

## Pre - Kindergarten Student Profile

Student's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Gender:  Boy  Girl

Ethnicity:  American Indian  African American  Asian  Hispanic  White

Guardian's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Previous Day Care or School Attended: \_\_\_\_\_

*The academic process of your child is very important to us. Please share any information that would help us in working with your child. This profile will remain confidential between counselor and the teacher.*

Check ONLY those that apply:

- Plays well with others
- Respects authority
- Follows directions
- Active/talkative
- Knows letters
- Knows colors
- Knows shapes
- Sings the alphabet
- Writes first name
- Has difficulty learning and may need extra help
- Does NOT speak clearly
- Currently receives Speech/PT/OT/Other Services – Location: \_\_\_\_\_
- Has received counseling/psychologist services
- I would like to speak with the school counselor. Please call me.

Other concerns: \_\_\_\_\_

\_\_\_\_\_



# LIVINGSTON INDEPENDENT SCHOOL DISTRICT

## Registration Information

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

Student Social Security # \_\_\_\_\_ Gender: (Check One)  Male  Female

Age as of September 1, 2015 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Ethnicity: (Check One)  Hispanic  Not Hispanic

Race: (Check All That Apply)  White  Black/  
African American  American Indian or  
Alaskan Native  Asian or  
Pacific Islander  Native  
Hawaiian

Grade Entering:  Pre-Kindergarten  Kindergarten  First  Second  Third

Parent/Guardian Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address (If different from above) \_\_\_\_\_

Telephone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Has this child ever attended Livingston School District?  No  Yes Campus/Year \_\_\_\_\_

What school district/daycare facility is your child transferring from?  
(Please list school name and state) \_\_\_\_\_

Has this child ever been retained?  No  Yes Grade retained \_\_\_\_\_

Please check any programs your child is currently participating in:  
 LIFE/MULTI  Deaf Ed  Dyslexia  ESL/Bilingual  GT  Speech  504  Special Ed./Resource  
 Other (explain) \_\_\_\_\_

Health or Medical Diagnosis or Concerns: \_\_\_\_\_

Siblings Currently Attending Livingston Independent School District (Pre K-3rd Grades Only):

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Campus: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Campus: \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

# LIVINGSTON INDEPENDENT SCHOOL DISTRICT

## Información de Registración

Nombre de Estudiante \_\_\_\_\_

Número de Seguro Social de Estudiante \_\_\_\_\_ Género: (marque uno)  Masculino  Femenino

Edad a partir del 01 de Septiembre de 2015 \_\_\_\_\_ Fecha de Nacimiento \_\_\_\_\_

Etnicidad: (Marque uno)  Hispano  No Hispano

Raza: (Marque todas las que aplican)  Blanco  Negro/ Afroamericano  
 Indio americano o nativo de Alaska  Asiático o Isleño del Pacífico  Hawaiano Nativo

Grado Entrando:  Pre-Kindergarten  Kindergarten  Primero  Segundo  Tercero

Nombre del padre o tutor \_\_\_\_\_ Relación con el Niño \_\_\_\_\_

Dirección física \_\_\_\_\_

Dirección de correo (Si es diferente de la anterior) \_\_\_\_\_

Telefono # (Casa) \_\_\_\_\_ (Trabajo) \_\_\_\_\_ (Celular) \_\_\_\_\_

Correo Electronico \_\_\_\_\_

Este niño ha asistido alguna vez al distrito escolar de Livingston  No  Yes Campus/año \_\_\_\_\_

¿Qué distrito escolar/guardería infantil se está transfiriendo su hijo?  
(Por favor apunte el nombre de la escuela y estado) \_\_\_\_\_

¿Ha sido retenido alguna vez este niño?  No  Si Grado retenido \_\_\_\_\_

Por favor marque cualquier programa en el que su hijo actualmente participa:  
 LIFE/MULTI  Deaf Ed  Dyslexia  ESL/Bilingual  GT  Speech  504  Special Ed/Resource  
 Otros (explique) \_\_\_\_\_

Salud o diagnóstico médico o preocupaciones: \_\_\_\_\_

Hermanos que actualmente asisten al distrito escolar de Livingston (Pre K-3 grado nadamas):

Nombre: \_\_\_\_\_ Grado: \_\_\_\_\_ Campus \_\_\_\_\_

Nombre: \_\_\_\_\_ Grado: \_\_\_\_\_ Campus: \_\_\_\_\_

\_\_\_\_\_  
Firma del Padre/Tutor Legal

\_\_\_\_\_  
Fecha

**TEXAS EDUCATION AGENCY**  
**DIVISION OF BILINGUAL EDUCATION**  
Home Language Survey  
Grades Pre-Kindergarten – 3  
Livingston I.S. D.

Child's Name: \_\_\_\_\_

Campus:    Pine Ridge Elementary    Timber Creek Elementary  
           Cedar Grove Elementary

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

**TO BE FILLED OUT BY PARENT OR GUARDIAN**

(1) What language is spoken in your home most of the time? \_\_\_\_\_

(2) What language does your child speak most of the time? \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Cuestionario de idioma hogareno  
Estado de Texas  
Grados Pre-Kinder – Tercero

Nombre del niño/a: \_\_\_\_\_

Escuela:    Pine Ridge Elementary    Timber Creek Elementary  
           Cedar Grove Elementary

Grado: \_\_\_\_\_

**DEBE DE COMPLETARSE POR EL PADRE O GUARDIAN:**

(1) Cuál es el idioma que más habla en su hogar? \_\_\_\_\_

(2) Cuál es el idioma que más habla su niño/a? \_\_\_\_\_

\_\_\_\_\_  
Firma del padre o guardian

\_\_\_\_\_  
Fecha



# Request For Food Allergy Information

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food.

No information to report

Food:	Nature of allergic reaction to food:	Life threatening

**TO REQUEST A SPECIAL DIET, MODIFICATION OF A MEAL PLAN OR PROVIDE OTHER INFORMATION FROM YOUR DOCTOR ABOUT YOUR CHILD'S FOOD ALLERGY, YOU MUST CONTACT THE SCHOOL NURSE OR SCHOOL ADMINISTRATION WHERE YOUR CHILD ATTENDS SCHOOL.**

*The District will maintain the confidentiality of the information provided above and may dis-close the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.*

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date form was received by the school: \_\_\_\_\_

**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) \_\_\_\_\_

(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

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

**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 América 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.
- Bianco** – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

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

Firma (Padre/Representante /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:



## Verification of Residency

### Confirmation of Residence & Notice Regarding Falsification of Information

The following documents are needed for verification of residency:

- \* An Electric Bill with physical address on it is required as proof of residency for every parent or guardian of a student (Water, Cable, Satellite, or Cell Phone bills will not be accepted)
- \* A Lease Agreement may be accepted if it describes that payment of utilities is included with lease
- \* All residency will be verified by the Polk County Central Appraisal Office &/or the School Resource Officer

No P.O. Box addresses will be accepted!

\_\_\_\_ Pine Ridge Elementary

\_\_\_\_ Timber Creek Elementary

\_\_\_\_ Cedar Grove Elementary

\_\_\_\_ Livingston Intermediate

\_\_\_\_ Livingston Junior High

\_\_\_\_ Livingston High School

Student's name: \_\_\_\_\_

Physical address (911 address): \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

**I confirm that I have reviewed this notice and understand that Livingston Independent School District will hold me responsible if any information provided for enrollment purposes is false.**

Texas Education Code 25.001 (h) and LISD Board Policy FD(LEGAL) provides:

**A PERSON WHO KNOWINGLY FALSIFIES INFORMATION ON A FORM REQUIRED FOR ENROLLMENT OF A STUDENT IN A SCHOOL DISTRICT IS LIABLE FOR THE GREATER OF THE MAXIMUM TUITION FEE OR THE AMOUNT THE DISTRICT HAS BUDGETED FOR EACH STUDENT AS MAINTENANCE AND OPERATING EXPENSES IF THE STUDENT IS NOT ELIGIBLE FOR ENROLLMENT IN THE DISTRICT BUT IS ENROLLED ON THE BASIS OF THIS FALSE INFORMATION.**

Regular budget rate is \$ 55.38 per school day and \$ 9,801.73 per school year for the current school year.

Texas Penal Code 37.10 also provides that falsification of a governmental record, such as any student enrollment record, constitutes a class C misdemeanor subject to a fine of up to \$500.00

By signing below I am indicating that I have been informed of the law/policies pertaining to enrollment in this District, and the consequences of providing false information. I do hereby proclaim that to the best of my knowledge, all of the enrollment information I have provided to this District is true and accurate, **INCLUDING** residency information.

I have reviewed the information above regarding residency requirements and verify that I and my child will be residing on my property in the Livingston Independent School District.

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

\_\_\_\_\_  
Date



**LIVINGSTON ISD SPECIAL SERVICES**  
P. O. Box 1297 \* Livingston, TX 77351  
Phone: (936) 328-2320 \* Fax: (936) 328-2349  
PAMELA MITCHELL, DIRECTOR

## **PRE-K SPEECH AND LANGUAGE SCREENINGS**

The Livingston ISD special services department will conduct district-wide speech and language screenings shortly after school starts. Pre-K students will be screened by our speech-language pathology team. Parents will receive a letter indicating the results after screenings are completed. Please complete the form and return it to school.

Student: \_\_\_\_\_

Teacher: \_\_\_\_\_

Campus: \_\_\_\_\_

Yes, I give permission to have my child screened for speech and language.

No, I do not give permission to have my child screened for speech and language.

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

Date \_\_\_\_\_

### ***Contact Information:***

Parent/Guardian Name \_\_\_\_\_

Daytime Number \_\_\_\_\_

**SERVICIOS ESPECIALES DEL DISTRITO ESCOLAR DE LIVINGSTON**

P. O. Box 1297 \* Livingston, TX 77351

**Teléfono: (936) 328-2320 \* Fax: (936) 328-2349**

PAMELA MITCHELL, DIRECTORA

**Evaluación Informal para Pre-K**

El departamento de servicios especiales del Distrito Escolar Independiente de Livingston llevará a cabo exámenes de habla y lenguaje en todo el distrito poco después de que comience la escuela. Los estudiantes de Pre-K serán evaluados por nuestro equipo de patología del habla y lenguaje. Los padres recibirán una carta indicando los resultados después de que se hayan completado los exámenes. Por favor de completar y regresar esta forma a la escuela.

Estudiante: \_\_\_\_\_

Maestro: \_\_\_\_\_

Campus: \_\_\_\_\_

[ ] Sí, doy mi permiso para que mi hijo/a sea examinado para Habla y Lenguaje.

[ ] No, doy mi permiso para que mi hijo/a sea examinado para Habla y Lenguaje

Firma de los Padres: \_\_\_\_\_

Fecha: \_\_\_\_\_

**Información de Contacto:**

Nombre de los padres: \_\_\_\_\_

Teléfono durante el día para localizarlo: \_\_\_\_\_

## Livingston ISD Pre-Kindergarten Verification

Free or reduced lunch program     Limited English Proficient     Military     Foster or CPS

1. STUDENT INFORMATION (please print)  
 NAME OF ALL CHILDREN IN SCHOOL \_\_\_\_\_  
 GRADE \_\_\_\_\_  
 2. List the child's FOOD STAMP or TANF (temporary assistance for needy families) case number, if any (9 digit number that begins with 0): \_\_\_\_\_  
 FOOD STAMP/CASE NUMBER \_\_\_\_\_  
 TANF NUMBER \_\_\_\_\_

3. FOSTER CHILD: If this application is for a child who is the legal responsibility of a welfare agency or court, check box  and list the amount of the child's personal use monthly income. \$ \_\_\_\_\_

4. LIST ALL HOUSEHOLD MEMBERS AND INCOME: If you gave a food stamp or TANF case number, skip to 5. (Proof of income must be attached)  
 NAME OF HOUSEHOLD MEMBERS \_\_\_\_\_  
 weekly     every 2 weeks    GROSS EARNINGS    WELFARE PAYMENTS    PAYMENTS FROM    ANY OTHER INCOME  
 twice monthly     monthly    (before deductions)    CHILD SUPPORT/ALIMONY    PENSIONS, RETIREMENT    SOCIAL SECURITY

5. Signature and social security number: I certify that all of the above is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on this application; and that deliberate misrepresentation of the information may subject me to prosecution under federal and state laws. Students qualifying during early registration will also need to meet qualification criteria in the fall.

Signature of Adult Household Member \_\_\_\_\_ Printed Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  I do not have a social security number.  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

<input type="checkbox"/> Approved for Pre-K <b>For Office Use Only</b>	<input type="checkbox"/> Denied for Pre-K Authorizing Signature _____ Date _____
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**If student is residing with a guardian, legal guardian documentation must be submitted with this verification form.**

## Verificación de Pre-Kinder Livingston ISD

almuerzo libre o reducido

Inglés limitado

Militar

Fomento o CPS

1. Información del Estudiante (please print)  
Nombre de todos los hijos en escuela

GRADO

2. número de la estampilla o TANF (ayuda temporal para familias necesitadas)  
número del caso, si alguno (9 números que empieza con 0):  
Número del alimento STAMP/CASE

3. Nino Foster: Si este uso está para un niño que sea la responsabilidad legal de un bienestar ageny o de la corte, cheque aqui  y enumere la cantidad de la renta mensual del uso del nino personal. \$

4. ENUMERE TODOS LOS MIEMBROS Y RENTA DE LA CASA: si usted dio un número de la estampilla del alimento o del caso de TANF, salte a 5. (la prueba de la renta debe ser unida)

NOMBRE DE LOS MIEMBROS DE LA CASA

semanal  cada dos semanas

dos veces por mes

GANANCIAS GRUESAS PAGOS DEL BIENESTAR

(antes de la deducción)

Trabajo 1 Trabajo 2

PAGOS DE

PENSIONES, RETIROS

NUMERO SOCIAL

OTRO

INCOME

5. Firma y número de Seguridad Social: Certifico que todo el antedicho está verdad y correcto y que todo el income es reportado. Entiendo que esta información se está dando para el recibo de fondos federales; los funcionarios de esa escuela pueden verificar la información sobre este uso; y esa mala representación deliberada de la información puede sujetarme al procesamiento bajo leyes federales y del estado. Los estudiantes que califican durante el registro temprano también necesitarán resolver criterios de la calificación en la caída.

I do not have a social

Firma del miembro de la casa del adulto

Nombre escrito

Número Social

Dirección de correo

Ciudad

Estado

Código postal

Número de casa

número de celular

número de trabajo

Aprobado para Pre-Kinder  No aprobado para Pre-Kinder

Authorizing Signature

Date

**For Office Use Only**

**Si el estudiante está residiendo con un guarda, la documentación legal del guarda se debe someter con esta forma de la verificación.**