



SCHOOL YEAR	CAMPUS

STUDENT ENROLLMENT FORM
MALAKOFF INDEPENDENT SCHOOL DISTRICT
 1308 FM 3062
 Malakoff, Texas
 75148

FOR OFFICE USE ONLY	INITIAL
ENROLLMENT DOCUMENTATION	
BIRTH CERTIFICATE	
SOCIAL SECURITY CARD	
IMMUNIZATION RECORDS	
PROOF OF RESIDENCE	
PRE-KINDER DOCUMENTATION	
PREVIOUS SCHOOL RECORDS	
ORIGINAL HOME LANGUAGE SURVEY	

STUDENT INFORMATION PLEASE PRINT / USAR LETRA DE MOLDE

GRADE / GRADO	STUDENT NAME / NOMBRE DE ESTUDIANTE			
	LAST / APELLIDO	FIRST / PRIMER NOMBRE	INITIAL / EI INICIAL	GENERATION
RESIDENTIAL ADDRESS / LA DIRECCIÓN RESIDENCIAL		MAILING ADDRESS / LA DIRECCIÓN DE CORRESPONDENCIA		
		COMPLETE ONLY IF DIFFERENT FROM RESIDENTIAL ADDRESS / COMPLETE SOLO SI ES DIFERENTE DE LA DIRECCION RESIDENCIAL		
HOME PHONE / TELÉFONO	PHONE NUMBER PUBLISHED? / ¿TELEFONEA EL NÚMERO PUBLICADO?	GENDER / EL GÉNERO	DOB / FECHA DE NACIMIENTO	PLACE OF BIRTH / CIUDAD Y ESTADO DE NACIMIENTO
(903)	<input type="checkbox"/> YES / SI <input type="checkbox"/> NO	<input type="checkbox"/> MALE / MASCULINO <input type="checkbox"/> FEMALE / FEMENINO		
ETHNICITY / RAZA:	<input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER <input type="checkbox"/> AFRICAN AMERICAN, NOT OF HISPANIC ORIGIN		<input type="checkbox"/> HISPANIC <input type="checkbox"/> WHITE, NOT OF HISPANIC ORIGIN	

SCHOOL / PROGRAM INFORMATION

HAS STUDENT EVER ATTENDED MALAKOFF SCHOOLS? ¿HA ASISTIDO EL ESTUDIANTE ESCUELAS DE MALAKOFF?	DATE FIRST ENROLLED IN U.S. SCHOOLS? ¿CUÁL ES LA FECHA ORIGINAL DE MATRICULACION EN LOS E.U.A.?	HAS STUDENT EVER PARTICIPATED IN THE MIGRANT PROGRAM? / ¿TOMÓ PARTE EN EL ESTUDIANTE EL PROGRAMA MIGRATORIO?	HAS STUDENT EVER PARTICIPATED IN THE IMMIGRANT PROGRAM? / ¿TOMÓ PARTE EN EL ESTUDIANTE EL PROGRAMA DE INMIGRANTE?		
<input type="checkbox"/> YES / SI <input type="checkbox"/> NO / NO		<input type="checkbox"/> YES / SI <input type="checkbox"/> NO	<input type="checkbox"/> YES / SI	<input type="checkbox"/> NO	
LIST LAST SCHOOLS ATTENDED / LISTE LAS ÚLTIMAS ESCUELAS ASISTIDAS	ADDRESS / LA DIRECCIÓN DE ESCUELA	YEAR / AÑO	CITY / CIUDAD	STATE / ESTADO	ZIP CODE / CODIGO
WAS STUDENT EVER ENROLLED IN SPECIAL PROGRAMS? / ¿HA ASISTIDO EL ESTUDIANTE A CLASES EN PROGRAMAS ESPECIALES?	<input type="checkbox"/> YES / SI <input type="checkbox"/> NO SPECIAL EDUCATION / LA EDUCACIÓN ESPECIAL <input type="checkbox"/> YES / SI <input type="checkbox"/> NO BILINGUAL- ESL / BILINGÜE - ESL <input type="checkbox"/> YES / SI <input type="checkbox"/> NO GIFTED AND TALENTED / PROGRAMA TALENTOSO <input type="checkbox"/> YES / SI <input type="checkbox"/> NO 504 PROGRAM / PROGRAMA DE 504 <input type="checkbox"/> YES / SI <input type="checkbox"/> NO OTHER / OTRO _____ <input type="checkbox"/> YES / SI <input type="checkbox"/> NO RETAINED IN GRADE _____				
WAS STUDENT EVER RETAINED? IF SO WHAT GRADE?					

PARENT / GUARDIAN INFORMATION

WITH WHOM DOES THE STUDENT LIVE? ¿CON QUIEN VIVE EL ESTUDIANTE?	<input type="checkbox"/> BOTH PARENTS / AMBOS PADRES	<input type="checkbox"/> OTHER / OTRO • NAME AND RELATIONSHIP WITH STUDENT • EL NOMBRE Y LA RELACIÓN CON ESTUDIANTE
	<input type="checkbox"/> FATHER / PADRE	
	<input type="checkbox"/> MOTHER / MADRE	

FATHER / GUARDIAN NAME EL NOMBRE DE PADRE O GUARDIÁN		PLEASE CHECK IF YOU ARE AN ACTIVE MEMBER OF THE US MILITARY SERVING THE ¿TRABAJA EL PADRE EN PROPIEDAD FEDERAL Y PARA EL GOBIERNO FEDERAL?	
LAST NAME / APELLIDO	FIRST NAME / PRIMER NOMBRE	<input type="checkbox"/> Yes / Si <input type="checkbox"/> No / No Army, Navy, Air Force, Marine or Coast Guard, Texas National Guard, or reserve force	
RESIDENTIAL ADDRESS / LA DIRECCIÓN RESIDENCIAL		PLACE OF EMPLOYMENT LUGAR DE EMPLEO	ADDRESS OF EMPLOYMENT LA DIRECCIÓN DEL EMPLEO
PHONE / TELEFONO DE CASA	WORK PHONE / TELEFONO DE TRABAJO	CELL PHONE / EL NÚMERO DEL TELÉFONO DE LA CÉLULAR	E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO
(915)			

MOTHER / GUARDIAN NAME EL NOMBRE DE MADRE O GUARDIÁN		PLEASE CHECK IF YOU ARE AN ACTIVE MEMBER OF THE US MILITARY SERVING THE ¿TRABAJA EL PADRE EN PROPIEDAD FEDERAL Y PARA EL GOBIERNO FEDERAL?	
LAST NAME / APELLIDO	FIRST NAME / PRIMER NOMBRE	<input type="checkbox"/> Yes / Si <input type="checkbox"/> No / No Army, Navy, Air Force, Marine or Coast Guard, Texas National Guard, or reserve force	
RESIDENTIAL ADDRESS / LA DIRECCIÓN RESIDENCIAL		PLACE OF EMPLOYMENT LUGAR DE EMPLEO	ADDRESS OF EMPLOYMENT LA DIRECCIÓN DEL EMPLEO
PHONE / TELEFONO DE CASA	WORK PHONE / TELEFONO DE TRABAJO	CELL PHONE / EL NÚMERO DEL TELÉFONO DE LA CÉLULAR	E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO
(915)			

EMERGENCY CONTACT PERSON (OTHER THAN PARENT/GUARDIAN) LA PERSONA DEL CONTACTO DE LA EMERGENCIA (APARTE DE PADRE /GUARDIAN)	PHONE / TELÉFONO

LIST OTHER PEOPLE LIVING IN HOUSEHOLD / NOMBRE LAS PERSONAS QUE VIVEN EN SU RESIDENCIA

NAME / NOMBRE	AGE / EDAD	GRADE / NIVEL	SCHOOL ATTENDING / ESCUELA

INFORMATION OF PERSON ENROLLING STUDENT / INFORMACIÓN DE LA PERSONA MATRICULANDO AL ESTUDIANTE

NAME OF PERSON ENROLLING THE STUDENT EL NOMBRE DE LA PERSONA MATRICULANDO AL ESTUDIANTE		RESIDENTIAL ADDRESS / LA DIRECCIÓN RESIDENCIAL	
LAST NAME / APELLIDO	FIRST NAME / PRIMER NOMBRE		
DATE OF BIRTH / FECHA DE NACIMIENTO			
RELATIONSHIP TO STUDENT / LA RELACIÓN AL ESTUDIANTE			
		ENROLLEE'S SIGNATURE / CRAMA DE PERSONA QUE ESTA MATRICULANDO AL ESTUDIANTE	

FOR OFFICE USE ONLY

ENTRY DATE	ENTRY CODE	HOMEROOM TEACHER NAME		HOMEROOM #	REGISTERING CLERK
DATE REQUESTED RECORDS		IN DISTRICT TRANSFER		OUT OF DISTRICT TRANSFER	
		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		NOTARIZED LETTER		PEMS ID / SSN	
		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
				LOCAL ID	

**Malakoff Independent School District
STUDENT ENROLLMENT FORM - EXAMPLE**

Enrollment Documentation:

Refer to Student Attendance Accounting Handbook in the section entitled Audit Requirements that establishes minimum standards for all required documentation, sets the time limit for record retention, and discusses areas of attendance accounting that deserve particular attention.

Enrollment Procedures:

Refer to the Student Attendance Accounting Handbook in the section entitled General Attendance Requirements that discusses responsibility of district personnel, enrollment and withdrawal procedures, basic rules of attendance accounting for all attendance systems, ADA eligibility codes and general eligibility requirements, the school calendar, data submission, documentation required to prove FSP eligibility, tips for quality control of attendance data, and examples.

Student Information:

- **GRADE-LEVEL-CODE** indicates the current grade level of the student.
- **FIRST-NAME** identifies a person's legal first name.
- **MIDDLE-NAME** identifies a person's legal middle name.
- **LAST-NAME** identifies a person's legal last name.
- **GENERATION-CODE** identifies the generation suffix, if any, which the person attaches to his name.
- **SEX-CODE** identifies the gender of the person.
- **DATE-OF-BIRTH** indicates the month, day, and year of the person's birth.
- **ETHNICITY-CODE** identifies the person's ethnic origin.
- **STUDENT-ID** is the student's Social Security number or a state-approved alternative identification number.

School / Program Information:

School / Program fields are designed to identify if student had previously received program services in a previous school district so that services can be continued without interruption.

Refer to Sections IV - IX of the Student Attendance Accounting Handbook address each of the special program areas under the FSP. Each section discusses responsibility of district personnel, enrollment and withdrawal procedures, special rules, documentation to prove special program eligibility, tips for quality control of special program attendance data, and examples.

- SPECIAL EDUCATION:** Student new to district; previously in special education refer to the Student Attendance Accounting Handbook Section IV (2-3)
- BILINGUAL/ESL:** Student new to district; previously in bilingual/esl refer to the Student Attendance Accounting Handbook Section VI (2-5)
- PREKINDER:** Student new to district; previously in prekinder refer to the Student Attendance Accounting Handbook Section VII (5-5)
- GIFTED AND TALENTED:** Student new to district; previously in GTr refer to the Student Attendance Accounting Handbook Section VII (5, 6, 7)

Parent/Guardian Information:

Parent/Guardian information fields are designed to identify communication contacts regarding school announcements and student performance.

The absence of a parent, guardian, or the person with legal control of a child under a court order is not grounds for refusing admission to which a child is entitled under § 25.001

Enroller's Information:

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, under Section 25.002(f) as amended in 2002-2003, a district is required to record the name, address and date of birth of the person enrolling a child.

Office Use Information:

Local district designed fields.



ENCUESTA FAMILIAR 2017-2018

Queridos Padres,

Con el fin de servirle mejor a sus hijos, el Distrito Escolar de Malakoff le gustaría identificar estudiantes quienes pueden calificar a recibir servicios de educación adicionales. **La información que nos proporcione será confidencial.** Por favor conteste las siguientes preguntas y regrese esta forma a la escuela de su hijo/a.

Para más información, llame al: (903)489-1152

1. ¿Usted se ha movido en los últimos 3 años?

➤ Sí _____ No _____

2. ¿Usted se ha movido en orden de hacer trabajo temporal o estacional?

➤ Sí _____ No _____

3. Marque el trabajo temporal o estacional que aplique:

- | | | |
|---|---|--|
| <input type="checkbox"/> Pollos | <input type="checkbox"/> Cosecha de frutas/verduras | <input type="checkbox"/> Maderería |
| <input type="checkbox"/> Huevos | <input type="checkbox"/> Movidas para trabajar en el verano | <input type="checkbox"/> Trabajo lácteo |
| <input type="checkbox"/> En viveros | <input type="checkbox"/> Trabajo de campo | <input type="checkbox"/> Plantas procesadoras de carne |
| <input type="checkbox"/> En ranchos/granjas | <input type="checkbox"/> Fábricas de conserva | <input type="checkbox"/> Cercando |

Si usted contestó “si” a las preguntas 1 y 2 de arriba, Marisol Mancha del Centro de Servicio de Educación de Región 7 se pondrá en contacto con usted para decidir si su hijo/a es elegible para servicios de educación adicionales. Por favor de proporcionar la información siguiente:

Nombre del niño _____

Fecha de nacimiento _____ Grado _____

Nombre del padre o tutor _____

Número de teléfono _____ Mejor tiempo para contactarla _____



FAMILY SURVEY

2017-2018

Dear Parents,

In order to better serve your children, the Malakoff Independent School District would like to identify students who may qualify to receive additional educational services. **The information provided below will be kept confidential.** Please answer the following questions and return this survey form to your child's school.

For more information, call: (903) 489-1152

1. Have you moved within the last 3 years?

➤ Yes _____ No _____

2. Have you moved in order to do temporary or seasonal work?

➤ Yes _____ No _____

3. Check the temporary or seasonal work that applies:

- | | | |
|--|--|--|
| <input type="checkbox"/> chickens | <input type="checkbox"/> picking fruits and vegetables | <input type="checkbox"/> lumber |
| <input type="checkbox"/> eggs | <input type="checkbox"/> moves to work in the summer | <input type="checkbox"/> dairy work |
| <input type="checkbox"/> plant nurseries | <input type="checkbox"/> field work | <input type="checkbox"/> meat processing |
| <input type="checkbox"/> ranching | <input type="checkbox"/> canneries | <input type="checkbox"/> fencing |

If you answered "yes" to questions 1 and 2 above, Marisol Mancha from the Region 7 Education Service Center may contact you to find out whether your child is eligible for additional educational services. Please provide the following information:

Name of Child _____

Date of Birth _____ Grade _____

Parent/Guardian Name _____

Telephone number _____ Best time to contact you _____

Student Residency Questionnaire

Name of School _____

Name of Student: _____ Sex: Male
Last First Middle Female

Birth Date / / Age: Social Security #:
Month / Day / Year (or student identification number)

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11434a(2). The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? Yes No
2. 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.**

Where is the student presently living? (Check one box.)

- 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 designed for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent(s)/Legal Guardians(s) _____

Address _____ Zip _____ Phone _____

Presenting a false record or falsifying records is an offense 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/Legal Guardian _____ Date _____

Please send a copy to _____ at the Central Office.

Fax: xxx-xxx-xxxx

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

Date

McKinney-Vento Liaison Signature

MALAKOFF INDEPENDENT SCHOOL DISTRICT/CHARTER SCHOOL

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

TO BE COMPLETED BY PARENT OR GUARDIAN (OR STUDENT IF GRADES 9-12): The state of Texas requires that the following information be completed for each student that enrolls for the first time in Texas public schools. This survey shall be kept in each student's permanent record folder.

NAME OF STUDENT _____ **STUDENT ID#** _____

ADDRESS _____ **TELEPHONE #** _____

CAMPUS _____

1. What language is spoken in your home most of the time? _____
2. What language does your child (do you) speak most of the time? _____

Signature of Parent/Guardian _____ Date _____

Signature of Student if Grades 9-12 _____ Date _____

Cuestionario del idioma que se habla en el hogar

DEBE DE COMPLETARSE POR EL PADRE/MADRE/ O REPRESENTANTE LEGAL: (O POR EL ESTUDIANTE SI ESTA EN LOS GRADOS 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. Este cuestionario se archivará en el expediente del estudiante.

NOMBRE DEL ESTUDIANTE _____ **#ID** _____

DIRECCION _____ **TELEFONO** _____

ESCUELA _____

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

Firma del Padre/Madre/ o Representante Legal _____ Fecha _____

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