

Nursery Elementary School  
P.O. Box 69  
Nursery, Texas 77976-0069  
Phone: 361-575-6882 Fax: 361-576-9212

Nursery Independent School District  
Nursery Elementary School  
2023 - 2024



**Kindergarten**  
**Registration Check List**

**Required Documents for Registration:**

- Proof of Address (utility bill, housing lease with address)
- Birth certificate
- Shot record
- Social Security card
- Parent / Guardian photo ID

**Transfer Student:**       Yes     No

Student's Full Name: \_\_\_\_\_

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## Nursery ISD - Nursery Elementary Enrollment Sheet

**Office Use Only:**  
 Student ID# \_\_\_\_\_  
 Enrolled \_\_\_\_\_  
 SIS \_\_\_\_\_

Grade: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student Last Name	First	Middle	Age	M / F Sex
Student Mailing Address	City		Zip	
Student Physical Address	City / /		Zip / /	
Birthplace (City, State)	Birthdate: Month / Day / Year		Social Security Number	

**When did you move to Nursery?** \_\_\_\_\_ (Month/Day/Year)

**Name of School Last Attended and Address** \_\_\_\_\_

	Father's Information	Mother's Information	Legal Guardian's Information (If Not Parent)
<b>Full Name</b>			
<b>Is Address Same as Student's?</b>	YES NO	YES NO	YES NO
<b>Mailing Address, if Different from Student's</b>			
<b>Phone Number</b>			
<b>E-mail Address</b>			
<b>Name of Employer</b>			
<b>Work Phone Number</b>			

**Please list all siblings and ages:**

Name _____ Age _____	Name _____ Age _____
Name _____ Age _____	Name _____ Age _____

**PENAL CODE Sec. 37.10 tampering with governmental record. If you knowingly give a false address for you or your child on any school document, you have committed a Class C Misdemeanor and could face a fine of up to \$500 and more. I certify (promise) that all information on all school documents is true.**

# New Student ONLY

## Required Enrollment Forms

- Student Enrollment Survey
- Home Language Survey
- Student Residency Questionnaire
- Ethnicity and Race Data
- Military Connected Survey

## Nursery Elementary School Enrollment Survey

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete the following so that we may better serve your child.

1. Is the student currently enrolled in school? Yes No  
Current Grade level \_\_\_\_\_  
If no, please explain: \_\_\_\_\_  
If yes, name of present school and location: \_\_\_\_\_

School District of residence: \_\_\_\_\_  
School student is zoned to attend: \_\_\_\_\_

2. My child has behavior problems at school. If yes, please specify Yes No

Does student have a Behavior Instruction Plan (BIP)? Yes No

3. My child has hearing/vision problems. If yes, please specify Yes No

4. My child has medical problems. Yes No

5. My child has been in a special reading or math class. Yes No  
When: \_\_\_\_\_  
School: \_\_\_\_\_  
RTI: Subject \_\_\_\_\_

6. My child has been enrolled in the following:

**Please check all that apply.**

\_\_\_\_ At Risk    \_\_\_\_ Title I    \_\_\_\_ ESL/Bilingual    \_\_\_\_ LEP    \_\_\_\_ Speech Therapy  
\_\_\_\_ Migrant    \_\_\_\_ Dyslexia    \_\_\_\_ 504    \_\_\_\_ BIP    \_\_\_\_ Gifted & Talented  
\_\_\_\_ Special Education: Instructional Setting: \_\_\_\_\_

Lunch: Free \_\_\_\_ Reduced \_\_\_\_

7. My child has repeated a Grade(s). Yes No  
If yes, please circle grade(s) repeated: **K 1 2 3 4 5**  
Name of the school where grade was repeated.: \_\_\_\_\_

Has the student failed a class(es)?  
If yes, which class(es): \_\_\_\_\_

8. My child has other special needs the school needs to be aware of:  
\_\_\_\_\_

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

**ACADEMIC/EDUCATIONAL INFORMATION (Complete This Section)**

Is the student currently enrolled in school?  No  Yes Current Grade Level 2020-2021 \_\_\_\_\_

If no, explain: \_\_\_\_\_

If yes, name of present school and location: \_\_\_\_\_

School district of residence: \_\_\_\_\_

School student is zoned to attend: \_\_\_\_\_

Has the student repeated a grade(s)?  No  Yes If yes, which grade(s)? \_\_\_\_\_

Has the student failed a class(es)?  No  Yes If yes, which class(es)? \_\_\_\_\_

**Please check all that apply.**

At Risk  Title I  ESL/Bilingual  LEP  Gifted & Talented  504  Migrant

Dyslexia  Speech Therapy  Special Education: Instructional Setting: \_\_\_\_\_

Lunch: Free  Reduced

**RECORD OF PREVIOUS SCHOOLING (Complete This section)**

	Name of School & Location (City & State)	Year Attended
Kinder	_____	_____
1 <sup>st</sup> Grade	_____	_____
2 <sup>nd</sup> Grade	_____	_____
3 <sup>rd</sup> Grade	_____	_____
4 <sup>th</sup> Grade	_____	_____
5 <sup>th</sup> Grade	_____	_____

**DISCIPLINE/ATTENDANCE INFORMATION (Complete This Section)**

Has the student ever been or is currently suspended/expelled?  No  Yes

If Yes, explain: \_\_\_\_\_

Has the student been engaged in delinquent conduct or conduct in need of supervision and is on probation or other conditional release for that conduct?  No  Yes If yes, (number of times) explain: \_\_\_\_\_

Have you experienced any of the following:	Excessive absences <input type="checkbox"/>	Excessive tardies <input type="checkbox"/>	Fights <input type="checkbox"/>
Number of absences (current year)	_____	Number of tardies (current year)	_____
Number of unexcused absences (current year)	_____	Number of absences (last year)	_____
Number of tardies (last year)	_____	Number of unexcused absences (last year)	_____

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

<p><b>Texas Education Agency</b> <b>Texas Public School Student/Staff Ethnicity and Race Data Questionnaire</b></p>	
<p>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).</p>	
<p>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.</p>	
<p>Please answer both parts of the following questions on the student's or staff member's ethnicity and race. <i>United States Federal Register (71 FR 44866)</i></p>	
<p><b>Part 1. Ethnicity:</b> Is the person Hispanic/Latino? <i>(Choose only one)</i></p>	
<p><input type="checkbox"/> <b>Hispanic/Latino</b> - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</p>	
<p><input type="checkbox"/> <b>NotHispanic/Latino</b></p>	
<p><b>Part 2. Race:</b> What is the person's race? <i>(Choose one or more)</i></p>	
<p><input type="checkbox"/> <b>American Indian or Alaska Native</b> - 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.</p>	
<p><input type="checkbox"/> <b>Asian</b> - 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.</p>	
<p><input type="checkbox"/> <b>Black or African American</b> - A person having origins in any of the black racial groups of Africa.</p>	
<p><input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander</b> - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p>	
<p><input type="checkbox"/> <b>White</b> - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p>	
<p>_____ Student/Staff Name (please print)</p>	<p>_____ (Parent/Guardian)/(Staff) Signature</p>
<p>_____ Student/Staff Identification Number</p>	<p>_____ Date</p>
<p>This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.</p>	
<p>Ethnicity – choose only one:</p> <p>_____ Hispanic / Latino</p> <p>_____ NotHispanic/Latino</p>	<p>Race – choose one or more:</p> <p>_____ American Indian or Alaska Native</p> <p>_____ Asian</p> <p>_____ Black or African American</p> <p>_____ Native Hawaiian or Other Pacific Islander</p> <p>_____ White</p>
<p>Observer signature:</p>	<p>Campus and Date:</p>
<p><b>Texas Education Agency – March 2018</b></p>	

**Exhibit 1B Student/Staff Ethnicity and Race Data Questionnaire in Spanish**

<p><b>Agencia de Educación de Texas</b>  <b>Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal de las Escuelas Públicas de Texas</b></p>	
<p><b>El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).</b></p>	
<p><b>Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.</b></p>	
<p><b>Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).</b></p>	
<p><b>Parte 1. Etnicidad: ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)</b></p>	
<p><input type="checkbox"/> <b>Hispano/Latino</b> – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.</p>	
<p><input type="checkbox"/> <b>No Hispano/Latino</b></p>	
<p><b>Parte 2. Raza. ¿Cuál es la raza de la persona? (Escoja uno o más de uno)</b></p>	
<p><input type="checkbox"/> <b>Indio Americano o Nativo de Alaska</b> – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo América Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.</p>	
<p><input type="checkbox"/> <b>Asiático</b> – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.</p>	
<p><input type="checkbox"/> <b>Negro o Africano-Americano</b> – Una persona con orígenes de cualquier grupo racial negro de África.</p>	
<p><input type="checkbox"/> <b>Nativo de Hawai u otras islas del pacífico</b> – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.</p>	
<p><input type="checkbox"/> <b>Blanco</b> – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.</p>	
<p>_____ Nombre del Estudiante/Miembro de Personal (por favor use letra de imprenta)</p>	<p>_____ Firma (Padre/Representante legal) /(Miembro de personal)</p>
<p>_____ Número de Identificación del Estudiante/Miembro del personal</p>	<p>_____ Fecha</p>
<p>This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student’s permanent folder.</p>	
<p>Ethnicity – choose only one:          _____ Hispanic / Latino          _____ Not Hispanic/Latino</p>	<p>Race – choose one or more:          _____ American Indian or Alaska Native          _____ Asian          _____ Black or African American          _____ Native Hawaiian or Other Pacific Islander          _____ White</p>
<p>_____ Observer signature:</p>	<p>_____ Campus and Date:</p>
<p><b>Agencia de Educación de Texas – Marzo 2018</b></p>	

\_\_\_\_\_ INDEPENDENT SCHOOL DISTRICT/CHARTER SCHOOL

**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](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:** \_\_\_\_\_ **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, 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.



**INDEPENDENT SCHOOL DISTRICT/CHARTER SCHOOL**

**Cuestionario sobre el idioma que se habla en el hogar**  
19 TAC Chapter 89, Subchapter BB §89.1215

**DEBE DE COMPLETARSE POR EL PADRE O TUTOR PARA ESTUDIANTES QUE CURSEN DESDE PREKINDER HASTA EL OCTAVO GRADO: (O POR EL ESTUDIANTE SI CURSA GRADOS DEL 9-12):** El estado de Texas requiere que la siguiente información sea completada para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Es la responsabilidad del padre o tutor, no de la escuela, proporcionar la información del idioma requerida por las siguientes preguntas.

Querido padre o tutor:

Para determinar si su hijo(a) se beneficiara de los servicios de los programas bilingües y/o de inglés como segundo idioma, por favor responda las dos preguntas siguientes.

Si cualquiera de sus respuestas indica el uso de un idioma que no sea inglés, entonces el distrito escolar debe realizar una evaluación para determinar que tanto se comunica su hijo(a) en inglés. Esta información resultante de la evaluación se usará para determinar si los servicios de programas bilingües y/o de inglés como segundo idioma son apropiados e informará las recomendaciones en cuanto a la instrucción y la asignación del programa. Una vez completada la evaluación de su hijo(a), no se permitirán cambios a las respuestas en el cuestionario. Si tiene preguntas sobre el propósito y el uso del cuestionario sobre el idioma que se habla en el hogar, o si necesita ayuda para completar el cuestionario, por favor comuníquese con el personal del distrito escolar.

Para más información sobre el proceso que debe seguirse, por favor visite el siguiente sitio web:

[https://projects.esc20.net/upload/page/0084/docs/EL.%20Identification\\_ReclassificationFlowchart%202018.pdf](https://projects.esc20.net/upload/page/0084/docs/EL.%20Identification_ReclassificationFlowchart%202018.pdf)

**Este cuestionario se deberá archivar en el expediente permanente del estudiante.**

**NOMBRE DEL ESTUDIANTE:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**DIRECCIÓN:** \_\_\_\_\_ **TELÉFONO:** \_\_\_\_\_

**ESCUELA:** \_\_\_\_\_

**Nota: Indique sólo un idioma por respuesta.**

1. ¿Qué idioma se habla en la casa de su hijo(a) la mayoría del tiempo? \_\_\_\_\_

2. ¿Qué idioma habla su hijo(a) la mayoría del tiempo? \_\_\_\_\_

Firma del padre o tutor \_\_\_\_\_ Fecha \_\_\_\_\_

Firma del estudiante si esta en los grados 9-12 \_\_\_\_\_ Fecha \_\_\_\_\_

**NOTA:** Si cree que cometió un error al completar este cuestionario sobre el idioma que se habla en el hogar, puede solicitar una corrección, por escrito, solo si: 1) su hijo(a) aún no ha sido evaluado para el dominio del inglés; y 2) su solicitud de corrección por escrito se realiza dentro de las dos semanas calendario posteriores a la fecha de inscripción de su hijo(a).

**Nursery Elementary School  
2021-2022**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**MILITARY-CONNECTED STUDENTS**

Due to recent legislature, SB 525, school districts are required to collect information relating to the enrollment of military-connected students. Please mark one of the following:

- Student is not a military-connected student.
- Student is a dependent of a member of the Army, Navy, Air Force, Marine Corps, or Coast Guard on Active Duty.
- Student is a dependent of a member of the Texas National Guard (Army, Air Guard, or State Guard).
- Student is a dependent of a member of a reserve force in the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard).

**FOSTER CARE STATUS OF STUDENT**

Due to recent legislature, SB 833, school districts are required to collect information relating to the enrollment of foster care status of students. Please mark one of the following:

- Student is **not** currently in the conservatorship of the Department of Family and Protective Services.
- Student is currently in the conservatorship of the Department of Family and Protective Services. (Texas DFPS Placement Authorization Form (Form 2085) or a Court Order must be provided to the school.)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Cuestionario de Residencia para Estudiantes  
Nursery Elementary School**

Nombre del Estudiante: \_\_\_\_\_ Sexo:  masculino  femenino

Apellido                  Nombre                  Segundo Nombre

Fecha de nacimiento: \_\_\_\_/\_\_\_\_/\_\_\_\_ Edad : \_\_\_\_ # de Identification # de Seguro Social \_\_\_\_\_

Este cuestionario se pretende abordar la Ley McKinney-Vento Act (42 U.S.C. 11435). Las respuestas a esta información de residencia ayudan a determinar los servicios que el estudiante puede ser elegible para recibir.

Es su direccion actual de un arreglo de vivienda temporal:  Si  No

¿Es este arreglo de vivienda temporal debido a la pérdida de penuria económica o vivienda?  Si  No

Si usted contestó sí a las preguntas anteriores, por favor, complete el resto de esta forma.

Si No, deténgase aquí.

\_\_\_\_\_  
Firma del Padre/Madre/ o Representante Legal

¿Donde estudiante actualmente vive? (marque uno)

en un motel

en un refugio

con mas de una familia en una casa o apartamento

mover de un lugar a otro

en un lugar no designado para alojamiento, dormir, ordinario, como un coche parque o camping.

Nombre de los Padres \_\_\_\_\_

la Direccion \_\_\_\_\_ Telefono \_\_\_\_\_

la Ciudad \_\_\_\_\_ elCodigo Postal \_\_\_\_\_

Presentar antecedentes falsos o falsificación de documentos es un delito según el Código Penal sección 37.10 e inscripción del niño bajo documentos falsos somete a la persona a responsabilidad de matrícula u otros gastos *TEC Sec. 25.002(3)(d)*.

Firma del Padre/Madre : \_\_\_\_\_ Fecha: \_\_\_\_\_

**Office Completes This Section:**

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

Date: \_\_\_\_\_ Parent Liaison Signature: \_\_\_\_\_

