

Nursery Independent School District
Nursery Elementary School
2023 - 2024



Pre-Kindergarten
4 years old
Registration Check List

Required Documents for Registration:

- Proof of Address (utility bill, housing lease with address)
- Birth certificate
- Shot record
- Social Security card
- Parent / Guardian photo ID

Select Pre-K Program:

- Tuition Based Pre-K 4 years old Program
\$50.00 Deposit Fee
Receipt # _____
- State Based Pre-K Program
No Deposit

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

Student's Full Name: _____

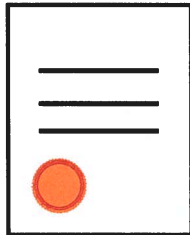
ID #: _____

Approved By: _____

Date: _____

documentation needed for pre-k registration

All Qualifiers:



Birth Certificate



Proof of Address



Parent ID



Immunization Record

Income Qualifiers:

One of the following:

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

Language Qualifiers:

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

Military Qualifiers:

One of the following:

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

Foster Care Qualifiers:

- Verification Letter of Prekindergarten Eligibility from DFPS

Star of Texas Award Qualifiers:

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

Nursery ISD - Nursery Elementary Enrollment Sheet

Office Use Only:	
Student ID# _____	_____
Enrolled _____	_____
SIS _____	_____

Grade: _____ Today's Date: _____

	M / F
Student Last Name	Age
Student Mailing Address	City
Student Physical Address	City
Birthplace (City, State)	Social Security Number

When did you move to Nursery? _____ (Month/Day/Year)

Name of School Last Attended and Address _____

	Father's Information	Mother's Information	Legal Guardian's Information (If Not Parent)
Full Name			
Is Address Same as Student's?	YES NO	YES NO	YES NO
Mailing Address, if Different from Student's			
Phone Number			
E-mail Address			
Name of Employer			
Work Phone Number			

Please list all siblings and ages:

Name		Age	Name		Age
Name		Age	Name		Age

PENAL CODE Sec. 37.10 tampering with governmental record. If you knowingly give a false address for you or your child on any school document, you have committed a Class C Misdemeanor and could face a fine of up to \$500 and more. I certify (promise) that all information on all school documents is true.

Enrolling Parent/Guardian Signature

**Nursery Independent School District
2023 - 2024**

**Pre-kindergarten 4 years old
Application**

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

STUDENT INFORMATION

Last Name/Suffix	First Name	Middle Name	Nickname
Street Number	Street Name	Apt. Number	City State Zip Code
Mailing Address (if different)		City	State Zip Code
Home Phone Number	Father Cell Phone Number	Mother Cell Phone	Alternate Number
Birthdate (mo/day/yr)	Social Security Number	Age as of 09-01-2023 * <small>*child must be 4 as of Sept. 1, 2023</small>	Gender Male / Female

FAMILY INFORMATION

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

Employee Name _____

Position _____

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

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

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

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

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

Nursery Independent School District

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

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

STEP 1:

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

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

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

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

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

FISCAL YEAR 2024 INCOME ELIGIBILITY GUIDELINES

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

Effective July 1, 2023 – June 30, 2024

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

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

STEP 2:

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

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

Tuition-Based Prekindergarten: Nursery ISD

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

- Tuition-Based Prekindergarten Application
- Parent Agreement

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

Acceptance Matrix

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

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

STEP 3:

The following required documents must be submitted to Nursery Elementary **NO LATER THAN 12:00 p.m. on Friday, May 19, 2023** to retain the Pre-K4 space granted. Items needed are listed below:

- Acceptance Form
- Payment Options

STEP 4:

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

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

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

STEP 5:

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

STEP 6:

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

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

Nursery Independent School District
2023 - 2024
Pre-kindergarten 4 years old (*Full Day*)
Registration

Child's name as it appears on birth certificate:

(Last)

(First)

(Middle)

Birth Date: _____ Male: _____ Female: _____

Home Language: _____

Home Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

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

Parent/Guardian Name: _____

Home Phone:() _____ Cell Phone:() _____ Work Phone:() _____

Email Address: _____

Parent/Guardian Name: _____

Home Phone:() _____ Cell Phone:() _____ Work Phone:() _____

Email Address: _____

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

Parent Signature

Date

Parent Signature

Date

Nursery Independent School District

**State Funded Pre-K4 Program
Parent Agreement
2023 - 2024**

Student's Legal Last Name _____ First _____ Middle _____

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

Home Phone (____) _____ Cell (____) _____ Alternate (____) _____

Parent Email Address _____

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

If you are enrolling your child in the State Funded pre-kindergarten 4 years old program, please read and sign below to show agreement.

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

Parent/Guardian's Printed Name _____

Parent/Guardian's Signature _____ Date: _____

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

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

Nursery Independent School District

Tuition Based Pre-K4 Program Parent Agreement 2023 - 2024

Student's Legal Last Name _____ First _____ Middle _____

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

Home Phone (____) _____ Cell (____) _____ Alternate (____) _____

Parent Email Address _____

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

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

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

Parent/Guardian's Printed Name _____

Parent/Guardian's Signature _____ Date: _____

Please return this form with the completed Pre-kindergarten Application to the Nursery Office by Friday, May 19, 2023. Late applications will be accepted but will be considered after campus pre-registration.

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

**Nursery Independent School District
2023 - 2024**

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

Child's Legal Name (please print): _____

Age: _____ Date of Birth: _____ Student ID/SSN: _____

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

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

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

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

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

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

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

Parent Signature

Date

Parent Signature

Date

New Student ONLY

Required Enrollment Forms

- Student Enrollment Survey
- Home Language Survey
- Student Residency Questionnaire
- Ethnicity and Race Data
- Military Connected Survey

Nursery Elementary School Enrollment Survey

Student: _____ Date: _____

Please complete the following so that we may better serve your child.

1. Is the student currently enrolled in school? Yes No
Current Grade level _____
If no, please explain: _____
If yes, name of present school and location: _____

School District of residence: _____
School student is zoned to attend: _____

2. My child has behavior problems at school. If yes, please specify Yes No

Does student have a Behavior Instruction Plan (BIP)? Yes No

3. My child has hearing/vision problems. If yes, please specify Yes No

4. My child has medical problems. Yes No

5. My child has been in a special reading or math class. Yes No
When: _____
School: _____
RTI: Subject _____

6. My child has been enrolled in the following:

Please check all that apply.

____ At Risk ____ Title I ____ ESL/Bilingual ____ LEP ____ Speech Therapy
____ Migrant ____ Dyslexia ____ 504 ____ BIP ____ Gifted & Talented
____ Special Education: Instructional Setting: _____

Lunch: Free ____ Reduced ____

7. My child has repeated a Grade(s). Yes No
If yes, please circle grade(s) repeated: **K 1 2 3 4 5**
Name of the school where grade was repeated.: _____

Has the student failed a class(es)?
If yes, which class(es): _____

8. My child has other special needs the school needs to be aware of: _____

Parent/Legal Guardian Signature

ACADEMIC/EDUCATIONAL INFORMATION (Complete This Section)

Is the student currently enrolled in school? No Yes Current Grade Level 2020-2021 _____

If no, explain: _____

If yes, name of present school and location: _____

School district of residence: _____

School student is zoned to attend: _____

Has the student repeated a grade(s)? No Yes If yes, which grade(s)? _____

Has the student failed a class(es)? No Yes If yes, which class(es)? _____

Please check all that apply.

At Risk Title I ESL/Bilingual LEP Gifted & Talented 504 Migrant

Dyslexia Speech Therapy Special Education: Instructional Setting: _____

Lunch: Free Reduced

RECORD OF PREVIOUS SCHOOLING (Complete This section)

Name of School & Location (City & State)	Year Attended
Kinder _____	_____
1 st Grade _____	_____
2 nd Grade _____	_____
3 rd Grade _____	_____
4 th Grade _____	_____
5 th Grade _____	_____

DISCIPLINE/ATTENDANCE INFORMATION (Complete This Section)

Has the student ever been or is currently suspended/expelled? No Yes

If Yes, explain: _____

Has the student been engaged in delinquent conduct or conduct in need of supervision and is on probation or other conditional release for that conduct? No Yes If yes, (number of times) explain: _____

Have you experienced any of the following:	Excessive absences <input type="checkbox"/>	Excessive tardies <input type="checkbox"/>	Fights <input type="checkbox"/>
Number of absences (current year)	_____	Number of tardies (current year)	_____
Number of unexcused absences (current year)	_____	Number of absences (last year)	_____
Number of tardies (last year)	_____	Number of unexcused absences (last year)	_____

Exhibit 1A Student/Staff Ethnicity and Race Data Questionnaire in English

**Texas Education Agency
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student’s or staff member’s ethnicity and race. *United States Federal Register (71 FR 44866)*

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

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

- _____ Hispanic / Latino
- _____ NotHispanic/Latino

Race – choose one or more:

- _____ American Indian or Alaska Native
- _____ Asian
- _____ Black or African American
- _____ Native Hawaiian or Other Pacific Islander
- _____ White

Observer signature:

Campus and Date:

Exhibit 1B Student/Staff Ethnicity and Race Data Questionnaire in Spanish

Agencia de Educación de Texas
Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal de las Escuelas Públicas de Texas

El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).

Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.

Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).

Parte 1. Etnicidad: ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)

- Hispano/Latino** – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.
- No Hispano/Latino**

Parte 2. Raza. ¿Cuál es la raza de la persona? (Escoja uno o más de uno)

- Indio Americano o Nativo de Alaska** – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo America Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.
- Asiático** – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.
- Negro o Africano-Americano** – Una persona con orígenes de cualquier grupo racial negro de África.
- Nativo de Hawai u otras islas del pacífico** – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.
- Blanco** – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

Nombre del Estudiante/Miembro de Personal
(por favor use letra de imprenta)

Firma (Padre/Representante legal)
/(Miembro de personal)

Número de Identificación del
Estudiante/Miembro del personal

Fecha

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:
_____ Hispanic / Latino
_____ Not Hispanic/Latino

Race – choose one or more:
_____ American Indian or Alaska Native
_____ Asian
_____ Black or African American
_____ Native Hawaiian or Other Pacific Islander
_____ White

Observer signature:

Campus and Date:

Agencia de Educación de Texas – Marzo 2018

_____ INDEPENDENT SCHOOL DISTRICT/CHARTER SCHOOL

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

(Home Language Survey applicable ONLY if administered for students enrolling in pre-kindergarten through grade 12)

TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN PREKINDERGARTEN THROUGH GRADE 8 (OR BY STUDENT IN GRADES 9-12): The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

To determine if your child would benefit from Bilingual and/or English as a Second Language program services, please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if Bilingual and/or English as a Second Language program services are appropriate and to inform instructional and program placement recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

For more information on the process that must be followed, please visit the following website:

https://projects.esc20.net/upload/page/0084/docs/EL%20Identification_ReclassificationFlowchart%202018.pdf

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

NAME OF STUDENT: _____ STUDENT ID#: _____

ADDRESS: _____ TELEPHONE #: _____

CAMPUS: _____

NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.

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

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

Signature of Parent/Guardian _____ Date _____

Signature of Student if Grades 9-12 _____ Date _____

NOTE: If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if: 1) your child has not yet been assessed for English proficiency, and 2) your written correction request is made within two calendar weeks of your child's enrollment date.

INDEPENDENT SCHOOL DISTRICT/CHARTER SCHOOL

Cuestionario sobre el idioma que se habla en el hogar
19 TAC Chapter 89, Subchapter BB §89.1215

DEBE DE COMPLETARSE POR EL PADRE O TUTOR PARA ESTUDIANTES QUE CURSEN DESDE PREKINDER HASTA EL OCTAVO GRADO: (O POR EL ESTUDIANTE SI CURSA GRADOS DEL 9-12); El estado de Texas requiere que la siguiente información sea completada para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Es la responsabilidad del padre o tutor, no de la escuela, proporcionar la información del idioma requerida por las siguientes preguntas.

Querido padre o tutor:

Para determinar si su hijo(a) se beneficiara de los servicios de los programas bilingües y/o de inglés como segundo idioma, por favor responda las dos preguntas siguientes.

Si cualquiera de sus respuestas indica el uso de un idioma que no sea inglés, entonces el distrito escolar debe realizar una evaluación para determinar que tanto se comunica su hijo(a) en inglés. Esta información resultante de la evaluación se usará para determinar si los servicios de programas bilingües y/o de inglés como segundo idioma son apropiados e informará las recomendaciones en cuanto a la instrucción y la asignación del programa. Una vez completada la evaluación de su hijo(a), no se permitirán cambios a las respuestas en el cuestionario. Si tiene preguntas sobre el propósito y el uso del cuestionario sobre el idioma que se habla en el hogar, o si necesita ayuda para completar el cuestionario, por favor comuníquese con el personal del distrito escolar.

Para más información sobre el proceso que debe seguirse, por favor visite el siguiente sitio web:
https://projects.esc20.net/upload/page/0084/docs/EL_%20Identification_ReclassificationFlowchart%202018.pdf

Este cuestionario se deberá archivar en el expediente permanente del estudiante.

NOMBRE DEL ESTUDIANTE: _____ ID#: _____

DIRECCIÓN: _____ TELÉFONO: _____

ESCUELA: _____

Nota: Indique sólo un idioma por respuesta.

1. ¿Qué idioma se habla en la casa de su hijo(a) la mayoría del tiempo? _____

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

Firma del padre o tutor _____ Fecha _____

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

NOTA: Si cree que cometió un error al completar este cuestionario sobre el idioma que se habla en el hogar, puede solicitar una corrección, por escrito, solo si: 1) su hijo(a) aún no ha sido evaluado para el dominio del inglés; y 2) su solicitud de corrección por escrito se realiza dentro de las dos semanas calendario posteriores a la fecha de inscripción de su hijo(a).

**Nursery Elementary School
2021-2022**

Student Name: _____ Grade: _____ Teacher: _____

MILITARY-CONNECTED STUDENTS

Due to recent legislature, SB 525, school districts are required to collect information relating to the enrollment of military-connected students. Please mark one of the following:

Student is not a military-connected student.

Student is a dependent of a member of the Army, Navy, Air Force, Marine Corps, or Coast Guard on Active Duty.

Student is a dependent of a member of the Texas National Guard (Army, Air Guard, or State Guard).

Student is a dependent of a member of a reserve force in the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard).

FOSTER CARE STATUS OF STUDENT

Due to recent legislature, SB 833, school districts are required to collect information relating to the enrollment of foster care status of students. Please mark one of the following:

Student is **not** currently in the conservatorship of the Department of Family and Protective Services.

Student is currently in the conservatorship of the Department of Family and Protective Services. (Texas DFPS Placement Authorization Form (Form 2085) or a Court Order must be provided to the school.)

Parent/Guardian Signature

Date

**Student Residency Questionnaire
Nursery Elementary School**

Name of Student: _____ Sex: Male Female
Birth Date _____ / _____ / _____ Age: _____ Social Security #: _____
Mo Day Year (or student ID number)

This questionnaire is intended to address the McKinney-Vento Act (42 U.S.C. 11435). The answers to this residency information help determine the services the student may be eligible to receive.

Is your current address a temporary living arrangement: Yes No

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

If you answered **Yes** to the above questions, please complete the remainder of this form.
If you answered **No**, you may stop here.

Parent/Guardian Signature

Where is the student presently living? (check one)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designated for ordinary sleeping accommodations such as a car, park or campsite.

Name of Parent(s) /Guardian(s) _____

Address _____ Phone _____

City _____ Zip Code _____

Presenting a false record or falsifying records is an offence under Section 37.10 Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Signature of Parent/Guardian: _____ Date: _____

Office Completes This Section:

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date: _____ NISD Parent Liaison Signature: _____