

# **Wild Peach Elementary Kindergarten and First Grade Registration Packet**

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

Principal: Mary McCarthy  
Registrar: Heather Cagle

## **PreK 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 Kindergarten Information

## Supplies Kindergarten

- ☐ 2 – large boxes of tissues
- ☐ 1 – headphones (**not earbuds**)
- ☐ 1 – pair of **blunt** scissors
- ☐ 1 – box 10 pack washable markers
- ☐ 24 – #2 pencils
- ☐ 4 – boxes 24 count **Crayola** crayons
- ☐ 8 – glue sticks
- ☐ 1 – red plastic folders with pockets & brads
- ☐ 1 – blue plastic folders with pockets & brads
- ☐ 1 – large bottle hand sanitizer
- ☐ 1 – 80 count baby wipes
- ☐ **Boys:** 1 box Gallon zip top bags
- ☐ **Girls:** 1 box Quart zip top bags
- ☐ Reusable water bottle or cup
- ☐ Backpack (*Full size. No wheels*)
- ☐ Change of clothes packed in a zip top bag
- ☐ Lunch box (optional)

## Accidents

Accidents of all types happen and we need to be able to change your child into clean clothes. Soiled clothing will be placed in a plastic bag and sent home for you to wash. Please send clean clothes the next day so your child always has a set of clean clothes available.

## Things your child should know/be able to do before coming to Kindergarten

- ✓ Be toilet trained
- ✓ Know how to use toilet paper after a bowel movement
- ✓ Be able to manage their own clothing when using the toilet (*pull pants/underwear up/down, fasten snaps, zip pants, etc*)
- ✓ Be able to put on their shoes
- ✓ Be able to tell someone their first and last name
- ✓ Be able to recognize their first and last name when called
- ✓ Be able to open things packed in their lunch box

## Meet the Teacher

- Meet the Teacher will be Monday, August 14.

## First Day of School

- Parents may walk their child to the front door of the school.
- Parents do not walk children to class.

## Transportation

- Bus service is available for all students attending Wild Peach Elementary
- You **MUST** register for bus service in Skyward Family Access **BEFORE** August 9, 2023 to guarantee bus service on the first day of school.
- Transportation changes must be called into the Wild Peach office before 3:00 PM

## 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

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

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, provide:	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
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# 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 OFFICE USE ONLY	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 \_\_\_\_\_

## CBISD Home Language Survey

The state of Texas requires (19TAC Ch. 89, subch. BB §89.1215) that the following information be completed for each student in grades PK-12 who enrolls in a Texas public school for the FIRST time. It is the responsibility of the parent/guardian, not the school, to provide the language information requested by the questions below. This survey shall be kept in each student's permanent record folder.

To determine if your child would benefit from 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, the school district will conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if an ESL program is appropriate and for instructional and placement recommendations. Once your child is assessed, changes to this HLS are not permitted. If you have questions about the purpose and use of the HLS, or you would like assistance in completing this form, please contact your school or district staff.

### *Encuesta sobre el idioma en el hogar de CBISD*

*El estado de Texas requiere (19TAC Ch. 89, subch. BB §89.1215) que se complete la siguiente información para cada alumno en los grados EE-12 que se inscriba en una escuela pública de Texas por PRIMERA vez. Es la responsabilidad del padre / tutor, no de la escuela, proporcionar la información del idioma solicitada en las siguientes preguntas. Esta encuesta se mantendrá en la carpeta de registro permanente de cada estudiante.*

*Para determinar si su hijo se beneficiaría de los servicios del programa de Inglés como Segundo Idioma, responda las dos preguntas a continuación. Si alguna de sus respuestas indica el uso de un idioma que no sea el inglés, el distrito escolar realizará una evaluación para determinar qué tan bien se comunica su hijo en inglés. Esta información de evaluación se usará para determinar si un programa de ESL es apropiado y para recomendaciones de instrucción y colocación. Una vez que se evalúa a su hijo, no se permiten cambios a este HLS. Si tiene preguntas sobre el propósito y uso de HLS, o si necesita ayuda para completar este formulario, comuníquese con el personal de su escuela o distrito.*

Student Name(Nombre): \_\_\_\_\_ ID#: \_\_\_\_\_

Address(Dirección): \_\_\_\_\_

Telephone(Teléfono): \_\_\_\_\_ Campus(Escuela): \_\_\_\_\_

**Please indicate only ONE language per response (Por favor indique solo UN idioma por respuesta):**

What language is spoken in the child's home most of the time?

¿Qué idioma se habla en el hogar del niño la mayor parte del tiempo? \_\_\_\_\_

What language does the child speak most of the time?

¿Qué idioma habla el niño la mayor parte del tiempo? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date(Fecha): \_\_\_\_\_

*Firma del Padre / Tutor*