

PALESTINE HIGH SCHOOL

STUDENT REGISTRATION

2020-2021

STUDENT INFORMATION

Grade Level: _____

First Name: _____ Middle Name: _____ Last Name: _____

YOU MUST HAVE THE FOLLOWING DOCUMENTATION FOR ENROLLMENT

RESIDENCY:

___ Proof of residency: provide one of the following documents, all bills current no disconnect notices (water bill, gas bill, electric bill or current lease agreement)

FOR NO PROOF OF RESIDENCY:

If your family is living with a relative or friend, you must do the following:

- A. Go to our Administration Building located at 1007 E. Park Avenue for the notarized residency paperwork.
- B. The Parent/Guardian along with the family member/friend that you live must take a copy of their current utility bill for residency verification. Once this is completed, bring the verification of residency to the high school to complete registration.

DOCUMENTS NEEDED FOR REGISTRATION:

- ___ Copy of Parent(s)/Guardian(s) Driver's License
- ___ Guardianship paperwork (if student does not reside with parents) if applies
- ___ Transfer paperwork (approved by Central Office Administration) if applies
- ___ Students that are emancipated, please provide court documentation if applies

ENROLLMENT PAPERWORK FROM PREVIOUS SCHOOL

Previous High School: _____

Previous School City and State: _____

TEXAS SCHOOLS:

Parent/Guardian, if you do not have the following records we will TREX/FAX for records.

Please note that this can delay class scheduling.

- ___ Withdrawal Form ___ Testing Scores
- ___ Transcript ___ Report Card
- ___ Copy of Birth Certificate ___ Copy of Social Security Card
- ___ Copy of Shot Record

OUT OF STATE SCHOOLS:

Parent/Guardian, SHOT records must be verified before registration begins.

- ___ Copy of Shot Record (Verified)

Parent/Guardian, if you do not have the records below, we will FAX/EMAIL for records.

Please note that this can delay class scheduling.

- ___ Withdrawal Form ___ Testing Scores
- ___ Transcript ___ Report Card
- ___ Copy of Birth Certificate ___ Copy of Social Security Card
- ___ Copy of Shot Record

PALESTINE HIGH SCHOOL
SPECIAL PROGRAM INFORMATION
2020-2021

Please indicate what type of special program your child was receiving at previous school:

- | | |
|--|--|
| <input type="checkbox"/> Identified as Special Education | <input type="checkbox"/> Identified as "504" Plan |
| <input type="checkbox"/> Identified in a ESL Program (English Second Language) | <input type="checkbox"/> Identified as Dyslexic |
| <input type="checkbox"/> Identified in a Bilingual Program | <input type="checkbox"/> Identified as Gifted and Talented |

Please check the following that apply to your child:

- | | | |
|--|-------------------|------------------|
| <input type="checkbox"/> Serving placement in DAEP (Alternative Program) | Days given: _____ | Days owed: _____ |
| <input type="checkbox"/> Serving Placement in ISS (In School Suspension) | Days given: _____ | Days owed: _____ |
| <input type="checkbox"/> Truancy charges pending for non-attendance or a court order with conditions | | |
| <input type="checkbox"/> Foster Care Placement (Need DFPS Placement Authorization Form or Court Order) | | |
| <input type="checkbox"/> Homeless (Student Residency Form) | | |
| <input type="checkbox"/> Homebound (Administration approval) | | |
| <input type="checkbox"/> Dependent of Military personnel or relocated due to military service | | |
| <input type="checkbox"/> Dependent of Military personnel deployed overseas in a combat zone | | |
| <input type="checkbox"/> Foreign Exchange Student (Approval by Assistant Superintendent's Office) | | |

I am the legal parent/guardian of the student enrolling and attest to the above information being true and accurate.

Signature of Parent/Guardian

Date

Signature of Student

Date

ADDITIONAL INFORMATION FOR STEP PARENT (IF APPLIES)

Student resides with (check one of the following) _____ Step mother

Name _____

Address: _____
City State Zip Code

Home#: _____ Work#: _____ Cell#: _____

Student resides with (check one of the following) _____ Step Father

Name _____

Address: _____
City State Zip Code

Home#: _____ Work#: _____ Cell#: _____

EMERGENCY CONTACT INFORMATION

Please list emergency contact(s) that are allowed to pick up your student from school. In listing these contacts, you agree to allow PHS staff to speak with them in case parent or guardian is not available.

CONTACT #1

Name: _____ Address: _____

Home#: _____ Work#: _____ Cell#: _____

Relation to Student: _____

CONTACT #2

Name: _____ Address: _____

Home#: _____ Work#: _____ Cell#: _____

Relation to Student: _____

CONTACT #3

Name: _____ Address: _____

Home#: _____ Work#: _____ Cell#: _____

Relation to Student: _____

CONTACT #4

Name: _____ Address: _____

Home#: _____ Work#: _____ Cell#: _____

Relation to Student: _____

**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:

PALESTINE INDEPENDENT SCHOOL DISTRICT/CHARTER SCHOOL

HOME LANGUAGE SURVEY-19TAC Chapter89, Subchapter BB §89.1215

TO BE COMPLETED BY PARENT/GUARDIAN (OR STUDENT IF GRADES 9-12): The state of Texas requires that the following information be completed for each student that enrolls for the first time in Texas public schools. This survey shall be kept in each student's record folder.

NAME OF STUDENT _____ STUDENT ID# _____

ADDRESS _____ TELEPHONE # _____

CAMPUS _____

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

Signature of Parent/Guardian Date

Signature of Student if Grades 9-12 Date

Cuestionario del idioma que se habla en el hogar

DEBE DE COMPLETARSE POR EL PADRE/MADRES/ O REPRESENTANTE LEGAL: (O POR EL ESTUDIANTE SI ESTA EN LOS GRADOS 9-12): El estado de Texas requiere que la siguiente información se complete para cada estudiante que se matricule por primera vez en una escuelas públicas de Texas. Este cuestionario se archivará en el expediente del estudiante.

NOMBRE DEL ESTUDIANTE _____ #ID _____

DIRECCION _____ TELEFONO _____

ESUELA _____

1. ¿Qué idioma se habla en su hogar la mayoría del tiempo? _____
2. ¿Qué idioma habla su hijo/a la mayoría del tiempo? _____

Firma del Padre/Madre/o Representante Legal Fecha

Firma del estudiante si está en los grados 9-12 Fecha