



Port Arthur ISD Head Start



Wheatley School of Early Childhood Programs

1100 Jefferson Drive, Port Arthur, Texas 77642 (409) 984-8750 Fax (409) 985-5487

Mrs. Fredia Reynolds, Principal/Director

Dr. Kim Vine, Executive Director

SCHOOL YEAR 2021 - 2022

ELIGIBILITY REQUIREMENT INFORMATION SHEET

Thank you for applying for the PAISD Head Start Program. In order to determine your child's eligibility, you must provide the items listed below with your application. The completion of this application should not be considered as a formal acceptance into the program, but one of the steps in completing the eligibility process.

The following documents are needed to apply for the Head Start Program

- Child's Birth Certificate or Birth Record.
- Child's Medicaid card if on Medicaid/CHIP.
- Child's Social Security Card
- Child's Immunization Record
- Proof of income in the household.
- 2020 1040 Tax Form.
- ALL 2020 W-2 Forms.
- Check stubs for the entire preceding calendar year. For example, if you're applying in February of 2021, you can use check stubs from Jan.-Dec. of 2020
- Proof of address.
Current utility bill (**Light, Water or Gas Bill**) apartment lease, or a notarized letter stating that you live with the person on the utility bill and bring their utility bill.
- Parent's picture ID.
- If your child has a disability, we need copies of the documentation of the diagnosis from a professional.
- Award letters such as: SNAP; TANF; SSI; CHILD SUPPORT; HOUSING.
- Dental Exam, Physical Exam including test result for Lead and Hemoglobin.

*** If your address or telephone number changes, please call us with any changes.**

"Building A SOLID Foundation"

Applicant & Family Member Information

Applicant						
First	Middle	Last	Birthday	Gender	SSN	
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other:	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Proficient			
Primary Health Coverage	Other Coverage	Insurance #	Medicaid Eligibility	Medicaid #	Doctor/Medical Home	
			<input type="checkbox"/> Not Eligible			
			<input type="checkbox"/> On Medicaid			
			<input type="checkbox"/> Potentially			
Does your child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please mark below						
<input type="checkbox"/> Speech Impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Vision Impairment <input type="checkbox"/> Other _____						

Primary Adult						
First	Middle	Last	Birthday	Gender	SSN	
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other:	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Proficient			
Highest Grade Completed	Employment Status	Child's Relationship	Custody	Check all that apply		
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family		
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support		
<input type="checkbox"/> Col Degree	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Part Time		<input type="checkbox"/> Teen Parent		
<input type="checkbox"/> Advanced Training	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Seasonal		If teen parent, subsidized?		
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate	<input type="checkbox"/> Unemployed		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Master's	<input type="checkbox"/> Retired or Disabled				
Email Address: _____						

Secondary or Other Adult						
First	Middle	Last	Birthday	Gender	SSN	
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other:	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Proficient			
Highest Grade Completed	Employment Status	Child's Relationship	Custody	Check all that apply		
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family		
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support		
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Part Time		<input type="checkbox"/> Teen Parent		
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Seasonal		If teen parent, subsidized?		
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate	<input type="checkbox"/> Unemployed		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Master's	<input type="checkbox"/> Retired or Disabled				
Email Address: _____						

Additional Child (Non-Applicant) *						
First	Middle	Last	Birthday	Gender	SSN	
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other:	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Proficient			

Additional Child (Non-Applicant) *						
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<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other:	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Proficient			

Additional Family Members

Additional Adult / Child						
First	Middle	Last	Birthday	Gender	SSN	
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	

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First	Middle	Last	Birthday	Gender	SSN	
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<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	

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Family Information & Contacts

This Section for Agency Use Only:

Applicant Name: _____ Birthday: _____

Family Information							
Family Living Address		Apartment #		ZIP	City	State	
Living Address							
Family Mailing Address		Mailing Address		Apartment #	ZIP	City	State
Same as living?	Started Date						
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Phone Number(s)		Type (check one)		Note (Extension or best time to call)		Opt In for Text Messages	
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parental Status (check one)	Primary Language at Home	Homeless Family	Active Duty Military	Referred by Child Welfare Agency	Receiving SNAP	WIC	WIC ID (if applicable)
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TANF Status		SSI		Currently in school?			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Formerly on TANF/Not now		<input type="checkbox"/> No					
Application verified by:		Title		Date			

Emergency Contacts				
Contact 1	Name	Relationship	Emergency Contact	Release To
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	ZIP	City	State
Contact 2	Phone Number	Phone Number		
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
	Name	Relationship	Emergency Contact	Release To
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact 3	Address	ZIP	City	State
	Phone Number	Phone Number		
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature _____ Date _____



Port Arthur ISD Head Start Wheatley School of Early Childhood Programs

1100 Jefferson Drive, Port Arthur, TX 77642
Phone: (409) 984-8750 Fax: (409) 982-5225
Mrs. Fredia R. Reynolds, Principal/Director



Consent for Health and Developmental Services

I, hereby give my consent for the child listed below to receive the screenings and examinations listed below. I understand these services are deemed necessary or advisable by the Head Start program and that I will be informed of any results that are not normal.

I also understand that it is my responsibility to provide Head Start with an up-to-date immunization record and a record of my child's yearly physical and six month dental examinations performed within the past year. This consent is valid for up to two years based on continuous enrollment after the signed date. The purpose of this consent has been explained to me.

Developmental Screening

Behavioral Screening

Crisis Counseling

Medical Examination Dental Examination

Speech Screening

Height and Weight

Hearing Test

Vision Test

Immunizations

Brush teeth daily with fluoride toothpaste

CHILD'S NAME _____ **DATE OF BIRTH** _____

Signature of Parent/Guardian _____

I have explained to the parent/guardian the purpose of this release and the nature of the screenings and examinations that the children enrolled in Head Start may receive.

Signature of Head Start Staff _____ **Date** _____



Stewart B. McKinney-Vento Student Residency Questionnaire
Cuestionario de residencia de estudiantes Stewart B. McKinney-Vento

The information on this form is required to meet the law known as the McKinney-Vento Act 42.U.S.C. 11434a (2), which is also known as Title X, Part C. The answers you give will help the school determine the services the student may be eligible to receive.

Student/Estudiante _____ Grade/Grado _____

School/ Escuela _____

Parent/Guardian/Padre /Tutor _____ Phone/Teléfono _____

Last School Attended/Última escuela Asistió _____

Current Address/Actual Dirección _____

Previous Address/Anterior Dirección _____

Number of Children Enrolled in PAISD/ número de niños inscritos en PAISD _____

Is your current address a temporary living arrangement? ¿Su dirección actual es un arreglo de vivienda temporal ?

☐ Yes/Si ☐ No

Is this a temporary living arrangement due to loss of housing, economic hardship, or financial difficulties?

¿Es este un arreglo de vivienda temporal debido a la pérdida de vivienda, dificultades económicas o dificultades financieras?

☐ Yes/Si ☐ No

Were you displaced from your home due to a Natural Disaster? (hurricane, fire, flood, tornado, etc.)

¿Fue desplazado de su hogar debido a un desastre natural? (huracán, incendio, inundación, tornado, etc.)

☐ Yes/Si ☐ No

Type of Natural Disaster/Tipo de desastre natural:

☐ Hurricane/Huracán: _____ (name/nombre)

☐ Other/Otro: _____ (describe/describa)

Please choose which of the following situations the student currently resides in (choose all that apply):

Elija en cuál de las siguientes situaciones reside actualmente el estudiante (elijá todas las que correspondan):

☐ House or apartment with parent or guardian/Casa o apartamento con padre o tutor

☐ Sharing housing with friends or family members (other than or in addition to parent/guardian) Motels/Hotels/

Compartir la vivienda con amigos o familiares (que no sean o además de los padres / tutores) Moteles /
Hoteles

☐ Shelter or other transitional housing/Refugio u otra vivienda de transición

☐ Unsheltered – in a car, park, substandard housing, etc./ Desprotegido: en un automóvil, estacionamiento, vivienda deficiente, etc.

If you are living in shared housing, please check all the following reasons that apply:

Si vive en una vivienda compartida, marque todas las razones siguientes que correspondan:

☐ Loss of housing /Pérdida de vivienda

☐ Economic Hardship or Loss of employment/Dificultad económica o Pérdida de empleo

- ☐ Parent/Guardian is currently on active duty in the U.S. Military /El padre / tutor está actualmente en servicio activo en las Fuerzas Armadas de EE. UU.
- ☐ Other/Otro (Please explain; i.e. substandard housing/ Por favor, explique; es decir, vivienda deficiente)

Are you a student living apart from your parents or guardians? ¿Es usted un estudiante que vive separado de sus padres o tutores? ☐ Yes/Si ☐ No

Signature of Parent/Guardian/Unaccompanied Youth/School Representative
Firma del padre / tutor / joven no acompañado / representante escolar

Date
Fecha

Services Required/Requested/Servicios requeridos / solicitados:

- ☐ Transportation/Transporte
- ☐ Nutrition/Nutrición
- ☐ Uniform Assistance/Asistencia uniforme
- ☐ School Supply Assistance/Asistencia con útiles escolares

VERIFICATION OF PARENT/GUARDIAN OR ADULT STUDENT RESIDENCE

Before me the undersigned authority this day personally appeared and swears to the following:

- 1a. I am the _____ (relationship) of the child/children listed below who reside with me at _____ in Port Arthur, Texas. I further state and affirm that they live with me continuously and for all purposes and not for the sole purpose of attending school.
- 1b. I am an adult student 18 years of age or older living apart from parents at _____, Port Arthur, Texas. I further state that I live at this address continuously and for all purposes and not for the sole purpose of attending school.
2. I have lived at this address since _____.
3. I am aware I may be liable to the District for tuition if it is determined that enrollment is in violation of the residence policy of the Port Arthur Independent School District

Full Names of Children

School

Grade

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby swear the above statements are true and correct.

Parent/Guardian

Date

Witness: _____
Registrar

Authorized by: _____
Principal

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:

FAMILY OCCUPATIONAL SURVEY GRADES K-12

Date ____ / ____ / ____

District _____ ISD

Please Print

Last Name of Child: _____ First Name of Child: _____

Home Address: _____ Mail Address: _____

City: _____ State: _____ Zip: _____

Campus: _____ Grade: _____ Phone: _____

Parent or Guardian Name: _____ Relationship: _____

PLEASE COMPLETE by Parent or Guardian:

1. Is anyone in your family involved in the production of crops, poultry, livestock, shrimping, crabbing or fishing for commercial purposes?

Yes _____ No _____

2. If Yes to Question 1, please read below and circle the type of activity listed below:

- | | |
|---|------------------------------|
| 1. production of crops | 12. goat farms |
| 2. beef cattle farming and feedlots | 13. hog farms or feedlots |
| 3. dairy-heifer replacement farm | 14. goat's milk production |
| 4. dairy farming | 15. milk production |
| 5. chicken farming | 16. chicken processing |
| 6. fish farms | 17. quail farms |
| 7. chicken, egg, and poultry hatcheries | 18. hay baling or harvesting |
| 8. fish farms | 19. fishing |
| 9. plant cultivation | 20. shrimping |
| 10. cutting and harvesting of trees | 21. crabbing |
| 11. honey bees | 22. shearing of sheep |

If your family is employed in an agricultural or fishing activity not listed above, please write the name of the activity below or describe it:

2. If no to Question 2, has anyone in your family been involved in the above type of work *within the last (3) years*?

Yes _____ No _____ What Year? _____

4. Did you or your family *move* to this School District or any nearby districts with the intention of obtaining any of the related types of jobs although you are not doing this kind of job now?

Yes _____ No _____ What Year? _____

Parent/Guardian Signature

Date



Port Arthur 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. Once your child is assessed, changes to the Home Language Survey responses are not permissible.

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.

NAME OF STUDENT: _____

STUDENT ID#: _____

ADDRESS: _____

TELEPHONE #: _____

CAMPUS: _____

NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.

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

Signature of Parent/Guardian _____

Date _____

Signature of Student if Grades 9-12 _____

Date _____

OFFICE USE ONLY:

Teacher: _____ Bus Number: _____



Wheatley School of Early Childhood Programs

TRANSPORTATION REQUEST

FORMULARIO DE TRANSPORTE

THIS FORM MUST BE COMPLETELY FILLED OUT/ ESTE FORMULARIO DEBE SER LLENADO COMPLETAMENTE

Child's Name/Nombre del Niño(a): _____

Legal Guardian/Guardián Legal: _____

Home Address/Dirección del Hogar: _____

City/Cuidad: _____ State/Estado: _____ Zip Code/Código Postal _____

Pick-Up Address/Dirección de la Levantada: _____

Drop-Off Address/Dirección de la Bajada: _____

Telephone Number/Número de Teléfono: _____

Signature of Legal Guardian/Firma de Guardián Legal_____
Date/Fecha**Persons authorized to pick-up/receive child/Personas autorizadas a levantar/recibir a su niño(a)**

Name/Nombre	Relationship to the Child Parentesco al Niño(a)	Telephone/Teléfono
<input type="checkbox"/> _____	<u>Legal Guardian/Guardián Legal</u>	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

☐ Persons with a checkmark are allowed to visit my child during school hours.☐ Las personas con una marca de verificación pueden visitar a mi hijo(a) durante el horario escolar.

2021-2022

REQUIRED HEALTH
DOCUMENTS!!!

**PLEASE MAKE SURE ALL INFORMATION IS
COMPLETED
BEFORE RETURNING DOCUMENTS TO SCHOOL**

**PHYSICAL
&
DENTAL
FORMS**

**PORT ARTHUR INDEPENDENT SCHOOL DISTRICT HEAD START
WHEATLEY SCHOOL OF EARLY CHILDHOOD PROGRAM**
1100 Jefferson Drive, Port Arthur, TX 77642 (409)984-8750 Fax (409)985-5487

Physical Examination

Name of Child: _____ Sex: _____ Date of Birth: _____

Present Age: Years: _____ Months: _____ Height: _____ Weight: _____ BMI: _____

Blood Pressure: _____ Temperature: _____ Allergies (Please List any known allergies): _____

Laboratory Tests *(Required for Head Start Enrollment)*

Type of Test	Results of Test
Hematocrit or Hemoglobin	
Blood Lead Test	

Neurological/Social

	N L	A B	N E	Comments: NL – Normal, AB – Abnormal, NE – Not Examined
Gross Motor				
Fine motor				
Communication skills				
Cognitive				
Self-help Skills				
Social Skills				

Physical Examination

	N L	A B	N E	Comments: NL – Normal, AB – Abnormal, NE – Not Examined
General				
Skin				
Eyes: Red Reflex, Appearance, Light Reflex Symmetric				
Ears, TMs				
Nose				
Lips/Palate				
Teeth/Gums				
Tongue/Pharynx				
Neck/Nodes				
Chest/Breast				
Lungs				
Heart				
Abd/Umbilicus				
Genitalia				
Extremities				
Muscular				
Neuromotor				
Back				

Vision Screening

	Results	Passed	Failed	Comments
Right Acuity				
Left Acuity				
Right Strabismus				
Left Strabismus				

Hearing Screening

	Passed	Failed	Comments
Right			
Left			
Bilaterally			

Other Test If At Risk

Type of Test	Results of Test
TB	
Cholesterol	
Sickle Cell	
Urinalysis	
Parasites	

☐ Healthy No Problems: _____

☐ Abnormal Findings/Diagnosis: _____

If referral is needed please comment here: _____

Health Provider Signature: _____ Date of Service: _____

Provider Address: _____ Phone#: _____

PORT ARTHUR INDEPENDENT SCHOOL DISTRICT HEAD START

WHEATLEY SCHOOL OF EARLY CHILDHOOD PROGRAM

1100 Jefferson Drive, Port Arthur, TX 77642 (409)984-8750 Fax (409)985-5487

DENTAL EXAM/TREATMENT RECORD

Patient Information

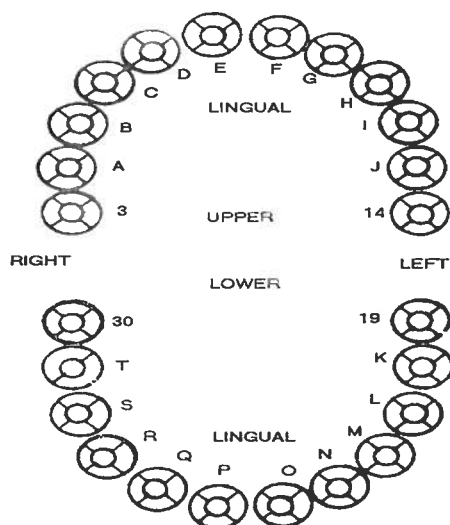
Child's Name _____ Birth Date _____

Home Address _____ Phone Number _____

City _____ State _____ Zip Code _____

TO BE COMPLETED BY DENTAL HEALTH PROVIDER

Existing Conditions



⊕ Missing ⊖ Decayed ⊙ Filled

Examination included all the following (please check all that apply)

<input type="checkbox"/>	All the Following	<input type="checkbox"/>	Cleaning
<input type="checkbox"/>	Exam	<input type="checkbox"/>	X-Rays
<input type="checkbox"/>	Fluoride Treatment	<input type="checkbox"/>	Other:

Dental Examination Reveals:

- ☐ No Treatment needed at this time.
☐ Treatment recommended but not required at this time.
☐ Follow up work is needed

Tooth #/ Letter	Surfaces	Description of Work Needed	Next Appointment Date

- ☐ Follow-up treatment is in progress.
☐ Follow up treatment is completed.
☐ Referral to Specialist: ☐ Yes ☐ No

Name of Specialist: _____

Phone Number: _____

Recommended To Return For Routine Care:

☐ 6 Months Date of Future Visit: _____ ☐ 1 Year Date of Future Visit: _____

Oral Health Provider's Contact Information and Signature

Provider Name (please print) _____

Phone Number _____

Fax Number _____

Practice Name _____

Address _____

Signature of Dentist _____

Date of Service _____