



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.

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/NOMBR E	SCHOOL/ESCUELAS	GRADE/GRADO	
LAST SCHOOL ATTENDED / NOMBRE LAS ÚLTIMAS ESCUELAS ASISTIDAS	CITY / CIUDAD	STATE / ESTAD O	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 CELULAR	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 CELULAR	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 información yo seré responsable de notificar la escuela y proveer la documentación apropiada.

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

- 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.
- The parent or guardian signature must be the same as the name of the person with whom the student resides.
- Texas Penal Code §37.10 provides that presenting a false document or false records for enrollment in school is an offense under state law.
- Enrollment of the child under false documents subjects the person to liability for tuition or costs under Texas Education Code §25.001(h).
- Texas Education Code §25.002(f) requires the school district to record the name, address, and date of birth of the person enrolling a child.

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 ADMINISTRATOR 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

ID Number: _____

4400 W. 18th St.

Houston, Texas 77092-8501

Phone (713) 556-6734 Fax (713) 556-6784

☐ NEW

☐ RENEWAL

DATE: _____

STUDENT INFORMATION

Student Name (Last, First, Middle Initial)

Date of Birth

Gender

☐ Male ☐ Female

Student ☐ American Indian / Alaskan

☐ Black / African-American

☐ Native Hawaiian / Pacific Islander

Ethnicity ☐ Asian

☐ Hispanic / Latino

☐ White

Student

Street number

Street Name

Apt#

City

State

Zip Code

Home Phone

Address

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

Reason Denied

☐ Granted ☐ 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: _____