

Nursery Independent School District  
Nursery Elementary School  
2023 - 2024

**Pre-Kindergarten**  
**3 years old**  
**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

**Select Pre-K Program:**

- Tuition Based Pre-K 3 years old Program  
\$50.00 Deposit Fee  
Receipt # \_\_\_\_\_
- State Based Pre-K Program  
*No Deposit*

***Tuition Based Pre-Kindergarten registration fee of \$50.00 is due at time of registration. This fee will be credited to the first month's tuition payment. Failure to make the first payment will result in your child losing their pre-kindergarten placement.***

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

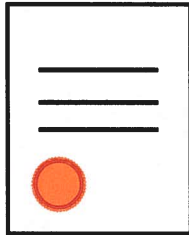
\_\_\_\_\_

Approved By: \_\_\_\_\_

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

# documentation needed for pre-k registration

## All Qualifiers:



**Birth Certificate**



**Proof of Address**



**Parent ID**



**Immunization Record**

## Income Qualifiers:

One of the following:

- Current paycheck stub
- Current tax return if self-employed
- Current TANF or SNAP eligibility letter

## Language Qualifiers:

- Fill out Home Language Survey (provided by school)
- Language test will be administered to the child

## Military Qualifiers:

One of the following:

- Verification of U.S. Department of Defense photo I.D.
- Statement of service
- Copy of death certificate
- Copy of Purple Heart orders
- Copy of official letter from commander
- Copy of a letter from US Dept. of Veteran's Affairs
- Documentation that service member is MIA

## Foster Care Qualifiers:

- Verification Letter of Prekindergarten Eligibility from DFPS

## Star of Texas Award Qualifiers:

- Copy of the resolution (certificate) awarded to parent of child.

# Nursery ISD - Nursery Elementary Enrollment Sheet

<b>Office Use Only:</b>	
Student ID# _____	_____
Enrolled _____	_____
SIS _____	_____

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

M / F

Student Last Name	First	Middle	Age	Sex
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Student Mailing Address	City	Zip
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Student Physical Address	City	Zip
	/ /	/ /

Birthplace (City, State)	Birthdate: Month / Day / Year	Social Security Number
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**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.**

\_\_\_\_\_  
**Enrolling Parent/Guardian Signature**

**Nursery Independent School District  
2023 - 2024**

**Pre-kindergarten 3 years old  
Application**

Please complete this form in black or blue ink. PLEASE TYPE OR PRINT. This application must be filled in completely and correctly by a parent with custodial authority or legal guardian. Incomplete or inaccurate information may disqualify this application. Priority placement will be given to applications received in the Nursery ISD office or by mail addressed to Nursery ISD P.O. Box 69, Nursery, TX 77976 by Friday, May 19, 2023. For more information, please call the Nursery ISD office at 361-575-6882. A separate application must be submitted for each child in the family. Complete the entire application. Incomplete applications will not be processed or reviewed.

**STUDENT INFORMATION**

Last Name/Suffix	First Name	Middle Name	Nickname
Street Number	Street Name	Apt. Number	City State Zip Code
Mailing Address (if different)		City	State Zip Code
Home Phone Number	Father Cell Phone Number	Mother Cell Phone	Alternate Number
Birthdate (mo/day/yr)	Social Security Number	Age as of 09-01-2023* <small>* child must be 3 as of Sept. 1, 2023</small>	Male / Female Gender

**FAMILY INFORMATION**

If either parent or guardian is a full-time employee of NISD, please check here.

Employee Name \_\_\_\_\_

Position \_\_\_\_\_

- I DO qualify for the State Funded Pre-kindergarten Program.
- I DO NOT qualify for the State Funded Pre-kindergarten Program.

If you do qualify, please list reason from  
Instruction for Parents of Students – Step 1: \_\_\_\_\_

Does the applicant currently have a sibling\* attending NISD? YES  NO  If YES, please list below.

Name	Age	Grade	Campus Presently Attending
1.			
2.			
3.			
4.			

\* Siblings are defined as brother, sister, half-brother, half-sister, stepbrother or stepsister living in the same household.

# Nursery Independent School District

## Instructions for Parents of Students for the Prekindergarten Registration / Application Process for 2023 - 2024

Check boxes are provided below to ensure no vital steps are missed in the application process. Call the Nursery ISD office at 361-575-6882 if you have any questions.

### STEP 1:

Determine whether your child may qualify for the state-funded pre-kindergarten program at no cost.

To be eligible for enrollment in the state-funded Pre-K program, a child must be three years of age on or before September 1st of the current school year, live in the district, and must:

- Be unable to speak and/or comprehend the English language; or
- Be educationally disadvantaged (qualify for free/reduced lunch); or *see chart below*
- Be homeless, as defined by 42 U.S.C. Section 11302; or
- Be the child of an active duty member of the armed forces of the United States; or
- Be the child of a member of the armed forces of the United States who was injured or killed while serving on active duty; or child of a Star of Texas Award Recipient; or
- Currently or ever have been in the conservatorship of the Department of Family and Protective Services.

One of the above conditions must be met at the time of registration.

Determine whether your child may qualify for the Preschool Program for Children with Disabilities (PPCD). PPCD is a program that serves children between the ages of three and five who have delays in the areas of speech, language, physical, social and/or emotional development. Eligible students attend this program at no cost.

### FISCAL YEAR 2024 INCOME ELIGIBILITY GUIDELINES

The United States Department of Agriculture has issued the following income guidelines for the period July 1, 2023, through June 30, 2024:

Effective July 1, 2023 – June 30, 2024

Household Size	Total Income									
	Annual		Monthly		Twice-Monthly		Bi-Weekly		Weekly	
No. of Household Members	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$18,954	\$26,973	\$1,580	\$2,248	\$790	\$1,124	\$729	\$1,038	\$365	\$519
2	\$25,636	\$36,482	\$2,137	\$3,041	\$1,069	\$1,521	\$986	\$1,404	\$493	\$702
3	\$32,318	\$45,991	\$2,694	\$3,833	\$1,347	\$1,917	\$1,243	\$1,769	\$622	\$885
4	\$39,000	\$55,500	\$3,250	\$4,625	\$1,625	\$2,313	\$1,500	\$2,135	\$750	\$1,068
5	\$45,682	\$65,009	\$3,807	\$5,418	\$1,904	\$2,709	\$1,757	\$2,501	\$879	\$1,251
6	\$52,364	\$74,518	\$4,364	\$6,210	\$2,182	\$3,105	\$2,014	\$2,867	\$1,007	\$1,434
7	\$59,046	\$84,027	\$4,921	\$7,003	\$2,461	\$3,502	\$2,271	\$3,232	\$1,136	\$1,616
8	\$65,728	\$93,536	\$5,478	\$7,795	\$2,739	\$3,898	\$2,528	\$3,598	\$1,264	\$1,799
For each additional family member, add	+\$6,682	+\$9,509	+\$557	+\$793	+\$279	+\$397	+\$257	+\$366	+\$129	+\$183

These guidelines are based on 130% (free) and 185% (reduced) of the federal poverty guidelines and are effective July 1, 2023 – June 30, 2024.

## STEP 2:

Children who are three years old on or before September 1st of the current year and who do not qualify for either the Preschool Program for Children with Disabilities (PPCD) or the state-funded pre-kindergarten program provided for qualifying students, as described above, are eligible to enroll in the Tuition Supported Pre-kindergarten program.

A parent may request to send their child to the Tuition Supported Pre-kindergarten at Nursery Elementary; however, they must provide their own transportation if the student resides outside of the district.

### **Tuition-Based Prekindergarten: Nursery ISD**

Complete and submit the following forms to the Nursery Elementary Campus by 12:00 p.m. on Friday, May 19, 2023 to obtain priority placement:

- Tuition-Based Prekindergarten Application
- Parent Agreement

Student placement will be granted based on the priority status of the application, date the completed application is returned, and on projected space at Nursery Elementary. Notification letters will be sent to the mailing address provided on the Tuition-Based Pre-kindergarten Application. After all tuition spaces have been filled, an official waiting list will be developed. Parents will be notified if additional space becomes available.

### **Acceptance Matrix**

- All State funded Students will be accepted;
- All Faculty/Staff children/grandchildren will be accepted;
- Tuition based applications will be accepted (*until the class size reaches 18*) based on the following matrix;
- In-District students:
  - Have older siblings enrolled;
  - Date application received.
- Out-of-District Students:
  - Have older sibling enrolled;
  - Date application received.

If your child is accepted, **go to STEP 3**. If your child is denied, **go to STEP 6**.

## STEP 3:

The following required documents must be submitted to Nursery Elementary **NO LATER THAN 12:00 p.m. on Friday, May 19, 2023** to retain the Pre-K3 space granted. Items needed are listed below:

- Acceptance Form
- Payment Options

**STEP 4:**

During the Pre-Registration window, May 1 - May 19, 2023, a parent or legal guardian must visit the campus where the student was accepted to complete paperwork. Please call for an appointment.

- ✓ Proof of Address (utility bill, housing lease with address)
- ✓ Birth certificate (original)
- ✓ Shot record
- ✓ Social security card (*optional*)
- ✓ Parent's photo ID

A registration fee of \$50.00 is due on or before 12:00 p.m. Friday, May 19, 2023 in the office at Nursery Elementary. This fee will be credited to the first payment. Failure to make the first payment will result in your child losing their prekindergarten placement.

**STEP 5:**

Please note that there will be an official campus registration for the 2023 - 2024 school year at all elementary schools. It is required that you complete the registration process at that time.

**STEP 6:**

If your child is not accepted due to the lack of space at the campuses you selected, you will be given information as to his/her position on the waitlist and other options.

**Pre-kindergarten applications will continue to be taken throughout the school year as space allows.**

**Nursery Independent School District  
2023 - 2024  
Pre-kindergarten 3 years old (Full Day)**

**Registration**

Child's name as it appears on birth certificate:

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Home Language: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Sibling(s) Enrolled at Nursery Elementary School:

Parent/Guardian Name: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_

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

Payment of a \$50.00 Non-refundable Registration Fee is required. Make checks payable to: **Nursery ISD**  
In addition to this Registration Application, the Parent/District Agreement form must be completed.

Parent Signature : \_\_\_\_\_

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

Parent Signature : \_\_\_\_\_

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



# Nursery Independent School District

**State Funded Pre-K3 Program  
Parent Agreement  
2023 - 2024**

Student's Legal Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Parent Name \_\_\_\_\_ Student's Date of Birth (mo/day/yyyy) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Alternate (\_\_\_\_) \_\_\_\_\_

Parent Email Address \_\_\_\_\_

**State Funded Pre-kindergarten**--Children, who are three years old on or before September 1, 2023 and who do not qualify for PPCD, are eligible to apply to the State Funded Pre-kindergarten program at Nursery Elementary School.

**If you are enrolling your child in the State Funded pre-kindergarten 3 years old program, please read and sign below to show agreement.**

1. I understand that I am responsible for ensuring that my child's immunization requirements are met by the first day of school attendance.
2. I understand that this is an educational program, and my child must be present at the school for the full school day (check campus for hours). The schedule of the prekindergarten program will follow the NISD school calendar.
3. I understand that there will be no Pre-K classes available on school holidays and teacher in-service days. I will be responsible for arranging supervision for my child on these days.
4. I understand that all NISD policies will be in effect as my child will be considered a Nursery ISD student.
5. In-District students are eligible for transportation services. However, transportation services are a privilege for all students. If my child does not comply with standard rules, transportation services may be revoked.
6. If my child has persistent behavior problems that interfere with the general safety and welfare of my child or others, my child may be temporarily or permanently removed from the program.
7. If I do qualify for Free/Reduced breakfast and lunch, the meals will be provided by NISD. If I do not qualify for Free/Reduced breakfast and lunch, I may choose to provide these meals myself or purchase them from NISD Food Services at an additional cost.
8. I will notify NISD two weeks in advance if I plan to withdraw my child from the program.
9. I understand that my child must be potty trained.
10. I understand that I need to provide a change of labeled clothing (underwear, pants, shirts, and socks) to be kept at school.
11. I understand that I need to provide all necessary school supplies.

Parent/Guardian's Printed Name \_\_\_\_\_

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

**Please return this form with the completed Pre-kindergarten Application to the Nursery Office  
by Friday, May 19, 2023.**

**Late applications will be accepted but will be considered after campus pre-registration.**

# Nursery Independent School District

<b>Tuition Based Pre-K3 Program Parent Agreement 2023-2024</b>
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Student's Legal Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Parent Name \_\_\_\_\_ Student's Date of Birth (mo/day/yyyy) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Alternate (\_\_\_\_) \_\_\_\_\_

Parent Email Address \_\_\_\_\_

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**Tuition-Based Pre-kindergarten**--Children, who are three years old on or before September 1, 2023 and who do not qualify for either PPCD or the state-funded pre-kindergarten program, are eligible to apply to the tuition-based pre-kindergarten program at Nursery Elementary School.

**If you are enrolling your child in the tuition-based pre-kindergarten program, please read and sign below to show agreement.**

1. I understand that I am responsible for ensuring that my child's immunization requirements are met by the first day of school attendance.
2. I understand that this is an educational program, and my child must be present at the school for the full school day (check campus for hours). Students with ten absences may be dropped from the program at the discretion of the campus Superintendent. The schedule of the prekindergarten program will follow the NISD school calendar.
3. I understand that there will be no Pre-K classes available on school holidays and teacher in-service days. I will be responsible for arranging supervision for my child on these days.
4. I understand that all NISD policies will be in effect as my child will be considered a Nursery ISD student.
5. In-District students are eligible for transportation services. However, transportation services are a privilege for all students. If my child does not comply with standard rules, transportation services may be revoked.
6. If my child has persistent behavior problems that interfere with the general safety and welfare of my child or others, my child may be temporarily or permanently removed from the program.
7. Breakfast and lunch are NOT included in the cost of tuition. I may choose to provide these meals myself or purchase them from NISD Food Services at an additional cost.
8. I will notify NISD two weeks in advance if I plan to withdraw my child from the program.
9. I understand that the first deposit payment will reserve my child's pre-kindergarten placement and any refunds thereafter will be pro-rated on a daily basis.
10. I understand that my child may be removed from the program for non-payment after missed payment. I will bear the cost of any and all expenses related to collection for a delinquent payment.
11. Tuition is due by the first membership day of the month. I understand that NISD may charge a \$25 fee for any declined or late payments.
12. If I am an Out-of-District Transfer, I understand that I will need to reapply for a transfer each year.
13. I understand that my child must be potty trained.
14. I understand that I need to provide a change of labeled clothing (underwear, pants, shirts, and socks) to be kept at school.
15. I understand that I need to provide all necessary school supplies.

Parent/Guardian's Printed Name \_\_\_\_\_

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

**Please return this form with the completed Pre-kindergarten Application to the Nursery Office by Friday, May 19, 2023.**

**Late applications will be accepted but will be considered after campus pre-registration.**

The Nursery Independent School District does not discriminate against any person on the basis of race, color, national origin, gender, disability, or age for admission, treatment, or participation in its educational programs, services and activities, or employment.

**Nursery Independent School District  
2023 - 2024**

**Tuition Based Financial Agreement  
(Full Day) Pre-kindergarten  
3 years old**

Child's Legal Name (please print): \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student ID/SSN: \_\_\_\_\_

As Parent/Guardian for the child identified above, I understand and agree to the following terms:

- ❖ Residency requirement is waived for employees of Nursery ISD.
- ❖ The pre-kindergarten schedule will follow the Nursery ISD scholastic calendar.

I am financially responsible for tuition payment. Annual tuition will be as follows:

- Each child In-District \$4,000.00 or \$400.00 per month;
- Each child Out-of-District \$4,500.00 or \$450.00 per month.

**Please select one payment option from the following list and record the amount of tuition you will pay.**

- Pay the entire balance due of \$ \_\_\_\_\_ no later than August 01, 2023.
- Make 10 monthly payments of \$ \_\_\_\_\_, totaling \$ \_\_\_\_\_ at the campus my child attends.

- 1. Tuition payment is due on the first membership day of the month, beginning August 2023 and continuing through May 2024.**
- 2. Tuition payment is late on the 6th membership day of the month, at which time a \$25.00 late fee will be assessed. Your child will be withdrawn if tuition remains unpaid.**
- 3. This agreement documents tuition payment terms. NISD will not send monthly bills to Parents/Guardians.**
- 4. Checks returned for non-payment will result in a recovery fee per NISD Check Acceptance Policy.**
- 5. Year-end tuition statements will be provided upon request.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# 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**

**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
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Observer signature:	Campus and Date:
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**Exhibit 1B Student/Staff Ethnicity and Race Data Questionnaire in Spanish**

<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>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).</p> <p>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.</p> <p>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).</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 America 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>_____ Número de Identificación del Estudiante/Miembro del personal</p>	<p>_____ Firma (Padre/Representante legal) /(Miembro de 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:  <input type="checkbox"/> Hispanic / Latino  <input type="checkbox"/> Not Hispanic/Latino</p>	<p>Race – choose one or more:  <input type="checkbox"/> American Indian or Alaska Native  <input type="checkbox"/> Asian  <input type="checkbox"/> Black or African American  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> 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



