

# Silsbee ISD Prekindergarten Eligibility Form 2018-2019

## SECTION 1. COMPLETE STUDENT INFORMATION

<b>Student's Full Name:</b>			
<small>LAST NAME</small>	<small>FIRST NAME</small>	<small>MIDDLE NAME</small>	
<b>Address:</b>		<b>City:</b>	<b>Zip Code:</b>
<b>Home Phone Number:</b>	<b>Cell/Work Phone Number:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F

## SECTION 2. CHOOSE QUALIFIER:

	<b>Qualifier</b>	<b>Documentation Required</b>
<input type="checkbox"/>	1. Unable to speak and comprehend the English language; or	*Language Testing completed by the child's home campus.
<input type="checkbox"/>	2. Educationally Disadvantaged (qualify for the National Free/Reduced Lunch Program); or	*Completed income chart below. *Copy of last pay statements (dated no earlier than July 2018) confirming eligibility. *Submitted Federal Lunch Form at the beginning of the 2018-2019 school year.
<input type="checkbox"/>	3. Homeless, as defined by 42 USC Section 11302, regardless of the residence of either parent of the child; or	*Completed McKinney Vento Form indicating that the child's residence status is considered homeless by the guidelines stated.
<input type="checkbox"/>	4. Child of an active duty member of the armed forces of the US, including the stated military forces who is ordered to active duty by proper authority; or	* Visual verification of parent's Military ID (copies cannot be made of Military IDs) *Administrator or Registrar: <i>initial and date here upon visual verification:</i> _____; OR
<input type="checkbox"/>	5. Child of a member of the armed forces of the US, including the state military forces or a reserve component of the armed forces who was injured or killed while serving on active duty; or	*Copy of Military Statement of Service.
<input type="checkbox"/>	6. Child is, or ever has been, in conservatorship of DFPS following an adversary hearing held as provided by Section 262.201, Family Code; or	*Enrollment letter from DFPS stating that the child is eligible for PK services; OR *Documentation from DFPS stating that child is currently in Foster Care.
<input type="checkbox"/>	7. Child of a person eligible for the Star of Texas Award (Peace Officer, Firefighter or EMT)	*Certificate awarded to an individual serves as proof of eligibility.

**Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, FDPIR?**

If NO, Go to Section 3	If YES, write the EDG Number	Eligibility Determination Number in this space  _____	Skip Section 3	Go to <b>Section 4</b> to complete application.
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**\*\*\*\*\*If qualifying under Qualifier Number 1, 3, 4, 5, 6 or 7 STOP HERE\*\*\*\*\***

## SECTION 3. IF QUALIFYING FOR ELIGIBILITY #2: Complete the chart below and attach Income Verification.

A. Name List <b>EVERYONE</b> living in the <b>HOUSEHOLD</b> , including adults and minors	B. Income and how often it is received Weekly (W), Every 2 Weeks (E), Twice a Month (T), Monthly (M)				C. Check box if <b>NO Income</b>
	Earnings from work before deduction	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	Other Income	
Example: Smith, Jane	\$200/E	\$50/M			<input type="checkbox"/>
1.					<input type="checkbox"/>
2.					<input type="checkbox"/>
3.					<input type="checkbox"/>
4.					<input type="checkbox"/>
5.					<input type="checkbox"/>

4. I certify (promise) that all information is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal Funds, and that school officials may verify (check) the information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Printed Name of Adult Completing the Form _____	Signature of Adult Completing the Form _____	Today's Date _____
<b>OFFICE USE ONLY</b>		
Circle Qualifier #:    1    2    3    4    5    6    7	APPROVED _____	DENIED _____
Administrator's Signature for Approval: _____		Date: _____

# **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

\_\_\_\_\_  
EMERGENCY CONTACT PERSON RELATIONSHIP PRIMARY NUMBER SECONDARY NUMBER

\_\_\_\_\_  
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.
- NotHispanic/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"/> NotHispanic/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:

# SILS BEE INDEPENDENT SCHOOL DISTRICT

415 Hwy 327 West, Silsbee, Texas 77656-4700

409-980-7800

[www.silsbeeisd.org](http://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](http://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 "si" 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 "si," en las dos preguntas anteriores, un representante del distrito escolar quizás se vaya a comunicar con usted para averiguar si u 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 mayor 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](mailto: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