of Conduct. If I have any questions regarding the District & Campus Student/Parent handbooks or the Student Code of Conduct, I should direct those questions to the principal of the campus that my child attends.

Printed name of student(s): \_\_\_\_\_

Signature of student(s): \_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_