

SANTA FE INDEPENDENT SCHOOL DISTRICT

Required Documents for Enrollment

- **Proof of Identification-** Any of the following documents are acceptable for proof of identification and age (TEA: SAAH 3.3):
 - Birth certificate
 - Driver's License
 - Passport
 - School ID card, records or report card
 - Military ID
 - Hospital birth record
 - Adoption records
 - Church baptismal record or
 - Any other legal document that establishes identity

For a student who is under 11 years of age and enrolling in school for the first time, per the Texas Code of Criminal Procedure, Article 63.019, certain additional requirements related to documentation of identity and age apply.

The district is required to notify you that you will have up to 30 days from enrollment or up to 90 days if your child is born outside of the United States, to provide a certified copy of a child's birth certificate or other acceptable proof of the child's identity and age. For proof other than the birth certificate, you will also need to enclose a signed note explaining why you are unable to produce a certified copy of the birth certificate.

- **Social Security Card** – If not provided, your child will be assigned a state identification number.
- **Proof of Residence** – A mortgage or lease agreement or a current utility bill (within 2 months of enrollment date), with the parent/guardian's name and service address (not mailing address) listed on the light, water, gas or cable bill. No phone bills or disconnect notices will be accepted. If you live in a household with someone else, you and that person will need to bring one of their current utility bills stating the service address of the property where you and your child are living along with their driver's license and complete a proof of residency form that will be notarized at that time.
- **Up –To-Date Immunization Record-** See list of immunizations, in this packet, that are needed for your child based on their age.
- **Driver's License** – The person enrolling the child must present their driver's license.

****Enrollment is provisional based on receipt of all required documents within 30 days of attendance. Your child will be withdrawn if documentation is not provided within this time limit.**

Please note!!

You should be aware of the following requirements from Chapter 25 of the State Education Code, Section 125:

If a child is enrolled under a name other than the child's name as it appears in the identifying documents or records, the school district shall notify the missing children and missing person's information clearinghouse of the child's name on the identifying document or records and the name under which the child is enrolled. The information in the notice is confidential and may be released only to a law enforcement agency.

If the information required by Subsection (a) is not furnished to the district within the period of time provided by that subsection, the district shall notify the police department of the municipality or sheriff's department of the county in which the district is located and request a determination of whether the child is reported missing.

When accepting a child for enrollment, the school district shall inform the parent or other person enrolling the child that presenting false documentation or false records under this section is an offense under Section 37.10 Penal Code, and that enrollment of the child under false documentation subjects the person to liability of tuition or costs under Section 25.001(b).

NOTICE TO PARENTS – PEST CONTROL INFORMATION

As part of our commitment to provide your child with a safe, pest-free learning environment, the Santa Fe Independent School District may periodically apply pesticides to help manage insects, weeds, or pathogens. Pesticide applications are part of our integrated pest management (IPM) program, which relies largely on non-chemical forms of pest control. Pesticide applications on Santa Fe Independent School District property are made only by trained and licensed technicians. Should you have questions about this district's pest management program or wish to be notified in advance of pesticide applications, you may contact our IPM coordinator:

Bob Atkins
Director of Maintenance and Operations
409-925-9200
Bob.atkins@sfisd.org

Santa Fe ISD
New Student Enrollment Packet

2016-17 Checklist

Required Documents for Enrollment (Copy for Parents)

Application for Admission

Home Language Survey

Ethnicity and Race Data Questionnaire

Immigrant Status

Migrant Survey

Immunization Status (Copy for Parents)

**SANTA FE INDEPENDENT SCHOOL DISTRICT
APPLICATION FOR ADMISSION**

PLEASE PRINT		STUDENT INFORMATION:	FOR SCHOOL USE ONLY	
Legal Last Name			CAMPUS:	
Legal First Name			Date of Registration:	
Legal Middle Name			Local ID:	
Generation Code (Jr. III, etc.)			Grade Level:	
Date of Birth			SS# or State ID#:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		Bus # Home:	
Place of Birth (City & State)				
Entering Grade (Current year)			Check List	
Social Security Number			<input type="checkbox"/> Proof of Residence	
Country of Birth			<input type="checkbox"/> Proof of Identification	
Is Student a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No, please present documentation form)</i>			<input type="checkbox"/> Health Records (Immunizations)	
Previously Attended SFISD <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Social Security Card	
School Last Attended:		Year:	<input type="checkbox"/> Out-of-District Transfer	
Grades Student Has Repeated:			<input type="checkbox"/> Parent Identification	
Schools Attended This Year:			<input type="checkbox"/> Ethnicity/Race Questionnaire	
			<input type="checkbox"/> Legal Documentation (If needed)	
Was Your Student Enrolled in One of The Following Programs This or Last School Year:				
<input type="checkbox"/> Gifted/Talented	<input type="checkbox"/> Speech	<input type="checkbox"/> Visual/Audio Impaired		
<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Intervention	<input type="checkbox"/> Title I		
<input type="checkbox"/> ESL/Bilingual	<input type="checkbox"/> Special Ed	<input type="checkbox"/> Section 504		
Name of Person Enrolling Student:		Relationship:		
1) Parent/Guardian Name: _____		Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____		
Home Phone: _____		Work Phone: _____		Cell Phone: _____
Address: _____		City: _____		State: _____ Zip: _____
Mailing Address: _____		City: _____		State: _____ Zip: _____
E-Mail Address: _____		Parent's Birth date: ___/___/___		
Family Access: I am requesting Family Access: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>if yes, email address and date of birth are required above.</i>				
2) Parent/Guardian Name: _____		Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____		
Home Phone: _____		Work Phone: _____		Cell Phone: _____
E-Mail Address: _____				
Address: _____		City: _____		State: _____ Zip: _____
Mailing Address: _____		City: _____		State: _____ Zip: _____
E-Mail Address: _____		Parent's Birth date: ___/___/___		
Family Access: I am requesting Family Access: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>if yes, email address and date of birth are required above.</i>				
* Student Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <i>(Specify)</i>				
<i>*Notice: (If student lives with someone other than parents, appropriate notarized or legal documentation MUST be attached.)</i>				
List Names and Ages of Siblings enrolled in Santa Fe ISD:				
Emergency Contact Name: _____		Phone #: _____		
Emergency Contact Name: _____		Phone #: _____		
I understand that my student is conditionally enrolled until all necessary documentation is received. My signature signifies all the information provided on this form is correct.				
_____			_____	
(Signature of Parent, Legal Guardian, Person Having Lawful Control)			(Date)	

Approved by: _____
(Administrator/Registrar)

Date Enrolled: _____

SANTA FE INDEPENDENT SCHOOL DISTRICT

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 la 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

SANTA FE INDEPENDENT SCHOOL DISTRICT

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

_____ Date

Student/Staff Identification Number

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:

SANTA FE INDEPENDENT SCHOOL DISTRICT

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

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

Firma (Padre/Representante legal)
/(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:

FAMILY SURVEY



District Name: _____ **Date:** _____

School Name: _____

Dear parents,

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

If you would like more information, call _____.

1. Have you moved within the last 3 years?
Yes No
2. If yes, have you done agricultural or fishing-related work since your move (e.g., field work, canneries, lumbering, dairy work, meat processing)?
Yes No
3. Do you have a child who is under the age of 22 and lacks a US-issued high school diploma or General Education Development (GED) certificate? If so, your child may be eligible to receive a free public education in Texas if he or she meets the criteria of "Out of School Youth."
Yes No

If you answered "yes" to the questions above, an education representative will contact you to provide additional information. Please provide the following information:

Name of child _____ Age _____ Grade _____

Parent/guardian name _____

Telephone number _____

Best time to contact you _____



ENCUESTA DE FAMILIA



Distrito escolar: _____ **Fecha:** _____

Escuela: _____

Estimados padres,

Para mejorar los servicios educativos de sus hijos, el distrito escolar de _____ quisiera identificar estudiantes que puedan calificar para recibir servicios educativos adicionales. **Toda la información proporcionada será mantenida confidencial.** Favor de responder a las siguientes preguntas y devolver esta forma a la escuela de su hijo/a.

Si desea obtener más información, llame a _____.

1. ¿Ha cambiado de residencia en los últimos tres años?
Sí No
2. Si contesto "sí" a la pregunta número 1, ¿ha trabajado en la agricultura o en la pesca (por ejemplo, la labor, fábrica de conservas, explotación de bosques, trabajo en una lechería, el proceso de carne)?
Sí No
3. ¿Tiene un hijo/a menor de 22 años de edad, que no se ha graduado de secundaria en los Estados Unidos o ha obtenido un certificado de GED? Si es así, el estudiante puede ser elegible para recibir una educación pública gratis en el estado de Texas si el estudiante cumple los requisitos de jóvenes fuera de la escuela (OSY).
Sí No

Si contesto "sí" a las preguntas, un representante del distrito escolar se comunicará con usted para proveerle más información. Favor de completar la siguiente información:

Nombre del estudiante _____ Edad _____ Grado _____

Nombre del padre/guardián _____

Número de teléfono _____

La mejor hora para localizarlo _____

