



# Hardin-Jefferson Independent School District

To be completed by Campus  
 Date of Enrollment \_\_\_\_\_  
 Campus \_\_\_\_\_  
 Local ID# \_\_\_\_\_

## STUDENT ENROLLMENT/REGISTRATION FORM

Student's Legal Name (Last, First, Middle)		Student's Date of Birth (mm,dd,yy)	Student's Social Security Number	
Home Phone No.	Student's Place of Birth (City, State, Country)		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	
Student Cell No.				
Ethnicity (Check One) <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic		Race (Select all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black /African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hawaiian/Pacific Isl.		Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No
Grade Level	Has student ever been placed in one or more of these programs: <input type="checkbox"/> Gifted/Talented <input type="checkbox"/> Dyslexia <input type="checkbox"/> Speech <input type="checkbox"/> Title <input type="checkbox"/> 504 <input type="checkbox"/> Special Ed <input type="checkbox"/> ESL			
Previous School Attended (school name, city, state)		Reason for Leaving Previous School		
Name of Parent/Guardian (with whom student lives)		DOB (mm,dd,yy)	Relationship to Student	Foster Parent <input type="checkbox"/> Yes <input type="checkbox"/> No
Student's Physical Address (Street name, Apt. #, City, State, Zip)				
Student's Mailing Address (if different from above)				

**McKinney-Vento Act:** Your answers to this residency information help determine the services the student may be eligible to receive.  
 Is your current address a temporary arrangement?  Yes  No  
 Is this temporary living arrangement due to loss of housing or economic hardship?  Yes  No  
 If you answered Yes, please check where the student is presently living:  moving from place to place  with more than one family per house/apartment  
 shelter  friends/family members (other than parent/guardian)

Father's/Guardian Name and Address	Place of Employment	Home Number	<input type="checkbox"/>
		Cell Number	<input type="checkbox"/>
		Work Number	<input type="checkbox"/>
Email Address:			
Mother's/Guardian Name and Address	Place of Employment	Home Number	<input type="checkbox"/>
		Cell Number	<input type="checkbox"/>
		Work Number	<input type="checkbox"/>
Email Address:			

### OTHER PERSONS WHO MAY BE CONTACTED IN THE EVENT OF EMERGENCY OR MAY PICK UP STUDENT:

Person's Name and Relationship	Home Number	Work Number	Cell Number
Person's Name and Relationship	Home Number	Work Number	Cell Number
Person's Name and Relationship	Home Number	Work Number	Cell Number
Person's Name and Relationship	Home Number	Work Number	Cell Number

Name of Physician	Phone Number	Preferred Hospital
Health Information: Please check if your child has any of the following conditions <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Heart Condition <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Other		
List other chronic illness, medical condition, allergies or history of health problems:		

**Acknowledgements**

1. The Texas Open Records Act requires HJISD to release a student's address/phone number. Do you give permission?  
 Yes  No
2. The No Child Left Behind Act of 2001 requires HJISD to release to military recruiters and institutions of higher education, upon request, the name, address, and telephone listing of your child. Do you give HJISD permission to release this information?  
 Yes  No
3. I acknowledge and give permission for my student to participate in school-sponsored field trips.  
 Yes  No
4. I give permission for my student's work to be electronically displayed/produced by the district.  
 Yes  No
5. I give permission to be contacted using our school's automated notification system-School Messenger.  
 Yes  No
6. I give permission for my child's information and/or photograph to appear on the HJISD website, in the yearbook, in school newsletters, in event programs, or any other form of school-sponsored .  
 Yes  No
7. I acknowledge that I have reviewed a copy of the Hardin-Jefferson ISD-Student Acceptable Use and Internet Safety Policy which governs student computer and Internet use. I understand that this document can be obtained in print at my student's campus or on the district's website. I further give permission for my student to participate in the use of HJISD's electronic communication and multi-media systems  
 Yes  No
8. I acknowledge that I have reviewed a copy of the Hardin-Jefferson ISD Student handbook containing the Student Code of Conduct. I understand that this document can be obtained in print at my student's campus or on the district's website. I understand that the handbook contains information that my child and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the code of conduct. I understand that the Student Code of Conduct governs all behavior at school, at school-sponsored and school-related activities, and during school-sponsored travel. I also understand the Student Code of Conduct governs some designated behaviors occurring within 300 feet of school property, some designated behaviors occurring off-campus, and for any school-related misconduct regardless of time or location. I understand that a referral for criminal prosecution is possible for certain violations of the law.  
 Yes  No
9. I authorize HJISD to contact named persons listed on page one of this form, and authorize the named physician to render treatment for the health of my child in an emergency. In the event parent/guardian or physician cannot be contacted, school officials are authorized to take whatever action is necessary for the health of my child. I will not hold the school district financially responsible for the emergency care and/or transportation of my child.  
 Yes  No
10. I authorize HJISD to share the medical information listed with whomever the district deems necessary for the health and safety of my child.  
 Yes  No

I certify that all the information on this application is true and correct to the best of my knowledge, and understand that a person making a false statement in this document or any other document for the purpose of school enrollment commits a criminal offense under §37.10 of the Texas Penal Code and is subject to imprisonment or fine. Further, a person enrolling a child under false documents violates §25.001 of the Texas Education Code and is subject to liability for tuition or costs under Texas Law.

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

**TEC§25.002(f) requires that the name, address and date of birth of the person enrolling a student be provided to the school district.**

HARDIN-JEFFESON INDEPENDENT SCHOOL DISTRICT  
HOME LANGUAGE SURVEY

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 China Elementary \_\_\_\_\_

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 \_\_\_\_\_

DIRECCIÓN \_\_\_\_\_ TELÉFONO \_\_\_\_\_ ES

CUELA \_\_\_\_\_ 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 a 12

\_\_\_\_\_  
Fecha

# HARDIN-JEFFERSON INDEPENDENT SCHOOL DISTRICT RESIDENCY AFFIDAVIT – LANDLORD/SHARED TENANCIES

**Instructions:** Any applicant for the Hardin-Jefferson ISD who cannot produce a property deed or lease must ask the owner or lessee of the property where the applicant lives to complete and sign this legal affidavit. It is the responsibility of the applicant (not the person who completes this affidavit) to attach a record of the most recent rent payment, unless this affidavit affirms in #3 below that the tenancy does not require payment of rent. This affidavit must be renewed annually at the beginning of each school year.

## AFFIDAVIT

My name is \_\_\_\_\_ and hereby depose and certify as follows: (please complete all three items and sign below)

1. I am the owner/lessee of the property at \_\_\_\_\_ located in Hardin-Jefferson ISD.

2. \_\_\_\_\_, who is the parent or legal guardian of \_\_\_\_\_, leases or subleases this property as their principal residence from me, without a written lease, in a tenancy at will, from month to month.

3. (CHECK ONE)

I have received within the last thirty (30) days rental payment for the lease or sublease of these premises.

OR

Alternatively, I hereby state that the party named above resides with me at the above address with no payment of rent.

I further swear or affirm that the above-listed address is the primary legal residence for the student – that is, the student spends the majority of his/her nights and the majority of his/her at-home time at that address. I know of no other residence which would constitute the primary legal residence for the above-named student.

**NOTICE: A person making a false statement in this document or any other document for the purpose of school enrollment commits a criminal offense under § 37.10 of the Texas Penal Code and is subject to imprisonment or fine. Further, a person enrolling a child under false documents violates § 25.001 of the Texas Education Code and is subject to liability for tuition or costs under Texas Law.**

\_\_\_\_\_  
Landlord/Adult Residing in Hardin-Jefferson ISD

STATE OF TEXAS                                     §  
COUNTY OF \_\_\_\_\_                         §

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public - State of Texas