

Welcome to Tarkington Primary School.....2019-2020 School Year

When enrolling your child, please make sure to have a copy of the following items:

Birth Certificate (State Certified)

Social Security Card

Current Immunization Record (www.dshs.state.tx.us/immunize/school/default.shtm)

Current Proof of Residence ("ONLY" Utility Bills will be accepted/Physical Add.)

(*Please ask us for additional paperwork if bills are not listed in your name.)

A valid Driver's License or Picture ID

***For Pre-K Enrollments** –Completed Pre-K Eligibility Form and necessary qualifying documentation.

Upon receiving a copy of all items and a completed registration packet your child will be enrolled and placed into a classroom. Contact the Primary Office at 281-592-7736 ext. 129 for questions or assistance with enrollment.

Please complete the following questions.

Has your child ever been enrolled at Tarkington Primary School? _____ NO _____ Yes

Has your child ever been retained? If yes, what grade? _____ NO _____ Yes

_____ Grade (Retained)

Is your child in any of the following programs?

Special Education _____ Yes _____ No (*If Yes, Please see the Counselor)

Speech Therapy _____ Yes _____ No (*If Yes, Please see the Speech Therapist)

ESL _____ Yes _____ No (*If Yes, Please see the Asst. Principal)

GT _____ Yes _____ No (*If Yes, Please see the Counselor)

504 _____ Yes _____ No (*If Yes, Please see the Counselor)

Dyslexic _____ Yes _____ No (*If Yes, Please see the Counselor)

(Office Use Only: Notified by _____ Date _____)

Previous School Name: _____

Address: _____

City, State, & Zip Code _____

Phone: _____ Fax: _____

TARKINGTON PRIMARY SCHOOL Registration Form for School Year 2019 - 2020

Campus Name: TARKINGTON PRIMARY

Campus Phone: (281) 592-7736

Campus Fax: (281) 592-2361

STUDENT INFORMATION

Local ID _____ Student Name _____ Grade Level _____ Orig Entry Dt _____ Track _____ SSN _____

- Hispanic Pacific Islander
 White Black
 Asian American Indian

Gender _____ Date of Birth _____ Birth Place _____ Age (Sept 1st) _____ Texas Unique ID _____

Address: _____ Student Home Phone: _____
 Mailing Address: _____ Student Cell Phone: _____
 Student Email: _____ Will your child be using bus transportation to get to school? Yes No

PARENT INFORMATION

1. Guardian: _____ Relation: _____ 2. Guardian: _____ Relation: _____
 Address: _____ Address: _____
 City, St, Zip: _____ City, St, Zip: _____
 Employer: _____ Employer: _____
 Cell Ph: _____ Home Ph: _____ Bus Ph: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____
 Other Ph: _____ Phone Pref: Cell Home Business Other
 Receive Mailouts: Yes No Language Pref: English Spanish
 Emergency Contact: Yes No Email: _____
 Svc Branch: _____ Rank: _____ Enrolling Person: _____
 Right to Transport: Yes No Driver License #: _____ State: _____
 Vehicle Make: _____ Model: _____ Color: _____
 Vehicle Plate #: _____ State: _____

EMERGENCY CONTACT INFORMATION

1. Name: _____ Relation: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____
 Other Ph: _____ Phone Pref: Cell Home Business Other Right to Transport: Yes No Driver License #: _____ State: _____
 Vehicle Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____
 2. Name: _____ Relation: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____
 Other Ph: _____ Phone Pref: Cell Home Business Other Right to Transport: Yes No Driver License #: _____ State: _____
 Vehicle Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____
 Doctor: _____ Bus Ph: _____ Dentist: _____ Bus Ph: _____
 Hospital: _____ Bus Ph: _____ Other Medical: _____ Bus Ph: _____

List any Allergies or Health Concerns: _____

SIBLING INFORMATION

Brothers/Sisters	Grade	School	Brothers/Sisters	Grade	School
_____	_____	_____	_____	_____	_____

BUS INFORMATION

Eligible: _____ Seat: _____ Special Requirements _____
 Route: _____ Run: _____ Transportation: _____
 Pickup Stop: _____ Dropoff Stop: _____ Special Seating: _____
 Pickup Assigned: _____ Dropoff Assigned: _____ Wheelchair: _____
 Pickup Route: _____ Dropoff Route: _____

The above information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records or information is a violation of state law and may subject you to tuition cost for your child. I certify that the information given above is correct. I authorize the school to contact the person named on this form and the above named physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physician, or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.

Parent or Guardian Signature _____ Date of Birth _____ Date _____

(For Office Use Only)

Teacher Name: _____ Control Nbr: _____ Eligibility Code: _____
 Birth Certificate on File: _____ Mil Conn: _____ Foster Care: _____ Immunization on File: _____ Title I: _____
 Soc Sec Copy on File: _____ At Risk: _____ Migrant: _____ Hm Lng: _____
 Gift: _____ LEP: _____ BIL: _____ ESL: _____ Par Per: _____ Econ: _____ Special Education: Prim: _____ Sec: _____ Tert: _____ Multi: _____

TARKINGTON INDEPENDENT SCHOOL DISTRICT/CHARTER SCHOOL

HOME LANGUAGE SURVEY-Y-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. 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.

For more information on the process that must be followed, please visit the following website: <http://web.esc20.net/LPAC-Interactive/InteractiveFlowchart-EN.htm>.



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 _____ Dale

Signature of Student If Grades 9-12 _____ Dale

TARKINGTON INDEPENDENT SCHOOL DISTRICT/CHARTER SCHOOL

Questionario 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 se complete 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 guardian:

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 de evaluación se usará para determinar si los servicios de programas bilingües y/o de inglés como segundo idioma son apropiados e informarán 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/0081/docs/LPAC-TrainingFlowchartSpanish-Accessible.pdf>.

Este cuestionario se archivará en el expediente del estudiante.

NOMBRE DEL ESTUDIANTE: _____ ID#: _____

DIRECCIÓN: _____ **TELÉFONO:** _____

ESCUELA: _____

Nota: Indique sólo un idioma por respuesta.

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

TARKINGTON INDEPENDENT SCHOOL DISTRICT

ENROLLMENT INFORMATION FORM

Student Name: _____ DOB: _____ Grade: _____

The basis for admission is (choose all that are applicable)

The relationship of the individual seeking enrollment for the child is (Please check the one that is true):

____ I am the child's natural parent. (Attach copy of the child state issued birth certificate)

____ I am the child's adoptive parent. (Attach copy of adoption papers signed by judge)

____ I am the child's legal guardian. (Attach court order signed by judge)

____ I am the child's foster parent. (Attach court order signed by judge)

____ I am not the parents, legal guardian or foster parents of the child, but have legal control over the child by court order. (Attach court order signed by judge)

____ The child is a foreign exchange student and I am the child's host family.

____ None of the above. Please explain in detail why the child resides with you and your relationship to the child. (Attach addition sheets if necessary.) (You will also need to fill out an Assumption of Responsibility form)

____ The child resides in the boundaries of Tarkington ISD.

____ The parent(s) resides in the boundaries of TISD. Attach a copy of the parent's current driver's license and proof of residence. (current utility bill)

____ Other. Please explain. _____

The student resides at the following address:

The parent(s) reside at the following address:

Father: _____

Mother: _____

If you are the parent of the student and you are divorced from the student's other parent, please check the following statement which is applicable.

_____ I am the sole managing conservator of the student. (Attach the pages of most current court order establishing this fact, the pages describing the duties and responsibilities of all conservators, and the page signed by the judge.)

_____ I am the possessory conservator. (Attach the pages of most current court order establishing this fact, the pages describing the duties and responsibilities of all conservators, and the page signed by the judge.)

_____ I am a joint managing conservator. (Attach the pages of most current court order establishing this fact, the pages describing the duties and responsibilities of all conservators, and the page signed by the judge.)

_____ None of the above. Please explain the basis for enrollment and how that you have possession of this child. (Attach additional sheets if necessary.) _____

Texas Penal Code, Section 37.10 Tampering with Governmental Record

A person commits an offense if he:

- (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
- (a) An offense under this section is a Class C misdemeanor. (A person found by a court to be guilty may be fined up to \$500.)

Education Code, Section 25.001 Admission

- (h) In addition to the penalty provided by Section 37.10, 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

The amount the district has budgeted for each student as maintenance and operating expenses.

**Tarkington Independent School District
Application for Pre-Kindergarten
2018-20119**

Pursuant to 29.153 Texas Education Code, regarding the qualifications of children for the Pre-Kindergarten program, the following information is submitted. The child whose name appears below is applying to be considered, based on the child's home language. Please complete the Application by printing the required information below.

Criteria for admittance to the Pre-Kindergarten program:

Child will be 4 years of age on or before September 1, 2018.

Child is a resident of the local Independent School District.

Child meets immunization requirements, and also meets at least one of the following conditions:

*Child is unable to speak and comprehend the English language

(Home Language Survey must be completed)

*Child is homeless, as defined by (42 U.S.C. 11302)

*Child is economically disadvantaged

(See chart below, documented foster child, or food stamp case number)

*Child is a member of the armed forces of the United States *(Documentation Required)*

*Child has ever been in conservatorship (foster care) of the DFPS following an adversary hearing *(Documentation Required)*

Child's Full Name	Child's SSN	Child's Date of Birth	
Parent/Guardian's Full Name	Address	City	Zip
Telephone Number	Total # in your household.		

2017-18 Income Chart to Determine Pre-Kindergarten Eligibility

<u>Total in Household</u>	<u>Annual</u>	<u>Monthly</u>	<u>Twice Per Month</u>	<u>Every 2 Weeks</u>	<u>Weekly</u>
1	\$22,459	\$1,872	\$936	\$864	\$432
2	\$30,451	\$2,538	\$1,269	\$1,172	\$586
3	\$38,443	\$3,204	\$1,602	\$1,479	\$740
4	\$46,435	\$3,870	\$1,935	\$1,786	\$893
5	\$54,427	\$4,536	\$2,268	\$2,094	\$1,047
6	\$62,419	\$5,202	\$2,601	\$2,401	\$1,201
7	\$70,411	\$5,868	\$2,934	\$2,709	\$1,355
8	\$78,403	\$6,534	\$3,267	\$3,016	\$1,508
Each Additional Person Add	\$7,992	\$666	\$333	\$308	\$154

Household Income

(List everyone in your household including children. If they have no income please put \$0).

Household Member's Name	Gross -Job/Other Income Amt.	How Paid (ex. Monthly, Weekly, etc.)
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____
5. _____	\$ _____	_____
6. _____	\$ _____	_____
7. _____	\$ _____	_____
8. _____	\$ _____	_____

I understand that the school district officials may verify the information on the application. If investigation indicates false information has been provided and the child was not eligible to participate in the program at the time of the application, the child may be withdrawn from the program to make room for a child who is eligible. I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of funds; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state laws.

Parent/Guardian's Signature

Date

To Be Completed By School Personnel Only:

Approval based on: (Check as applicable)

_____ **Limited English Proficient**

Home language survey, must indicate child hears/speaks a language other than English at home. Child has been tested with oral English assessment (attach proof of assessment and scores). A score of 1, 2, or 3 indicates eligibility as LEP. Parent must sign Notification of Enrollment in Bil/ESL program.

_____ **Homeless**

Child lacks a fixed, regular, and adequate residence. Primary nighttime residence is a supervised public or private shelter designed to provide temporary living accommodations, or an institution that provides temporary residence for individuals intended to be institutionalized. Primary nighttime residence is a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings.

_____ **Income Eligibility**

_____ **Military Eligibility**

_____ **DFPS Eligibility**

_____ **Birth Certificate (Proof of age required)**

_____ **Social Security Card**

_____ **Immunization Records (Clinic record, dr.'s statement, or proof of exempt status required)**

_____ **Proof of Residence (unless homeless)**

Documentation received by: _____ **Date** _____

Approved _____

Rejected _____ **Reason** _____

Principal's Signature _____ **Date** _____

Alternate State ID _____

District Permanent ID _____