

The Registration process will be delayed if you do not complete EVERY form in this packet.

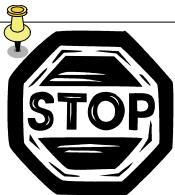
Please complete EVERY form, even if you think it does not apply to you!

Returning Students

This is for any student who HAS attended any school at anytime in EPISD

Items needed for Registration:

- Complete a returning student registration Packet**
- Withdraw form (only if the student attended any other HIGH school than Address)**
- Birth Certificate and Social Security card (only if the student has NOT attended any school in EPISD within the last 5 years)**
- Proof of residence (Utility bill—electric, gas or water) or a lease or letter of housing.**
- Parent or guardians Drivers License or ID**
- Shot Record**



Read the following



IF YOU DO NOT LIVE IN THE ADDRESS AREA...

Pupil Transfer—If your student does not live in the Andress High School area, you must have a pupil transfer request processed and approved every year for the student to attend Andress High School— Please take a moment to complete the pupil transfer form and speak to Dr. Legorreta, the Andress High School assistant principal. If Dr. Legorreta approves the pupil transfer you will then be placed on a waiting list. Once the transfer is approved or denied from the district you will be informed and instructed on the next process.

YOU ARE NOT THE BIOLOGICAL PARENT OR YOU ARE A STEP PARENT?

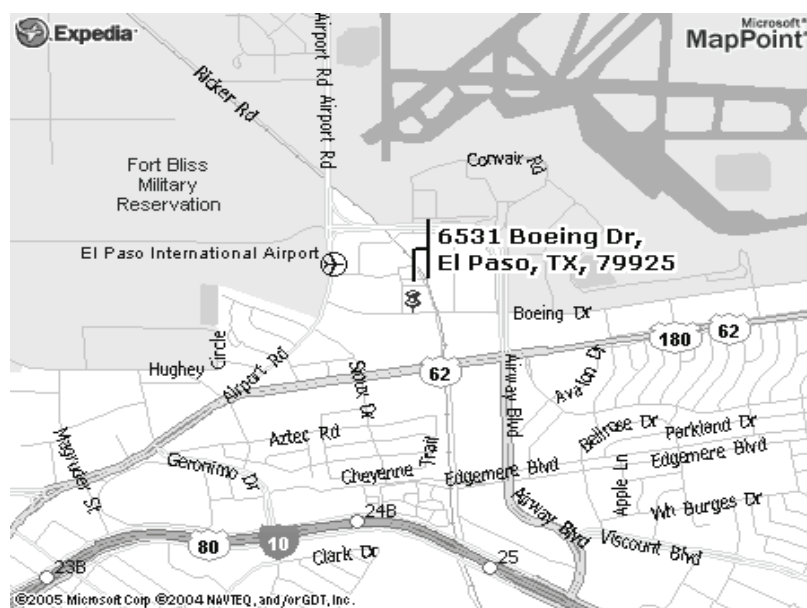
Guardian—If the student does not reside with his/her parent—the guardian or step parent must have a Tuition Exemption card approved every year. The Guardian or step parent must have documentation (notarized letter) from the student's parent's, giving guardianship to the guardian or step parent. The guardian or step parent must have the student's birth certificate, social security card, utility bill (electric, gas, water or lease), responsible person affidavit, and I.D. or driver's license of guardian or step parent. The paperwork must be presented to Andress High School. Once approved, the guardian or step parent will receive a Tuition Exemption card. Bring the card and enrollment packet to register the student.

IF YOU LIVE WITH FRIENDS OR RELATIVES...

Resident Affidavit—this form is for parent's and the student if they are not residing in their own home. If they are residing with friends or relatives they must complete this form and have it notarized. The person that the parent and student are residing with must complete the form, present a utility bill (electric, gas, water or lease) and their I.D. or drivers license when the form is notarized. The Resident Affidavit form is located at the Registrar's office.

**PUPIL SERVICES
6531 BOEING
EL PASO, TEXAS**

881-2464



Andress High School 2013/2014 TEA: 071902-001	<u>PREVIOUS EPISD STUDENT</u> ENROLLMENT FORM EL PASO INDEPENDENT SCHOOL DISTRICT 6531 BOEING EL PASO, TEXAS 79925 915-230-2000		FOR OFFICE USE ONLY ENROLLMENT DOCUMENTS	
	Enter Date:		Code:	
	Students Folder:			
	Transcript Requested:			

EPISD Student ID Number: _____

Last school attended: _____

Student's Last Name <i>Estudiante Apellido</i>	First Name <i>Primer Nombre</i>	Middle Name <i>Segundo Nombre</i>	Generation <i>Generacion</i>	Grade <i>Grado</i>	Sex <i>Sexo</i>
			Jr. Sr. II, III, IV		M or F

Home Address <i>Domicilio</i>	Apartment Number <i>Numero de Apartamento</i>	Zip Code <i>Codigo Postal</i>

Place of Birth <i>Lugar De Nacimiento</i>	City <i>Ciudad</i>	State <i>Estado</i>	Birth Date <i>Fecha De Nacimiento</i>
			____/____/____

Telephone <i>Teléfono</i>	Military <i>Militar</i>	How many years has the student lived in the United States? <i>¿Cuántos Años tiene Viviendo en los Estados Unidos?</i>
(____) _____ - _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4+ years

Date first enrolled in U.S. schools? <i>¿Fecha original de matriculación en los estados unidos?</i>	Has student ever attended an El Paso ISD school? <i>¿Ha asistido el estudiante escuelas del distrito escolar de El Paso?</i>	Has student ever participated in the migrant program? <i>¿Ha participado el estudiante en el programa migratorio?</i>
	<input type="checkbox"/> YES/SI <input type="checkbox"/> NO	<input type="checkbox"/> YES/SI <input type="checkbox"/> NO

List schools attended <i>Anote las ultimas escuelas asistidas</i>	School address <i>Domicilio de escuela (s)</i>	Year <i>Año</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Codigo postal</i>
High School:					
Middle School:					
Elementary School:					

Ethnicity: (Choose only one) <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino: A person of Cuban, Mexican, Puerto Rican, South Central American, or other Spanish culture or origin, regardless of race.	<u>PART 1</u>	Race: (Choose one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<u>PART 2</u>
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Special Education Program (s) Programa (s) educación especial <input type="checkbox"/> NONE	<input type="checkbox"/> Special Education/Educación Especial <input type="checkbox"/> 504 Program/Programa 504 <input type="checkbox"/> Bilingual/ESL/Bilingüe-ESL <input type="checkbox"/> At-Risk/En Riesgo	<input type="checkbox"/> Gifted and Talented/Talento <input type="checkbox"/> Other/Otro: _____ How Many Years? _____ ¿Cuántos años? _____
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Information on Person Enrolling Student/Information de persona que Matricula al estudiante				
Last Name/Apellido	First Name/Primer Nombre	Middle Name/Segundo Nombre	DOB/Fecha de nacimiento	RelationshipParentesco

Signature of person enrolling student: _____ Date: _____
Firma de la persona que matricula al estudiante *Fecha*

Mother/Madre Last Name <i>Apellido</i>		First Name <i>Primer Nombre</i>		Maiden Name <i>Apellido de soltera</i>	
Home Address <i>Domicilio</i>		City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código Postal</i>	
Telephone <i>Teléfono</i>	Cell Phone <i>Celular</i>		Date of Birth <i>Fecha de nacimiento</i>		
() -	() -		/ /		
Employer <i>Empleador</i>	Occupation <i>Occupación</i>	Work Telephone <i>Teléfono de trabajo</i>		Military/Rank/Unit <i>Rango militar</i>	
Work Address <i>Domicilio De Trabajo</i>		City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código postal</i>	
BIOLOGICAL FATHER Last Name <i>Padre Biologico</i> <i>Apellido</i>		First Name <i>Primer Nombre</i>		Middle Name <i>Segundo Nombre</i>	
Home Address <i>Domicilio</i>		City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código Postal</i>	
Telephone <i>Teléfono</i>	Cell Phone <i>Celular</i>		Date of Birth <i>Fecha de nacimiento</i>		
() -	() -		/ /		
Employer <i>Empleador</i>	Occupation <i>Occupación</i>	Work Telephone <i>Teléfono de trabajo</i>		Military/Rank/Unit <i>Rango militar</i>	
Work Address <i>Domicilio De Trabajo</i>		City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código postal</i>	
Step Parent/Guardian Last Name <i>Padrator/Madrasta /Guardian</i> <i>Apellido</i>		First Name <i>Primer Nombre</i>		Middle Name <i>Segundo Nombre</i>	
Home Address <i>Domicilio</i>		City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código Postal</i>	
Telephone <i>Teléfono</i>	Cell Phone <i>Celular</i>		Date of Birth <i>Fecha de nacimiento</i>		
() -	() -		/ /		
Employer <i>Empleador</i>	Occupation <i>Occupación</i>	Work Telephone <i>Teléfono de trabajo</i>		Military/Rank/Unit <i>Rango militar</i>	
Work Address <i>Domicilio De Trabajo</i>		City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código postal</i>	

Please list all emergency contacts and other people living in household on the student emergency card

With whom does the student live?

Con quien vive el estudiante?

Both Parents
Ambos Padres

Father
Padre

Mother
Madre

Guardian/Step Parent
Guardian/padrastro/madrasta

Other: _____

VERIFICATION OF PARENT/GUARDIAN

Verificacion De Padre/ Guardian

Pupil Services * 6531 Boeing Drive * El Paso, TX 79925-1086 Current Year
PHONE (915) 779-4041 * FAX (915) 779-4028

2013/2014
Current Year

I _____ am enrolling, name of student _____
Yo _____ *estoy inscribiendo a, nombre del estudiante*

Relationship to student _____ Student's date of Birth _____
Parentesco del Estudiante Fecha de Nacimiento del Estudiante

El Paso Independent School District must have written verification and record the following information:
El Distrito Escolar Independiente de El Paso debe tener verificacion por escrito y anotar la siguiente informacion:

Name of Parent/Guardian _____
Nombre del padre/Guardian

Address/Domicilio

City & Zip Code/Cuidad yCodigo Postal

**The parent/guardian is mandated to provide the school with any change in address.
*El padres/guardian es obligado a proveerle a la escuela cualquier cambio de domicilio.***

Education Code 25.095. Warning Notices

(b) A school district shall notify a student's parent if the student has been absent from school without excuse under Code 25.087. On three days or parts of days within a four-week period.

- (1) the student's parent is subject to prosecution under 25.093 of the Education Code; and
- (2) the student is subject to prosecution under 25.094 of the Education Code.

25.095 Codigo de Educacion. Advertencia de Aviso

(b) Un distrito escolar notificara a los padres de un estudiante si el estudiante ha estado ausente de la escuela, sin excusa bajo 25.087 Codigo, por tres dias o parte de dias de un periodo de cuatro-semanas.

- (1) los padres del estudiante seran sujetos al enjuiciamiento bajo 25.093 del Codigo de Educacion: y
- (2) el estudiante sera sujeto al enjuiciamiento bajo 25.094 del Codigo de Educacion.

Signature/Firma

Date/Fecha

Date of Birth/Fecha de Nacimiento

Please contact the Director for Pupil Services if additional information is needed.
Por favor comuniquese con el Director de Servicios Para el Alumno si se necesita informacion adicional.

2013-2014 EPISD Student Residency Questionnaire

The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as Title X, Part C, of the No Child Left Behind Act. The answers you give will help the school 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).

Name of Student: _____ Gender: Male Female
Last First Middle

Student ID Number: _____

Birth Date: ____/____/____ Grade: _____ Social Security #: _____
Month / Day / Year (or Texas identification number)

Check the box that best describes with whom the student resides. (**Please note:** legal guardianship may be granted only by a court; students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in and attend school. The school cannot require proof of guardianship for enrollment or continued attendance.)

- Parent(s)
- Legal Guardians(s)
- Caregiver(s) who are not legal guardian(s) (Examples: friends, relatives, parents of friends, etc.)
- Other _____

Name of person with whom student resides: _____

Address: _____

City: _____ ZIP: _____

Home Phone #: _____ Cell Phone #: _____ Other Emergency #: _____

Length of Time at Present Address: _____

Length of Time at Previous Address: _____

Name of the school where student is enrolled or in which student is attempting to enroll: _____

Last District Attended: _____ Last School Attended: _____

Please check only one box that best describes where the student is presently living:

- In my own home or apartment, in Section 8 housing, or in military housing with parent(s), legal guardian(s), or caregiver(s) (if you checked this box, check one or both of the boxes below, if applicable:) (CODE=N)
 - My home has no electricity (CODE=U)
 - My home has no running water (CODE=U)
- In the home of a friend or relative because I lost my housing (examples: fire, flood, lost job, divorce, domestic violence, kicked out by parents, parent in military and was deployed, parent(s) in jail, etc.) (CODE=D)
- In a shelter because I do not have permanent housing (examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing) (CODE=S)

- In transitional housing (*housing that is available for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, or another organization*) (CODE=S)
- In a hotel or motel (*examples: because of economic hardship, eviction cannot get deposits for permanent home, flood, fire, hurricane, etc.*) (CODE=HM)
- In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or other unsheltered location (CODE=U)
- None of the above describe my present living situation *Briefly describe your situation:* _____

Factors contributing to the student's current living situation (check all that apply):

- Natural disaster
 - Tornado, storm, flood, etc.
 - Hurricane, name: _____
 - Fire: prairie, forest, grass, lightning strike, etc.
- Family issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.
- Home issues such as lack of electricity, water, heat, adequate home repair due to lack of funds, overcrowding, mold, etc.
- Military: Parent/guardian deployed, injured or killed in action
- Incarceration of parent/guardian
- Incapacitation of parent or guardian due to health, mental health, drugs/alcohol, or other factors
- Home fire not due to natural causes (*i.e., faulty equipment/appliances/wiring, furnace, stove, fireplace, etc.*)
- Economic hardship:
 - Loss of job resulting in inability to pay rent or mortgage
 - Income from part-time or low paying job does not cover cost of housing in the area
 - Loss of mortgage, including loss of mortgage of landlord if student/student's family is renting
 - Eviction record and/or inability to produce deposits for rent or utilities
- High medical bills that leave little or no money for housing
- Lack of affordable housing in the area
- Minor student unable to afford housing on my own
- None of the above describe the main reasons for my present living situation *Briefly explain the contributing factors:* _____

Please provide the following information for school-age siblings (brothers and/or sisters) of the student:

Name	Grade Level	School	District

Signature of Parent/Legal Guardian/Caregiver/Unaccompanied Student

Date

For School Use Only

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

McKinney-Vento Liaison Signature

Date



ADDRESS HIGH SCHOOL

90 PERCENT RULE

2013—2014



State law requires all students to attend classes for at least 90% of the days the instructional class is offered. Students who are not in compliance with 90% attendance will not receive credit for the class. The parent and student will then have to appear before the appeal committee to have the credit approved to be restored. This will be done at the appeal committee's appointed time.

The Board of Trustees of the El Paso Independent School District has been empowered to establish guidelines and appoint campus-based committees to oversee credit appeals and consider extenuating circumstances.

Student's Name: _____

ID Number: _____ Grade: _____

Please read the following and check all the boxes

- I understand that if my son/daughter accumulates 5 or more absences (excused or unexcused) that he/she will not receive credit for the Fall/Spring semester of the 2012—2013 school year.
- I understand that my son/daughter can appeal for credit at the end of the semester. Student's who wish to appeal for credit must see their assigned discipline assistant principal.
- I understand that if my son/daughter does not receive credit for a class that he/she will not receive a Verification of Enrollment form which is needed for a drivers license, drivers permit, or for drivers education until the student appeals for credit and the credit is awarded.

Student's Signature: _____

Parent's Signature: _____

Date: _____



2013—2014
EVERY STUDENT MUST FILL OUT!
EL PASO INDEPENDENT SCHOOL DISTRICT
TRANSPORTATION
TO AND FROM SCHOOL AND/OR FIELD TRIP

BUS NUMBER: _____ **ROUTE NUMBER:** _____

SCHOOL: ANDRESS HIGH SCHOOL STUDENT'S I.D. NUMBER: _____

NAME OF STUDENT: _____

STUDENT'S ADDRESS: _____

In order for bus service to be effective and efficient, cooperation from students, parents and school personnel is a necessity.

All students riding school buses are required to have a pass, issued by the school, which must be shown to the bus driver each time the student boards the bus. Student's who do not have bus cards will not be able to ride the bus. After the loss of a card a second time, that student will be charged \$2.00 for replacement of card. The principal may waive all or part of the fee, depending on the circumstances.

Safety is of prime importance. In order that all students may be transported safely to and from school, students are asked to know and respect the following regulations:

1. Students should line up upon arrival of the bus so that they may board quickly and in an orderly manner. Also, all students should have their bus cards ready when boarding the bus in the morning and afternoon.
2. Loud and boisterous behavior, or any similar conduct which interferes with the bus driver's attention to traffic, creates a hazard for occupants of the bus; such conduct is strictly prohibited.
3. Smoking, eating, drinking and the use of profanity are prohibited.
4. The bus driver will turn in the student's name to the principal after three (3) consecutive days, if the student has no bus card in his possession. Students who do not have bus cards, after the third warning will not be able to ride the bus at any time until after the principal approves the bus riding restriction.
5. Students who do not comply with the transportation regulations are subject to a bus conduct report. Conduct reports will be turned in to the principal's office.

If parents will emphasize the importance of these regulations to their children, it will, in a large measure, aid in transporting students efficiently and safely.

The Board of Trustees reserves the right to refuse free transportation to anyone who endangers the safe and efficient operation of the bus.

Please acknowledge receipt of this permission form with your signature (below) and return it to the school computer clerk. If there are any questions regarding school bus transportation, please call your designated school.

 Signature of Parent or Guardian

 Date of Signature

