

(For Office Use Only)

Student ID #: _____ Track #: _____

Santo Elementary 2024-2025 Student Registration/Emergency Form

Student Last Name _____ Student First Name _____ Student Middle Name _____ Grade _____ M or F _____ / / _____
Gender _____ Date of Birth _____

Social Security #: _____ - _____ - _____ Place of Birth _____ Age as of September 1st _____
City _____ State _____

Mailing Address: _____ Student's Cell Phone: (_____) _____
Address _____ City _____ State _____ zip code _____

Physical Address: _____ Ride Bus (circle one) Yes No
Address _____ City _____ State _____ zip code _____

Birth Information: City: _____ State: _____ County: _____ Country: _____

Check all that apply:

Ethnicity: Hispanic – Yes _____ No _____ Race: 1. _____ Native American/Alaskan 3. _____ Black/African American 5. _____ White
2. _____ Asian 4. _____ Native Hawaiian/Pacific Islander

Primary (#1) Residence Information

Parent/Guardian Name: _____ Relationship: _____ Email Address: _____

Phone Numbers: _____
Cell Phone # _____ Home Phone # _____ Business Phone # _____

Parent/Guardian Name: _____ Relationship: _____ Email Address: _____

Phone Numbers: _____
Cell Phone # _____ Home Phone # _____ Business Phone # _____

Mailing Address: _____ Employer: _____
Address _____ City _____ State _____ zip code _____

Secondary (#2) Residence Information (If applicable)

Parent/Guardian Name: _____ Relationship: _____ Email Address: _____

Phone Numbers: _____
Cell Phone # _____ Home Phone # _____ Business Phone # _____

Parent/Guardian Name: _____ Relationship: _____ Email Address: _____

Phone Numbers: _____
Cell Phone # _____ Home Phone # _____ Business Phone # _____

Mailing Address: _____ Employer: _____
Address _____ City _____ State _____ zip code _____

Do you request an additional report card be mailed to the secondary residence? Yes _____ No _____

Emergency Contact Information (if parent cannot be reached)

Emergency Contact #1: _____ Relationship: _____

Phone Numbers: _____
Cell Phone # _____ Home Phone # _____ Business Phone # _____

Right to Transport Yes _____ No _____

Emergency Contact #2: _____ Relationship: _____

Phone Numbers: _____
Cell Phone # _____ Home Phone # _____ Business Phone # _____

Right to Transport Yes _____ No _____

Emergency Contact #3: _____ Relationship: _____

Phone Numbers: _____
Cell Phone # _____ Home Phone # _____ Business Phone # _____

Right to Transport Yes _____ No _____

NOTICE TO PERSON ENROLLING THE STUDENT: A person who knowingly falsifies information on a form required for a student's enrollment in the District will be liable to the District for tuition or other costs, as provided in the Education Code 25.001 (h), if the student is not eligible for enrollment but is enrolled on the basis of false information. In addition, presenting false information or false records is a criminal offense under Penal Code 37.10.

Parent/Guardian Signature _____

Date _____

Student Name: _____

District Name: _____

Student ID#: _____

Campus Name: _____

HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey only administered during **initial** enrollment in Texas public schools)

To be completed by Parent or Guardian for students enrolling in Prekindergarten* through grade 8 (or by students in grades 9-12).

* Prekindergarten includes any student enrolling in a 3- or 4-year-old school program.

Part One:

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:

Please answer the questions below about the languages your child or family uses. If your responses indicate the use of a language other than English, the school will conduct a language proficiency assessment to determine how well your child communicates in English. This information will be used to determine any appropriate linguistic supports and inform instructional recommendations. 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.

This survey shall be kept in each student's permanent record folder. A copy of this survey shall follow the student while enrolled in any public or open enrolled charter school in Texas.

Part Two:

Please answer the questions to the best of your ability.

1. Which languages are used at home? _____
2. Which languages are used by the child at home? _____
3. If the child had a previous home setting, which languages were used? If there was no previous home setting, answer Not Applicable (N/A). _____

By checking this box, I understand a request to correct an error to this Home Language Survey can only happen if:

- 1) my child has not yet been assessed for English proficiency; and
- 2) corrections are made within two calendar weeks of my child's enrollment date.

Note: Please contact your school about the benefits of bilingual education services. The following resources may also provide information on program services that foster bilingualism.

- [Parent/ Guardian Rights](#)
- [Bilingual Education Program](#)
- [Program Information Videos](#)

Please visit the Emergent Bilingual Support Portal (txel.org) for additional information.

Signature of Parent/Guardian _____ Date _____

Signature of Student if Grades 9-12 _____ Date _____

Nombre del Estudiante: _____

Distrito: _____

#ID del Estudiante: _____

Escuela: _____

CUESTIONARIO SOBRE EL IDIOMA USADO EN EL HOGAR

19 TAC Chapter 89, Subchapter BB, §89.1215

(El cuestionario sobre el idioma usado en el hogar administrado solamente durante la matriculación inicial en escuelas públicas en Texas)

Este cuestionario debe de completarse por el padre o tutor para estudiantes que cursen desde Prekínder* hasta el octavo grado (o por el estudiante si cursa grados del 9-12)

*Prekínder incluye cualquier estudiante matriculado en programas para niños de 3 o 4 años de edad.

Primera Parte:

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.

Estimado padre o tutor:

Por favor, responda las siguientes preguntas sobre los idiomas que usa su hijo(a) o su familia. Si sus respuestas indican el uso de un idioma que no sea inglés, la escuela llevará a cabo una evaluación de dominio del idioma para determinar qué tan bien se comunica su hijo(a) en inglés. Esta información se utilizará para determinar cualquier apoyo lingüístico apropiado e informar las recomendaciones de instrucción. Si tiene preguntas sobre el propósito y el uso del cuestionario sobre el idioma del hogar, o si desea ayuda para completar el formulario, comuníquese con el personal de su escuela/distrito.

Este cuestionario se mantendrá en la carpeta de registro permanente de cada estudiante. Una copia de este cuestionario seguirá al estudiante mientras esté matriculado en cualquier escuela pública o una escuela autónoma de inscripción abierta de Texas.

Segunda Parte:

Por favor, responda a las preguntas lo mejor que pueda.

1. ¿Cuáles idiomas se usan en el hogar? _____
2. ¿Cuáles idiomas usa el estudiante en el hogar? _____
3. Si el estudiante tenía un entorno familiar anterior, ¿cuáles idiomas se utilizaban? Si no tenía un entorno familiar anterior, responda No aplicable (N/A). _____

Al marcar este casillero, yo entiendo que una corrección a este cuestionario solo puede suceder si:

- 1) mi hijo/(a) aún no ha sido evaluado para el dominio del inglés; y
- 2) las correcciones se realizan en un plazo de dos semanas naturales a partir de la fecha de matriculación de mi hijo(a).

Nota: Por favor, póngase en contacto con su escuela para informarse sobre los beneficios de los servicios de la educación bilingüe. Los siguientes recursos también pueden proporcionarle información sobre los servicios del programa que fomentan el bilingüismo.

- [Derechos de los padres/tutores](#)
- [Educación bilingüe](#)
- [Videos informativos para padres](#)

Por favor, visite el portal Apoyando a estudiantes bilingües emergentes en Texas (txel.org) para obtener información adicional.

Firma del padre/tutor _____ Fecha _____

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

**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.
- Blanco** – 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: <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic/Latino	Race – choose one or more: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Observer signature:	Campus and Date:

Santo Elementary New Student Questionnaire

Retained a Grade	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Has your child ever been retained/held back a grade?)
If Yes, What Grade was student retained	<input style="width: 150px; height: 20px;" type="text"/>	(Only answer this if the previous answer was Yes.)
GT	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Was your child previously in Gifted and Talented?)
Special Education	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Was your child previously in Special Education?)
If Yes, Which one	<input style="width: 150px; height: 20px;" type="text"/>	(Only answer this if the previous answer was Yes. Options: Speech Only, Content Mastery, Resource)
504 Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Was your child previously in a 504 Program?)
Dyslexia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was your child previously Dyslexic?)
Bilingual/ESL	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Was your child previously in Bilingual/ESL program?)
Migrant Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Was your child previously in a Migrant Program?)
Immigrant Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Was your child previously in an Immigrant Program?)
Social Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Was your child previously or currently in conservatorship of the Department of Family and Protective Services?) If Yes, please provide form 2085)
Family Members serving in Armed Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Is anyone in your immediate family serving in the Armed Services, National Guard or Reserves?)
If Yes to serving in Armed Services	<input style="width: 150px; height: 20px;" type="text"/>	(Only answer this if the previous answer was Yes.) Who and what is their relationship to the student and what branch are they serving in.)
DAEP/JJAEP	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Was your child previously in DAEP/JJAEP?)
Alternative Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Was your child previously in an Alternative Program?)
Other Programs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Please indicate any other programs your child was in.)