

**PRE-K Enrollment Form-Perryton ISD**

Legal First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Legal Last Name: \_\_\_\_\_

Social Security: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Birthplace: \_\_\_\_\_

**Parent/Guardian Information**

1. \_\_\_\_\_ Relation \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Physical Address \_\_\_\_\_ Is this a permanent or temporary address? Permanent Temporary  
Mailing Address \_\_\_\_\_ e-mail \_\_\_\_\_ Internet Access? Yes No  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

2. \_\_\_\_\_ Relation \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Physical Address \_\_\_\_\_ Is this a permanent or temporary address? Permanent Temporary  
Mailing Address \_\_\_\_\_ e-mail \_\_\_\_\_ Internet Access? Yes No  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Who does the child live with? (circle one) Parent 1 Parent 2 Both Parents Guardian (legal papers) Guardian (no legal papers)

Brothers/Sisters/Others living in home \_\_\_\_\_

**Emergency Contact Information (Other than Parent/Guardian)**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Previous School(s) Attended-If Any**

School Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

I certify the above information is true and correct. I, the undersigned, do hereby authorize officials of the school to contact directly the person(s) named on this form. In the event that parent/guardian or others named on this form cannot be contacted, the school officials are hereby authorized to take whatever action is necessary, in their judgment, for the heals of aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of Enrolling Parent/Guardian \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relation to Student \_\_\_\_\_  
Home Address \_\_\_\_\_ Date \_\_\_\_\_

What language do you prefer to receive school correspondence? English Spanish

**OFFICE USE ONLY**

Entry Date \_\_\_\_\_ Age on Sept. 1 \_\_\_\_\_ Qualified (circle one): Head Start ECO DIS ESL/LEP

# PERRYTON INDEPENDENT SCHOOL DISTRICT

## Home Language Survey

Name of Student \_\_\_\_\_

Campus \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

### *To be Filled in By Parent or Guardian*

- What language is spoken in your home **MOST** of the time? (Please check only one)  
( ) English ( ) Spanish ( ) Other \_\_\_\_\_
- What language does your child speak **MOST** of the time? (Please check only one)  
( ) English ( ) Spanish ( ) Other \_\_\_\_\_

**(PLEASE COMPLETE BACK SIDE OF FORM)**

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## Cuestionario de Idioma en el Hogar

Nombre del Estudiante \_\_\_\_\_

Escuela \_\_\_\_\_ Grado \_\_\_\_\_ Fecha \_\_\_\_\_

### **Debe de ser Completado por el Padre o Guardián**

- ¿Cuál es el idioma que **MAS** se habla en su hogar? (**Marque solamente uno**)  
( ) Ingles ( ) Español ( ) Otro \_\_\_\_\_
- ¿Cuál es el idioma que su hijo/a habla **MAS**? (**Marque solamente uno**)  
( ) Ingles ( ) Español ( ) Otro \_\_\_\_\_

**(POR FAVOR COMPLETE LADO DE ATRÁS DE ESTA FORM)**

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

If yes, when: \_\_\_\_\_ (from month/year to month/year and grade)

If yes, when your child lived outside the U. S. did he/she attend school regularly? (Check One)

\_\_\_ Yes, my child attended school regularly in all previous grades outside the U. S.

\_\_\_ No, my child missed significant portions of one or more school years as specified:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

- ¿Ha vivido su hijo/a fuera de los Estados Unidos por dos o más años consecutivos? \_\_\_ Sí \_\_\_ No

Si marcó sí, cuando: \_\_\_\_\_ (de mes/ año ha mes/año y grado)

¿Cuándo su hijo/a vivió fuera de los Estados Unidos, asistió regularmente a la escuela? (Marque uno).

\_\_\_ Sí, mi hijo/a asistió con regularidad a la escuela fuera de los Estados Unidos y terminó sus grados escolares anteriores.

\_\_\_ No, mi hijo/a perdió porciones significativas de uno o más años escolares, como se especifica a continuación:

\_\_\_\_\_

\_\_\_\_\_  
Firma del Padre/Guardián

**Perryton ISD**  
**Foster Care/Military Questionnaire**

Dear Parent/Guardian:

In accordance with Senate Bill 833 – Foster Care, the following information is required of all students as part of the enrollment process for the school year.

Please read carefully and check the appropriate response for your student.

\_\_\_\_\_ Student is not currently in the conservatorship of the Department of Family & Protective Services

\_\_\_\_\_ Student is currently in the conservatorship of the Department of Family & Protective Services

\_\_\_\_\_ Pre-K student was previously in the conservatorship of the Department of Family & Protective Services following an adversary hearing held as provided by Section 262.201, Family Code.

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In accordance with HB 525 – Military Connected Student, the following information is required of all students as part of the enrollment process for the school year.

Please read carefully and check the appropriate response for your student.

\_\_\_\_\_ 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 US military (Army, Navy, Air Force, Marine Corps, or Coast Guard)

\_\_\_\_\_ Pre-K student is a dependent of an active duty uniformed member of the Army, Navy, Air Force, Marine Corps, or Coast Guard, or activated/mobilized uniformed member of the Texas National Guard (Army, Air Guard, or State Guard) who was injured or killed while serving on active duty.

Student Name: \_\_\_\_\_  
(Please Print)

Grade: \_\_\_\_\_

\_\_\_\_\_  
(Parent Signature)

Date: \_\_\_\_\_

**PERRYTON ISD/TEXAS EDUCATION AGENCY**  
**Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

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

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

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

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

- Hispanic/Latino** – A person of Cuban, Mexican, Puerto Rican, south or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

**Part 2. Race: What is the person's race? (Choose one or more)**

- American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_  
*Student/Staff Name (please print)*

\_\_\_\_\_  
*Student/Staff Signature*

\_\_\_\_\_  
*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*

\_\_\_\_\_ *Not Hispanic/Latino*

***Race – choose one or more:***

\_\_\_\_\_ *American Indian or Alaska Native*

\_\_\_\_\_ *Asian*

\_\_\_\_\_ *White*

\_\_\_\_\_ *Black or African American*

\_\_\_\_\_ *Native Hawaiian/Pacific Islander*

***Observer Signature:***

***Campus & Date:***

# Perryton Independent School District-Residency Determination Enrollment

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ ID# \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ (Circle One) MALE FEMALE

ADDRESS (where student sleeps at night): \_\_\_\_\_

**WHERE DOES THE STUDENT SLEEP AT NIGHT? (PLACE AN "X" TO ALL THAT APPLY)**

	Home that student's parent/guardian owns or rents
	Place that does not have windows, doors, running water, heat, electricity, or is overcrowded
	Staying with a friend or relative because of (please circle one or all that apply) loss of housing, economic hardship, eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out of house by parent, ran away from home
	In a shelter-family shelter, domestic violence shelter, children/youth shelter, FEMA housing
	Unsheltered location: tent, vehicle, abandoned building, on the streets, campground, park, bus station
	Hotel or motel because of loss of housing or economic hardship-eviction, foreclosure, flood, fire, hurricane
	Transitional housing program-specific length of time & paid for by church, non-profit organization

THE STUDENT LIVES HERE BECAUSE OF A NATURAL DISASTER. "X" THE TYPE OF DISASTER BELOW AND PROVIDE THE REQUESTED INFORMATION:

\_\_\_\_\_Hurricane-Name of Hurricane: \_\_\_\_\_ \_\_\_\_\_Flood \_\_\_\_\_Tornado \_\_\_\_\_Wildfire

\_\_\_\_\_Other-Please Describe \_\_\_\_\_

Date of Natural Disaster \_\_\_\_\_ County of Natural Disaster \_\_\_\_\_

**THE STUDENT DOES NOT SLEEP IN ANY OF THE PLACES DESCRIBED ABOVE. WHERE DOES THE STUDENT SLEEP?**

Provide the following information for school-age brothers and/or sisters of the student.

LAST NAME	FIRST NAME	BROTHER/SISTER	STAY AT SAME PLACE (x)	GRADE	SCHOOL	DISTRICT

List all other school-aged children that stay in the same place.

LAST NAME	FIRST NAME	GRADE	SCHOOL	DISTRICT

\_\_\_\_\_  
Signature of Person Providing Information (parent/guardian/caregiver/student) \_\_\_\_\_  
Date

*For School Use Only*

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

\_\_\_\_\_  
*McKinney-Vento Liaison Signature* \_\_\_\_\_  
Date