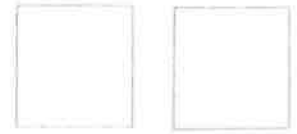


Howard Early Childhood Center, AHISD Kindergarten Placement Information Sheet



At Howard Early Childhood Center, we strive to create very balanced classrooms. We want to be certain the students' backgrounds and needs are taken into account when making placement decisions. It is for this reason we ask you to complete this form. The information provided will help us in doing all we are able to meet the needs of your child.

Today's Date: _____ * Child's age on Sept. 1st: _____ (child must be 5 years old on or before Sept. 1)

Child's Name _____ Name child goes by _____

Date of Birth _____ Gender: (circle one) **Male** **Female**

Ethnicity: (circle) Am. Indian Asian/Pacific Black Hispanic White Other: _____

Guardian #1 _____ Guardian #2 _____

Street Address _____ Street Address _____

Contact Number _____ Contact Number _____

Email Address _____ Email Address _____

Parents are: (circle) Married Separated Divorced Deceased Other: _____

Child lives with: (circle all that apply) Mother Father Stepmother Stepfather Other: _____

Sibling Age: *If siblings attended Howard, indicate and list his or her teacher:*

_____ Howard Teacher: _____

_____ Howard Teacher: _____

_____ Howard Teacher: _____

_____ Howard Teacher: _____

Prior School Experience: (circle) None Kindergarten PK/Preschool Daycare

Name of school or program: _____

Language the child speaks: _____ Language(s) spoken in the home: _____

Volunteer Information: Parent(s) would be interested in regularly volunteering in the classroom.

Weekly or Monthly

Information used to balance classes and plan for appropriate supports

Please tell us about your child's personality and any behaviors of which we should be made aware.

On a scale of 1-5, please rate your child's social and emotional readiness for kindergarten.

1	2	3	4	5
<i>I have concerns.</i>	<i>Below Average for Age</i>	<i>Average for Age</i>	<i>Mature for Age</i>	

Additional Information:

Based on your child's preschool/home experiences, please rate your child's academic readiness for kindergarten.

1	2	3	4	5
<i>I have some concerns.</i>	<i>Below Average for Age</i>	<i>Average for Age</i>	<i>Above Average for Age</i>	

Additional Information:



Alamo Heights Independent School District

7101 Broadway ° San Antonio, Texas 78209 ° Phone 210-824-2483

Dear Parent or Guardian:

The State of Texas requires that each school district conduct a survey of all students who hear or use a language other than English in the home. Our school offers a program that may assist these students. The purpose of this survey is to identify students who might be eligible for English As a Second Language classes. 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 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.

Thank you for your cooperation in this survey.

Sincerely,

Dr. Jimmie Walker

Dr. Jimmie Walker, Executive Director of Curriculum & Instruction

HOME LANGUAGE SURVEY

Name of Student _____ Grade _____ Campus _____

Home Address _____ Telephone # _____

Previous School Attended _____ Public _____ Private _____

TO BE FILLED IN BY PARENT OR GUARDIAN:

(1) What language is spoken in your home most of the time? _____

(2) What language does your child speak most of the time? _____

Signature of Parent/Guardian Date

Signature of Student if Grades 9-12 Date



VERIFICATION OF PRIMARY RESIDENCE

This is to verify that _____ resides at
Student Name

Address

Zip Code

within the Alamo Heights Independent School District. It is understood that it is the responsibility of the parent/guardian to notify the principal's office in the event of a change of address.

Falsification of information or records to the Alamo Heights Independent School District is a criminal offense under Penal Code 37.10 and enrolling the child under false documentation will result in immediate withdrawal of the student(s) and maintenance and operating expenses for the current year will be charged each student on a per student day basis. Education Code 25.002(d).

Signature of Parent/Guardian

Date

FOR SCHOOL USE:

Documentation of proof of residence:

Recent Utility Receipt:

- Water
- CPS
- Cable

Lease agreement/rent receipt
(with all students listed as occupants)

Purchase Contract with closing date

Signature of School Register

Date

Please complete the following
Military Connected Student
Form *only* if it pertains to you.

Thank you.



Alamo Heights Independent School District

7101 Broadway ♦ San Antonio, Texas 78209 ♦ Ph: (210) 824-2483 ♦ Fax: (210) 832-5952

Military Connected Student Form

The Texas Legislature adopted the Interstate Compact on Educational Opportunities for Military Students. The Interstate Compact is an agreement among member states to abide by a common set of requirements related to the education of military children. The purpose of the compact is to remove barriers to educational success imposed on children of military families because of frequent moves and deployment of their parents.

Student Name: _____
Last Name First Name Middle Name

Student Campus: _____ Grade: _____ Student DOB: _____

Parent Name: _____
Last Name First Name

Parent Signature: _____

Please indicate with an **X** if your child is a dependent of a member of:

FOR KINDERGARTEN – 12TH GRADE STUDENTS:

_____ My Kindergarten – 12th grade student is a dependent of **Active Duty**:
Army, Navy, Air Force, Marine Corps, of Coast Guard (including Missing in Action – MIA)

_____ My Kindergarten – 12th grade student is a dependent of a member of the **Texas National Guard**:
Army, Air Guard, or State Guard

_____ My Kindergarten – 12th grade student is a dependent of a member on **Reserve Duty**:
Army, Navy, Air Force, Marine Corps, of Coast Guard

FOR PRE-KINDERGARTEN STUDENTS:

_____ My **Pre-Kindergarten** student is a dependent of Active Duty Member of the Army, Navy, Air Force, Marine Corps, of Coast Guard,

_____ My **Pre-Kindergarten** student is a dependent of an active / mobilized member of the Texas National Guard (Army, Air Guard, or State Guard)

_____ My **Pre-Kindergarten** student is a dependent of an active / mobilized member of the reserve components of the Army, Navy, Air Force, Marine Corps, of Coast Guard, or

_____ My **Pre-Kindergarten** student is a dependent of a member of the armed forces of the United States, including the Texas National Guard or reserve component of the armed forces, who was killed or injured while serving on active duty.