

# Wild Peach Elementary

## Registration Packet

Wild Peach Elementary  
3311 County Road 353  
Brazoria, TX 77422  
(979) 799-1750

Current Principal: Mary McCarthy      email: mary.mccarthy@cbisd.com  
Incoming Principal: Anne Cohea      email: anne.cohea@cbisd.com  
Registrar: Shelbi Wasley      email: shelbi.wasley@cbisd.com

### Registration Documentation Checklist

The following documents are required for registration

1. Child's birth certificate
  2. Child's social security card
  3. Child's current shot record
  4. Parent/guardian proof of residency
  5. Parent/guardian driver license
- Wild Peach Elementary will contact you in August to complete the registration process and to set up online Skyward Family Access.

## Wild Peach Elementary – New Student Information Sheet

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

Has your student ever been enrolled in school before? \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes,

Name of School: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

<b>Please indicate if your child EVER received services in any of the following programs:</b>	<b>Yes or No</b>	<b>Where/When if applicable</b>
Special Education		
Bilingual/ESL		
Dyslexia		
Gifted and Talented		
Migrant		
504 Services		

# COLUMBIA-BRAZORIA ISD STUDENT REGISTRATION FORM

<b>Student Information</b>		Campus: Wild Peach El	Grade:
Last Name:		SSN:	
First Name:		DOB:	
Middle Name:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
<b>Ethnicity – select only ONE:</b>	<input type="checkbox"/> <b>Hispanic/Latino</b> (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)		<input type="checkbox"/> <b>NOT Hispanic/Latino</b>
<b>Race – Select ALL that apply for the student:</b>	<input type="checkbox"/> <b>American Indian or Alaska Native</b> A person certified as a descendant of the original peoples of North America, or born in Central or South America.		
	<input type="checkbox"/> <b>Asian</b> A descendant of any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (Korea, Philippines, Vietnam, etc.)		
	<input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander</b> A descendant of any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.		
	<input type="checkbox"/> <b>Black</b>		
	<input type="checkbox"/> <b>White</b>		

Information about the person enrolling the student <i>(required by the state- TEC #25002(F))</i>		
Name:	Relationship to student:	Your date of birth: / /
Physical Address:		
STREET	CITY	ZIP

**Note:** Non-custodial parent information, if applicable, belongs on the Family #2 form.

At student's MAIN residence:	First Parent / Guardian	Second Parent / Guardian
Last Name		
First Name		
Middle Name		
Relationship to Student		
Physical Address		
City & ZIP		
Cell Phone		
Home Phone		
Email Address		

School Age Siblings Living at the Student's Physical Address				
Name	Date of Birth	Enrolled at CBISD?	Campus	Grade

Signature	Date
-----------	------

# COLUMBIA-BRAZORIA ISD FAMILY #2 FORM

This form is intended for use by parents or guardians of CBISD students in circumstances where the student does NOT live with them, but for whom the parent or guardian has full access to the student's educational information. Any court documents restricting access to the student will supersede this form.

Note: It is CRITICAL that you provide the same information for all of your children in CBISD. If you enter a name as James on one form and as Jimmy on another, the system will read that as 2 separate people. Family/guardian contacts provided in this section should NOT be listed as Emergency Contacts – they will be called automatically. ALL fields are required to be completed with accurate information, ie: relationship to student should indicate if step-child or not.

## *FORMULARIO FAMILIA # 2 DE COLUMBIA-BRAZORIA ISD*

*Este formulario se destina para uso de los padres o tutores de los estudiantes CBISD en circunstancias en que el estudiante no viven con ellos, pero para las que el padre o tutor tiene pleno acceso a la información educativa delestudiante. Ningún documento judicial restringir el acceso a los estudiantes se reemplaza al de este formulario.*

*Anotación: Es CRITICO que porporcione la misma información para todos sus hijos en nuestro distrito, CBISD. Si especifica un nombre como James en una forma y como Jimmy en otra, nuestro sistema lo leerá como 2 personasseparadas. Nombres anotados de familiares o tutores no deben aparecer como contactos de emergencia. CBISD primero llamará a lo anotado para familia # 1, a continuación familia # 2 y seguirá con sus contactos de emergencia.*

SY <small>OFFICE USE ONLY</small>	for the <b>Female</b> Parent / Guardian Para el Progenitor/Guardian <b>femenino</b>	for the <b>Male</b> Parent / Guardian Para el Progenitor/Guardian <b>masculino</b>
Last Name/ Apellido		
First Name/ Nombre		
Middle Name/ Segundo nombre		
Mailing Address/ Dirección Postal		
City & ZIP/ Ciudad y Código Postal		
Physical Address/ Dirección Fisica		
City & ZIP/ Ciudad y Código Postal		
Home Phone/ Teléfono de casa		
Cell Phone/Teléfono móvil		
Email Address/Dirección de correo electronic		
Work Phone/ Teléfono de trabajo		

Student Information / Información del estudiante		
Full Legal Name Nombre legal completo	Female Guardian Relationship/ Relación de Guardian Femenino	Male Guardian Relationship/ Relación de Guardian Masculino

# COLUMBIA-BRAZORIA ISD Student Residency, Foster Care & Military Connected Questionnaire

This questionnaire is intended to address the McKinney-Vento Homeless Education Act 42 U.S.C.1143a(2); legislation requiring schools to collect data as to the foster care status of all students; and military dependents (TEC ch. 162). The answers to this residency information help determine the services the student may be eligible to receive. Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec.25.002(3)(d). Local school districts must gather the following information, which will remain confidential. One form per student enrolled is required.

Student Name: \_\_\_\_\_ Gender: M F Birth Date: \_\_\_\_\_

LAST FIRST MIDDLE

Campus: \_\_\_\_\_ Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

## Section A -- Student Living Situation (check all that may apply)

- Student lives with parent or legal guardian in a home (house or apartment), and does not share home with any others (extended family, friends, etc.)
- Live in a home of a relative or friend because I lost my housing ("doubled up" due to economic hardship, fire, flood, divorce, domestic violence, parent in the military and was deployed, parent in jail, etc.)
- Live in a tent, car, van, abandoned building (living on the streets, campground, park, or unsheltered location), includes living without electricity, heat, and/or running water in a home/apartment/trailer.
- Live in a hotel/motel (due to economic hardship, eviction, flood, fire, hurricane, etc.)
- Live in a shelter because I do not have permanent housing (family shelter, domestic violence shelter, children/youth shelter, FEMA housing), includes living in transitional housing (moving place to place, temporary living arrangement).
- Unaccompanied Youth (student is not living in the home of a parent or legal guardian).
- Child or youth placed by DFPS with temporary guardian (DFPS provided a Parental Child Safety Plan or Authorization for Non-parent or Voluntary Caregiver).

## Section B - Foster Care Status (Check all that may apply) \* If not in Foster Care, leave this portion blank

- Student is currently in the conservatorship (custody) of the Department of Family and Protective Services (a court order names DFPS as the Temporary Managing Conservator or Permanent Managing Conservator)
- Student is currently in Foster Care and residing in a Foster or Group Home (Foster Parent/Group Home Staff have DFPS Placement Authorization Form 2085)

### For Pre-Kindergarten Students ONLY:

- Student has previously been in the conservatorship (custody) of the Department of Family and Protective Services

## Section C - Military Connected Family Information

Please check one box below to indicate if your K - 12th grade child is a dependent of an **Active Duty** member of:

- Army, Navy, Air Force, Marine Corps, or Coast Guard [including Missing in Action]
- Texas National Guard
- Reserve Duty of Army, Navy, Air Force, Marine Corps, or Coast Guard

If the K-12 student is a dependent of a **former member** of the US military, Texas National Guard, or US military reserves:

- please check this box.

If the K-12 student was a dependent of a member of a military or reserve force in the United States military who was killed in the line of duty,

- please check this box.

### For Pre-Kindergarten students ONLY:

Armed forces or reserved forces of the United States (Army, Navy, Air Force, Marine Corps, or Coast Guard) or Texas National Guard who is on active duty or has been injured or killed while on active duty.

## Section D - Parent/Legal Guardian/Caregiver/Unaccompanied Youth

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

LAST FIRST MIDDLE

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's length of time at present address: \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days Number of children enrolled in CBISD: \_\_\_\_\_

Signature of parent / legal guardian / caregiver / unaccompanied youth \_\_\_\_\_ Date \_\_\_\_\_

### Please send / return to Parent Liaison, then place copy in student folder.

I certify the above-named student \_\_\_\_\_ meets / does not meet \_\_\_\_\_ requirements of the McKinney-Vento Act.

I certify the above-named student \_\_\_\_\_ meets / does not meet \_\_\_\_\_ requirements of the Fostering Connections to Success and Increasing Adoptions Act of 2008.

Parent Liaison Signature \_\_\_\_\_ Date \_\_\_\_\_ School Year \_\_\_\_\_



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

District Name: Columbia-Brazoria ISD

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

Campus Name: Wild Peach Elementary

**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.

**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) for additional information.

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

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