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Complete Round-up
Packet in blue or
black ink only

Return the completed packet before Monday, March 30. You will need to return the packet to a labeled box inside the administration building between the hours of 8:00 – 4:00 during the week of March 23 – 27.

Typically, we collect documentation such as birth certificates, social security cards, shot records, etc. during Round-up. We will now make those copies during “in-person” registration in August. The information we gather through this packet will enable us to make plans for staffing and building use for the upcoming year.

We appreciate your cooperation and support.

Please refer to the Primary campus website for further information (woisd.net - go to campuses, then select Primary) or, contact Pam Salter at salterp@woisd.net



GRADE: _____

New Student Demographic Information 2020-21

STUDENT'S FULL LEGAL NAME AS STATED ON BIRTH CERTIFICATE:

Student Last: _____ Student First: _____ Student Middle: _____

Student Cell #: _____ Student Email: _____

Date of Birth: _____ Age as of Sept. 1: _____ Social Security #: _____

Gender: Male Female Birthplace (City & State): _____

Last School Attended by this Student: _____

Has student EVER attended White Oak ISD: YES NO

Special Programs (if applicable): Special Education SPEECH G/T 504 ESL DYSLEXIA

Has student ever been retained?: YES NO If retained what grade level and year: _____

Does student have continued DAEP Placement?: YES NO Suspended or Expelled?: YES NO

FAMILY ONE: (Where student lives) Skyward Family ID#: _____

Physical (street) Address: _____

Mailing Address: _____

1. Parent/Guardian Name: _____ Relation to student: _____

Parent/Guardian Email: _____ Parent Phone: _____

Place of Employment: _____ Work Phone: _____

2. Parent/Guardian Name: _____ Relation to student: _____

Parent/Guardian Email: _____ Parent Phone: _____

Place of Employment: _____ Work Phone: _____

FAMILY TWO: (Second Parent/Residence) Skyward Family ID#: _____

Physical (street) Address: _____

Mailing Address: _____

1. Parent/Guardian Name: _____ Relation to student: _____

Parent/Guardian Email: _____ Parent Phone: _____

Place of Employment: _____ Work Phone: _____

2. Parent/Guardian Name: _____ Relation to student: _____

Parent/Guardian Email: _____ Parent Phone: _____

Place of Employment: _____ Work Phone: _____

SKYWARD FAMILY ACCESS LINK:

A username and password will be emailed to the enrolling parent after initial documentation has been received for completion of online registration process:

*Birth Certificate * Social Security Card * Proof of Residence * Driver's License * Health Form * Shot Record*

Email Address for Family Access: (please print) _____

**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.
- NotHispanic/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

_____ NotHispanic/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: _____

Agencia de Educación de Texas

Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal de las Escuelas Públicas de Texas

El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).

Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.

Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).

Parte 1. Etnicidad: ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)

- Hispano/Latino** – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.
- No Hispano/Latino**

Parte 2. Raza. ¿Cuál es la raza de la persona? (Escoja uno o más de uno)

- Indio Americano o Nativo de Alaska** – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo América Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.
- Asiático** – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.
- Negro o Africano-Americano** – Una persona con orígenes de cualquier grupo racial negro de África.
- Nativo de Hawai u otras islas del pacífico** – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.
- Blanco** – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

Nombre del Estudiante/Miembro de Personal legal) (por favor use letra de imprenta)

Firma (Padre/Representante)/(Miembro de personal)

Número de Identificación del Estudiante/Miembro del personal

Fecha

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:

LANGUAGE PROFICIENCY ASSESSMENT COMMITTEE (LPAC) – ENGLISH

WHITE OAK INDEPENDENT SCHOOL DISTRICT/CHARTER SCHOOL

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. Once your child is assessed, changes to the Home Language Survey responses are not permissible.

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: <http://web.esc20.net/LPAC-Interactive/InteractiveFlowchart-EN.htm>.

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

LANGUAGE PROFICIENCY ASSESSMENT COMMITTEE (LPAC) – SPANISH

WHITE OAK INDEPENDENT SCHOOL DISTRICT/CHARTER SCHOOL

Cuestionario sobre el idioma que se habla en el hogar

19 TAC Chapter 89, Subchapter BB §89.1215

DEBE DE COMPLETARSE POR EL PADRE O TUTOR ESTUDIANTES QUE CURSEN DESDE PREKINDER HASTA EL OCTAVO GRADO: (O POR EL ESTUDIANTE SI CURSA GRADOS DEL 9-12): 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.

Querido padre o guardián:

Para determinar si su hijo(a) se beneficiara de los servicios de los programas bilingües y/o de inglés como segundo idioma, por favor responda las dos preguntas siguientes.

Si cualquiera de sus respuestas indica el uso de un idioma que no sea inglés, entonces el distrito escolar debe realizar una evaluación para determinar que tanto se comunica su hijo(a) en inglés. Esta información de evaluación se usará para determinar si los servicios de programas bilingües y/o de inglés como segundo idioma son apropiados e informarán las recomendaciones en cuanto a la instrucción y la asignación del programa. Una vez completada la evaluación de su hijo(a), no se permitirán cambios a las respuestas en el cuestionario.

Si tiene preguntas sobre el propósito y el uso del cuestionario sobre el idioma que se habla en el hogar, o si necesita ayuda para completar el cuestionario, por favor comuníquese con el personal del distrito escolar.

Para más información sobre el proceso que debe seguirse, por favor visite el siguiente sitio web:
<https://projects.esc20.net/upload/page/0081/docs/LPAC-TrainingFlowchartSpanish-Accessible.pdf>.

Este cuestionario se archivará en el expediente del estudiante.

NOMBRE DEL ESTUDIANTE _____ ID#: _____

DIRECCIÓN: _____ TELÉFONO: _____

ESCUELA: _____

Nota: Indique sólo un idioma por respuesta.

1. ¿Qué idioma se habla en casa la mayoría del tiempo? _____

2. ¿Qué idioma habla su hijo(a) la mayoría del tiempo? _____

Firma del padre o tutor

Fecha

Firma del estudiante si esta en los grados 9-12

Fecha

Student Health History Form

Student Name: _____

Date of Birth: _____

SEVERE FOOD ALLERGY:

Food: _____

Reaction: _____

EPI-Pen Required?: YES NO

Other Allergies: _____

Asthma: _____

Heart Problems: _____

Kidney Disease: _____

Hearing Problems: _____

Ear Problems: _____

Vision Problems: _____

Stomach Problems: _____

Chicken Pox: _____

Epilepsy: _____

Diabetes: _____

Other: _____

SURGERIES: _____

Long Term Doctor Restrictions: _____

Does your student visit doctor regularly?: YES NO If yes Why? _____

Does your student take medicine on a regular basis?: YES NO If yes Why? _____

Does the student have any physical or emotional problems?: YES NO If yes Why? _____

Other significant information: _____

FAMILY INFORMATION Parent/guardian student lives with:

Dad/Step Father: _____

Cell Phone: _____

Employer: _____

Work Phone: _____

Mom/Step Mother: _____

Cell Phone: _____

Employer: _____

Work Phone: _____

Notify in case of Emergency: _____

Emergency Phone: _____

Family Physician: _____

Physician Phone: _____

Hospital of Choice: _____

State law requires students with signs of contagious diseases to be excluded from school until admission is acceptable to school authorities. In case of accident/illness, in the event a parent cannot be reached, I authorize a representative of White Oak School to refer my child to physician listed above or take to a hospital. I realize the school is not liable for doctor/hospital expenses due to injuries received at school.

*****UPDATING THIS HEALTH HISTORY IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN*****

Parent/Guardian Signature: _____

Date: _____

INTERMEDIATE & PRIMARY SCHOOL New Student Information

Student _____ Grade _____

Parent/Guardian _____

Phone _____ Former School _____

Special Programs: *Is/Was the student enrolled in:*

GT Program? _____ Yes _____ No _____

ESL Program? _____ Yes _____ No _____

Dyslexia Program? _____ Yes _____ No _____

Speech Program? _____ Yes _____ No _____

IEP/ Special Education Program? _____ Yes _____ No _____

Does your child receive 504 or TIER/Rtl services? _____ Yes _____ No _____

If you answered YES to IEP or 504 or TIER, what is the student's disability? _____

Other Information:

Is the Student on Free or Reduced Lunch? _____ Yes _____ No _____

Has the student ever been retained? _____ Yes _____ No _____ If yes, what grade: _____

Has the student ever failed a State EXAM? _____ Yes _____ No _____ (TAKS, STAAR, or other State Exam)

Is the student currently suspended or expelled from school or in an Alternative School? Yes _____ No _____

Does the student have a Medical Condition that we need to be aware? _____

Does the student take medication? _____ Yes _____ No _____

Please List: _____

Is there anything we need to be made aware? _____

White Oak Primary School Pre-Kindergarten Qualification Form

Student Name: _____ Date of Birth: _____

Social Security Number: _____ Age as of September 1, 2020: _____

Student Address: _____

Phone Number 1: _____ Phone Number 2: _____

Parent Name: _____ Email Address: _____

Do you receive Food Stamps ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide Food Stamp Number:	
Do you receive TANF ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide TANF Number:	
Do you receive SSI Benefits ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide SSI Number:	
Is or has the child ever been in the custody of the Texas Department of Family and Protective Services following an adversarial hearing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child Homeless ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child a dependent of an active duty member of the Military ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child a dependent of an active duty member of the Military who was injured or killed ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child speak a language other than English ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the parent/guardian received the Star of Texas Award for peace officers, firefighters, and emergency medical first responders in the State of Texas?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please fill out the information below if your child will qualify for the state mandated no cost PK based on income level.

Full Legal Name of ALL People Living within your household	Number of people in household	Earnings from work before deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	Check if No income is received	Paid weekly, monthly, every 2 weeks, annually, etc.
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	

I certify that all of the information provided on this form is true and correct and that all income is reported, if needed. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on this application; and that deliberate misrepresentation of the information may subject me to prosecution under State and Federal laws and the withdrawal of my child.

Parent Signature: _____ Date: _____

White Oak Primary Pre-Kindergarten Qualification Form

The following to be completed by Campus Personnel:

Approval Based On:	
	Limited English Proficient (all required)
	Home Language Survey
	Testing Documents
	LPAC Placement Date of Meeting:
	Income Eligibility Date Qualified:
	Homeless
	2018/19:
	2019/20:
	Military (one required)
	Department of Defense ID (DO NOT COPY)
	Date Viewed: _____
	Signature of person viewing: _____
	State of Service: _____
	Death Certificate: _____
	Purple Heart Orders of Citation: _____
	Missing in Action: _____
	Line of Duty Determination showing wounded or injured NOT in combat: _____
	VA Disability Paperwork: _____
	Foster
	Texas DFPS Letter
	Form 2085
	Star of Texas Award
	Award Certificate

WHITE OAK PRIMARY SCHOOL

Child's Name _____

■ In 2020 - 2021 my child will be in Prek Kindergarten (*circle one*)

Is there an other Information you would like us to know about your child?

Parent Signature _____ Date _____