

<b>For Office Use Only</b>
Student Name: _____
2025-2026 Campus: _____ Grade: _____

## Education Center International Academy (ECIA)

### Campuses:

**302 North Town East Blvd, Sunnyvale, Texas 75182**  
**(p) 214-628-9152 (f) 214-628-9124**

**8200 Schrade Road, Rowlett, Texas 75088**  
**(p) 972-412-8080 (f) 214-628-9124**

### 2025-2026 Student Enrollment Packet

ECIA **CANNOT** accept **INCOMPLETE** enrollment packets. Please make sure you have completed the entire packet, signed where needed, and all needed documents are attached. A student is not officially enrolled at ECIA until all documentation is complete. If the number of applicants exceeds the available space, a waitlist will be created.

Please contact the school office with any questions, or if you need help completing the enrollment packet.

We are pleased that you have chosen ECIA as your “School of Choice,” and we are looking forward to a rewarding school year together!

### Needed Documentation

1. Completed Enrollment Packet
2. Social Security Card
3. Up to date Immunization Records
4. State Certified Birth Certificate (hospital copies are not accepted)
5. Copy of Current Utility Bill (Electric, Gas, Water, or Lease)
6. Copy of most recent Report Card
  - “End of Year” report card must verify promotion/retention
7. Copy of latest STAAR report (grades 4-8) (out of state, homeschooled or private school students may be required to take an assessment test to determine grade level)
8. Latest TPRI student report, and or other standardized test report (grades K-3)
9. Copy of all latest applicable Educational Program Records (which may include Special Education, ESL, GT, Speech, and 504)
10. Copy of both sides of Medical Insurance Card
11. Discipline records from previous school

Date/Time Submitted: _____
Reviewed by: _____

<b>For Office Use Only</b>	
Student Name: _____	_____
2025-2026 Campus: _____	Grade: _____

## PEIMS Student Information

Grade for 2025-2026 Year: _____				For Office Use Only Enrollment Date: _____ Withdrawal Date: _____	
STUDENT INFORMATION					
Student Name Last First Middle			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth date:
Street Address Apt#			City		Zip Code
Home Phone ( )			Student lives with which parent?		Mother/Father/Both/Other
Social Security Number: ____ - ____ - ____		Hispanic: Yes ___ No ___	Race: (White, African American, etc.)		Student Family Status: (Single, Married, Separated, Divorced, Other)
PARENT/GUARDIAN INFORMATION					
<input type="checkbox"/>	Mother's Last Name		First Name		Middle Name
					Home Phone ( ) Cell Phone ( )
Street Address (if different from student)			Apt#		City
					Zip Code
Employer		Employer phone ( )		Occupation/Department	
<input type="checkbox"/>	Father's Last Name		First Name		Middle Name
					Home Phone ( ) Cell Phone ( )
Street Address (if different from student)			Apt#		City
					Zip Code
Employer		Employer phone ( )		Occupation/Department	
Parent/Guardian Military Service: Active Duty _____ Veteran _____					
EMERGENCY INFORMATION					
In case of a MEDICAL EMERGENCY, the school will call the paramedics, and if necessary, your child will be transported to the nearest emergency room for immediate care. <input type="checkbox"/> YES <input type="checkbox"/> NO I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in case of an emergency.					
Physician's Name		Address		City	
				Telephone ( )	
Health Insurance Information (please provide a copy of both sides of your child's medical insurance card)					
In case my child becomes seriously ill or is injured, and neither parent can be reached by phone, please notify the following person(s). Please list two contacts that do not live in the household.					
Primary Emergency Contact		Relationship	Home Phone ( )	Cell ( )	Work ( )
Secondary Emergency Contact		Relationship	Home Phone ( )	Cell ( )	Work ( )

<b>For Office Use Only</b>	
Student Name: _____	_____
2025-2026 Campus: _____	Grade: _____

### PEIMS Student Information (cont)

Previous School	City/State	School phone number ( )												
<p>1. Has the student ever attended ECIA?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, which campus, and what year?            _____</p>	<p>4. In the past year, has the student been serviced under the Special Education umbrella in any of the following areas:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Resource Math</td> <td><input type="checkbox"/> Speech Services</td> <td><input type="checkbox"/> Content Mastery</td> </tr> <tr> <td><input type="checkbox"/> Resource English</td> <td><input type="checkbox"/> Occupational Therapy</td> <td><input type="checkbox"/> Assistive Technology</td> </tr> <tr> <td><input type="checkbox"/> Resource Social Studies</td> <td><input type="checkbox"/> Physical Therapy</td> <td><input type="checkbox"/> Counseling</td> </tr> <tr> <td><input type="checkbox"/> Resource Science</td> <td><input type="checkbox"/> Play Therapy</td> <td><input type="checkbox"/> Other</td> </tr> </table> <p style="text-align: right;">_____</p>		<input type="checkbox"/> Resource Math	<input type="checkbox"/> Speech Services	<input type="checkbox"/> Content Mastery	<input type="checkbox"/> Resource English	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> Resource Social Studies	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Counseling	<input type="checkbox"/> Resource Science	<input type="checkbox"/> Play Therapy	<input type="checkbox"/> Other
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<input type="checkbox"/> Resource Science	<input type="checkbox"/> Play Therapy	<input type="checkbox"/> Other												
<p>2. Did the student attend a public school last year?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>5. Has the student ever repeated a grade?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, which grade did the student repeat? _____</p>													
<p>3. Has the student ever been in any special learning programs (ESL, Special Education, Dyslexia, GT or 504)?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If so, name the program and grade in which the student was enrolled. _____</p>	<p>6. Has the student ever been Home Schooled?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, what grade(s)? _____</p>													
<p>Does the student have a documented history of a criminal offense, juvenile court adjudication, or discipline problems under TEC chapter 37, Sub. A? If yes, please explain: _____</p> <p>_____</p>		<p><b>For Office Use Only</b></p> <p>Campus ID of Residency: _____</p>												
<p><b>FALSIFICATION OF INFORMATION</b></p> <p>Under Texas law, if any person knowingly falsifies information on a form required for the enrollment of a student, that person is liable to ECIA, if the student is not eligible for enrollment in ECIA, but is enrolled on the basis of falsified information. The person is liable for the greater of:</p> <ol style="list-style-type: none"> <li>The maximum tuition fee ECIA may charge under 25.038 of the Texas Education Code (TEC), or</li> <li>The amount ECIA has budgeted for each student as maintenance and operating expenses.</li> </ol> <p>Also, ECIA may include on an enrollment form notices of the penalties provided by 37.10 of the Texas Penal Code (TPC) and the liability provided above for falsifying information on the form.</p> <p>The penalties under 37.10 TPC (dealing with falsifying government records), are as follows:            Any person who knowingly falsifies information on a form required for enrollment in a school district commits an offense under 37.10 of the TPC, which is a class 1 misdemeanor, unless the person's intent is to defraud or harm another, in which case, the offense is a felony of the third degree. The person liable for the period during which the ineligible student is enrolled, for the greater of:</p> <ol style="list-style-type: none"> <li>The maximum tuition fee ECIA may charge under 25.038 of the TEC, or</li> <li>The amount ECIA has budgeted for each student as maintenance and operating expenses.</li> </ol> <p>A class A misdemeanor is punishable by a fine not to exceed \$2,000.00; confinement in jail for a term not to exceed one year; or both such fine and imprisonment. A third-degree felony is punishable by a prison sentence for any term of not more than ten years or less than two years and, additionally by a fine not to exceed \$5,000.00.</p> <p>I attest that all the above information is true to the best of my knowledge and recognize that any falsification of records is grounds for immediate dismissal.</p> <p>Parent/Guardian Name (Print): _____</p> <p>Parent/Guardian Signature: _____ Date: _____</p>														

<b>For Office Use Only</b> Student Name: _____ 2025-2026 Campus: _____ Grade: _____
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## STUDENT RELEASE AUTHORIZATION

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Please list the name(s) of the person(s) who has/have your permission to pick your child up from school **(Parent/Guardian - do not list yourself)**. ECIA **MUST** have a picture ID on file of the individual picking up your child.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

I understand that my child will not be released into the custody of any person who is not on the above list. I also understand that it is my responsibility to inform the school (in writing) of any changes that need to be made to the above list.

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only</b>
Student Name: _____
2025-2026 Campus: _____ Grade: _____

## HEALTH LETTER

Dear Parent/Guardian:

In order to effectively meet your child's needs during the school year, it is necessary to obtain certain health information and current phone numbers where a parent/guardian or another designated adult can be reached in case of an emergency. As a school, we have also instituted specific procedures and policies that must be followed to protect students who attend ECI Academy. These procedures and policies are as follows:

### IMMUNIZATIONS

- ImmTrac is used by the Health Coordinator to obtain immunization records from the Texas state database.
- All immunization records must be presented at the time of enrollment, and must be current.
- Further, it is the responsibility of the parent/guardian to submit an updated immunization record to the school.
- If immunization delinquencies occur during the school year, students will be excluded from attendance until an updated immunization record is submitted to the school office.

### MEDICATION

- All medication must be provided by a parent and in the original container (No exception will be made to this policy).
- No members of the school staff will administer aspirin or medication containing aspirin, unless provided by a parent (No exceptions will be made to this policy).
- Students needing to receive medication during school hours must turn in a "Medical Release Form" (available upon request), completed and signed by the parent/guardian before any medication will be administered.
- All medications must be kept in the clinic and administered by approved personnel.
- Parents/Guardian should make every effort to schedule the administration of student medication in such a manner that medication will not need to be administered during school hours.

### ILLNESS

- A student with a fever of 100 or more, diarrhea, or vomiting will be sent home from school. The student must be picked up within the hour.
- Students must be free of fever for 24 hours without the aid of fever reducing medication before returning to school.
- Students must be diarrhea free for 24 hours without the aid of diarrhea suppressing medications before returning to school. Diarrhea is 3 or more episodes of loose stool in a 24 hour period.
- A student must not come to school if vomiting 2 or more times in 24 hours. A student should have 1 or 2 meals without vomiting before returning to school.
- Students with a communicable disease will not be allowed to attend school until the appropriate actions have been taken. The final decision to determine whether a child can return to school is at the discretion of the Campus Administrator or designee.

<b>For Office Use Only</b> Student Name: _____ 2025-2026 Campus: _____ Grade: _____
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## HEALTH LETTER (cont)

- Students will not be allowed to attend extracurricular activities when they have been sent home ill or when they have missed school due to illness.

### RESTRICTION OF ACTIVITY

- Any student requiring restriction from any type of physical activity must have a written statement by their physician. The restriction of physical activity must be clearly stated. The start and stop dates must also be stated on the statement. Restriction(s) will be in force until a written release from a physician is submitted to the school office.

### EMERGENCY CONTACT

- It is imperative that school officials be able to contact one parent/guardian or their designee in the event of a medical emergency or illness involving your child. Any change in contact information must be given to the School Office immediately; we must be able to contact you at all times.

I agree to fully cooperate with the above policies and procedures.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only</b> Student Name: _____ 2025-2026 Campus: _____ Grade: _____
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## MEDICAL EMERGENCY

Students name: \_\_\_\_\_ Grade: \_\_\_\_\_

In case of a MEDICAL EMERGENCY, the school will call the paramedics, and if necessary, your child will be transported to the nearest emergency room for immediate care.

Circle One:

**YES**    **NO**    I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only if neither parent/guardian can be reached in case of an emergency.

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Telephone: \_\_\_\_\_

Health Insurance Information (please provide a copy of both sides of your child's medical insurance card)

In case my child becomes seriously ill or is injured, and neither parent can be reached by phone, please notify the following person(s). Please list two contacts that do not live in the household.

Primary Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

<b>For Office Use Only</b> Student Name: _____ 2025-2026 Campus: _____ Grade: _____
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## STUDENT HEALTH HISTORY

Students name: \_\_\_\_\_ Grade: \_\_\_\_\_

Is your child allergic to any medication, food, bee sting, etc.? Yes No

List foods, medications or any other cause of allergic reactions: \_\_\_\_\_

Does your child require an EPI pen on campus? If yes, a prescription is required. Yes No

Adaptive Equipment & Special Needs: Yes No

Does your child wear glasses or contacts? Yes No

Does your child require a hearing aid? Yes No

Does your child require the use of a wheelchair, braces, cane, or crutches? Yes No

If yes, what equipment used and reason for usage: \_\_\_\_\_

Does your child have Asthma? Does your child have an Asthma Care Plan? Yes No

Does your child require use of an inhaler or require breathing treatments? Yes No

Does your child have Diabetes? Yes No

If yes, does your child have a current Diabetes Care Plan? Yes No

Does your child currently have or had any other health issues? Yes No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Please list all medication (including those not taken at school) that your child is currently taking:

Med Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Med Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Med Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



<b>For Office Use Only</b> Student Name: _____ 2025-2026 Campus: _____ Grade: _____
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## AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

\_\_\_\_\_  
Name of Previous School

\_\_\_\_\_  
Name of School District

\_\_\_\_\_  
Fax Number

**Attention Registrar:**

The following student has enrolled at ECIA (Check campus):    Rowlett \_\_\_ Sunnyvale \_\_\_

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade 2025-2026

\_\_\_\_\_  
Date of Birth

I give permission for all school records to be released to ECIA.

\_\_\_\_\_  
Parent/ Guardian Name (print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Student records can be sent via TRex (057833001) for Sunnyvale, (057833002) for Rowlett or faxed to: 214-628-9124, or mail to: 302 N Town East Blvd, Sunnyvale, TX 75182.

<b>For Office Use Only</b> Student Name: _____ 2025-2026 Campus: _____ Grade: _____
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## STUDENT HISTORY

(To be completed only if the student's primary home language is **NOT** English)

Student Name: \_\_\_\_\_ Date student entered the U.S.: \_\_\_\_\_  
 Student Birth Date: \_\_\_\_\_ Initial date of enrollment in U.S. Schools: \_\_\_\_\_  
 Birthplace: \_\_\_\_\_ Years in the U.S. School: \_\_\_\_\_

Schools attended outside the U.S.:

School Year	Grade	Total Time Enrolled	Country

Schools Attended in the U.S.:

School Year	Grade	District	School	Duration	Language Program	TELPAS Rating	TAKS/STAAR Test History

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STUDENT RESIDENCY QUESTIONNAIRE

Student Name: \_\_\_\_\_

The answers you give will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally required, such as proof of residency, school records, immunization records, or birth certificate.

Where is the student currently living?

- In a shelter
- With another family or other person (sometimes referred to as "Doubled-Up")
- In a hotel/motel
- In a car, park, bus, train or campsite
- Other temporary living situation (Please describe):
- In permanent housing
- In a Foster Home

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only</b>
Student Name: _____
2025-2026 Campus: _____ Grade: _____

**(Both Parent and Student MUST Read and Sign)**

**COMPUTER/INTERNET USE PERMISSION**

\_\_\_\_\_ I give permission for my child to use ECIA computers for assignments, research, documents and projects. If at any time he/she accesses any prohibited site, downloads information, infringes on the copyright law, destroys the computer property of ECIA, he/she shall be responsible for replacing the property and/or may be denied computer access for a time to be determined by the teacher and campus principal, and may result in additional disciplinary action.

**MEDIA RELEASE**

\_\_\_\_\_ ECIA has **my permission** to include my child in films, videos and/or audio tape recordings, slides and photographs taken during classroom instruction, assessment and other school-related activities, and yearbook. I understand that this media may be produced and used for educational and promotional purposes.

\_\_\_\_\_ ECIA does **not have my permission** to include my child in films, videos and/or audio tape recordings, slides and photographs taken for any reason.

**PLAYGROUND RELEASE**

\_\_\_\_\_ I give permission for my child to play on the playground at ECIA. I understand that ECIA will not be liable for any injury to my child, except in cases of intentional neglect.

**TEXTBOOK AGREEMENT**

\_\_\_\_\_ I hereby agree that I will be responsible for all school issued textbooks used by my child. I further agree that I will reimburse ECIA for the replacement value of any book or books that are damaged, destroyed, or misplaced by my child.

Student Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only</b>	
Student Name: _____	_____
2025-2026 Campus: _____	Grade: _____

# **ECI Academy Dress Code**

## **2025-2026**

### **Dress and Grooming Code**

1. All students must wear a Polo shirt (any solid color). Polo's can be short or long sleeved.
2. If undershirts are worn, they must be white, black, or gray short or long-sleeved T shirts (no thermals or designs). Navy, black, or khaki pants must be worn. No blue jeans or denim pants, sleepwear, jogging or exercise pants are allowed.
3. Navy, black, or khaki knee-length shorts no more than 2 inches above the knee may be worn. No boxers, sleepwear, exercise shorts or basketball shorts are allowed.
4. Students may wear knee-length navy, black, or khaki skirts (with shorts underneath), skorts or one piece jumpers. Skirts, skorts or jumpers must be no more than 2 inches above the knee (NO EXCEPTIONS).
5. All uniforms must be neat/clean and worn properly. No sagging allowed at any time.
6. During cold weather, students are permitted to wear a hooded or non-hooded sweatshirt (any solid color) with school Polo underneath. College sweatshirts with Polo underneath may be worn. Jackets will be allowed. Hoods may not be worn in the school building.
7. Students must wear athletic shoes during P.E.
8. Facial hair such as beards, mustaches, and goatees will not be permitted.
9. Students will be required to have their hair cleaned and combed.
10. No Mohawks, faux hawks or hair designs will be allowed by any student. Natural hair color only.
11. Facial and tongue jewelry are not permitted.
12. Caps or hats are not permitted in school buildings. However, these items are permitted while outside.
13. Tattoos of any kind are not permitted.
14. Sponsors of extracurricular activities may set individual dress and appearance standards with the approval of the principal.
15. During free dress days the following additional rules will apply: Students will not be permitted to wear see-through or sleeveless clothing, tank tops, spaghetti strap tops or have midriiffs exposed.
  1. Clothes normally considered as undergarments are not permitted to be worn as outer garments.
  2. Extremely sloppy or torn clothing (jeans) will not be permitted.
  3. Apparel that advertises or depicts alcohol, drugs, nudity, tobacco products, satanic themes, skulls, gang membership, obscene language, graphics and/or other phrases that are offensive to others will not be permitted.
  4. Any disruptive or distracting clothing or appearance that adversely impacts the educational process is not acceptable and is subject to interpretation by campus principals.
  5. Cutoffs, boxer shorts, pajama bottoms, bike shorts, short leggings as outer garments, etc. will not be allowed.
  6. No revealing tops or bottoms are to be worn.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.

Student Name: \_\_\_\_\_

District Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Campus Name: \_\_\_\_\_

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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](http://txel.org)) for additional information.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student if Grades 9-12 \_\_\_\_\_ Date \_\_\_\_\_



Nombre del Estudiante: \_\_\_\_\_

Distrito: \_\_\_\_\_

#ID del Estudiante: \_\_\_\_\_

Escuela: \_\_\_\_\_

## CUESTIONARIO SOBRE EL IDIOMA USADO EN EL HOGAR

19 TAC Chapter 89, Subchapter BB, §89.1215

(El cuestionario sobre el idioma usado en el hogar administrado solamente durante la matriculación inicial en escuelas públicas en Texas)

**Este cuestionario debe de completarse por el padre o tutor para estudiantes que cursen desde Prekínder\* hasta el octavo grado (o por el estudiante si cursa grados del 9-12)**

\*Prekínder incluye cualquier estudiante matriculado en programas para niños de 3 o 4 años de edad

### Primera Parte:

El estado de Texas requiere que la siguiente información se complete para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Es la responsabilidad del padre o tutor, no de la escuela, proporcionar la información del idioma requerida por las siguientes preguntas.

### Estimado padre o tutor:

Por favor, responda las siguientes preguntas sobre los idiomas que usa su hijo(a) o su familia. Si sus respuestas indican el uso de un idioma que no sea inglés, la escuela llevará a cabo una evaluación de dominio del idioma para determinar qué tan bien se comunica su hijo(a) en inglés. Esta información se utilizará para determinar cualquier apoyo lingüístico apropiado e informar las recomendaciones de instrucción. Si tiene preguntas sobre el propósito y el uso del cuestionario sobre el idioma del hogar, o si desea ayuda para completar el formulario, comuníquese con el personal de su escuela/distrito.

Este cuestionario se mantendrá en la carpeta de registro permanente de cada estudiante. Una copia de este cuestionario seguirá al estudiante mientras esté matriculado en cualquier escuela pública o una escuela autónoma de inscripción abierta de Texas.

## Segunda Parte:

Por favor, responda a las preguntas lo mejor que pueda.

1. ¿Cuáles idiomas se usan en el hogar? \_\_\_\_\_
2. ¿Cuáles idiomas usa el estudiante en el hogar? \_\_\_\_\_
3. Si el estudiante tenía un entorno familiar anterior, ¿cuáles idiomas se utilizaban? Si no tenía un entorno familiar anterior, responda No aplicable (N/A). \_\_\_\_\_

**Al marcar este casillero, yo entiendo que una corrección a este cuestionario solo puede suceder si:**

- 1) mi hijo/(a) aún no ha sido evaluado para el dominio del inglés; y
- 2) las correcciones se realizan en un plazo de dos semanas naturales a partir de la fecha de matriculación de mi hijo(a).

**Nota:** Por favor, póngase en contacto con su escuela para informarse sobre los beneficios de los servicios de la educación bilingüe. Los siguientes recursos también pueden proporcionarle información sobre los servicios del programa que fomentan el bilingüismo.

- [Derechos de los padres/tutores](#)
- [Educación bilingüe](#)
- [Videos informativos para padres](#)

Por favor, visite el portal Apoyando a estudiantes bilingües emergentes en Texas ([txel.org](http://txel.org)) para obtener información adicional.

Firma del padre/tutor \_\_\_\_\_ Fecha \_\_\_\_\_

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