

DISTRICT
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?

Not Hispanic/Latino

Hispanic/Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

PART 2. RACE: What is the person's race? (Choose one or more)

American Indian/Alaskan Native 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/African American Black or African American - A person having origins in any of the black racial groups of Africa.

Hawaiian/Pacific Islander 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.

Name of Student: _____ **Grade:** _____

Print Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ **Date:** _____

DISTRICT

Food Allergy Disclosure

Dear Parents,

The DISTRICT is required to request, at the time of enrollment, that the parent or guardian of each student attending a DISTRICT school disclose the student's food allergies. This form will satisfy this requirement.

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the DISTRICT in order to enable DISTRICT to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food. **The nurse will contact you for a note from your physician if your child has food allergies. The school must have an EpiPen prescribed for student in the event of an emergency.**

Food Allergy	Nature of allergic reaction to the food

DISTRICT will maintain the confidentiality of this form and the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and district Policy.

The district will maintain this form as part of your child's student record.

Name of Student: _____ Grade: _____

Print Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____

Primary Phone Number: _____ Secondary Phone Number: _____

DISTRICT Military Connected Student Data

Student Name: _____ **Grade:** _____

The Texas Education Agency is mandated by Texas State Law to collect data on military connected students enrolled in Texas public schools.

Section 25 006, Texas Education Code. The agency shall collect data each year from school districts and open-enrollment charter schools through the Public Education Information Management System (PEIMS) relating to the enrollment of military-connected students.

Please check appropriate box, if applicable:

- Student in grade KG – 12 is a dependent of an active duty member of the United States 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 United States military.
- Pre-kindergarten student is a dependent of an active duty member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who is ordered to active duty by proper authority OR 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.
- 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), or 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 United States military who was killed in the line of duty.
- None of the above.

Print Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ **Date:** _____

DISTRICT
Falsification of Documents
Identity Verification of Person Enrolling Student

Student Name: _____ **Grade:** _____

Falsification of Information Texas Education Code 25.001 (h) and (i) Texas Penal Code 37.10

A person who knowingly falsifies information on a form required for enrollment of a student in a school district is liable for the greater of the maximum tuition fee or the amount the district has budgeted for each student as maintenance and operating expenses if the student is not eligible for enrollment in the district but is enrolled on the basis of false information.

NOTE: Enrollment in specific magnet programs does not incur out of district tuition fees. Check with your individual counseling office if your student is enrolled in a magnet program.

DAILY TUITION RATES ARE SUBJECT TO CHANGE. TUITION RATES ARE REVISED YEARLY IN OCTOBER AND ANNOUNCED BY THE TEXAS EDUCATION AGENCY. STUDENTS WHO QUALIFY FOR SPECIAL EDUCATION SERVICES DIFFER FROM GENERAL EDUCATION STUDENTS DUE TO THE ADDITIONAL SERVICES THEY RECEIVE. CHECK WITH YOUR CAMPUS COUNSELING OFFICE FOR CURRENT TUITION RATES.

Proof of Identity of Person Enrolling Student

Regardless of whether or not a child's parent, guardian, or other person with legal control of the child under a court order is enrolling a child, Texas Education Code as amended in 2001, a district is required to record the name, address, and date of birth, of the person enrolling a child. TEC Section 25.002(f). Providing a copy of your government issued ID with photo satisfies this request.

I UNDERSTAND THAT I MUST PROVIDE MY CURRENT ADDRESS, AND PROOF OF IDENTITY. I ALSO UNDERSTAND THAT IF I HAVE KNOWINGLY FALSIFIED INFORMATION ON FORMS REQUIRED FOR ENROLLMENT, I AM LIABLE FOR TUITION FEES AS DESCRIBED ABOVE.

Print Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ **Date:** _____

DISTRICT

NOTICE OF PARENT AND STUDENT RIGHTS FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) and DIRECTORY INFORMATION

DISTRICT maintains general education records which are available to the parent, guardian, or person standing in lawful control of the student under a court order. Both parents/guardians have access to the records unless the school is in possession of a court order limiting access.

Federal law provides that student "educational records" are confidential. School records are defined as being directly related to a student and maintained by the school including, but not limited to: attendance, grades, discipline, test scores, health and immunization, and psychological or counseling records. Directory information is not confidential under FERPA.

Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about the student. If you do not want DISTRICT to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing by the tenth (10th) day of the school year.

DISTRICT has designated the following information as directory information: student's name, address, telephone listing, electronic mail address, photograph, date and place of birth, major field of study, degrees, honors and awards received, dates of attendance, grade level, most recent educational institution attended, participation in officially recognized activities and sports, and weight and height of members of athletic teams. Student directory information is available to the public unless the parent/guardian restricts the release of the information.

1. According to the Texas Public Information Act (TPIA), DISTRICT must release directory information promptly upon request and may not ask requestors the reason for the requested information.
2. Parents/guardians have the right to restrict the release of directory information, but must do so in writing within the first ten (10) days of the school year or enrollment or see number 4 below.
3. Parents/guardians may alter their choice regarding directory information at any time by completing and submitting the Student Directory Release form found in the list on the left of this webpage to their child's school. Decisions regarding directory information will remain until a subsequent written request is made to alter the previous decision.
4. Parents with a Parent Portal account may review their child's privacy status and make changes if wanted. Privacy codes may also be changed any time by completing a Student Directory Information Release form (found in the list on the left of this webpage) and submitting it to their child's school.
5. Schools must notify parents and eligible students of their FERPA rights annually. In addition to this form, FERPA information is found in the Student/Parent Handbook available in both English and Spanish online at the district website or a paper copy, by request, from your child's school.

Name of Student: _____ Grade: _____

Print Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____

**DISTRICT
HISTORY OF SCHOOL ATTENDANCE – SECONDARY**

Has your child ever been retained? Yes No

If YES, indicate which grade: _____

Has your child lived outside the U.S. for two or more consecutive years? Yes No

If YES, indicate when: _____

If YES, indicate where: _____

When your child lived outside the U.S., did he/she attend school regularly?

- No, my child missed significant portions of one or more school years as specified.
- Yes, my child attended school in all previous grades outside the U.S.

Where has your child attended school? _____

Grade: _____

Year: _____

Name of School: _____

City and State of School: _____

Has your child participated in any of the following programs? (Any other program may be added at the bottom of the list)

Program	Yes	No	If Yes, When	If Yes, Where
Bilingual				
ESL				
Dyslexia				
504				
Gifted and Talented				
Remedial Math				
Remedial Reading				
Speech Therapy				
Special Education				

Other: _____

Name of Student: _____ Grade: _____

Print Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____

**COMPLETE THIS FORM FOR ALL STUDENTS REGARDLESS OF
SPECIAL EDUCATION STATUS**

**DISTRICT
STATEMENT OF SPECIAL EDUCATION SERVICES**

Student Name: _____ **DOB:** _____ **Grade:** _____

The above named student has NEVER received special education services.

True False

If you answered **TRUE**, **DO NOT** complete the rest of the form.

If you answered **FALSE**, proceed to Question 2 and complete the rest of the form.

The above named student **WAS RECEIVING** special education services at his/her prior school.

True False

If you answered **TRUE**, complete the remainder of the form below.

This form serves as a release of information authorization in order to request your child's special education records. Please work with the campus Admission Review Dismissal (ARD) committee to assist in identifying services to support your child. Disabling condition(s): (LD, ED, OI, MR, etc.)

Services received at previous school. Check all that apply:

- SE Speech Speech
- SE Self Contained Self Contained
- SE Auditory Impaired (hearing) Auditory Impaired (hearing)
- SE CMC CMC
- SE Visually Impaired Visually Impaired

Other services: _____

1. The above named student received special education services in the past, **BUT WAS DISMISSED PER ARD COMMITTEE**. True False If you answered **TRUE**, enter year dismissed: _____

2. Comments: _____

3. Name and address of previous school: _____

Print Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ **Date:** _____

DISTRICT STUDENT DIRECTORY INFORMATION RELEASE

Please review the information below to indicate your current wishes regarding the privacy of your child's directory information. Select YES or NO for each statement. By submitting this form you are signing, dating and indicating your preferences to the school district. Forms that are not signed will result in the release of your child's directory information when requested.

Selecting **NO** below will result in blocking the release of directory information in the designated categories.

DISTRICT PUBLICATION:

DISTRICT has my permission to release directory information for limited school sponsored purposes including, but not limited to: selected photography companies supporting campus pictures, and publicity (name and picture in yearbook, newsletters, awards, honors, PTA/PTO, booster clubs, etc.). Example: If you select NO, your child's name will NOT appear in the district's newsletter, the school's yearbook, etc.

Yes No

PRIVATE REQUESTERS:

DISTRICT has my permission to release directory information (name, address, phone number, etc.) to any requestor in accordance with the Texas Publication Information Act (TPIA). The TPIA requires DISTRICT to release this type of information to any company, individual, or group that requests it unless the parent/guardian requests the information not to be released. **Example: If you select NO, your child's directory information will NOT be released to vendors or others who may be soliciting products and services.**

Yes No

HIGHER EDUCATION:

The No Child Left Behind Act of 2001 requires schools to provide military recruiters and institutions of higher education student directory information unless the parent/guardian objects. DISTRICT has my permission to release directory information to a military recruiter.

Yes No

DISTRICT has my permission to provide the name, address, and telephone number of my secondary student to an institution of higher education.

Yes No

Please consider your responses carefully prior to making final decisions. Should you have questions or need further assistance for a complete understanding, see your campus administrator.

Name of Student: _____ **Grade:** _____

Print Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ **Date:** _____

All information obtained for this purpose will remain confidential. One form per student enrolled is required.

DISTRICT
STUDENT HEALTH INFORMATION SHEET Page 1 of 3

Campus Name: _____

Name of Student: _____ Grade: _____

Date of birth: _____ Age: _____ Male Female

HEALTH HISTORY: Select Yes for any conditions that apply to your child and have been diagnosed by a physician. Select No if the condition does not apply to your child.

CONDITION	YES	NO	DATE	COMMENTS
ADHA				
ADD				
Allergies				
Asthma				
Bladder/Bowel Issues				
Blood Disorder				
Bone/Muscle Issues				
Cancer				
Celiac Disease				
Chickenpox				
Diabetes				
Kidney				
Heart Disease				
Hepatitis				
Immune Disorder				
Mental/Behavioral Health				
Migraine				
Neurological				
Scoliosis				
Seizures				
Surgery				
Other				
Other				
Other				

DISTRICT
STUDENT HEALTH INFORMATION SHEET Page 2 of 3

Name of Student: _____ Grade: _____

Prescription medication to be given at school must be in the original bottle with the child's name and instructions for administration on the label. A permission form must be signed by the parent or guardian and kept on file in the nurse's office. In accordance with the Nurse Practice Act, a health plan must be developed for administering care for any ongoing chronic condition (i.e. diabetes, asthma, epilepsy etc).

MEDICATIONS	Yes	No	Comments
Is your child prescribed an epinephrine injector such as Epi-Pen®?			
Is your child on any prescriptive medications?			
If yes, state the name of the medications(s) and the reason it is being given.			
Will the medication be given at school?			

VISION	Yes	No	Comments
Does your child have a vision problem? If yes, please describe.			
Does your child wear glasses?			
Does your child wear contacts?			

HEARING	Yes	No	Left Ear	Right Ear
Is there a hearing loss or deafness?				
Does the child wear a hearing aid(s)				

When a child suffers any injury or illness while in school, an immediate and continuing effort will be made to contact parents. In cases of serious injury or illness, first aid will be rendered in accordance with local school policies.

EMERGENCY HEALTHCARE CONSENT: I represent that I am a person who has the right to consent to medical, dental, psychological, and surgical treatment on behalf of the identified student. I authorize the DISTRICT to contact the person(s) identified by the student's parent(s)/guardian(s) as emergency contact(s). In the event that the student's parent(s), legal guardian(s), emergency contact(s) and/or nonparent adult caregiver(s) authorized by Texas Family Code Chapter 34 cannot be immediately contacted by telephone, I authorize the DISTRICT to consent to medical, dental, psychological, and surgical treatment on behalf of the student.

Yes No

DISTRICT
STUDENT HEALTH INFORMATION SHEET Page 3 of 3

Name of Student: _____ Grade: _____

Note: In the event the DISTRICT consents to treatment of the student pursuant to this authorization, the District is immune from any and all liability for damages or amounts incurred, including the cost of emergency care or transportation resultin from the examination or treatment of the identified student.

Hospital Preferred: _____

Physician Name and Phone Number: _____

Sibling Names	Grade	Campus

District does not discriminate against any person because of race, color, religion, sex, national origin, disability, age, or on any other basis prohibited by law.

Print Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ **Date:** _____

All information obtained for this purpose will remain confidential. One form per student enrolled is required.

DISTRICT
STUDENT MEDIA RELEASE

Name of Student: _____ Grade: _____

During the school year, opportunities arise to provide positive information and publicity about our programs and events to the general public or specific audiences. In some cases, we may receive requests from the news media or professional persons to interview, photograph, and/or film students for news or non-profit publications, television or radio broadcasts, or for educational information and training or various publications and brochures printed by DISTRICT and parent-teacher organizations.

Permission is needed for your child to be the subject of any news media publicity or to be included in district publications. Your selection will be kept on file for future reference and will remain in effect unless revoked in writing by the parent/guardian.

I give permission for my child to be interviewed, photographed, and/or filmed for public news media, professional education information, or any other non-profit publication for public use (e.g. newsletters).

Yes No

In addition, I give permission for my child's name, work and likeness to appear on the Internet.

Print Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ **Date:** _____

All information obtained for this purpose will remain confidential. One form per student enrolled is required.

DISTRICT STUDENT RESIDENCY QUESTIONNAIRE Page 1 of 2

Name of student: _____ Gender: _____ DOB: _____

Campus Attending: _____ Grade: _____ Age: _____

Yes No Is your current address a temporary living arrangement?

Yes No Is your temporary living arrangement due to loss of housing or economic hardship?

If you answered **NO** to both of the questions above, **DO NOT** complete the rest of the form. Sign and submit the form.

If you answered **YES** to either of the questions above, proceed to Section A, complete the rest of the form.

Section A – Student Living Situation (Check all that apply)

	Live with parent/legal guardian in a home, apartment, or housing and does not share home with any other family
	Live in a shelter because I do not have permanent housing (family shelter, domestic violence shelter, children/youth shelter, FEMA housing), includes living in transitional housing (housing available for a specific length of time only and partly paid by a Church or other organization).
	Live in the home of a friend or relative because I lost my housing (doubled up due to economic hardship, fire, flood, lost job, divorce, domestic violence, parent in military and was deployed, parent in jail, etc.)
	Live in a tent, car, van, abandoned building (living on the streets, campground, park, or unsheltered location), includes living without electricity, heat, and/or running water in a home/apartment.
	Live in hotel or motel (due to economic hardship, eviction, flood, fire, hurricane, etc.)
	Unaccompanied Youth (student is not living in the home of a parent or legal guardian)
	Child or youth placed by DFPS with a temporary guardian (DFPS provided a Parental Child Safety Plan or Authorization for Non-Parent or Voluntary Caregiver)
	None of these describe my present living situation. Briefly describe your situation:

Section B – Factors contributing to the student’s current living situation (Check all that apply):

	Natural disaster
	Tornado, storm, flood, etc.
	Hurricane, name:
	Fire: prairie, forest, grass, lightning strike, etc.

DISTRICT STUDENT RESIDENCY QUESTIONNAIRE

Page 2 of 2

Section B – Factors contributing to the student’s current living situation (Check all that apply):

	Family issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.								
	Home issue such as lack of electricity, water, heat, adequate home repair due to lack of funds, overcrowding, mold, etc.								
	Military: Parent/guardian deployed, injured or killed in action								
	Incarceration of parent/guardian								
	Incarceration of parent or guardian due to health, mental health, drugs/alcohol, or other factors								
	Home fire not due to natural causes (i.e., faulty equipment/appliances/wiring, furnace, stove, fireplace, etc.								
	Economic hardship: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td>Loss of job resulting in inability to pay rent or mortgage</td> </tr> <tr> <td></td> <td>Income from part-time or low paying job does not cover cost of housing in the area</td> </tr> <tr> <td></td> <td>Loss of mortgage, including loss of mortgage of landlord if student/student’s family is renting</td> </tr> <tr> <td></td> <td>Eviction record and/or inability to produce deposits for rent or utilities</td> </tr> </table>		Loss of job resulting in inability to pay rent or mortgage		Income from part-time or low paying job does not cover cost of housing in the area		Loss of mortgage, including loss of mortgage of landlord if student/student’s family is renting		Eviction record and/or inability to produce deposits for rent or utilities
	Loss of job resulting in inability to pay rent or mortgage								
	Income from part-time or low paying job does not cover cost of housing in the area								
	Loss of mortgage, including loss of mortgage of landlord if student/student’s family is renting								
	Eviction record and/or inability to produce deposits for rent or utilities								
	High medical bills that leave little or no money for housing								
	Lack of affordable housing in the area								
	Minor student unable to afford housing on my own								
	None of the above describe the main reason for my present living situation. Briefly explain the contributing factors:								

Section C: Parent/Legal Guardian/Caregiver/Unaccompanied Youth

Last Name: _____ First Name: _____ Middle Name: _____

Relationship to Student: _____ Address: _____ Zip: _____

Telephone: _____

Student’s length of time at present address:

_____ Years _____ Months _____ Days Number of children enrolled in district: _____

Please provide the following information for school-age siblings (brother and/or sisters) of the student:

Name: _____ Grade: _____ School: _____

2026-2027 Migrant Family Survey

Date:	District:	Campus:
Student Name:	Date of Birth:	Grade Level:

Dear Parents,

To better serve your children, our school district is helping the State of Texas identify students who may qualify to receive additional educational services. **Please answer the following questions and return this form to your child's school. The information provided below will be kept confidential.** For additional information or questions, please call

1. Within the past 3 years have you, or your child, moved from one school district, city, or state to another? YES NO

2. If YES, did you or your child move so you could work or look for work in agriculture or fishing?

NO (STOP here and return the survey to your child's school) **YES** (Please check all that apply below)



Fruit, vegetables, soy, sunflower, cotton, wheat, grain, on farms or ranches, fields & vineyards



Working in a cannery



Working on a dairy farm or ranch



Working in a fishery



Working on a poultry farm



Working in a plant nursery, orchard, tree growing, or harvesting



Working in a slaughterhouse



Other similar work, please explain:

3. Please list all children who reside in the home who are under the age of 22 and NOT enrolled in school:

Please complete the following information: (Please print)

Name of Parent/Guardian:

Phone Number:

Address/City/State/Zip Code:

Email Address:

Student ID#:

Student Name:

Campus Name:

Student Name:

District/Charter Name:

Student ID#:

Campus Name:

HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215
(Home Language Survey only administered during initial enrollment in Texas public schools)

To be completed by Parent or Guardian for students enrolling in Prekindergarten* through grade 8 (or by students in grades 9-12).

* Prekindergarten includes any student enrolling in a 3- or 4-year-old school program.

Part One:

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:

Please answer the questions below about the languages your child or family uses. If your responses indicate the use of language other than English, the school will conduct a language proficiency assessment to determine how well your child communicates in English. This information will be used to determine any appropriate linguistic supports and inform instructional 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.

This survey shall be kept in each student's permanent record folder. A copy of this survey shall follow the student while enrolled in any public or open enrolled charter school in Texas.

Part Two:

Please answer the questions to the best of your ability.

1. Which languages are used at home?
2. Which languages are used by the child at home?
3. If the child had a previous home setting, which languages were used? If there was no previous home setting, answer Not Applicable (N/A).

By checking this box, I understand a request to correct an error to this Home Language Survey can only happen if:
1) my child has not yet been assessed for English proficiency; and
2) corrections are made within two calendar weeks of my child's enrollment date.

Note: Please contact your school about the benefits of bilingual education services. The following resources may also provide information on program services that foster bilingualism.

- [Parent/ Guardian Rights](#)
- [Bilingual Education Program](#)
- [Program Information Videos](#)

Please visit the Emergent Bilingual Support Portal (txel.org) for additional information.

Signature of Parent/Guardian

Date

Signature of Student if Grades 9-12

Date