Mandarin Immersion Magnet School
休士顿中文沉浸学校

Welcome to Mandarin Immersion Magnet School

All of the following are required for 2025-2026 Registration:

___**District online enrollment**

___**Copy of a utility bill Electricity or Gas** (Showing residential service with name and address of legal guardian**), Lease agreement**, or **Harris County Appraisal District** statement showing Homestead Exemption of current year or Warranty Deed if you recently purchased your home

___ **Current driver's license** of the named guardian showing the same address as the required documentation above. International families must provide a current Passport as identification.

___ **Birth Certificate** of student

___ **Immunization Record** of student
**Please Note: Immunizations must be translated by a licensed medical professional

___ **Social Security Card** (optional- requested if student has SS#)

___ In cases of divorced parents, the **legal court decree** showing custody of the child with an original stamped document signed by the judge.

___ Students enrolling in 1st-5th grade need the final **report card** or **withdrawal paperwork** from the previous school and the address of previous school so that complete records can be requested

___ **Enrollment packet** from Mandarin Immersion Magnet School (MIMS) which includes Student Enrollment form, Signed Magnet Entrance Agreement, SRQ Form, Health Inventory, Allergy form, Special Services Survey, Student Transfer Form, and the Clinic Form for School Nurse. If you print at home, please **do not print double sided**. Each page should be printed on its own page

___ For Pre-K enrollment- a **PK application**/proof of income is needed along with documents listed above.

5445 W. Alabama St. Houston, TX 77056 Phone: 713.295.5276 Fax: 713.662.3527

HOUSTON INDEPENDENT SCHOOL DISTRICT
APPLICATION FOR PREKINDERGARTEN 2025-2026

Sec. 29.153 of the Texas Education Code lists qualifications of children for Prekindergarten programs. The child whose name appears below is applying to be considered for entry into the Houston Independent School District's Prekindergarten program. Prekindergarten classroom assignment will be based on the child's home language. Please complete the application by printing the required information.

Criteria for Admittance

Child will be 3 or 4 years of age on or before September 1, 2025, **AND** a resident of HISD.
Child meets immunization requirements, and meets **at least one** of the following conditions:

- Child is unable to speak and comprehend the English language (preLas language test needed)
- Child is economically disadvantaged (see chart below), or
- Child meets any eligibility criteria for Head Start, or
- Child is homeless, family living in temporary or transitional housing, such as hotel, motel, car, shelter, or shelter not designed for human habitation, such as tent, or living with another family or friends, or
- Child is or ever has been in foster care, or
- Child of active-duty member or reserve armed forces or child of an armed forces member injured, killed, or missing in action while on active duty, or
- Child of a person receiving the Star of Texas Award

Child & Family Information

Child's Name	
Child's SSN (optional)	
Birthdate	
Child's Age on Sept. 1	
Parent's Name	
Address	
Phone #	

Family Income

Head of Household Member Name	Job Income	Payroll Schedule	Other Income	Payroll Schedule
1.	$	YR MO WK	$	YR MO WK
2.	$	YR MO WK	$	YR MO WK
Total Number in Household:				

Parent Statement of Understanding

I understand the school officials may verify the information on this application document. If investigation indicates false information has been provided and the child is not eligible to participate in the program, the child may be withdrawn to make room for a child who is eligible. I certify that all the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of funds and that deliberate misrepresentation of the information may subject me to prosecution under applicable state laws.

Parent Signature _____ **Date** _____

BELOW FOR COMPLETION BY SCHOOL PERSONNEL ONLY

APPROVAL BASED ON:

☐ Limited English Proficient
- o Home Language Survey must indicate child hears/speaks a language other than English at home.
- o Child has been tested with oral Language assessment (Attach proof of assessment and scores. A score of Non-English Speaking OR Limited English Speaking indicates eligibility as LEP.)
- o Parent must sign Notification of Enrollment in Bilingual/ESL Program.

☐ Homeless
- o Child lacks a fixed, regular, and adequate residence.
- o Child is sharing housing with other persons due to economic hardship.
- o Primary nighttime residence is a supervised public or private shelter designed to provide temporary living accommodations, or an institution that provides temporary residence for individuals intended to be institutionalized.
- o Primary nighttime residence is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings

☐ Proof of Income Eligibility
- o Current paycheck stub, current pay envelope, letter from employer stating gross wages paid and how often they are paid, unemployment, worker's comp.
- o or disability payment stub, current SNAP, or TNAF case number for free meals.
- o Acceptable documentation for self-employment income include: Business or farming documents (ex. Ledgers and/or self-issued pay stub, 2024 tax return)

☐ Other Eligibility
- o Military Member's Child
- o *Foster Care*
- o NSLP to include all children who meet any eligibility criteria for Head Start
- o Star of Texas Award

2025-2026 Income Chart to Determine Economic Disadvantage Prekindergarten Eligibility

Total # in Household	Annual	Monthly	Weekly
2	$ 39,128	$ 3,261	$ 753
3	49,303	4,109	949
4	59,478	4,957	1,144
5	69,653	5,805	1,340
6	79,828	6,653	1,536
7	90,003	7,501	1,731
8	100,178	8,349	1,927
For each additional member add:	+10,175	+848	+196

ALTERNATE STATE ID:

HISD PERMANENT ID:
- ☐ Birth Certificate
- ☐ Proof of Residency
- ☐ Immunization Records (clinic record, doctor's statement, or proof of exempt)

__ *Approved* __ *Not Approved*

Signature of Principal or Designee _____ **Date** _____

The original of this form must be kept in the student's permanent record, complete with all required signatures and documentation.

STUDENT ENROLLMENT FORM

2025-2026

SCHOOL YEAR	GRADE	CAMPUS
2025-2026		

FOR OFFICE USE ONLY	
ENROLLMENT DOCUMENTATION	
DATE OF ENTRY	
DISTRICT ID NO.	
STUDENT LOCAL ID NO.	
DISTRICT OF RESIDENCE	

PK Type (Select)
HISD PK
Private Daycare PK
Public Daycare PK
No Schooling

Houston Independent School District
4400 West 18th St - Houston, Texas 77092-8501
Phone: 713-556-6000

STUDENT INFORMATION / USAR LETRA DE MOLDE

SOCIAL SECURITY NO. / NUMERO SOCIAL	STUDENT NAME / NOMBRE DE ESTUDIANTE			
	LAST / APELLIDO	FIRST / PRIMER NOMBRE	MIDDLE INITIAL /SEGUNDO (INICIAL)	GENERATION / GENERACIÓN

GENDER / EL GÉNERO	DOB / FECHA DE NACIMIENTO	CITY / CIUDAD	STATE / ESTADO	COUNTRY / PAÍS
☐ MALE / MASCULINO ☐ FEMALE / FEMENINO				United States of America

RESIDENTIAL ADDRESS - CITY, ZIP CODE / LA DIRECCIÓN RESIDENCIAL-CIUDAD CÓDIGO POSTAL	MAILING ADDRESS – CITY ZIP CODE / LA DIRECCIÓN RESIDENCIAL-CIUDAD CÓDIGO POSTAL
-	-

HOME PHONE / TELÉFONO		E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO	

FEDERAL ETHNICITY / ETHICIDAD DEL ALUMNO (SELECT ONE)	☐ HISPANIC/LATINO ☐ NOT HISPANIC/LATINO	RACE / RAZO (SELECT ALL THAT APPLY)	☐ (1) AMERICAN INDIAN OR ALASKAN NATIVE ☐ (2) ASIAN OR PACIFIC ☐ (3) BLACK, NOT OF HISPANIC ORIGIN ☐ (4) WHITE, NOT OF HISPANIC ORIGIN ☐ (5) NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER

SIBLINGS AT HOUSTON ISD / HIJOS EN HOUSTON ISD	NAME/NOMBRE	SCHOOL/ESCUELAS	GRADE/GRADO

LAST SCHOOL ATTENDED / NOMBRE LAS ÚLTIMAS ESCUELAS ASISTIDAS	CITY / CIUDAD	STATE / ESTADO	ZIP CODE / CÓDIGO POSTAL	Grade Last Completed / Último Grado completado

CONTACT 1 NAME / EL NOMBRE DE CONTACTO 1	☐ LIVES WITH STUDENT / ¿VIVE CON EL ESTUDIANTE	RESIDENTIAL ADDRESS - CITY, STATE ZIP CODE / LA DIRECCIÓN RESIDENCIAL / LA DIRECCIÓN RESIDENCIAL-CIUDAD, ESTADO CÓDIGO POSTAL
LAST NAME / APELLIDO	FIRST NAME / PRIMER NOMBRE	

HOME PHONE / TELÉFONO DE CASA	WORK PHONE / TELÉFONO DE TRABAJO	CELL PHONE / EL NÚMERO DEL TELÉFONO CÉLULAR	E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO

CONTACT 2 NAME / EL NOMBRE DE CONTACTO 2	☐ LIVES WITH STUDENT / ¿VIVE CON EL ESTUDIANTE	RESIDENTIAL ADDRESS - CITY, STATE ZIP CODE / LA DIRECCIÓN RESIDENCIAL / LA DIRECCIÓN RESIDENCIAL-CIUDAD, ESTADO CÓDIGO POSTAL
LAST NAME / APELLIDO	FIRST NAME / PRIMER NOMBRE	

HOME PHONE / TELÉFONO DE CASA	WORK PHONE / TELÉFONO DE TRABAJO	CELL PHONE / EL NÚMERO DEL TELÉFONO CÉLULAR	E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO

I understand that if there are any changes to this information that it is my responsibility to notify the school and to provide appropriate documentation.
Yo entiendo que si tengo algunos cambios en mi informacion yo sere responsable de notificar la escuela y proveere la documentacion apropiada.

Date

Signature of Parent/Guardian/Appointee | Please Print Name | Month Day Year

1. Students at least 5, but less than 21 on or before September 1 and must be a resident of a participating district are eligible for free attendance.
2. The parent or guardian signature must be the same as the name of the person with whom the student resides.
3. *Texas Penal Code §37.10 provides that presenting a false document or false records for enrollment in school is an offense under state law.*
4. Enrollment of the child under false documents subjects the person to liability for tuition or costs under Texas Education Code §25.001(h).
5. Texas Education Code §25.002(l) requires the school district t record the name, address, and date of birth of the person enrolling a child.

HISD | School Choice
HUNDREDS OF OPTIONS. ONE APPLICATION.

Houston Independent School District
Languages Magnet Thematic Entrance Agreement, 2025-2026

Student Name:_____ Student ID:_____

Expectations for the Student
Magnet Students should demonstrate commitment to the magnet theme by the completion of all assignments and course meetings as required. They will contribute to sustaining a school environment that promotes mutual respect and supports the success of others as outlined in the student code of conduct.

Expectations for the Family
Family engagement and partnership is required for the Magnet educational experience. Families are expected to be responsive to communication from the school regarding academic progress, attendance, and behavior.

Continuation Requirements
- **Students are required to achieve one level of progress in acquisition of second language**
- **Students must show satisfactory year-to-year growth (measured by BOY, EOY**

Students who do not meet program continuation requirements, are placed on an ***HISD Magnet Growth Plan*** for a minimum of one grading cycle. The growth plan is intended to help students and parents successfully meet program expectations. A growth plan committee comprised of campus professionals and parent(s) will evaluate progress on this plan at the end of the specified time period. The growth plan is reviewed each grading cycle that it remains in place and is used to determine if the student should continue in the Magnet program the following school year. All Magnet transfers are for one year and may only be denied at the end of the year.

Please Note:
- Students cannot be placed in the regular educational program on the same campus where they have a Magnet transfer.
- All students are limited to a single transfer each school year.
- Should the child choose to leave the program ***voluntarily*** before the end of the school year, he or she may return only to their zoned campus. A voluntary exit form must be completed if a student withdraws from the program before the end of the year.
- Any student with an approved Program Choice/Magnet transfer must attend the first day of school to which the transfer is granted in order to guarantee a spot at that school, unless there is an extenuating circumstance.

We agree to adhere to the program expectations and policies as outlined in this agreement. All signatures are required for this agreement to be active. Student signature is only required for students in grades 6 and above.

Student Signature:_____Date:_____

Parent Signature:_____Date:_____

Coordinator Signature:_____Date:_____

Principal/ Designee: _____ Date:_____

HOUSTON INDEPENDENT SCHOOL DISTRICT

2025 - 2026 STUDENT RESIDENCY QUESTIONNAIRE (SRQ)

All information MUST be completed by parent, school personnel or community liaison.

School _____ Date _____

Student Name _____ Date of Birth _____ HISD ID _____

Current Address _____ Grade _____ ☐ Male ☐ Female

Lives with: ☐ Both Parents, ☐ Mother, ☐ Father, ☐ Legal Guardian, ☐ Caretaker/Relative without legal guardianship, ☐ Other: _____ (relationship)

Is the student currently in the conservatorship of the Department of Family & Protective Services (Foster Care)? ☐ Yes ☐ No

If Yes – name of DFPS Case Manager: _____ Contact Information : _____

Was the student previously in the conservatorship of the Department of Family & Protective Services (Foster Care)? ☐ Yes ☐ No

Does the student reside at a residential treatment center? ☐ Yes ☐ No

Facility Name: _____ Case Manager: _____ Contact Information: _____

Please complete the Current Housing Situation AND Background Situation sections below to determine McKinney-Vento eligibility:

Part A: CURRENT HOUSING SITUATION – Check the student's current housing situation:

I CURRENTLY LIVE:

☐ In my own home or apartment, in Section 8 housing, HUD Subsidized housing or in military housing with parent(s), legal guardian(s), or caregiver(s)

☐ In my own home or apartment, in Section 8 housing, HUD Subsidized Housing or in military housing with parent(s) with parent(s) but lacks

☐ My home has no electricity ☐ My home has no running water

OR I CURRENTLY LIVE IN A TRANSITIONAL HOUSING SITUATION:

☐ Living in a shelter ☐ Living in a motel or hotel

☐ Living with more than one family in a house or apartment (Doubled-up) due to economic hardship

Unsheltered

☐ Moving from place to place ☐ Living in a structure not usually used for housing ☐ Living in a car, park, campsite, camper, or outside

UNACCOMPANIED YOUTH: ☐ Yes ☐ No (An unaccompanied youth is a student who is not in the physical custody of a parent or legal guardian. This would include students living with non-custodial relatives or friends without a parent or legal guardian).

PARENTING STUDENT: ☐ Yes ☐ No (A student who has a child/children).

Part B: BACKGROUND SITUATION (If a Transitional Housing Situation is checked above – please check any below that apply)

☐ Catastrophic illness/ Medical expenses / disability	☐ House fire or other destruction	☐ Parent(s) involved in military
☐ New to Town	☐ Natural disaster/evacuation	☐ Parent Incarcerated/Recently released
☐ Loss of Employment	☐ Domestic Issue	☐ Student has been previously incarcerated
☐ Economic hardship/low earnings	☐ Migrant work in fishing or agriculture	☐ Awaiting placement in foster care/CPS custody
☐ Evicted/kicked out	☐ Student is a parent	☐ COVID-19 impacted: _____

Part C: NEEDED SERVICES – based on availability (Check services needed and call 713-556-7237 to speak to an Outreach Worker)

☐ Enrollment Assistance	☐ Transportation	☐ Emergency Clothing, Uniforms	☐ School Supplies	☐ Personal Hygiene Items
☐ Free Lunch/ Breakfast	☐ Immunizations	☐ SNAP/Medicaid/ TANF/CHIP	☐ Shelter Referral	☐ Food
☐ Homeless Verification Letter for FAFSA	☐ Other: _____			

To the best of my knowledge this information is true and correct.

Name (PLEASE PRINT): _____ Signature: _____ Phone #'s _____

School Personnel: This form is intended to address the McKinney-Vento Act U.S.C. 11435. If any "Transitional Housing Situation" is checked under "Current Housing Situation" AND the family has indicated one of the "Background Situations" (1) immediately add PEIMS Coding in HISD Connect under the Homeless tab (2) Code all of the McKinney-Vento Panels on that screen (the start date should be the date the form was completed and also add the end date, and (3) Add requested services under the Services Tab (4) Email forms to HomelessEducation@houstonisd.org. If information is missing, please follow-up with the parent/guardian/school personnel who completed the form to make sure each section is completed, as needed.

HOUSTON INDEPENDENT SCHOOL DISTRICT

HEALTH INVENTORY

SCHOOL _____ DATE _____

TEACHER _____ SCHOOL LAST ATTENDED _____

Please fill in this form and return to the teacher or nurse. The information given on this form will help the school staff to have a better understanding of your child's health needs:

Name _____ Sex _____ Birthdate _____ Birth weight _____

Address _____ Phone _____

Have you ever been told by a doctor that your child had:

	Age First Identified	Under Doctor's Care?		Age First Identified	Under Doctor's Care?
Asthma			Bone/Joint Problem		
Allergies			Rheumatic Fever		
Blood Disorder			Surgery/Fractures		
Diabetes			T. B. Disease		
Epilepsy/Seizures			Hearing Loss		
Heart Disease			Vision Loss		
Kidney Disorder			Severe Menstrual Cramps		
Cancer			Eating Disorder		

Please check if you have observed any of the following in your child:

_____ Tires easily _____ Earaches _____ Wheezing, shortness of breath with exercise

_____ Frequent headaches _____ Difficulty making friends _____ Nail Biting

_____ Fainting _____ Coughs frequently at night _____ Restlessness

Has your child been seen by a doctor for any of the above? ☐ Yes ☐ No

Is your child on any kind of medication? ☐ Yes ☐ No

If so, what? _____

For what condition? _____

Further comment _____

What type of medical insurance do you carry for this child?

CHIP☐ Medicaid☐ HCHD ☐ Private Insurance☐ None ☐

Please see the School Nurse (or School Principal) if your child has other needs or is:

- A pregnant or parenting teen

  and/or

- Has a severe life-threatening food allergy

Signature _____

This document is to be maintained in the Student's Cumulative Folder

REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent:

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as how your child reacts when exposed to the food that is listed.

☐ No information to report.

Food	Nature of allergic reaction to food	Life-Threatening?

TO REQUEST A SPECIAL DIET, MODIFICATION OF A MEAL PLAN OR PROVIDE OTHER INFORMATION FROM YOUR DOCTOR ABOUT YOUR CHILD'S FOOD ALLERGY, YOU MUST CONTACT THE SCHOOL NURSE OR SCHOOL ADMINSTRATOR WHERE YOUR CHILD ATTENDS SCHOOL.

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian Name: _____

Work Phone: _____ Mobile Phone: _____ Home Phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form received by Campus: _____

Special Services Survey

Student's Name: _____

Please indicate as to whether your child is presently, or has been in the past, receiving any of the following special service(s):

	Yes	No
Language Services		
ESL	_____	_____
Bilingual	_____	_____
Speech Therapy	_____	_____
Special Education Classes		
Generic	_____	_____
Self-Contained	_____	_____
Resource	_____	_____
Other	_____	_____
Subject(s): _____		
Special Education Counseling	_____	_____
Physical Therapy	_____	_____
Adaptive Physical Education	_____	_____

_____ _____

Parent Signature Date

APPLICATION FOR STUDENT TRANSFER

STUDENT TRANSFER DEPARTMENT

HOUSTON INDEPENDENT SCHOOL DISTRICT

4400 W. 18th St.
Houston, Texas 77092-8501
Phone (713) 556-6734 Fax (713) 556-6784

ID Number: _____

DATE: _____

☐ NEW ☐ RENEWAL

STUDENT INFORMATION

Student Name (Last, First, Middle Initial) | Date of Birth | Gender ☐ Male ☐ Female

Student Ethnicity ☐ American Indian / Alaskan ☐ Black / African-American ☐ Native Hawaiian / Pacific Islander ☐ Asian ☐ Hispanic / Latino ☐ White

Student Address: Street number | Street Name | Apt# | City | State | Zip Code | Home Phone

Student Lives with: ☐ Mother ☐ Father ☐ Both ☐ Other (Name/Relationship)

Father / Guardian Name (Last, First) | Work Phone | Cell Phone | Email Address

Mother / Guardian Name (Last, First) | Work Phone | Cell Phone | Email Address

Is Parent / Guardian an HISD employee? ☐ Yes ☐ No If yes, give location:

TRANSFER REQUEST

Transfer Request for current year? ☐ or next school year ☐ Grade for school year of application: _____

School district in which student resides | School student would attend in that district

School last attended | District | School Year

Did student use a transfer last semester? ☐ Yes ☐ No If yes, to which school?

To which school is the transfer requested?

Reason for Transfer:

Signature below certifies that all the information above is true and accurate to the best of my knowledge. If a transfer is granted on false information, it is subject to revocation. I understand that I am making a one year commitment. Transfers must be renewed each year.

Signature of Parent or Legal Guardian

SCHOOL/REGION USE ONLY—DO NOT WRITE BELOW THIS LINE

All original Special Transfers must be signed by the Receiving Principal

Receiving Principal's Recommendation

☐ Granted ☐ Denied

_____ Signature of Receiving Principal

_____ Date

TRANSFER DEPARTMENT USE ONLY—DO NOT WRITE BELOW THIS LINE

Application

☐ Granted ☐ Denied

Reason Denied

_____

_____ Signature of Student Transfer Department

_____ Date

Transfer Type: _____

Clinic Forms for School Nurse 2025-2026

Student Name: _____ Birthday_____

Grade: _____

Does your child have any food allergies that require medication like Benadryl or Epi-pen? **YES or NO**

If yes, please list food and what reaction does your child have?

_____

_____

_____

Does your child have Asthma? **YES or NO**

Does your child have seasonal asthma? **YES or NO**

Does your child have seasonal allergies? **YES or NO**

What is the name of child's allergy/ asthma medication? _____

Does your child have a serious medical condition such as seizures, diabetes, ect.? **YES or NO**

If yes, please explain? _____

_____

Does your child need to take any prescription medication at school? **YES or NO**

Does your child wear glasses or have a vision problem? **YES or NO**

Does your child wear a hearing aid or have hearing problems? **YES or NO**

Has your child had any type of major surgery i.e heart surgery, spinal surgery, etc? **YES or NO**

If yes, what type? _____

_____

Is there any medical information that you think the school nurse should know about your child?

_____

_____

_____

Parent Name: _____ Date: _____