Please print in black or blue ink.

\*WRITE YOUR NAME AS IT APPEARS ON YOUR BIRTH CERTIFICATE. Sibling(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*Last Name | Maiden Name | | | \*First | | | | | \*Middle | | | Grade | Gender |
| Date of Birth | | Birthplace | | | | | Student Phone | | | Age Sept. 1 | | | |
| Race: □White □Hispanic □Native American □Asian □Black | | | | | | | | Social Security Number | | | | | |
| Address | | | Apt No. | | City/State | | | | | | Zip Code | | |
| Parent/Guardian Phone Available □ Day □ Evenings | | | | | | Email Address | | | | | | | |

**Public School in Your District:** (School Name Only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Parent/Guardian | Relation | | Home Phone | | Cell/Page | |
| Address | Apt No. | City/State | | | | Zip |
| Place of Employment & Dept. | Work Phone | | | Social Security Number | | Date of Birth |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Parent/Guardian | Relation | | Home Phone | | Cell/Page | |
| Address | Apt No. | City/State | | | | Zip |
| Place of Employment & Dept. | Work Phone | | | Social Security Number | | Date of Birth |

**Would you authorize the emergency contacts to authorize for your son/daughter to be released from school? Yes or No**

EMERGENCY CONTACT NUMBERS, if you cannot be reached:

|  |  |  |
| --- | --- | --- |
| Name | Relation | Phone |
| Name | Relation | Phone |

|  |  |
| --- | --- |
| Doctor Preference | Phone |
| Hospital Preference | Phone |

***The Information Above Is Needed As A Permanent School Record Of Your Child and Will Be Used By School Personnel Only.***

I, the undersigned, certify that the above information is correct and do hereby authorize Por Vida Charter District to contact the person named on this form directly, and do authorize the above named physician to render such treatment as may be deemed necessary in an emergency for the health of said child. *In the event physician, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is necessary in their judgment, for the health of the aforesaid child. I will not hold the school financially responsible for the emergency care and/or transportation for said child.*

**FOR OFFICE USE ONLY**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| App Process By: | | Interview By: | | | Interview Date: | | | Start Date: |
| Eligibility Code: | Re-Enroll Date: | | | Social Worker/Date: | | | Spec. Ed/Date: | |
| PEIMS/Date: | | | Academic Adv/Date: | | | ESL/Date: | | |

SRF-1102

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent/Guardian Signature | Date |  | Student Signature | Date |

**Verification of Government Issued Cards**

**2020-2021**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Verification of Student’s Social Security Card**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that the student’s legal name and Social Security

(Name of School Official)

Number matches the information that was provided on the 2020-2021 Student Application.

Discrepancies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Verification of Parent/Guardian’s Driver License**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that the information on the parent/guardian

(Name of School Official)

Driver’s License matches the information that was provided on the 2020-2021 Student Application.

Discrepancies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of School Official Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

SR

**Pregnancy / Parenting Services**

**2020-2021**

Por Vida Charter District provides support services to pregnant and expectant mothers and fathers as well as for students who are parenting. We are committed to helping expectant and/or parenting students achieve their diploma.

The following services are available for expectant and or parenting students:

**-Joven Noble Parenting Group- group support system for parents and those expecting**

**-Access to diapers on a regular basis**

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

Address:

Phone:

Are you pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a child/children? Yes \_\_\_\_\_ No \_\_\_\_\_

What are the ages? (a) , (b) , (c)

SRF-1106

**PARENT/GUARDIAN CONSENT FORM**

**FOR THE RELEASE OF INFORMATION**

**2020-2021**

I understand that during the course of the school year, 2020-2021, Por Vida Charter District students may participate in audio taping, media interviews, photographing, questionnaires/surveys, and videotaping.

Beginning August 24, 2020, I authorize Por Vida Charter District to allow my child to participate in the above media mediums.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_

## Student's Name (Print) Date of Birth Social Security Number

My signature at the bottom of this document serves as an agreement to this consent, which will expire on the last day of the 2020-2021 school year.

Student Signature Date

Parent/Legal Guardian Signature Date

SRF-1109

#### STUDENT QUESTIONNAIRE

**2020-2021**

We would like to know you better, please complete the following.

# This information will be kept confidential!

Please write in your own words a **FULL PARAGRAPH**,

Why you would like to attend our Charter High School?

(Must be completed by incoming student)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you learn about our school?

Do you know anyone at our school? Yes or No If yes, who?

Are you currently eligible to attend your former school? Yes or No If No, why?

Are you on probation? Yes or No If Yes, why?

What are the terms of your probation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is your probation officer? Phone:

Student Signature: Date:

SRF-1110

**HOME LANGUAGE SURVEY**

**2020-2021**

Dear Parent or Guardian:

The United States Office of Civil Rights and the Texas Education Agency require that each school district conduct a survey of all students who may hear or speak a language other than English in the home. The purpose of this survey is to identify students of limited English proficiency. We offer a special program to assist these students. Please complete the survey below and return it to the school. Thank you for your cooperation.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Date

**HOME LANGUAGE SURVEY**

**Grades 9-12**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School: \_\_Por Vida Academy Charter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*TO BE FILLED IN BY PARENT, GUARDIAN, OR THE HIGH SCHOOL STUDENT.*

1. What language is spoken in the student’s home most of the time?

2. What language does the student speak most of the time?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent, Guardian or Student at least 18 years age Date

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

Apreciable Padre o Guardian:

La oficinal de derechos Civiles de Los Estados Unidos y la Agencia de Educación de Tejas exigen que cada distrito conduzca un reviso de los estudiantes quienes hablan u oyen un idioma más que ingles en su hogar. Con este reviso queremos identificar a los estudiantes limitados en el inglés para ayudarlos en un programa especial. Haga el favor de completar este cuestionario y regréselo a la escuela. Gracias por su cooperación.

Sinceramente,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SuperintendenteFecha

**CUESTIONARIO DE IDIOMA DEL HOGAR**

**Grados 9-12**

Nombre del estudiante\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grado\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Escuela País de Nacimiento

#### DEBE DE COMPLETARSE POR EL PADRE, GUARDIAN O ESTUDIANTE DE GRADOS 9-12

1. Cuál es el idioma que más se habla en el hogar del estudiante?

1. Cuál es el idioma que más habla el estudiante:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma del padre guardián, O estudiante de 18 años Fecha

SRF-1111

**Special Education Questionnaire**

**2020-2021**

Have you received Special Education services? Yes No

If so, when was your last ARD? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Residency Questionnaire**

**2020-2021**

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

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: [ ] Male

Last First Middle [ ] Female

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_\_ Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(or student identification number)

**This questionnaire is intended to address the McKinney-Vento Act (42 U.S.C. 11434a(2)). The answers to this residency information help determine the services the student may be eligible to receive.**

1. Is your current address a temporary living arrangement? [ ] Yes [ ] No

2. Is this temporary living arrangement due to loss of housing or economic hardship? [ ] Yes [ ] No

**If you answered YES to the above questions, please complete the remainder of this form.**

**If you answered NO, you may stop here.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Where is the student presently living? (Check one box.)

[ ] In a motel

[ ] In a shelter

[ ] With more than one family in a house or apartment

[ ] Moving from place to place

[ ] In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*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).*

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date McKinney-Vento Liaison Signature

SRF-1117

**Release of Personal Information to the Public**

**2020-2021**

Most of Por Vida Charter School District’s records including student directory must be released upon request under the Open Records Act. However, directory information such as: student name, address, telephone number, date and place of birth may be withheld. Parents/Guardians and adult students may choose not to allow public access by submitting a written request to the school district. Please complete, sign, and return this form to your high school office. This form will be used to determine what, if any, information will be released about your student(s). Please ensure to complete, sign, and return this form within 14 days of enrollment.

Student(s) Name(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Name |  |  |
| Address |  |  |
| Telephone Number |  |  |
| Date of Birth |  |  |
| Place of Birth |  |  |

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ONLY IF 18 OR OLDER)

SRF-1118

Exhibit 1A Student/Staff Ethnicity and Race Data Questionnaire in English

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 4486*6)**  **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/Staff Name (please print) | (Parent/Guardian)/(Staff) Signature | |  |  | | Student/Staff Identification Number   |  |  | | --- | --- | | 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: | | Date | |

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**Texas Education Agency – September 2018**

Exhibit 1B Student/Staff Ethnicity and Race Data Questionnaire in Spanish

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 America 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 Áfrico-**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 (por favor use letra de imprenta) | Firma(Padre/Representante legal) /(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: | |

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**Agencia de Educación de Texas – Septiembre 2018**