

**CELINA ISD**  
**REGISTRATION INFORMATION**  
**GRADES PK - 12**

*Revised May, 2018*

Parent/Guardian **must provide:**

- 1) \_\_\_\_\_ withdrawal form from previous school, if enrolling during the school year.  
\*not required in summer (see note below)
- 2) \_\_\_\_\_ copy of student's certified birth certificate  
\*required for students under the age of eleven or for any student enrolling in a Texas school for the first time (see note below)
- 3) \_\_\_\_\_ student's current immunization/shot record
- 4) \_\_\_\_\_ copy of government issued photo ID of person enrolling student  
(example: driver license)
- 5) \_\_\_\_\_ **\*\*indicators of residency:** copy of current water or electricity bill, or rental/lease agreement of the home you live in within the Celina ISD school boundaries. All documents used to verify residence must include parent/guardian name, current date, and physical address of the home you live in. Residency is based upon the location of your primary residence. Gas, television or phone bills are not accepted.

Parent/Guardian **should** provide:

- 6) \_\_\_\_\_ copy of student's social security card, if using the social security number. If not using the student social security number, the identification number from the previous school attended will be used or a state ID number will be assigned.

Parent/Guardian is encouraged and **may be asked to provide** the following:

- 7) \_\_\_\_\_ copy of student's last report card
- 8) \_\_\_\_\_ copy of student transcript from last school district
- 9) \_\_\_\_\_ STAAR or EOC test scores *(if applicable)*
- 10) \_\_\_\_\_ any legal paperwork regarding custody or safety concerns for your child

**\*NOTE** A copy of the certified birth certificate must be provided to the school:

- \* for any student enrolling for the 1<sup>st</sup> time in the district that is under the age of eleven (11), or
- \* for students enrolling for the 1<sup>st</sup> time in a Texas Public School, no matter what age or grade level.

Students in grades K-12 that do not bring a withdrawal form from a previous Texas school with their legal name, date of birth, and ID number on it will be asked to provide a copy of a their birth certificate upon enrollment.

**\*\*NOTE** Celina ISD does not accept transfer students. Residency within the Celina ISD school boundaries must be established before the first day of attendance. School personnel will be able to assist you if you have questions regarding residency.

CELINA ISD

REGISTRATION FORM: SCHOOL YEAR \_\_\_\_\_ CAMPUS NAME: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

**STUDENT INFORMATION**

*(Legal name as it appears on birth certificate or Legal name change document.)*

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ JR, II, III \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ GENDER: MALE OR FEMALE \_\_\_\_\_ ETHN: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

STUDENT CELL #: \_\_\_\_\_ STUDENT E-MAIL: \_\_\_\_\_

PHYSICAL ADDRESS (where student sleeps at night): \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

#/STREET: \_\_\_\_\_ CITY, ST, ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

STREET, BOX, APT#: \_\_\_\_\_ CITY, ST, ZIP: \_\_\_\_\_

**ENROLLING PERSON'S INFORMATION:**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ RELATION TO STUDENT: \_\_\_\_\_

**STUDENT LIVES WITH:** \_\_\_\_\_ PARENT/GUARDIAN 1 OR \_\_\_\_\_ PARENT/GUARDIAN 2 OR \_\_\_\_\_ BOTH PARENTS/GUARDIANS

**PARENT/GUARDIAN 1**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ RELATION TO STUDENT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

PHONE NUMBERS: CELL: \_\_\_\_\_ HM: \_\_\_\_\_ WK: \_\_\_\_\_ OTHER: \_\_\_\_\_

PHONE PREFERENCE: (PLEASE CIRCLE) CELL HOME WORK OTHR RIGHT TO TRANSPORT? YES NO

**PARENT/GUARDIAN 2**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ RELATION TO STUDENT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

PHONE NUMBERS: CELL: \_\_\_\_\_ HM: \_\_\_\_\_ WK: \_\_\_\_\_ OTHER: \_\_\_\_\_

PHONE PREFERENCE: (PLEASE CIRCLE) CELL HOME WORK OTHR RIGHT TO TRANSPORT? YES NO

**EMERGENCY CONTACT AND/OR STUDENT PICK-UP INFORMATION:**

*(OTHER THAN PARENT OR GUARDIAN)*

1) NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE: \_\_\_\_\_ RIGHT TO TRANSPORT? \_\_\_\_\_

2) NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE: \_\_\_\_\_ RIGHT TO TRANSPORT? \_\_\_\_\_

The above information is required for a permanent school record of my child and will be used by school personnel only. I realize that presenting false documentation, records, or information is a violation of state law and may subject me to tuition costs for my child. I authorize school personnel to contact the person(s) named above if I cannot be contacted in case of emergencies. In the event parents or other persons named cannot be contacted, I authorize school officials to take whatever action deemed necessary to ensure the health and safety of my child. I will not hold the school district, or its employees, financially responsible for emergency care and/or transportation.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE

**FOR OFFICE USE ONLY**

ENTRY DATE: \_\_\_\_\_ LOCAL ID: \_\_\_\_\_ UID: \_\_\_\_\_

ELIG CODE: \_\_\_\_\_ BUS #: \_\_\_\_\_ TEACHER: \_\_\_\_\_

PREVIOUS SCHOOL/DISTRICT ATTENDED: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_

NAME AND ADDRESS OF LAST SCHOOL ATTENDED:

NAME OF SCHOOL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
(STREET/PO BOX) CITY ST ZIP

TELEPHONE NUMBERS \_\_\_\_\_  
(SCHOOL NUMBER) (FAX NUMBER)

CLASSIFICATION:

NEW STUDENT? \_\_\_\_\_

RETURNING STUDENT? \_\_\_\_\_

WHICH GRADE LEVEL?

(PLEASE CHECK ONE)

\_\_\_ PK

\_\_\_ 3<sup>rd</sup>

\_\_\_ 5<sup>th</sup>

\_\_\_ 7<sup>th</sup>

\_\_\_ 9<sup>th</sup>

\_\_\_ K

\_\_\_ 4<sup>th</sup>

\_\_\_ 6<sup>th</sup>

\_\_\_ 8<sup>th</sup>

\_\_\_ 10<sup>th</sup>

\_\_\_ 1<sup>st</sup>

\_\_\_ 4<sup>th</sup>

\_\_\_ 6<sup>th</sup>

\_\_\_ 8<sup>th</sup>

\_\_\_ 11<sup>th</sup>

\_\_\_ 2<sup>nd</sup>

\_\_\_ 12<sup>th</sup>

Has your child ever attended a Celina ISD school before? \_\_\_ Yes \_\_\_ No

If YES, name of school: \_\_\_\_\_ Grade Level: \_\_\_\_\_ School Year: \_\_\_\_\_

SIBLING INFORMATION: Please list brothers and sisters of enrolling student

NAME	AGE	GRADE LEVEL	SCHOOL NAME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NAME OF STUDENT: \_\_\_\_\_

LIST BELOW THE PAST SCHOOLS ATTENDED FOR THE ENROLLING STUDENT, IF IN GRADES PK – 6<sup>TH</sup>:

TOWN OR CITY/STATE	NAME OF SCHOOL	GRADE LEVEL	SCHOOL YEAR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SERVICES

IS YOUR CHILD CURRENTLY RECEIVING ANY OF THE FOLLOWING SERVICES?

Bilingual/ESL YES \_\_\_\_\_ NO \_\_\_\_\_

Special Education Program YES \_\_\_\_\_ NO \_\_\_\_\_

Please circle those that apply: A. Resource B. Speech Therapy C. Other \_\_\_\_\_

504 YES \_\_\_\_\_ NO \_\_\_\_\_

Dyslexia YES \_\_\_\_\_ NO \_\_\_\_\_

Gifted and Talented YES \_\_\_\_\_ NO \_\_\_\_\_

Migrant YES \_\_\_\_\_ NO \_\_\_\_\_

Social Services YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have a 2085 Form? YES \_\_\_\_\_ NO \_\_\_\_\_

Free/Reduced Lunch Program YES \_\_\_\_\_ NO \_\_\_\_\_

Other Services? \_\_\_\_\_

Parent/Guardian Signature

Date



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

Date: \_\_\_\_\_

**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). 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 regarding the student'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 Name (please print)

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

\_\_\_\_\_  
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
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Observer signature:

Campus and Date:



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

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). 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 Africa.

Nombre del Estudiante (por favor use letra de imprenta)

Firma (Padre/Representante legal)

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:

**CELINA INDEPENDENT SCHOOL DISTRICT**

**HOME LANGUAGE SURVEY**

**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

## CELINA INDEPENDENT SCHOOL DISTRICT

### Cuestionario sobre el idioma que se habla en el hogar

#### 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 mayor parte 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