



2023-24 AISD PAPER PACKET REGISTRATION CHECKLIST

STUDENT: _____ **DOB:** _____ **CENTER:** _____

_____ **NEW** Pre-K Partnership (PKP) student **OR** _____ **RETURNING** Pre-K Partnership (PKP) student

STEP 1: COMPLETE AISD ENROLLMENT PACKET

- _____ **PreK Eligibility Application (Screener)**
 _____ **PK3** (birthday within 9/2/2019 - 9/1/2020) OR _____ **PreK 4** (birthday within 9/2/2018 - 9/1/2019)
- _____ **Austin ISD Income Verification Form**
- _____ **Student Registration and Data Verification Form (Form SR290A, two pages)**
 Required fields: _____ Gender _____ Ethnicity _____ Race _____ Legible Email _____ Signature page 2
- _____ **Student Registration Permissions and Approval Form (Form SR290B, two pages)** Required: _____ Signature page 2

NEW Students only, unless returning student has an update to Medical Form or Student Residency

- _____ **Confidential Medical Form (two pages)** Required fields: _____ Signature page 1 _____ Signature page 2
- _____ **TB Questionnaire**
- _____ **Student Residency Questionnaire** Required: _____ Signature
- _____ **Region 13 Form**
- _____ **Home Language Survey Form** Only list one language for each question

STEP 2: REQUIRED DOCUMENTATION for NEW and RETURNING students (exception - birth certificate for New students only)

- _____ **NEW Students Only - Birth Certificate OR all pages of DCFS doc.** (other acceptable forms must include child's first and last name and DOB: hospital or baptismal certificate, passport (front & back), green card, school ID, school record or report card, military ID, or Vital Statistics affidavit)
- _____ **Current Immunization Record**
- _____ **Provide Documentation of Current Proof of Income (only one of the following):**
 - _____ SNAP/Medicaid/TANF - Letter (no screen shots) must have start and end date, child's full name, eligibility number.
 - _____ Most Recent Pay stub (if stub has overtime, 3 recent consecutive stubs are needed)
 - _____ Income tax return (only if parent is self employed)
 - _____ Signed and Dated letter from employer stating gross income (only to be used if parent has started a new job)
 - _____ Decree stating amount of child support (if applicable)
 - _____ Foster - must have PK Eligibility Letter
- _____ **Picture ID for Parent/Guardian** ID needs to be for "Enrolling Parent/Guardian" listed on Student Registration and Data Verification Form. (drivers license, state/country issued ID card or passport)
- _____ **Proof of Address.** Current utility bill (electric, gas or water, not cable or phone) OR lease with date, address, name and signature page. Bill or lease must match address of enrolling person.
 - _____ **Declaration of Residence Form – Only required IF** Proof of Address is for person other than enrolling parent or parent on birth certificate
 Required: _____ Signature of owner/lessee _____ ID of owner/lessee _____ Signature of parent
- Y OR N** **Is address in Austin ISD?** Use "School Zone Finder" to verify: <https://www.austinisd.org/school-finder>
- _____ **Transfer Form - Only required IF address** Out of District (OOD) Required: _____ Signature on back page

STEP 3: CHILD DEVELOPMENT CENTER TURN IN COMPLETED DOCUMENTS TO UNITED WAY Date: _____

Received: _____ Transfer Request: _____ Transfer. Approved: _____ Enrolled: _____ Scheduled: _____



PreK Eligibility Application

CHILD'S FIRST NAME

CHILD'S LAST NAME

DATE OF BIRTH

STREET ADDRESS

CITY

ZIP

	Yes	No
Is your child the dependent of a member of the military?		
Is or has your child ever been in the custody of the Texas Department of Family & Protective Services (CPS or Foster Care)?		
Is your child the dependent of a first responder that has received the Star of Texas Award?		
Is your current address a temporary living arrangement? If you are NOT living in your own home or are NOT listed on a lease, please mark Yes.		
Does your family receive SNAP?		
Does your family receive TANF?		
Does your family receive Medicaid?		
What language does your child speak most of the time?		
# of people in household		

Gross Household Income	Frequency

PARENT FIRST NAME

PARENT LAST NAME

PHONE NUMBER

EMAIL ADDRESS

Austin ISD Income Verification Form

CONFIDENTIAL

Complete one application per household.

Student ID	Last Name	First Name	Date of Birth	Campus	Grade

Austin ISD is required to collect and report the socioeconomic status of each student to the Texas Education Agency for purposes of the annual state accountability ratings and for federal reporting. Please note that this form is not sent to the Texas Education Agency and that the income levels indicated for your family are not reported to the Texas Education Agency. Only the Economic Disadvantaged status of each student as determined by the information provided is reported to the Texas Education Agency.

SECTION A

Do you receive Supplemental Nutrition Assistance (SNAP)? ☐ Yes

Do you receive Temporary Assistance to Needy Families (TANF)? ☐ Yes

If you answered YES on either of the above, skip SECTION B and continue to the SIGNATURE section.

SECTION B (Complete only if all answers in SECTION A are NO)

How many members are in the household (include all adults and children)? _____

TOTAL YEARLY INCOME BEFORE DEDUCTIONS OF **ALL** HOUSEHOLD MEMBERS (Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's compensation, unemployment and all other sources of income (**before any type of deductions**)): \$ _____

SIGNATURE Please check one of the following two boxes as appropriate.

In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA) no student shall be required, as part of any program funded in whole or in part by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent or legal guardian.

☐ I certify that all the information on this form is true and that all income is reported. I understand the school will receive federal funds and will be rated for accountability based on the information I provide.

☐ I choose not to provide this information. I understand that the school's disbursement of federal funds and accountability rating may be affected by my choice.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date



HOME LANGUAGE SURVEY
19 TAC Chapter 89, Subchapter BB§891215

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. Once your child is assessed, changes to the Home Language Survey responses are not permissible.

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.

Home Language Survey applicable ONLY if administered for students enrolling in grades EE and PK-12

STUDENT NAME: _____

STUDENT ID# _____

CAMPUS: _____

GRADE: _____

TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN GRADES PK-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.

NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE

1. What language is used in the child's home most of the time? _____

2. What language does the child use most of the time? _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Student in Grades 9-12: _____ Date: _____

This survey shall be kept in each student's permanent record folder.

FOR INTERNAL USE ONLY:

Date: _____

Name of person filling out the form on behalf of the parent/legal guardian: _____

Name of Parent/Legal Guardian: _____

Contact method used: email _____ phone call: _____ other: _____

Email/Phone number: _____

**AUSTIN INDEPENDENT SCHOOL DISTRICT
STUDENT REGISTRATION AND DATA VERIFICATION FORM: 2023-2024 (Page 1 of 2)**

PARENTS: This is your child's registration form. Please complete all blank items in each section on BOTH SIDES, and please correct any pre-printed information by drawing a line through it and printing **in ink** the correct information above it.

SCHOOL USE ONLY

AISD Student Number _____ State ID/SSN _____ Grade _____ Enter Date (MM-DD-YYYY) _____
Teacher Name _____ Teacher # _____ School # _____ School Use _____

STUDENT INFORMATION

Student's LEGAL Last Name _____ First _____ Middle _____ Gen. (Jr, III) _____
Student's Date of Birth (MM-DD-YYYY) _____ Social Security Number (*optional*) _____
Student's Cell Phone Number _____

GENDER - REQUIRED <input type="checkbox"/> Male <input type="checkbox"/> Female	CHOOSE ONE ETHNICITY - REQUIRED <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	CHOOSE ONE OR MORE RACES-REQUIRED <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Is there a Custody Order in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a current copy to the campus.

Has the student ever attended a school in Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the student ever attended an AISD school? <input type="checkbox"/> Yes <input type="checkbox"/> No Last school attended, if not in AISD: _____ Street _____ City _____ State _____ ZIP _____	Date student first entered U.S. school: _____
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ENROLLING PARENT/GUARDIAN

NOTE: THIS MUST BE THE PERSON WITH WHOM THE STUDENT RESIDES.

Relationship _____ Last Name _____ First _____ Middle _____
Address _____ Bldg# _____ Apt.# _____ ZIP _____
Home Phone _____ Cell Phone _____ Work Phone _____
Date of Birth *Req'd by State Law* (MM-DD-YYYY) _____ E-mail _____

Student Resides ☐ Can Pickup ☐ Call in Case of Emergency ☐

MAILING ADDRESS for enrolling parent/guardian:

Address _____ Bldg# _____ Apt.# _____ City _____ St _____ ZIP _____

OTHER PARENT/GUARDIAN

Relationship _____ Last Name _____ First _____ Middle _____
Address _____ Bldg# _____ Apt.# _____ ZIP _____
Home Phone _____ Cell Phone _____ Work Phone _____
Date of Birth (MM-DD-YYYY) _____ E-mail _____

Extra Mailing ☐ Can Pickup ☐ Call in Case of Emergency ☐

PERSON(S) OTHER THAN PARENT WHO MAY TRANSPORT YOUR CHILD/SHOULD BE CONTACTED IN CASE OF EMERGENCY

Relationship _____ Last Name _____ First _____ Middle _____	Can Pickup <input type="checkbox"/>	Call in Case of Emergency <input type="checkbox"/>
Home Phone _____ Cell Phone _____ Work Phone _____		
Relationship _____ Last Name _____ First _____ Middle _____	<input type="checkbox"/>	<input type="checkbox"/>
Home Phone _____ Cell Phone _____ Work Phone _____		
Relationship _____ Last Name _____ First _____ Middle _____	<input type="checkbox"/>	<input type="checkbox"/>
Home Phone _____ Cell Phone _____ Work Phone _____		

How does the student get home or to after school care? _____

>>>>>>>AFTER COMPLETING THE FRONT SIDE, PLEASE TURN OVER TO FINISH THIS FORM.>>>>>>>

AUSTIN INDEPENDENT SCHOOL DISTRICT
STUDENT REGISTRATION AND DATA VERIFICATION FORM: 2023-2024 (Page 2 of 2)

This form is available in Spanish. (Una traducción de esta forma al español esta disponible para quien la solicite.)

PARENTS PLEASE INDICATE BELOW ALL BROTHERS AND SISTERS OF THE STUDENT NAMED ON THE FRONT OF THIS FORM WHO WILL BE IN AN AISD SCHOOL FOR THE 2021-2022 SCHOOL YEAR. IT IS VERY IMPORTANT THAT YOU DO THIS AS ALL OF YOUR CHILDREN'S ADDRESS INFORMATION WILL BE MAINTAINED IN ONE FAMILY CONTACT FILE.

REGISTERING STUDENT'S NAME _____ AISD STUDENT NUMBER _____

Last Name	First Name	Middle Name	Date of Birth MM-DD-YYYY	Campus	Grade

FOSTER CARE/MILITARY DEPENDENT INFORMATION: State law requires school districts to identify students in foster care and/or who are a military dependent and report this information to the Texas Education Agency. This information will be maintained in a confidential manner and is protected under the federal Family Education Rights and Privacy Act (FERPA).

Foster Care. Please check any statements that apply to your student.

- ☐ Student is currently in the conservatorship of the Department of Family and Protective Services (DFPS) (please attach a copy of Form 2085FC).
- ☐ Student is currently in the conservatorship of the DFPS residing in a therapeutic foster home (please attach a copy of Form 2085FC).
- ☐ PRE-KINDERGARTEN STUDENT was previously in the conservatorship of the DFPS following an adversary hearing held as provided by Section 262.201, Family Code. A letter verifying Pre-K eligibility has been submitted to the school.
- ☐ PRE-KINDERGARTEN STUDENT is or ever had been in foster care in another state or territory, if the child resided in this state (Texas)

Military Dependent. Please check any statements that apply to your student.

- ☐ Student in grade KG-12 is a dependent of an ACTIVE DUTY member of the U.S. Military.
- ☐ Student in grade KG-12 is a dependent of a current member of the Texas National Guard (Army, Air Guard, or State Guard).
- ☐ Student in grade KG-12 is a dependent of a current member of a Reserve Force in the U.S. Military.
- ☐ PRE-KINDERGARTEN STUDENT is: 1) a dependent of an ACTIVE DUTY member of the armed forces of the U.S., including the state military forces or a reserve component of the armed forces, who is ordered to active duty by proper authority, or 2) is the child of a member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who was injured or killed while serving on active duty. Note: A student remains eligible for enrollment if the child's parent leaves the armed forces or is no longer on active duty after the child begins a prekindergarten class.
- ☐ Student in grade KG – 12 is a dependent of a former member of one of the following:
- the United States military
 - the Texas National Guard (Army, Air Guard, or State Guard)
 - a reserve force in the United States military.
- ☐ Student in grade KG-12 was a dependent of a member of a military or reserve force in the U.S. Military who was killed in the line of duty.

ALL OF THE INFORMATION ON THIS FORM IS CORRECT. I understand that the Texas Penal Code, Section 37.10, states that it is an offense to (1) make a false entry, or false alteration of a governmental record, (2) present a document with knowledge of its falsity, or (3) impair the verity or legality of the record. I further understand that the Texas Education Code, Section 25.001(h), states that it is an offense to knowingly provide false information on a form required for enrollment of a student. Offenses may result in legal actions including, but not limited to, fines and/or liability for payment of tuition.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

Please check any services, supports, and/or programs your child received/participated in his/her **previous school or district**.

- | | |
|---|--|
| <input type="checkbox"/> English as a Second Language | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Gifted and Talented | <input type="checkbox"/> 504 |
| <input type="checkbox"/> Bilingual | <input type="checkbox"/> Dyslexia |
| <input type="checkbox"/> Dual Language | <input type="checkbox"/> Counseling Services |

Additional Academic Supports: ☐ Individual instruction ☐ Small group instruction ☐ Tutoring

☐ Other _____

☐ Extra-Curricular Activities (i.e. Sports, Band, Chess Club, Debate, etc.) _____

What type of early childhood community services have you or your child had on a regular basis before this year? (Please check any/all services your child received from the following community partners since birth)

- | | | |
|--|---|--|
| <input type="checkbox"/> Any Baby Can | <input type="checkbox"/> Healthy Families | <input type="checkbox"/> Play to Learn |
| <input type="checkbox"/> Austin ISD | <input type="checkbox"/> Jeremiah Program | <input type="checkbox"/> YMCA Early Learning Readiness |
| <input type="checkbox"/> AVANCE | <input type="checkbox"/> Licensed Child Care Center | <input type="checkbox"/> None of the Above |
| <input type="checkbox"/> CIS ASPIRE | <input type="checkbox"/> PALS (Play and Learn Strategies) | |
| <input type="checkbox"/> Head Start/Child Inc. | | |

Other _____

AUSTIN INDEPENDENT SCHOOL DISTRICT
STUDENT REGISTRATION PERMISSIONS AND APPROVAL FORM FOR 2023-2024

STUDENT INFORMATION:

Student's Last Name _____ *First* _____ *Middle* _____

OFFICE COPY - SCHOOL USE ONLY

AISS Student Number _____ Campus _____ Grade _____

Below are permissions that require a signature. Other permissions such as receipt of automated phone calls and daily alerts of your child's grades and attendance can be set by logging in at my.austinisd.org and selecting the My Messages tile (for phone calls) and Parent Self-Serve (for other daily alerts).

In the section below, any item(s) left un-checked or no signature at the bottom of this form will be considered 'I DO NOT GIVE'.

FIELD STUDY TRIP: This section pertains to approvals for your child to participate in any and all field study trips in, or out of, the limits of Austin Independent School District made by his/her grade or section under the auspices and sponsorship of the Austin Independent School District. I understand that some of these trips will include walking to points of interest near the school, while others will be by school bus or rented vans operated and insured as required by the laws of the State of Texas for public school transportation. I further understand that children will be informed in advance of any proposed trip so that they may inform their parents. I agree that we (parent and child) will abide by the school's and AISD's rules, and I agree to release and hold harmless the school, AISD, its employees and volunteers from and against any and all liability, loss, damages, claims or actions for bodily injury or property damage in accordance with current state and federal law, arising out of participation in these trips.

— I GIVE
— I DO NOT
GIVE

INFORMATION SHARING WITH CITY OF AUSTIN PUBLIC LIBRARY: I give permission to the Austin Independent School District to provide necessary directory information, and other information that may be found in my student's educational records, to the Austin Public Library so that my child may receive a Student Library Card. I understand that some of this information may be used by the Austin Public Library to conduct research, but that at no time will my student's information be released to any third party. For more information, go to <http://library.austintexas.gov/mylibrarycard/AISD>.

— I GIVE
— I DO NOT
GIVE

INFORMATION SHARING WITH PARENT TEACHER ASSOCIATION (PTA) AND BOOSTER CLUBS Austin ISD believes that students with families who are engaged in their schools are more likely to succeed academically and often have better behavior. Your child's school welcomes you and wants you to be involved in a way that works for your family and helps your student. The PTA is one way to be a partner in your child's education. PTA is a parent-led group that offers free programs like fun events, tools for student success, and a chance to meet others. Booster Clubs support activities your student is involved in on campus and provide information about those activities. I give permission to the Austin ISD to provide directory information, and other contact information that may be found in my student's educational records to my campus PTA and booster clubs.

— I GIVE
— I DO NOT
GIVE

AUSTIN INDEPENDENT SCHOOL DISTRICT
STUDENT REGISTRATION PERMISSIONS AND APPROVAL FORM FOR 2023-2024

In the section below, any item(s) left un-checked or no signature at the bottom of this form will be considered 'I GIVE'.

DIRECTORY INFORMATION: The Austin Independent School District regularly receives requests for directory information on students enrolled in the district which includes, but is not limited to, information such as student name, address, telephone number, place of birth, honors & awards received, photographs, participation in sports, grade level, dates of attendance, enrollment status, most recent school attended, weight & height of athletic team members and Student ID number, user ID, or other unique personal identifier used to communicate in electronic systems but only if the identifier cannot be used to gain access to education records except when used in conjunction with one or more factors that authenticate the user's identity, such as a PIN, password, or other factor known or possessed only by the authorized user; and a student ID number or other unique personal identifier that is displayed on a student ID badge, but only if the identifier cannot be used to gain access to education records except when used in conjunction with one or more factors that authenticate the user's identity, such as a PIN, password, or other factor known or possessed only by the authorized user. If you check 'I DO NOT GIVE' and sign at the signature line, the information will not be provided to any requestor. See FL (LOCAL) for additional information.

Permission to release directory information. You may change your decision at any time by notifying your school's staff in writing.	<input type="checkbox"/> I GIVE <input type="checkbox"/> I DO NOT GIVE
Permission for my child's name, image and work to be published or used for school and school district related purposes (e.g., school newspaper, web pages, campus/district newsletter, student directories, etc.)	<input type="checkbox"/> I GIVE <input type="checkbox"/> I DO NOT GIVE
Permission for my child's name, image, audio, video and relevant data of and regarding my child to be published or used for school and school district related purposes through the use of instructional tools in the classroom including tools that may use social media sharing/online sharing component. For more information regarding AISD digital instructional tools used in the classroom, see https://www.austinisd.org/technology/digital-instructional-tools	<input type="checkbox"/> I GIVE <input type="checkbox"/> I DO NOT GIVE
Permission for my child's name, image and work to be published or used for the school yearbook.	<input type="checkbox"/> I GIVE <input type="checkbox"/> I DO NOT GIVE
Permission to release directory information to military recruiters.	<input type="checkbox"/> I GIVE <input type="checkbox"/> I DO NOT GIVE
Permission to release directory information to institutes of higher education upon their request without my prior written consent.	<input type="checkbox"/> I GIVE <input type="checkbox"/> I DO NOT GIVE

ALL OF THE ABOVE INFORMATION IS CORRECT. I understand that the Texas Penal Code, Section 37.10, states that it is an offense to (1) make a false entry, or false alteration of a governmental record, (2) present a document with knowledge of its falsity, or (3) impair the verity or legality of the record. **I further understand that the Texas Education Code, Section 25.001(h), states that it is an offense to knowingly provide false information on a form required for enrollment of a student.** Offenses may result in legal actions including, but not limited to, fines and/or liability for payment of tuition.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

Consent to Release Health Information:

I understand and agree that, in order to provide a coordinated system of care, the Health Team may exchange health care information about the Student with the Student's physician or other healthcare providers in non-emergency situations with my approval as noted below

. _____ ☐ I GIVE / ☐ I DO NOT GIVE permission to release information to/from student's physician or other healthcare provider in non-emergency situations. I understand that this information will be shared in emergencies as necessary.

PARENT/GUARDIAN SIGNATURE

DATE

IMMUNIZATIONS: *Students are required by Texas State Law to provide complete, up-to-date immunization records to the school.*

THIS COMPLETED FORM IS TO BE STORED IN HEALTH ROOM AFTER ENTERED INTO TEAMS BY SCHOOL STAFF.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

TB Questionnaire

Name of Child

Date of Birth

Organization administering questionnaire

Date

Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed in by the child.

Adults who have active TB disease usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills and night sweats.

A person can have TB germs in his or her body but not have active TB disease (this is called latent TB infection or LTBI).

Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) is used to see if your child has been infected with TB germs. No vaccine is recommended for use in the United States to prevent tuberculosis. The skin test is not a vaccination against TB.

We need your help to find out if your child has been exposed to tuberculosis.

Place a mark in the appropriate box:	Yes	No	Don't Know
TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know: has your child been around anyone with any of these symptoms or problems? or has your child had any of these symptoms or problems? or has your child been around anyone sick with TB?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was your child born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your child traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks? If so, specify which country/countries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To your knowledge, has your child spent time (longer than 3 weeks) with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has your child been tested for TB?

Yes ☐ (if yes, specify date / /)

No ☐

Has your child ever had a positive TB skin test?

Yes ☐ (if yes, specify date / /)

No ☐

For school/healthcare provider use only

PPD administered

Yes ☐

No ☐

If yes,

Date administered / /

Date read / /

Result of PPD test

mm response

Type of service provider (i.e. school, Health Steps, other clinics)

PPD provider

signature

Provider phone number

City

County

If positive, referral to healthcare provider

Yes ☐

No ☐

If yes, name of provider



**STUDENT RESIDENCY QUESTIONNAIRE**

This form will help determine the services the student may be able to receive under the McKinney-Vento Act (42 U.S.C 11435). Answers to this residency form are private, and will be shared with District staff only to the extent necessary to provide services. Because this information is not maintained in the student's permanent school record, it must be collected each school year. Please return form to the Main Office at your student's school.

Student Name: _____ DOB: _____ M ☐ F ☐ Other: ☐

School: _____ Grade: _____ Student ID: _____

Parent/Guardian Name(s): _____

Phone: _____ Alternative number to best reach you: _____ Email: _____

Address of current residence: _____
(Address, Apt#, City & Zip Code)

Last school attended when permanently housed: _____ School Year: _____

Is your current address a temporary living arrangement, due to loss of housing or economic hardship? ☐ Yes ☐ No

Is the student in Foster Care? ☐ Yes ☐ No If yes, please attach a copy of the 2085-E form to the questionnaire

1 Student's current living situation (Check one): <input type="checkbox"/> Temporarily with another friend or family member due to family's loss of housing or economic hardship <input type="checkbox"/> Temporarily in a hotel/motel _____ Name of hotel/motel <input type="checkbox"/> Temporarily in a shelter _____ Name of shelter <input type="checkbox"/> Temporarily in a car, RV, or campsite <input type="checkbox"/> Temporarily in transitional housing _____ Name of transitional housing <input type="checkbox"/> Other _____ Location of where the student is living, due to loss of housing or economic hardship	
2 Reason for current living situation (check all that apply) <input type="checkbox"/> Eviction <input type="checkbox"/> Loss of job or income <input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Runaway <input type="checkbox"/> Fire/flood <input type="checkbox"/> Domestic violence _____ <input type="checkbox"/> Natural disaster: _____ Name of disaster <input type="checkbox"/> Other: _____	3 The student began residing at the current address: _____ (Month/Day/Year) The current residence has running water and electricity: <input type="checkbox"/> Yes <input type="checkbox"/> No
4 The student lives with: <input type="checkbox"/> One or both parents <input type="checkbox"/> Legal guardian <input type="checkbox"/> Friend <input type="checkbox"/> A relative <input type="checkbox"/> An adult who is not the parent or legal guardian <input type="checkbox"/> Alone with no adult	5 I am: <input type="checkbox"/> The parent/legal guardian/foster parent of the above-named <input type="checkbox"/> A student who does not live with parent(s) or guardian(s) <input type="checkbox"/> An adult who is not a legal guardian to the above-named student

List all siblings who live with student named above. Complete a separate SRQ for EACH child who is enrolled in an Austin ISD school.

First Name	Last Name	Age	Grade	School	Live with student named above?
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>

Presenting a false record or falsifying records is a criminal offense punishable by up to 10 years and \$5,000. Texas Penal Code § 37.10. A person who enrolls a child under false documents may be liable for the cost of tuition or other costs which may exceed \$5,000. Texas Education Code § 25.003(3)(d).

I have read and understood the information provided above. I understand that if any of the responses given on this form are found to be false, I will be subject to criminal, civil, and administrative penalties. I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.

Signature _____ Print Name _____ Date _____

Revised 10/2019

Attention School Personnel: Please email form to your designated Project HELP liaison or fax to (512) 414-0761



Austin Independent School District Employment Survey

Help us determine if your children are eligible for additional supplemental services at school through the Migrant Education Program by answering a few questions.

Your information is strictly confidential. It will not be shared or distributed.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Mother	Telephone #	Date
<input type="text"/>	<input type="text"/>	
Physical Address	City	

Within the last 3 years, has anyone in your family moved to work in agriculture or fishing?

☐ NO  (School do not send to ESC)

.....
☐ YES (Continue completing the survey)

You moved from To
(City, State, or Country) (City, State, or Country)

Agriculture—Planting, harvesting fruits, vegetables, cotton, etc
Ranches and farms—Caring for animals, mending fences, etc
Fishing— work related to commercial fishing, shrimp, etc.
Processing plants—packing and processing meat, eggs, fruits, vegetables, etc
Forestry—Planting trees and plants
Other work related to agriculture

Did your children move with you when you moved to work? Yes _ _ No ____

Have your children moved with you anywhere after you moved to work in agriculture or fishing? Yes ____ No _ _

	Child's Name	Grade	Date of Birth
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>

AISD Campus staff: Please scan and e-mail forms marked YES to:	Multilingual Education HELPDESK Team Email: ELL_compliance@austinisd.org WK:512-414-4998
	Region XIII ESC USE ONLY
	NGS History: <input type="checkbox"/> YES <input type="checkbox"/> NO
	QAD: Quality: <input type="checkbox"/> YES <input type="checkbox"/> NO

Only one completed survey per family is needed.

Austin Independent School District
Office of Student Services
1111 West 6th Street • A-200 • Austin • Texas • 78703-5338
512-414-1726

Declaration of Residence

To be completed by the owner/lessee AND the parent/guardian residing at the address below.

Owner/Lessee: Please read and complete this section.

I, the owner/lessee, at the address shown below, declare that the parent(s)/guardian(s) and student(s) listed below reside with me at this address. I am presenting as proof of my residence a valid driver's license or other picture ID **AND** one of the following: (1) current lease agreement, (2) most recent tax receipt that shows the property is a homestead (3) most recent (within 45 days) utility bill showing this address and your name, (4) most recent (within 45 days) mortgage payment showing this address and your name or (5) documentation indicating that the student's family will occupy a residence that has been purchased or leased within 45 days of the student's enrollment date.

Name _____
Address _____ Apt. _____ Austin, TX Zip _____ Home _____ Phone _____ Work _____ Phone _____

Parent(s)/Guardian(s): Please provide a valid driver's license or other picture ID. Please state who will be living with the owner/lessee of the property described above.

Father/Guardian Name _____ Mother/Guardian Name _____
Student's Name _____ DOB _____ Gender _____ School _____ AISD # _____
mm/dd/yyyy
Student's Name _____ DOB _____ Gender _____ School _____ AISD # _____
mm/dd/yyyy
Student's Name _____ DOB _____ Gender _____ School _____ AISD # _____
mm/dd/yyyy
Student's Name _____ DOB _____ Gender _____ School _____ AISD # _____
mm/dd/yyyy

Owner/lessee AND parent/guardian: Please read the information in the section below before signing this form.

____ (initial) ____ (initial) Texas Penal Code, Section 37.10 regarding **TAMPERING WITH A GOVERNMENTAL RECORD** states that a person commits an offense if he or she: (1) knowingly makes a false entry in, or false alteration of, a governmental record; (2) makes, presents, or uses any record, document or thing with knowledge of its falsity and with intent that it be taken as a genuine governmental record; or (3) intentionally destroys, conceals, removes, or otherwise impairs the verity, legibility or availability of a governmental record. An offense under this section is a Class A misdemeanor unless the actor's intent is to defraud or harm another, in which event the offense is a felony of the third degree. (A person found by a court to be guilty of a third degree felony may be imprisoned for 2 to 10 years and fined up to \$5,000.)

____ (initial) ____ (initial) The Education Code, Section 25.001(h) regarding **ADMISSION**, further states that, in addition to the penalty provided by the Penal Code, a person who knowingly falsifies information on a form required for enrollment of a student in a school district is liable to the district if the student is not eligible for enrollment in the district but is enrolled on the basis of the false information. The person is liable, for the period during which the ineligible student is enrolled, for the greater of: (1) the maximum tuition fee the district may charge under Section 25.038 of this code; or (2) the amount the district has budgeted for each student as maintenance and operating expenses. A person found guilty of falsifying information on an enrollment form may be liable for tuition in excess of \$5,000.

The information provided on this form is current and accurate. I have read, and understand, the information provided in the section above.

Owner/Lessee _____ Date _____

The information provided on this form is current and accurate. I (we) have read, and understand, the information provided in the section above.

Father/Guardian _____ Date _____
(Signature)

Mother/Guardian _____ Date _____
(Signature)

Student Transfer Request Form
 Austin Independent School District Office of Student Services
 4000 S. IH-35 Frontage Road • Room 151 • Austin • TX • 78704 • 512-414-9187 • Fax 512-414-4994

Year for transfer _____ ☐ Fall ☐ Spring AISD Student Number _____

Student's Name _____ Date of Birth _____
 LAST FIRST MIDDLE M/DD/YYYY

20-21 Grade (circle one): PK3 ☐ PK4 ☐ PKTuition ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐

21-22 Grade (circle one): PK3 ☐ PK4 ☐ PKTuition ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐

School TO which transfer is requested _____ (Is student currently enrolled at this campus? ☐ Yes ☐ No)

School FROM which transfer is requested (AISD school assigned by address) _____

GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	ETHNICITY - REQUIRED <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	RACE(S) (None of which is of Hispanic origin) - REQUIRED <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
---	---	---

Parent/Guardian Name _____ RESIDENCE Address _____ Apt. _____ City _____ TX, Zip _____ Email _____ MAILING Address _____ Apt. _____ City _____ TX, Zip _____	I am this student's <input type="checkbox"/> parent <input type="checkbox"/> guardian If guardian, indicate whether you are <input type="checkbox"/> court appointed <input type="checkbox"/> AISD recognized If AISD recognized, do you have a card on file? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> Has this student participated in athletics in grades 8-12? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
---	--

Are you a full-time employee of AISD? ☐ Yes ☐ No If yes: Location _____ E number _____

This transfer is contingent upon continued employment with AISD.

Type of Transfer:

(Sibling, Tracking, and Majority-to-Minority transfers are not available to frozen campuses and may only be requested for non-frozen campuses until February 19, 2021 for the 2021-2022 school year).

☐ Sibling. Please provide the name, date of birth, and student ID number of the sibling who will be on a transfer at the requested school for the 2021-2022 school year: Name _____ Date of Birth _____ ID _____

☐ Tracking. School at which the student has a history of at least two unbroken years of enrollment in the two highest grades offered at that school: _____.

☐ Majority-to-Minority

☐ General

☐ Curriculum. Please provide information about the program of study at the requested school _____

☐ Out of District. Home school district: _____ Home school: _____

Required attachments:

☐ Driver's license or other valid picture ID

☐ Proof of residence – This may be a recent (within 45 days) utility bill or mortgage payment; a current lease agreement; a tax receipt that indicates the property is a homestead). This document must include the name and address shown above.

☐ Birth certificate – if student is new to Austin ISD.

Please initial each:

_____ Parents and students are to assume responsibility for satisfactory attendance, discipline, achievement of the student, and cooperation with the school staff while at the transfer school. When these responsibilities are not met, the transfer will be revoked. If revoked, the student may not at any later time request a transfer back to that school.

_____ Transportation is not provided to students on transfer except for students attending the magnet programs at Fulmore, Kealing and LASA, or Ann Richards School for Young Women Leaders and the Gus Garcia Young Mens Leadership Academy (for students who live within AISD boundaries).

_____ Any student who plans to participate in University Interscholastic League (UIL) events should check the rules set forth by the UIL concerning eligibility requirements for transfer students. A copy of the Constitution and Contest Rules of the University Interscholastic League is available for review at the Athletic Office, 3200 Jones Road (78745), in the principal's office in each high school, on line at www.uil.texas.edu or by contacting the UIL office at (512) 471-5883.

_____ Texas Penal Code, Section 37.10 regarding tampering with a governmental record states that a person commits an offense if he or she: (1) knowingly makes a false entry in, or false alteration of, a governmental record; (2) makes, presents, or uses any record, document or thing with knowledge of its falsity and with intent that it be taken as a genuine governmental record; or (3) intentionally destroys, conceals, removes, or otherwise impairs the verity, legibility or availability of a governmental record. An offense under this section is a Class C misdemeanor.

_____ The Education Code, Section 25.001(h) regarding admission, further states that, in addition to the penalty provided by the Penal Code, a person who knowingly falsifies information on a form required for enrollment of a student in a school district is liable to the district if the student is not eligible for enrollment in the district but is enrolled on the basis of the false information. The person is liable, for the period during which the ineligible student is enrolled, for the greater of: (1) the maximum tuition fee the district may charge under Section 25.038 of this code; or (2) the amount the district has budgeted for each student as maintenance and operating expenses. A person found guilty of falsifying information on an enrollment form may be liable for tuition in excess of \$5,000.

Signature of parent/guardian making this request _____ Date _____

Parent/Guardian: Home Phone _____ Work Phone _____ Cell/Other Phone _____

Action by the Office of Student Services:

Approved

Denied

Action by the Associate Superintendent:

Action by the Superintendent:

Date: _____

- ☐ Approved
☐ Denied

Comments:

Signature: _____

Date: _____

- ☐ Approved
☐ Denied

Comments:

Signature: _____

SIGN UP FOR FREE

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Text



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- + Ideas promoting healthy development, including social and emotional skills
- + Local family-friendly resources and events



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SUCCESS BY 6
AUSTIN/TRAVIS COALITION



United Way for
Greater Austin