

# Registration Checklist



**West Columbia Elementary:**

**Phone: 979-799-1760**

**Fax: 979-345-3170**

**FYI:**

**Transportation:**

979-799-1820

979-799-1825

979-799-1826



**Provide the following documents:**

1.  **Child's birth certificate**
2.  **Child's social security card**
3.  **Child's current shot records**
4.  **Current proof of residency**
5.  **Parent/guardian driver's license**
6.  **Withdrawal form**
7.  **Last report card if available**

**[wceregistration@cbisd.com](mailto:wceregistration@cbisd.com)**

**Online Information:**

- [www.cbisd.com](http://www.cbisd.com)
- Scroll down
- Quick Links on the right side
- District Calendar
- Free and Reduced Lunch (application)
- School Bucks (meal account and school store)
- Skyward (online registration and gradebook)
- Smart Tag FAQ
- Smart Tag Replacement (electronic bus transportation system)





West Columbia Elementary  
 P.O. Box 158 (711 South Gray)  
 West Columbia, Texas 77486  
 Phone: (979) 799-1760  
 FAX: (979) 345-3170  
 Roxana Bolton, Principal  
 Iris Howard, Assistant Principal

Last School Attended: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

Mail, fax or email records to

**Goldie Hernandez**  
**WCE PEIMS/Registrar**  
**wceregistration@cbisd.com**

**Release of Confidential Information – Request for Student Records**

Child's <b>Full Legal</b> Name	Gender	Birth date	2023-2024 Grade

The scholar listed above is enrolled at West Columbia Elementary. Please send copies of the following records along with any other important information you feel will be beneficial to our school and scholar:

- Withdrawal Grades
- Standardized Test/STAAR Results
- Complete Transcript of Grades
- Special Program Records (Special Ed., At-Risk, G/T, 504, etc.)
- Original Home Language Survey

- All ESL/Bilingual Program Documentation
- Attendance Records
- Discipline Records
- Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Thank you for your assistance.

X \_\_\_\_\_ GODELEVA HERNANDEZ – Registrar  
 Authorized School Personnel/Title

Section 25.002(a) of the Texas Education Code: Enrollment by a student in another school constitutes authority for the sending district to release the education records of that student, regardless of whether parental authority has been received under the Federal Education Records Privacy Act. Per the Buckley Amendment of June 17, 1976, it is no longer necessary to obtain written consent from a parent to release records between schools.

Faxed: \_\_\_\_\_ Sent: \_\_\_\_\_ Received: \_\_\_\_\_

# COLUMBIA-BRAZORIA ISD STUDENT REGISTRATION FORM

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

<b>Information about the person enrolling the student (required by the state- TEC #25002(F))</b>		
Name:	Relationship to student:	Your date of birth: /     /
Physical Address:		
_____	_____	_____
STREET	CITY	ZIP

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		

***Note:*** Non-custodial parent information, if applicable, belongs on the Family #2 form.

<b>School Age Siblings Living at the Student's Physical Address</b>				
Name	Date of Birth	Enrolled at CBISD?	Campus	Grade

Parent / Guardian Signature:	Date:
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Child's Name: \_\_\_\_\_

**Information required before the Skyward (online registration) process . . .**

<b>Documents needed:</b>	
	Student's Birth Certificate
	Student's Social Security Card
	Student's Shot Record
	Parent ID or DL
	Proof of Residency ( Utility Bills, Lease, etc. )
	Guardianship papers ( if applicable )
	Withdrawal Form ( if applicable )

Has student ever attended CBISD ( BE, WCE or WPE )?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has student ever attended a Texas School? If yes, which city/school:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please indicate if your child EVER received services in any of the following programs:**

<b>Program</b>	<b>Yes or No</b>	<b>Where/When if applicable</b>
504		
Bilingual/ESL		
Dyslexia		
Gifted and Talented		
Migrant		
Special Education		

<b>Please answer the following to help us serve your child.</b>	<b>Yes or No</b>	<b>When/Where if applicable?</b>
New Kinder Students-Was you child in PK last year?		
Has student ever been retained?		
Does student have disciplinary action pending at previous school?		
Was student assigned to an alternative setting at previous school?		
Has student ever been expelled?		
Is there anything that you would like us to know about your child?		
If yes, please explain:		

## 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.

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.

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.

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): WEST COLUMBIA ELEMENTARY

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

Student Signature (grades 9-12): \_\_\_\_\_ Date(Fecha): \_\_\_\_\_.

Firma del estudiante (grados 9-12)

*-Please complete for a NEW Kinder Student-*

## Kindergarten Parent Survey 2023-2024

Student first and last name: \_\_\_\_\_

Parent first and last name: \_\_\_\_\_

Parent cell phone number: \_\_\_\_\_

### **Please complete the following survey about your child**

1. Can your child jump in place with two feet together like a rabbit? \_\_\_Yes \_\_\_No
2. Can your child throw a ball, without direction? \_\_\_Yes \_\_\_No
3. Can your child copy a circle or straight line with a crayon or a pencil? \_\_\_Yes \_\_\_No
4. Can your child match shapes: circle, square, triangle? \_\_\_Yes \_\_\_No
5. Can your child tell you if there are one or two objects before him/her? \_\_\_Yes \_\_\_No
6. Can your child follow simple directions such as “put the \_\_\_\_\_ in the box” or “take the \_\_\_\_\_ out of the box”? \_\_\_Yes \_\_\_No
7. When presented with two similar objects of different sizes, can your child give you the big object or give you the little object? Example: give me the big ball. Give me the little block. \_\_\_Yes \_\_\_No
8. Can your child give you a specific quantity of an object? Example: Give me one goldfish. Give me two goldfish. \_\_\_Yes \_\_\_No
9. Does your child use a group of at least 3 words to tell about or ask or something? Example: Me hungry now. Mommy go bye-bye. \_\_\_Yes \_\_\_No

Please add anything specific you would like to say about your child.

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Thank you!