

PRE-K AND KINDERGARTEN ROUNDUP

It is time to register for Pre-K or Kindergarten

ATTENTION PARENTS/GUARDIANS

PPCD- 3 YEAR OLD

STUDENT MUST BE 3 YEARS OLD AND MEET PPCD/ARD REQUIREMENT TO ENROLL.

PRE-K – 4 YEAR OLD

STUDENT MUST BE 4 YEARS OLD ON OR BEFORE SEPTEMBER 1, 2018 TO ENROLL. PRE-K STUDENTS MUST BE POTTY TRAINED and parents must bring proof of income to qualify the student for the program.

KINDERGARTEN

STUDENT MUST BE 5 YEARS OLD ON OR BEFORE SEPTEMBER 1, 2018 TO ENROLL.

Silsbee ISD will conduct Pre-K and Kindergarten Roundup Registration for the 2018-2019 school year beginning Monday, April 2. We will register students from 8:30 to 10:30 and 1:30 to 2:30. We will have extended registration hours on Thursday, April 12 & May 10 from 5:00 to 7:00.

We will continue to register students until May 18. Pre-K and Kindergarten Roundup Registration will be closed the last week of school due to school student programs.

Please bring the following to Registration

- Completed enrollment packet
- Original birth certificate
- Current immunization record
- Student's social security card
- Parent/guardian driver's license
- Proof of Residence (For example, a bill with the Parent's name and Address)
- Proof of Income (For Pre-K Students to Qualify)



SILSBEE INDEPENDENT SCHOOL DISTRICT

STUDENT ENROLLMENT FORM

REVISED AUGUST 2016

OFFICE USE ONLY: ENTITY / CAMPUS: _____
 STUDENT ID: _____ GRADE: _____ ENROLLMENT DATE: ____/____/____ RE-ENTRY: _____ HOMEROOM TEACHER: _____ ROOM #: _____
 PRE-K QUALIFICATION: HOME LANGUAGE SURVEY _____ ECON. DISADVANTAGED _____ HOMELESS _____ MILITARY _____ FOSTER CHILD _____
 The Home Address has been verified with designated district personnel that the applicable residence is within the boundaries of our district. Principal Initials _____

LAST _____ GENERATION _____ FIRST _____ MIDDLE _____ NICKNAME _____ BUS# _____ CAR _____ WALKER _____ OWN VEHICLE _____

MALE _____ FEMALE _____ SOCIAL SECURITY # _____ ETHNICITY & RACE: SEE ATTACHED FORM: If you choose to re-identify your child's ethnicity or race, please contact the campus secretary.

DATE OF BIRTH ____/____/____ BIRTH CITY _____ STATE _____ COUNTY _____ COUNTRY _____

HOME ADDRESS: STREET _____ CITY _____ ZIP _____ MAILING ADDRESS: STREET _____ CITY _____ ZIP _____

PRIMARY PHONE _____ SECONDARY PHONE _____ DIRECTIONS TO RESIDENCE _____

ADDRESS WHERE THE STUDENT SLEEPS AT NIGHT _____ HOW LONG HAS THE STUDENT BEEN AT THIS ADDRESS _____

- "X" ALL 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)
 - _____ In a shelter (Examples: family shelter, domestic violence shelter, children/youth shelter, FEMA housing) (C189=1)
 - _____ In an unsheltered location, such as: a tent, a car/truck/van, abandoned building, on the streets, park, a campground, other similar place (C189=3)
 - _____ In a hotel or motel because of loss of housing or economic hardship (eviction, foreclosure, can't get deposits, flood, fire, hurricane)(C189=4)
 - _____ In a transitional housing program (available for a specific length of time, partly or completely paid for by church, nonprofit, government)(C189=1)
 - _____ Other place not described above, specify: _____
 - _____ The student sleeps here because of a natural disaster. Flood _____ Tornado _____ Wildfire _____ Hurricane- name: _____
 Other- describe: _____
 Date the disaster took place: _____ Where the disaster took place: _____

- "X" ALL THAT BEST DESCRIBES THE STUDENT'S SITUATION, LEAVE THOSE BLANK THAT DO NOT APPLY:
- _____ 1. Student lives with one parent or both parents every day of the school year. (C192=3)
 - _____ 2. Student lives with a legal guardian (appointed by court) every day of the school year. (C192=3)
 - _____ 3. Student is not eligible for special education services and is 21 or older on September 1 of the applicable school year (C192=3)
 - _____ 4. Student is eligible for special education services and is 22 or older on September 1 of the applicable school year (C192=3)
- OR If none of the statements in 1 -4 are marked, then either item 5 or 6 must be marked.
- _____ 5. Student is under 21 on September 1 of the applicable school year and does not live with a parent or legal guardian (C192=4)
 - _____ 6. Student is eligible for special education services and is under 22 on September 1 of the applicable school year and does not live with a parent or legal guardian (C192=1)

LAST DISTRICT ATTENDED: _____ LAST SCHOOL ATTENDED: _____

PRIOR RETENTIONS: YES _____ NO _____ GRADE _____ PREVIOUSLY / CURRENTLY ENROLLED IN SPECIAL CLASSES: 504 _____ Dyslexia _____ LEP _____ SPEECH _____ LIFE SKILLS _____ RESOURCE _____ Advanced/GT _____ OTHER _____

STUDENT PRIMARY LANGUAGE SPOKEN: 98 - ENGLISH _____ 01 - SPANISH _____ 99-OTHER LANGUAGE _____ DEPENDENT OF AN ACTIVE OR RESERVE MEMBER OF THE UNITED STATES MILITARY: NO _____ YES _____ IF YES, PLEASE INDICATE WHICH BRANCH ARMY _____ NAVY _____ MARINES _____ AIR FORCE _____ COAST GUARD _____ NATIONAL GUARD _____

DISCIPLINE: AUTHORIZATION FOR CORPORAL PUNISHMENT: YES _____ NO _____ STUDENT'S DRIVER LICENSE# _____ VEHICLE PLATE _____

LEGAL GUARDIAN:

00-NATURAL PARENTS _____ 11-FATHER _____ 12-MOTHER _____ 13-GRANDPARENTS _____

14-OTHER _____ FOSTER PARENTS _____ (MUST INCLUDE FORM 2085)

 GUARDIAN NAME HOME/MAILING ADDRESS RELATIONSHIP PRIMARY PHONE SECONDARY PHONE

_____/_____/_____
 DATE OF BIRTH DRIVER'S LICENSE# EMAIL ADDRESS EMPLOYER WORK PHONE

 GUARDIAN NAME HOME/MAILING ADDRESS RELATIONSHIP PRIMARY PHONE SECONDARY PHONE

_____/_____/_____
 DATE OF BIRTH DRIVER'S LICENSE# EMAIL ADDRESS EMPLOYER WORK PHONE

 GUARDIAN NAME HOME/MAILING ADDRESS RELATIONSHIP PRIMARY PHONE SECONDARY PHONE

_____/_____/_____
 DATE OF BIRTH DRIVER'S LICENSE# EMAIL ADDRESS EMPLOYER WORK PHONE

SIBLING(S) IN SILSBEE ISD:

 NAME OF SIBLING IN SISD GRADE NAME OF SIBLING IN SISD GRADE NAME OF SIBLING IN SISD GRADE

 NAME OF SIBLING IN SISD GRADE NAME OF SIBLING IN SISD GRADE NAME OF SIBLING IN SISD GRADE

EMERGENCY CONTACTS:

 EMERGENCY CONTACT PERSON RELATIONSHIP PRIMARY NUMBER SECONDARY NUMBER

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 EMERGENCY CONTACT PERSON RELATIONSHIP PRIMARY NUMBER SECONDARY NUMBER

ARE BOTH PARENTS PERMITTED ACCESS TO STUDENT AND/OR RECEEDS? YES _____ NO _____ IF NO, PLEASE EXPLAIN: _____

PERSON(S) WHO CANNOT PICK UP STUDENT: (COURT PAPERS MUST BE ON FILE) _____

 PARENT/LEGAL GUARDIAN SIGNATURE DATE

_____/_____/_____
 NAME OF PARENT/GUARDIAN RELATIONSHIP TO STUDENT DATE OF BIRTH DRIVER'S LICENSE # PRIMARY PHONE SECONDARY PHONE

**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: <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic/Latino	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
Observer signature:	Campus and Date:

SILSBEE INDEPENDENT SCHOOL DISTRICT

415 Hwy 327 West, Silsbee, Texas 77656-4700

409-980-7800

www.silsbeeisd.org

Fax 409-980-7897

HOME LANGUAGE SURVEY-19TAC Chapter 89, Subchapter BB §89.1215

TO BE COMPLETED BY PARENT OR GUARDIAN (OR STUDENT IF GRADES 9-12): The state of Texas requires that the following information be completed for each student that enrolls for the first time in Texas public schools. This survey shall be kept in each student's permanent record folder.

NAME OF STUDENT _____ STUDENT ID# _____

ADDRESS _____ TELEPHONE # _____

CAMPUS _____

1. What language is spoken in your home most of the time? _____

2. What language does your child (do you) speak most of the time? _____

Signature of Parent/Guardian _____ Date

Signature of Student if Grades 9-12 _____ Date

Cuestionario del idioma que se habla en el hogar

DEBE DE COMPLETARSE POR EL PADRE/MADRE/ O REPRESENTANTE LEGAL: (O POR EL ESTUDIANTE SI ESTA EN LOS GRADOS 9-12): El estado de Texas requiere que la siguiente información se complete para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Este cuestionario se archivará en el expediente del estudiante.

NOMBRE DEL ESTUDIANTE _____ #ID _____

DIRECCION _____ TELEFONO _____

ESCUELA _____

1. ¿Qué idioma se habla en su hogar la mayoría del tiempo? _____

2. ¿Qué idioma habla su hijo/a (usted) la mayoría del tiempo? _____

Firma del Padre/Madre/ o Representante Legal _____ Fecha

Firma del estudiante si está en los grados 9-12 _____ Fecha

Silsbee Independent School District

415 Hwy 327 West, Silsbee, Texas 77656-4700

409.980.7800

www.silsbeesd.org

FAX 409.980.7897

FAMILY SURVEY (ENGLISH)

Dear Parents,

In order to better serve your children, the Silsbee Independent School District would like to identify students who may qualify to receive additional educational services. The information provided below will be kept confidential. Please answer the following questions and return this survey form to your child's school.

Or if you prefer, for more information, call:

Tammy McDuff, Migrant Coordinator at (409) 980-7823

1. Have you moved within the last 3 years? Yes No
2. If yes, have you done agricultural or fishing related work since your move? (e.g., field work, canneries, lumbering, dairy work, meat processing) Yes No

If you answered "yes" to both of the questions above, an education representative may contact you to find out whether your child is eligible for additional educational services. Please provide the following information:

Name of Child: _____ Age: _____ Grade: _____
Parent/Guardian Name: _____ Date: _____
Telephone Number: _____
Best time to call: _____

FAMILY SURVEY (SPANISH)

Estimados padres,

Para mejorar los servicios educativos de sus hijos, el distrito escolar de Silsbee quisiera identificar estudiantes que puedan calificar para recibir servicios educativos adicionales. Toda la información proporcionada será mantenida confidencial. Favor de responder a las siguientes preguntas y devolver esta forma a la escuela de su niño/a.

O, si prefiere, para más información, llame a:

Tammy McDuff, Migrant Coordinator at (409) 980-7823

1. Ha cambiado de residencia usted o alguien en su familia dentro de los últimos tres años? Si No
2. Si usted contesto "sí" en la pregunta anterior, ha trabajado usted en la agricultura o en la pesca? (por ejemplo, la labor, fábrica de conservas, explotación de bosques, trabajo en la lechería, el proceso de carne) Si No

Si usted contesto "sí," en las dos preguntas anteriores, un representante del distrito escolar quizás se vaya a comunicar con usted para averiguar si su niño/a califica para servicios educativos adicionales. Favor de completar la siguiente información:

Nombre de su niño/a: _____ Edad _____ Grado _____
Nombre del Padre/Guardian: _____ Fecha: _____
Número de teléfono: _____
Le major hora para localizarlo: _____

"Putting Our Kids First!"

Form for Separated/Divorced/Never Married Parents

1. Student's Name _____ Birthdate _____ Grade _____
2. Enrolling Parent _____ Phone _____
Address _____
3. Legal status of parents (separation, divorce, other) _____
4. Name of other parent of student/students _____
Address _____ Phone _____
5. Current status of legal action _____
Name of lawyer who may contact school _____
6. Date of final divorce decree _____
7. Are you the custodial parent? _____ Is there a joint custody order? _____
Other: _____
8. Are there any court orders curtailing or restricting the rights of your current or former spouse in respect to his/her rights to be kept informed of the student's academic progress and activities or to participate in conferences or activities? If yes, please explain:

9. Do you have a court order that expressly prohibits the release from school of the student(s) to the visitational parent? If yes, please explain:

10. Do you have a court order that expressly prohibits your current or former spouse from visiting or contacting the student at school? If yes, please explain:

Note:

1. Please attach a certified copy of any court order that will verify the answer to questions 7, 8, and 9.
2. The custodial parent has the obligation to notify the principal of any change in custody or rights of visitational parent.

Signature

Date

LAURA REEVES PRIMARY

FAMILY ACCESS AUTHORIZATION FORM

Please fill in the appropriate information below for each parent and /or guardian who would like to have a login and password assigned to them so they can view their student's information, grades and progress in Family Access. You will receive an email from Administrator@silsbeeisd.org with your login, password and Family Access link.

Student's Full Name _____

Parent/Guardian Name _____

Relationship _____

Primary Phone # _____

Second Phone # _____

Physical Address _____

Email _____

Signature _____ Date _____

Parent/Guardian Name _____

Relationship _____

Primary Phone # _____

Second Phone # _____

Physical Address _____

Email _____

Signature _____ Date _____

Please return to your campus Family Access Contact

Kelly Colvin – 409-980-7850 ext. 2001