

LEONARD SHANKLIN ELEMENTARY Registration Form for School Year 2019 - 2020

Campus Name: LEONARD SHANKLIN

Campus Phone: (830) 875-2515

Campus Fax: (830) 875-6708

STUDENT INFORMATION

Local ID _____ Student Name _____ Grade Level _____ Orig Entry Dt _____ Track _____ SSN _____ Hispanic Pacific Islander
 White Black
Gender _____ Date of Birth _____ Birth Place _____ Age (Sept 1st) _____ Texas Unique ID _____ Asian American Indian
Address: _____ Student Home Phone: _____
Mailing Address: _____ Student Cell Phone: _____
Student Email: _____ Will your child be using bus transportation to get to school? Yes No

PARENT INFORMATION

1. Guardian: _____ Relation: _____ 2. Guardian: _____ Relation: _____
Address: _____ Address: _____
City, St, Zip: _____ City, St, Zip: _____
Employer: _____ Employer: _____
Cell Ph: _____ Home Ph: _____ Bus Ph: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____
Other Ph: _____ Phone Pref: Cell Home Business Other Other Ph: _____ Phone Pref: Cell Home Business Other
Receive Mailouts: Yes No Language Pref: English Spanish Receive Mailouts: Yes No Language Pref: English Spanish
Emergency Contact: Yes No Email: _____ Emergency Contact: Yes No Email: _____
Svc Branch: _____ Rank: _____ Enrolling Person: _____ Svc Branch: _____ Rank: _____ Enrolling Person: _____
Right to Transport: Yes No Driver License #: _____ State: _____ Right to Transport: Yes No Driver License #: _____ State: _____
Vehicle Make: _____ Model: _____ Color: _____ Vehicle Make: _____ Model: _____ Color: _____
Vehicle Plate #: _____ State: _____ Vehicle Plate #: _____ State: _____

EMERGENCY CONTACT INFORMATION

1. Name: _____ Relation: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____
Other Ph: _____ Phone Pref: Cell Home Business Other Right to Transport: Yes No Driver License #: _____ State: _____
Vehicle Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____
2. Name: _____ Relation: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____
Other Ph: _____ Phone Pref: Cell Home Business Other Right to Transport: Yes No Driver License #: _____ State: _____
Vehicle Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____
Doctor: _____ Bus Ph: _____ Dentist: _____ Bus Ph: _____
Hospital: _____ Bus Ph: _____ Other Medical: _____ Bus Ph: _____

List any Allergies or Health Concerns: _____

SIBLING INFORMATION

Brothers/Sisters	Grade	School	Brothers/Sisters	Grade	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

BUS INFORMATION

Eligible: _____ Seat: _____ Special Requirements _____
Route: _____ Run: _____ Transportation: _____
Pickup Stop: _____ Dropoff Stop: _____ Special Seating: _____
Pickup Assigned: _____ Dropoff Assigned: _____ Wheelchair: _____
Pickup Route: _____ Dropoff Route: _____

The above information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records or information is a violation of state law and may subject you to tuition cost for your child. I certify that the information given above is correct. I authorize the school to contact the person named on this form and the above named physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physician, or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.

Parent or Guardian Signature _____ Date of Birth _____ Date _____

(For Office Use Only)

Teacher Name: _____ Control Nbr: _____ Eligibility Code: _____
Birth Certificate on File: _____ Mil Conn: _____ Foster Care: _____ Immunization on File: _____ Title I: _____
Soc Sec Copy on File: _____ At Risk: _____ Migrant: _____ Hm Lng: _____
Gift: _____ LEP: _____ BIL: _____ ESL: _____ Par Per: _____ Econ: _____ Special Education: Prim: _____ Sec: _____ Tert: _____ Multi: _____



LULING ISD GENERAL INFORMATION SURVEY

Student Name: _____ Date: _____

Grade: _____

TO BE COMPLETED BY PARENT OR GUARDIAN

1. Does your child have any special health problems? YES _____ NO _____

If yes, describe the problem:

2. Has your child ever been placed in a special education program?

YES _____ NO _____

3. Did your child receive speech therapy in his/her previous school?

YES _____ NO _____

4. Has your child ever received 504 accommodations?

YES _____ NO _____

5. Has your child ever been placed in a gifted and talented program?

YES _____ NO _____

6. Has your child ever been placed in a Bilingual Class?

YES _____ NO _____

7. Has your child ever been placed in an ESL Class?

YES _____ NO _____

8. Has your child ever been retained? If yes, what grade and year?

YES _____ NO _____ Grade retained _____ YEAR _____

9. Has your child ever been diagnosed with Dyslexia?

YES _____ NO _____

10. Is there any other information you feel might be useful to us and aid in the placement of your child?

Signature of Parent or Guardian: _____



LULING ISD INSPECCION GENERAL de INFORMACION

Nombre de estudiante: _____ Fecha: _____

Grado: _____

SER COMPLETADO POR EL PADRE O TUTOR

1. ¿Su hijo tiene algún problema de salud especial? SI _____ NO _____

Si es así, describa el problema:

2. ¿Alguna vez su hijo ha sido colocado en un programa de educación especial?

SI _____ NO _____

3. ¿Su hijo recibió terapia del habla en su escuela anterior?

SI _____ NO _____

4. ¿Su hijo recibió 504 alojamientos?

SI _____ NO _____

5. ¿Alguna vez su hijo ha sido colocado en un programa de dotado y talentoso?

SI _____ NO _____

6. ¿Alguna vez su hijo ha sido colocado en una clase de ESL?

SI _____ NO _____

7. ¿Su hijo ha sido colocado en una clase bilingüe?

SI _____ NO _____

8. ¿Ha retenido a su hijo? Si es así, ¿qué grado y año?

SI _____ NO _____ grado retenido _____ año escolar _____

9. ¿Su hijo alguna vez ha sido diagnosticado con dislexia?

SI _____ NO _____

10. ¿Hay alguna otra información que considere útil para nosotros y que podrá ayudar en la colocacion de su hijo?

Firma de Padre/Tutor: _____



IMMIGRANT QUESTIONNAIRE

Name of Student _____

Date of Birth _____

Sex: Male Female Grade _____ Date of Enrollment _____

In what country was the student born? _____

What years have you attended a US school? _____

Luling ISD does not discriminate on the basis of race, color, national origin, sex, or disability in providing education services, activities and programs.



CUESTIONARIO DE IMMIGRANTE

Nombre Del Estudiante _____

Fecha de Nacimiento _____

Sexo: Masculino Femenino Grado _____ Fecha de Inscripción _____

¿En que país nació el estudiante? _____

¿Qué años hay asistido a una escuela de Estados Unidos? _____

El distrito escolar independiente de Luling no discrimina por motivos de raza, religión, color, origen nacional, sexo o discapacidades en proveer servicios educacionales, actividades o programas.



LULING 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_ReclassificationFlowchart%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.

