

# Welcome to Tarkington Primary School.....2018-2019 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](http://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. 133 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 2018 - 2019**

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  
Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Age (Sept 1st): \_\_\_\_\_ Texas Unique ID: \_\_\_\_\_  Asian  American Indian  
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 Other Ph: \_\_\_\_\_ Phone Pref:  Cell  Home  Business  Other  
Receive Mailouts:  Yes  No Language Pref:  English  Spanish Receive Mailouts:  Yes  No Language Pref:  English  Spanish  
Emergency Contact:  Yes  No Email: \_\_\_\_\_ Emergency Contact:  Yes  No Email: \_\_\_\_\_  
Svc Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Enrolling Person: \_\_\_\_\_ Svc Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Enrolling Person: \_\_\_\_\_  
Right to Transport:  Yes  No Driver License #: \_\_\_\_\_ State: \_\_\_\_\_ Right to Transport:  Yes  No Driver License #: \_\_\_\_\_ State: \_\_\_\_\_  
Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_  
Vehicle Plate #: \_\_\_\_\_ State: \_\_\_\_\_ 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: \_\_\_\_\_  
Pickup Stop: \_\_\_\_\_ Dropoff Stop: \_\_\_\_\_ Transportation: \_\_\_\_\_  
Pickup Assigned: \_\_\_\_\_ Dropoff Assigned: \_\_\_\_\_ Special Seating: \_\_\_\_\_  
Pickup Route: \_\_\_\_\_ Dropoff Route: \_\_\_\_\_ Wheelchair: \_\_\_\_\_

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-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>.

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

# TARKINGTON 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 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 guardián:

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. ¿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

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.) \_\_\_\_\_

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**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.