



LINDALE EARLY CHILDHOOD ENROLLMENT CARD

Grade: _____ First Date of Attendance: _____

Home Room: _____ Legal Papers on File: Y / N

Student Legal Name : _____
Last First Middle

Gender: M / F Date of Birth: _____ Birth Place: _____ Social Security # _____

Student's Primary Address

Physical Address: _____
Street/PO Box City State Zip Code County

Mailing Address: _____
Street/PO Box City State Zip Code County

Parent/Guardian Information: (Custodial)

Name: _____ Relationship: _____ Employer: _____

Email: _____ DL number : _____ Date of Birth: _____

Primary Phone: _____ Cell Phone: _____ Work phone: _____

Name: _____ Relationship: _____ Employer: _____

Email: _____ DL number : _____ Date of Birth: _____

Primary Phone: _____ Cell Phone: _____ Work phone: _____

Parent/Guardian Information: (Non-Custodial)

Name: _____ Relationship: _____ Employer: _____

Primary Phone: _____ DOB: _____ DL number: _____ Email: _____

Name: _____ Relationship: _____ Employer: _____

Primary Phone: _____ DOB: _____ DL number: _____ Email: _____

Physical Address: _____
Street/PO Box City State Zip Code County

Mailing Address: _____
Street/PO Box City State Zip Code County

Siblings Attending Lindale ISD

Grade	Name	Campus

EMERGENCY CONTACT/RELEASE INFORMATION: (Other than Parent/Guardian's listed above)

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

Enrolling Parent/Guardian Signature: _____ Date: _____

Last Name: _____

First Name: _____

Local ID: _____

PREVIOUS EDUCATION HISTORY

Student's Name: _____

Has Student ever been Retained?: YES / NO

If YES, what Grade: _____ School Year: _____

Has Student attended Lindale ISD before?: YES / NO

If YES, Name of School: _____ Year: _____

Please list all schools previously attended starting with most current

SCHOOL	CITY/STATE	GRADE	DATES ENROLLED	YEAR

Has Student ever been in any Special Programs?: YES / NO

If YES, check Special Program of enrollment below:

Check Yes or No	Program	School Years
<input type="checkbox"/> Yes <input type="checkbox"/> No	Special Education	
<input type="checkbox"/> Yes <input type="checkbox"/> No	504	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Speech	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dyslexia	
<input type="checkbox"/> Yes <input type="checkbox"/> No	LEP/ESL/Bilingual	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Reading Intervention	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Math Intervention	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Gifted & Talented	

LINDALE 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. 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.

For more information on the process that must be followed, please visit the following website:
https://projects.esc20.net/upload/page/0084/docs/EL%20Identification_Reclassification_Flowchart%202018.pdf

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

NOTE: If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if: 1) your child has not yet been assessed for English proficiency; and 2) your written correction request is made within two calendar weeks of your child's enrollment date.



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.

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

Student Health History
School Year: 2023-2024 (ECC)

Student _____ Grade: _____ Teacher _____

Physician _____ Hospital Preference _____

Chronic Health Conditions

Asthma- Medications: _____ Allergies (Foods or Meds): _____

Cancer-Treatment: _____ Diabetes-Treatment: _____

Heart Problems- Treatment: _____ Glasses: ___ Yes ___ No Ear Tubes/ Date: _____

Seizures: Type _____ Medications _____

Other Chronic Health Conditions: _____

Special Treatment, Needs or Procedures: _____

Recent Surgeries/Hospitalizations: _____

Other Problems or Disabilities/Handicaps: _____

List any medication used routinely by student:

Medication _____ Dose/Time _____

Medication _____ Dose/Time _____

***All medication brought to school must be in the original container; all medication must be accompanied by a note from the parent/guardian. Medications given for more than 10 days require a note from the physician, as well as the parent/guardian.*

___ YES ___ NO I hereby give consent to L.I.S.D. to release pertinent medical information to those individuals working with the above named student with a need to know.

I hereby authorize a representative of the Lindale Independent School District, in case of accident or sudden illness to the above named student, and in case I cannot be reached by telephone, to refer the above named student to available medical services.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Cell Phone: _____ / _____

Parent/Guardian Email Address: _____ @ _____ OR _____ @ _____

Other Emergency Contact Phone(s): _____

REQUEST FOR FOOD ALLERGY INFORMATION

House Bill 742 from the 82nd Texas Legislature requires a school district to request that a parent of an enrolling student disclose whether the student has a severe food allergy.

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 the nature of your child's allergic reaction to the food.

Food:	Nature of allergic reaction to the food:

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: _____

Grade: _____

Parent/Guardian name: _____

Contact Number: _____

Parent/Guardian Signature: _____ Date: _____

Date form was received by the school: _____



LINDALE EARLY CHILDHOOD CENTER

P. O. Box 370 ❖ 201 Stadium Drive ❖ Lindale, Texas 75771

Ph.: 903.881.4400 ❖ Fax: 903.881.4401

www.lindaleeagles.org

To Whom It May Concern:

I give my signed permission, as the below listed child's parent/ guardian, for your agency to release immunization and medical information to the Lindale Independent School District.

Student Name

Date of Birth

Parent/ Guardian Signature

Date Signed

SY 2023-2024

Lindale ISD Student Residency Questionnaire

Answers to this residency questionnaire help determine the services the student may be eligible to receive according to the McKinney-Vento Act, 42 USC 11435

Name of Student: _____ Grade: _____ School: _____

Last School Attended: _____

Name of Parent(s)/Legal Guardians(s):

1. Is your current address a temporary living arrangement? Y N
2. Is this temporary living arrangement due to loss of housing or economic hardship?
 Y N
3. Were you displaced from your home due to a Natural Disaster? (hurricane, fire, flood, tornado, etc.)
 Y N

Type of Natural Disaster:

- Hurricane: _____ (Please Name)
 Other: _____ (Please Describe)

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

- House or apartment with parent or guardian
 In a motel/hotels
 In a shelter or other transitional housing
 Sharing housing with friends or family members (other than or in addition to parent/guardian)
 Moving from place to place
 Unsheltered – in a car, park, or campsite

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

- Loss of housing
 Economic hardship
 Parent/Guardian is currently on active duty in the US Military
 Other (Please explain; i.e. substandard housing) _____

Are you a student living apart from your parents or guardians? Y N

Signature of Parent/Guardian/Unaccompanied Youth/ School Representative

Date

Lindale ISD Student Residency Questionnaire

To be completed by campus office:

Sibling: _____ Campus: _____ Grade: _____

Sibling: _____ Campus: _____ Grade: _____

Sibling _____ Campus: _____ Grade: _____

Sibling: _____ Campus: _____ Grade: _____

Sibling not enrolled in school: _____ Age: _____

Sibling not enrolled in school: _____ Age: _____

Sibling not enrolled in school: _____ Age: _____

Campus Registrar/ Date

Notes about the situation and services that might be offered:

Homeless Indicator: ___ 0 (No) ___ 2 (doubled) ___ 3 (unsheltered) ___ 4 (motel) ___ 5 (shelter)

Unaccompanied Indicator: ___ 3 (not unaccompanied) ___ 4 (unaccompanied) **Effective Date:** _____

McKinney-Vento Liaison/Representative Date

Email a copy of form to Counselor Email a copy of form to McKinney-Vento Liaison btain a copy of form for campus PEIMS

1. Please include or attach any additional information that may be important to your child's enrollment (i.e. evaluations from other agencies, such as, your child's pediatrician, Child Study Center, etc.).

2. Please include any additional information/comments that you think will be helpful to better understand your child.

3. Student receiving any special programs/services:

- Speech services
- 504 plan
- Special education supports (parents must sign transfer paper today to have records sent to LISD)

**INCOME
QUALIFICATION FOR PK
2023 - 2024**

Name of Child _____

Total number of people living in household: _____

Income for household:

(This should include ALL sources of income including CURRENT pay stub with 2022 Tax Return, child support, SSI, pensions, retirement, and disability.)

If you have food stamps, you may provide the letter verifying your case number in place of check stubs

NAME (List <u>everyone</u> in household)	Income and how often it is received. Weekly (W), Every 2 weeks (E) Twice a month (T), Monthly (M)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal Laws.

Parent/Guardian Signature

Date