2026-2027 Registration Information

Registration is for K-5th grade students who want to enroll for the 2026-2027 school year. Enrollment applications are processed on a first-come, first-serve basis once all required registration documents are complete. HISD does not allow schools to hold seats for incoming students. Incomplete forms will not be processed. All required documents must be brought to your scheduled appointment. Students are not officially enrolled until all documentation has been received.

Please ensure you have completed the online application for the 2026-2027 school year and bring in all required documents to your registration appointment.

- ☐ HISD online application
- ☐ OFE Registration Packet – PLEASE PRINT SINGLE SIDED
- ☐ COPY of the student's birth certificate
- ☐ COPY of the student's immunization record
- ☐ COPY of the students Social Security Card
- ☐ Copy of the parents' driver's license
- ☐ Proof of Residency – **THREE** documents are required
  1. Current electric bill showing residential service.
  2. Current gas or water showing residential service.
  3. **ONE** of the following:
     - **Harris County Appraisal District (HCAD) -** Statement showing homestead exemption for the current year. If HCAD does not show an owner's name (ex: "Current Owner"), then a Property Tax Receipt showing the owner's name(s) and a Homestead Exemption for the 2025 tax year is required.
     - **Warranty Deed** if you recently purchased a home. If you are purchasing a home in the school zone, bring a signed contract with a closing date within the next 30 days. Final closing documents must be submitted, and you must live in the residence before the school year begins.
     - **Lease Agreement (If applicable)** - If you are currently leasing a home or apartment, the lease must list all occupants living in the home, including children. Please bring the entire lease agreement. All lease agreements are subject to verification.
- ☐ Students enrolling in First through Fifth grades need to bring the last report card or withdrawal paperwork from the previous school so that records can be requested.

For enrollment questions, please contact Theresa.Velasquez@houstonisd.org

Texas Education Agency
Commissioner Mike Morath
1701 North Congress Avenue • Austin, Texas 78701-1494 • 512 463-9734 • 512 436-9838 FAX • tea.texas.gov

Student Name: _____ **District Name:** _____

Student ID#: _____ **Campus Name:** _____

HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215
(Home Language Survey only administered during **initial** enrollment in Texas public schools)

To be completed by Parent or Guardian for students enrolling in Prekindergarten* through grade 8 (or by students in grades 9-12).

* Prekindergarten includes any student enrolling in a 3- or 4-year-old school program.

Part One:

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:

Please answer the questions below about the languages your child or family uses. If your responses indicate the use of a language other than English, the school will conduct a language proficiency assessment to determine how well your child communicates in English. This information will be used to determine any appropriate linguistic supports and inform instructional 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.

This survey shall be kept in each student's permanent record folder. A copy of this survey shall follow the student while enrolled in any public or open enrolled charter school in Texas.

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Part Two:

Please answer the questions to the best of your ability.

1. Which languages are used at home? _____

2. Which languages are used by the child at home? _____

3. If the child had a previous home setting, which languages were used? If there was no previous home setting, answer Not Applicable (N/A). _____

☐ **By checking this box, I understand a request to correct an error to this Home Language Survey can only happen if:**

1) my child has not yet been assessed for English proficiency; and
2) corrections are made within two calendar weeks of my child's enrollment date.

Note: Please contact your school about the benefits of bilingual education services. The following resources may also provide information on program services that foster bilingualism.

- Parent/ Guardian Rights
- Bilingual Education Program
- Program Information Videos

Please visit the Emergent Bilingual Support Portal (txel.org) for additional information.

Signature of Parent/Guardian _____ Date _____

Signature of Student if Grades 9-12 _____ Date _____

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

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: _____

HOUSTON INDEPENDENT SCHOOL DISTRICT

SCHOOL ENROLLMENT HISTORY

(Only for students enrolling in 2nd grade or above whose Home Language Survey indicates a language other than English)

Student Name: _____ **Student ID:** _____
Grade Level: _____ **School:** _____
Date of Enrollment in U.S. schools: _____

Has student ever attended school outside the U.S.?
□ **No** If "no" then stop. No need to continue filling out this form.
□ **Yes** If "yes" please provide student's academic history below.

Student History Worksheet

School Year	Grade	Country/ U.S. State	Total Time Enrolled	If student did not attend school for a full academic year, specify months attended	For Office Use Document TELPAS Reading rating if available/Yrs in U.S. Schools
	Kinder		□ All Year □ No Schooling □ Partial **(Specify)**		
	1st		□ All Year □ No Schooling □ Partial **(Specify)**		
	2nd		□ All Year □ No Schooling □ Partial **(Specify)**		
	3rd		□ All Year □ No Schooling □ Partial **(Specify)**		
	4th		□ All Year □ No Schooling □ Partial **(Specify)**		
	5th		□ All Year □ No Schooling □ Partial **(Specify)**		
	6th		□ All Year □ No Schooling □ Partial **(Specify)**		
	7th		□ All Year □ No Schooling □ Partial **(Specify)**		
	8th		□ All Year □ No Schooling □ Partial **(Specify)**		
	9th		□ All Year □ No Schooling □ Partial **(Specify)**		
	10th		□ All Year □ No Schooling □ Partial **(Specify)**		
	11th		□ All Year □ No Schooling □ Partial **(Specify)**		
	12th		□ All Year □ No Schooling □ Partial **(Specify)**		

Please use the back of this form if more space is needed.

Parent Signature: _____ Date: _____