

Spring Branch ISD Welcome Center

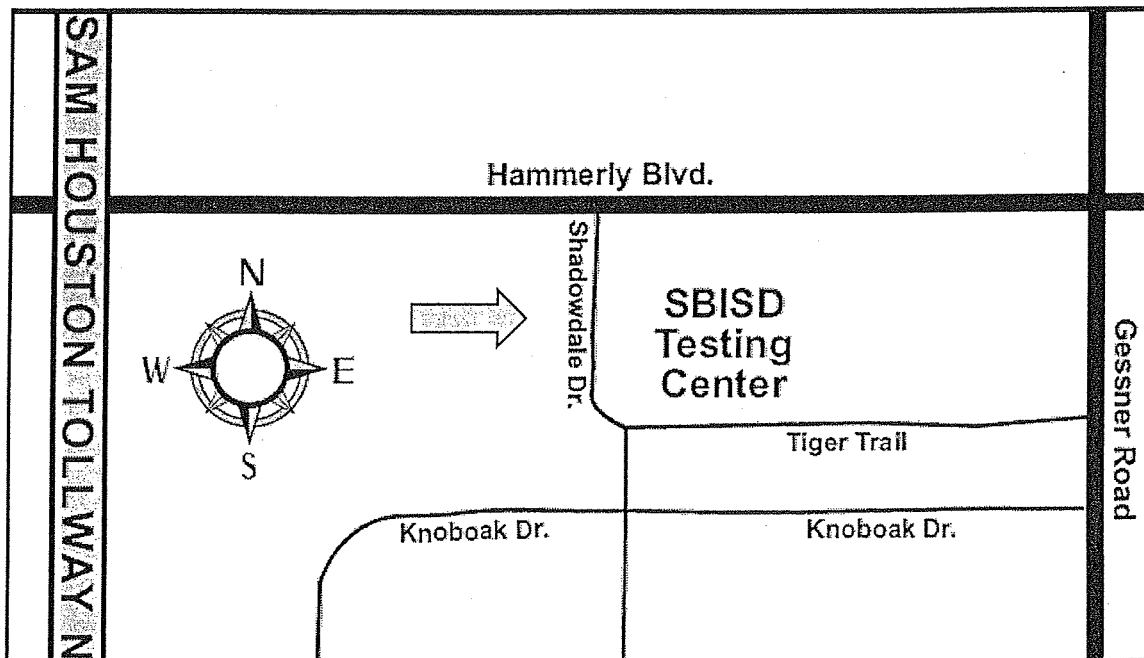
2100 Shadowdale Dr. Houston, TX 77043

(Entrance and Parking on Shadowdale Dr.)

Main: 713.251.1599 (English/Spanish)

713.251.8432 (English/Spanish)

713.251.1598 (English/Korean)



North of I-10 (Katy Freeway)

Please call for an appointment

Welcome Center Office Hours

Monday - Friday 7:30 AM – 4:30 PM

Testing Hours

Monday - Friday 7:30 AM – 3:00 PM

Documents needed

- Home Language Survey (HLS)
- Birth Certificate or other form of identification
- Report cards from previous years.



Spring Branch Independent School District

Home Language Survey

19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey applicable ONLY if administered for students enrolling in pre-kindergarten through grade 12)

TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN PREKINDERGARTEN THROUGH GRADE 8 (OR BY STUDENT IN GRADES 9-12): 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:

To determine if your child would benefit from Bilingual and/or English as a Second Language program services, please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if Bilingual and/or English as a Second Language program services are appropriate and to inform instructional and program placement 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.

For more information on the process that must be followed, please visit the following website:

https://projects.esc20.net/upload/page/0084/docs/EL%20Identification_ReclassificationFlowchart%202018.pdf

This survey shall be kept in each student's permanent record folder

Student Information

Last Name

First Name / Middle Name

Address

Telephone #

Spring Branch ISD (SBISD) Campus Name

MEMORIAL MIDDLE SCHOOL

SBISD Student ID #

Note: Please indicate only one language per response

1. What language is spoken in the child's home most of the time?

1. Home Language

2. What language does the child speak most of the time?

2. Student Language

Signature of Parent /
Guardian

Date

Signature of Student
If Grades 9-12

Date

NOTE: If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if:

- 1) your child has not yet been assessed for English proficiency; and
- 2) your written correction request is made within two calendar weeks of your child's enrollment date.



Spring Branch Independent School District

Verification of Address

I, _____, am a legal resident of the Spring Branch ISD at

House Number and Street Apartment # City/State Zip

I certify that the following persons reside with me at the above given address:

Parent/Guardian: _____
First Middle Last

Parent/Guardian: _____
First Middle Last

Child: _____ Age: _____
First Middle Last

Child: _____ Age: _____
First Middle Last

Child: _____ Age: _____
First Middle Last

Child: _____ Age: _____
First Middle Last

Child: _____ Age: _____
First Middle Last

Based on the address, the student(s) is seeking admission in MEMORIAL MIDDLE School. We understand that if the parent(s) and child (ren) move from this location out of this attendance zone, or if this information is found to be false, the above-named child (ren) will be withdrawn from the school noted.

I/We understand and agree that if I/we knowingly falsify information on this enrollment application form, I/we will be liable to the Spring Branch ISD School District if the student is not eligible for enrollment but is enrolled on the basis of false information. I/We understand that I/we will be subject to the penalty provided by Section 37.10 of the Texas Penal Code, and I/we will be liable under Texas Education Code §25.001(h) for the period during which the ineligible student is enrolled for the greater of: (1) The maximum tuition fee the District may charge under Texas Education Code §25.038; or (2) The amount the District has budgeted for each student as maintenance and operating expenses.

Parent Signature: _____ Date: _____

Inspiring minds. Shaping lives.
Dr. Jennifer Blaine, Superintendent of Schools
www.springbranchisd.com



Spring Branch Independent School District

Memorial Middle School

12550 Vindon, Houston, TX 77024

Phone (713) 251-3900 • Fax (713) 251-9434

REQUEST/RELEASE OF STUDENT RECORDS

Dear Registrar:

We have enrolled the following student who formerly attended your school:

Name: _____
(Last Name) (First Name) (MI)

Date of Birth: ____/____/____ Grade: ____
MM DD YYYY

Previous School: _____

Street Address: _____

City, State or Country, Zip Code: _____

Phone Number: _____ Fax Number: _____

We would appreciate receiving all the information concerning this child, such as:

- ☐ Withdrawal Form
- ☐ Withdrawal Grades
- ☐ Current Report Card
- ☐ Test Scores (STAAR or Standardized State Exams)
- ☐ Immunization Record/ Health Information
- ☐ ESL / LPAC / TELPAS Records
- ☐ Special Education Records (if applicable)
- ☐ Birth Certificate
- ☐ Social Security Card

I give my permission for these records to be released to Spring Branch Independent School District.

Parent / Guardian Signature

Date

Official records should be mailed to:

Records Department
MEMORIAL MIDDLE SCHOOL
12550 Vindon
Houston, TX 77024

Thank you for your prompt attention to this request. In the interest of accurate academic scheduling, preliminary information may be faxed to us at 713-251-9434.

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Have you ever attended a school ⁱⁿ ~~x~~ spring branch?

YES

NO

If so which one?

Thank you



Learning Model Selection: Paper Form
Spring Branch Independent School District (SBISD)

SBISD is offering two learning model choices for the 2020-21 school year: in-person learning and distance learning. We acknowledge that some families prefer for their students to resume in-person instruction, while other families may prefer a distance learning model for their student(s).

DEADLINE TO NOTIFY SBISD:

Please complete this form by July 22, 2020, for each child in your family and email to your assistant principal or drop off at the campus. If, after submitting the form, you wish to choose the in-person model, the deadline to make this change is midnight, July 31, 2020. To change your selection, please email your elementary assistant principal or your secondary grade level principal or call your child's school office. After July 31, we will not be able to accept changes until the end of the first 9-week grading period.

DISTANCE LEARNING MODEL:

In the Distance Learning program, a student will receive instruction in an online environment and will follow a daily schedule. The schedule will follow the home-zoned campus bell schedule, in most cases. Students will be required to participate in live, real-time instruction and complete independent pre-assigned classwork every school day. Attendance is required every day.

Students participating in distance learning will receive a district-approved device, appropriate to their grade level. Students may be required to report to a campus from time to time based on course requirements. SBISD is asking families who choose this model for their student to indicate their commitment by way of this form to enable the district to determine the student's scheduling, educator support and campus operations.

Students attending school, either in-person or via distance learning, will be subject to the same daily attendance, instructional schedule, and grading guidelines.

Please select your choice of Learning Model:

_____ In-Person
_____ Distance Learning

Print Student Name: _____

Student's School: _____

Grade Level: _____

Print Parent Name: _____

Contact Phone #: _____

Parent Signature: _____

Date: _____

Email your completed form to your child's assistant principal or campus principal.

You will be contacted by your child's school for further details.

For more information about SBISD's instructional models, please visit springbranchisd.com.



Selección del modelo de aprendizaje: formulario en línea

Distrito Escolar Independiente de Spring Branch (SBISD)

SBISD ofrece dos opciones de modelos de aprendizaje para el año escolar 2020-21: aprendizaje en persona y aprendizaje a distancia. Reconocemos que algunas familias prefieren que sus alumnos reanuden la instrucción en persona, mientras que otras familias pueden preferir un modelo de aprendizaje a distancia para su(s) estudiante(s).

PLAZO PARA NOTIFICAR A SBISD:

Complete este formulario antes del 22 de julio de 2020 para cada niño de su familia. Si, después de enviar el formulario de suscripción, desea elegir el modelo en persona, la fecha límite para realizar este cambio es la medianoche del 31 de julio de 2020. Para cambiar su selección, envíe un correo electrónico a su subdirector (primaria) o director de grado (secundaria). Después del 31 de Julio, no podremos aceptar cambios hasta el final del primer período de calificación de 9 semanas.

MODELO DE APRENDIZAJE A DISTANCIA:

En el programa de educación a distancia, un estudiante recibirá instrucción en un entorno en línea y seguirá un horario diario. El horario seguirá el horario de campana del campus de su zona, en la mayoría de los casos. Se requerirá que los estudiantes participen en instrucción en vivo, en tiempo real y completen trabajo de clase preasignado independiente cada día escolar. Se requiere asistencia todos los días. Los estudiantes que participan en la educación a distancia recibirán un dispositivo aprobado por el distrito, apropiado para su nivel de grado. Es posible que se les solicite a los estudiantes que se reporten a un campus de vez en cuando según los requisitos del curso. SBISD está pidiendo a las familias que eligen este modelo para sus estudiantes que indiquen su compromiso a través de este formulario para permitir que el distrito determine la programación del estudiante, el apoyo del educador y las operaciones de la escuela.

Los estudiantes que asisten a la escuela, ya sea en persona o mediante educación a distancia, estarán sujetos a la misma asistencia diaria, horario de instrucción y pautas de calificaciones.

Por favor seleccione su opción de modelo de aprendizaje:

____ En persona

____ Educación a distancia

Escriba el nombre del estudiante: _____ Escuela del estudiante: _____

Grado: _____

Escriba el Nombre del Padre/Tutor: _____ Contact Phone #: _____

Firma Padre/Tutor: _____ Fecha: _____

Envíe por correo electrónico el formulario complete al subdirector de su hijo o al director de la escuela.

La escuela de su hijo se comunicará con usted para obtener más detalles.

Para obtener más información sobre los modelos de instrucción de SBISD, visite el sitio:
springbranchisd.com