

## Enrollment Information - Meyerland PVA MS

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Houston Independent School District  
2016-2017

**NOTE: ALL RETURNING MEYERLAND PVA MS STUDENTS MUST COMPLETE THE ONLINE PRE-REGISTRATION PROCESS IN ORDER TO**

- **RECEIVE THEIR SCHEDULE DURING SUMMER SCHEDULE PICK-UP**
- **BE ADMITTED ON THE FIRST DAY OF CLASSES**
- **RECEIVE A LOCKER ASSIGNMENT**

Has student ever attended an HISD School? \*

- Yes  
 No

Last School/Daycare attended \*

HISD Student ID

Date of Enrollment (Enter 08/01/2016)

-  -  

Month Day Year

Gender \*

Grade \*

Date of Birth \*  -  -    
*Month Day Year*

Legal Student Last Name \*  First Name \*

Middle Name \*  Generation (Jr. , III)

Student SS#/State Alt. ID

Student Birthplace (City/State/Country) \*

Year Started in US School \*

Student Lives With \*

Federal Student Ethnicity (Select One) \*  Hispanic/Latino  Not Hispanic/Latino

Student Race (Select all that apply) \*  American Indian or Alaska Native  Native Hawaiian/Other Pacific Islander  Black or African American  Asian  White

Student Address   
*Street Address*  
  
*Street Address Line 2 or Apartment Number\**  
   
*City State / Province*  
   
*Postal / Zip Code Country*

\*Name of Apartment Community

\*Apartment Community Phone Number  -   
*Area Code Phone Number*

Student Home Phone  -

Student Cell Phone  -

Area Code Phone Number Area Code Phone Number

Student Email Address

ex: myname@example.com

Texas Education Code 25.002(f) requires the school district to record the name, address, and birth date of the name of the person enrolling child.

Contact #1 Name

Relationship to Child

First Name

Last Name

Address

Street Address

Street Address Line 2/Apartment Number

City

State / Province

Postal / Zip Code

Country

Home Phone Number

Work Phone Number

Area Code

Phone Number

Area Code

Phone Number

Cell Phone Number

Employer

Area Code

Phone Number

E-mail

ex: myname@example.com

Preferred Language

Translator Needed?

- Yes No

Contact #2 Name

Relationship to Child

First Name

Last Name

Address

Street Address

Street Address Line 2/Apartment Number

City

State / Province

Postal / Zip Code

Country

**Home Phone Number**

Area Code

Phone Number

**Work Phone Number**

Area Code

Phone Number

**Cell Phone Number**

Area Code

Phone Number

**Employer**

**E-mail**

ex: myname@example.com

**Preferred Language**

**Translator Needed**

- Yes
- No

**Contact #3 Name**

First Name

Last Name

**Relationship to Child**

**Address**

Street Address

Street Address Line 2/Apartment Number

City

State / Province

Postal / Zip Code

Country

**Home Phone Number**

Area Code

Phone Number

**Work Phone Number**

Area Code

Phone Number

**Cell Phone Number**

Area Code

Phone Number

**Employer**

**E-mail**

ex: myname@example.com

Preferred Language

Translator Needed?

- Yes
- No

What type of medical insurance do you carry for this child?

- CHIP
- Medicaid
- HCHD
- Private Insurance (Aetna, BCBS, etc.)
- None

Family Physician

First Name

Last Name

Physician Phone Number

Area Code

Phone Number

List the names of all brothers/sisters under the age of 18.

Last Name	First Name	Grade	DOB	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency Contacts

Last Name	First Name	Home Phone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To complete the student enrollment process, we must receive a copy of your state issued identification card (DL, Passport, Consular ID) and one of the following:

- o Deed or Lease (first and last signature page only and must include physical address)
- o Current Utility Bill (power, water, or gas dated within the last 30 days---no phone bills will be accepted)
- o If you and the student are living with someone, you must complete the Shared Residency Affidavit and the Student Assistance Questionnaire (SAQ) which can only be processed, at the campus, by appointment

YOU MAY UPLOAD ALL DOCUMENTS BELOW

Upload Proof of Residency (PDF, JPEG, or MS Word formats) \*

No file chosen

Upload Parent

No file chosen

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Identification (PDF  
or JPEG) \*

Choose File | No file chosen

## FINAL STEP - LUNCH APPLICATION CONFIRMATION

All Meyerland PVA Middle School students MUST submit a completed Free and Reduced Meal Application for the 2016-2017 school year. Please visit [HISD Meal Application Online System](#) (click link) and complete the application process. Once you have submitted your application, provide the confirmation number below. If you do not receive a confirmation, your application is not complete.

Lunch Application  
Confirmation #: \*

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By selecting to submit information contained in this form, you certify that all information is true and accurate. Enrollment of the child under false documents subjects the person to liability for tuition or costs under Texas Education Code 25.001(h).

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Parent or Legal Guardian Name \*

First Name

Last Name

Driver's License Number/State \*

I certify that all  
information is true  
and accurate \*

Yes

Date of Birth \*

Month

Day

Year



Submit

Print Form

Powered by JotForm