



P.O. Box 20589 Houston, TX 77225-0589
Telephone: (713) 283-6298 Fax: (713) 283-6190
School Hours: Mon. thru Thurs. 8am-5pm, Fri 8am -2pm

District
KEVIN HICKS, Executive Director

Enrollment Information Checklist

School Year 2019-2020

Completed AIA Forms

- Enrollment Application
- Additional Contact Information
- Family Profile and Migrant Survey
- Home Language Survey
- Parent Authorizations
- Health Requirements and History

Standard Agency Forms

- School Meals Application

Submitted Document Copies

- Birth Certificate
- Social Security Card
- Immunization Record
- Driver's License of Parent/Guardian
- Proof of Residency (Any utility bill or Apartment Contract)
- TB Test Result (If required by Texas Department of Health)

If child is a former student of another school:

- Transcript/Report Card
STAAR Scores/TAKS Scores/TELPAS
 - Withdrawal Form from Previous School (if Applicable)
 - Other Requested Information:
-

Please feel free to contact the School Registrar for related inquiry.



ACCELERATED INTERDISCIPLINARY INTERMEDIATE ACADEMY

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Enrollment Application

School Year 2019-2020

Parent's/Guardian's Information Responsibility

I hereby affirm that I will only provide true, correct and current information in all of the following forms, and that it is my responsibility to notify the school of any change to this set of information.

I am aware that it is my right to decline responding to questions that ask about my or my child's ethnicity or race but I fully understand that if I do so, the school, as mandated by US Department of Education, will fill this information based on observations done by its enrolling officer.

Furthermore, I fully understand that any box that I will mark under **Contact Authorizations** signifies that I grant the contact person the corresponding authority.

Signature of parent/guardian

Date

Student Information

First Name:		Middle Name:		Last Name:		Grade Level:
State ID/SSN:		Birth Date (mm/dd/yyyy):		Gender:		Ethnicity:
				<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
Race:						
<input type="checkbox"/> Asian <input type="checkbox"/> Black African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Island <input type="checkbox"/> White						

Previous School Attendance

Grade Level	Name of School			Date of Last Attendance
Address Street		Phone Number:		
City	State	Zip Code	Principal	
Special Class/es:				
<input type="checkbox"/> Bilingual <input type="checkbox"/> ESL <input type="checkbox"/> Gifted <input type="checkbox"/> Title I <input type="checkbox"/> Resource <input type="checkbox"/> Speech				

Parent's/Guardian's Information

Prefix:	First Name:		Middle Name:	Last Name:	
Employer	Birth Date (mm/dd/yyyy)		Driver's License Number	Relation to the Student	
Association with Student	Contact Authorizations				
<input type="checkbox"/> Lives With?	<input type="checkbox"/> Emergency Contact?		<input type="checkbox"/> Receive Mail?		<input type="checkbox"/> Release To? <input type="checkbox"/> Release Information To?
Primary Email Address			Alternate Email Address		
Address Street			Address Type		
			<input type="checkbox"/> Permanent Home Address		
City			<input type="checkbox"/> Other Home Address		
State			<input type="checkbox"/> Office/Work Address		
Zip Code					
Phone Number		Type			
		<input type="checkbox"/> Home Phone <input type="checkbox"/> Office/Work Phone <input type="checkbox"/> Personal Cell Phone			
Alternate Phone Number		Type			
		<input type="checkbox"/> Home Phone <input type="checkbox"/> Office/Work Phone <input type="checkbox"/> Personal Cell Phone			



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Additional Contact Information

AdditionalContactInformation1

Prefix:	First Name:	Middle Name:	Last Name:
Employer		Birth Date (mm/dd/yyyy)	Driver's License Number
Association with Student		Contact Authorizations	
<input type="checkbox"/> Lives With?		<input type="checkbox"/> Emergency Contact? <input type="checkbox"/> Receive Mail? <input type="checkbox"/> Release To? <input type="checkbox"/> Release Information To?	
Primary Email Address		Alternate Email Address	
Address Street		Address Type	
City		State	Zip Code
Phone Number		Type	
Alternate Phone Number		Type	

AdditionalContactInformation2

Prefix:	First Name:	Middle Name:	Last Name:
Employer		Birth Date (mm/dd/yyyy)	Driver's License Number
Association with Student		Contact Authorizations	
<input type="checkbox"/> Lives With?		<input type="checkbox"/> Emergency Contact? <input type="checkbox"/> Receive Mail? <input type="checkbox"/> Release To? <input type="checkbox"/> Release Information To?	
Primary Email Address		Alternate Email Address	
Address Street		Address Type	
City		State	Zip Code
Phone Number		Type	
Alternate Phone Number		Type	

ForEnrollingOfficer'sUseOnly

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Family Profile and Migrant Survey

Parents'/Guardian's Ethnicity and Level of Education

Ethnicity:
Hispanic/Latino Asian Black African American American Indian/Alaskan Native Native Hawaiian/Pacific Island White
Level of Education:
Elementary High School College Other (Specify):
Middle School College Post Graduate

Geographical Location

What Part of the City is the family residing?
North South Southwest East Other (Specify)

Family's Average Annual Income

What is your family's average annual income?
\$0 to \$10,000 \$21,000 to \$40,000 \$61,000 to \$70,000 Other (Specify):
\$11,000 to \$20,000 \$41,000 to \$60,000 \$71,000 to \$90,000

Other Children in the Family (Siblings of the Student)

Table with columns: Name, Age, Grade, Name, Age, Grade

Migrant Survey

These questions are necessary to identify children who may be eligible for specific federal funding. The information gathered may enable the district to provide more funding to the school and enhance its services.

In the past three (3) years,

1. have you or your family moved from one town or school district?
2. have you or your family gone to another place to work, even for a short period, and then returned?
3. have you or anyone in the family had a job doing a kind of work listed below?
farming dairying cleaning land cotton farming/ginning tree growing/harvesting
ranching fishing picking nuts combining/harvesting grain picking fruits/vegetables
fencing plant nursery cutting wood driving tractors/machinery poultry production/ meat processing

4. Do you know anyone in this school district with children (including preschoolers) who may be able to answer yes to any of the above questions?

Yes Name:
No



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Home Language Survey

The Texas Education Code requires schools to determine the language/s spoken at home by each student. This information is essential in order for the school to provide meaningful instruction to all students.

First Name (Primer Nombre):	Middle Initial:	Last Name (Apellido):	Grade Level (Grado):
Date of Birth (Fecha de Nacimiento) (mm/dd/yyyy):		Home Address – Street Number, Street (Direccion- Numero del Calle, Calle):	Home Phone Number (Telepono dela Casa):
Parent's/Guardian's Name (Nombre del Padre):	State (Estado):	City (Ciudad):	Zip Code (Codigo Postal):
			Personal Cell Phone Number (Telepono Celular):

1. Where is the student's place of birth? ¿Dónde está el lugar de nacimiento del estudiante?	City:	Country:
2. When is the student's first entry into a U.S. school? (mm/dd/yyyy) ¿Cuándo es la primera entrada del estudiante en una escuela de E. U.?		
3. How many years have your child been studying in a U.S. School? (Please specify): ¿Cuántos años ha sido su hijo estudiando en una escuela de E. U.? (Especifique):		
4. What language is spoken in your home most of the time? ¿Que idioma se habla en su casa la mayoría del tiempo?		
<input type="checkbox"/> English / Ingles <input type="checkbox"/> Spanish / Español <input type="checkbox"/> Other (Specify) / Otro (Especifique) _____		
5. What language does your child/do you speak most of the time? ¿Qué idioma habla su hijo/hija la mayoría del tiempo?		
<input type="checkbox"/> English / Ingles <input type="checkbox"/> Spanish / Español <input type="checkbox"/> Other (Specify) / Otro (Especifique) _____		
6. Has your family ever worked in either the AGRICULTURE or FISHING industry? ¿ A trabajado su familia en la industria de pesca o agriculture?	<input type="checkbox"/> Yes / Si <input type="checkbox"/> No / No	

Signature of parent/guardian (Firma del padre/representante)

Date (Fecha)



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Parent Authorizations

Photograph Release Authorization

I hereby give permission for the school to take photographs of my child and use these photographs in publications like newsletters or advertisements.

Signature of parent/guardian above printed name

Date

Field Trip and Bus Release Authorization

I hereby give permission for my child to join Field Trips or out-of-school activities planned by the school as part of their educational program. I authorize the school to transport my child from/to the school to/from the out-of-school activity location by bus or van officially designated by the school for said activity.

Signature of parent/guardian above printed name

Date

Authorization for Emergency Medical Attention

Table with 3 columns: Name of Licensed Physician, Clinic/Hospital Address, Phone Number; and 2 rows for Clinic/Hospital Name and Fax Number.

In case of emergency that I cannot be reached to make arrangements for needed medical attention, I authorize the person in charge to take my child to the clinic/hospital and care of the licensed physician I indicated above. I give my consent for the emergency treatment needed by my child under the care of same physician and/or clinic/hospital. My signature below indicates my understanding of these statements and confirmation of this authorization.

Signature of parent/guardian above printed name

Date

AIA Students Emergency and Health Care Policy

- 1. The school will provide your child with immediate and appropriate care.
2. When your child is seriously injured, appropriate emergency decisions for your child’s care will be made based on the authorizations you have provided.
3. If no Emergency Medical Attention authorization was provided above, and in case of medical emergency, the school will call the nearest clinic/hospital to arrange the medical treatment. Ambulance service will be provided if the situation warrants.
4. The school will notify the parent/guardian of the emergency. If the school encounters difficulty reaching the parent/guardian, then the additional contact persons indicated as emergency contact will be notified.
5. The school will not administer any medication without written consent from the parent/guardian.
6. If the parent/guardian authorizes the school to administer medication to the child, the medicine must be in original container and labeled with the child’s name, name of medication, dosage, and instructions from the physician or person dispensing the medication.

My signature below indicates my understanding of and conformity to this policy.

Signature of parent/guardian above printed name

Date



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Health Requirements and Information

Student Information

First Name:	Middle Initial:	Last Name:	Grade Level
Parent's/Guardian's Name	Home Address:		Home Phone Number:
			Personal Cell Phone Number:

Health Requirements

- Student's immunization record must be submitted to the school not later one month after the student's first day of school.
- If recommended by the Texas Department of Health, TB test results must also be submitted on or before same deadline.
- If medical treatments, immunizations or tests:
 - conflict with the parent and child's religious beliefs, then a supporting affidavit must be submitted.
 - will be injurious to your child's or family's health, then a physician's certification must be submitted.

Medical History

- Please check from the following all applicable medical conditions affecting your child.

<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergy	<input type="checkbox"/> Ulcers	<input type="checkbox"/> Blood Disease	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Emotional Problems
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Seizures	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Skin Disease	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Poliomyelitis	<input type="checkbox"/> Weight Problems	<input type="checkbox"/> Ear Problems	<input type="checkbox"/> Serious Accident
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Polio	<input type="checkbox"/> TB Contact	<input type="checkbox"/> Vision Problems	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Surgery/Fractures

- If the student has any of the above conditions, did he/she receive medical care? Yes No
- Is he/she currently under treatment? Yes No
- If you have checked Allergy above, list the allergy or allergies that affect your child.

- Indicate any health condition your child has which the school should know about including those that require special attention from the school.

Signs and Symptoms

- Aside from signs and symptoms related to the medical conditions you already indicated in the Medical History section above, please check from the following all applicable ones you have recently observed about your child.

<input type="checkbox"/> Tires easily	<input type="checkbox"/> Frequent headaches	<input type="checkbox"/> Frequent nose bleeding	<input type="checkbox"/> Earaches	<input type="checkbox"/> Restlessness
<input type="checkbox"/> Underweight	<input type="checkbox"/> Frequent colds	<input type="checkbox"/> Frequent stomach aches	<input type="checkbox"/> Nail biting	<input type="checkbox"/> Does not like school
<input type="checkbox"/> Overweight	<input type="checkbox"/> Frequent sore throats	<input type="checkbox"/> Fainting	<input type="checkbox"/> Shyness	<input type="checkbox"/> Does not get along with others

- Has the student been examined by a physician about it? Yes No
- Has the student had a complete physical (test?) in the past year? Yes No
- If so, please describe it, and for what condition it is?

- Is the student currently under medical care for this? Yes No

- If yes, please indicate the name of the physician and/or clinic:

Notes:



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Extended Care Program Policy

Dear Parent/Guardian,

AIA provides through its Extended Care Program supervisory care services to students who are waiting for their parents/guardians to pick them up from school. Please be guided by the following terms and conditions of the program.

- 1. Extended care services start from 5:00pm to 6:00pm Monday to Thursday and 2:00pm to 6:00pm Fridays
2. Extended care services are available through the following arrangements and fees:
a. Weekly (\$25/week): \$25 for five school days from Monday to Friday
b. Daily (\$10/day): \$10 for one school day from Monday to Thursday
c. Friday-only (\$15/Friday): \$15 for one Friday
3. Parents needing the service should enroll their children in the program and pay corresponding fees.
4. Payments should be only by money order payable to AIA a week before the extended care service is used, otherwise an additional \$5 late payment fee shall be charged.
5. Payments are not refundable, nor creditable to days other than those they were approved for.
6. Students in extended care service should be picked up no later than 6:00pm, otherwise an additional \$1/minute late pick-up fee shall be charged. Students not picked up later than 6:30pm shall be entrusted to proper authorities, like CPS or Chimney Rock Police station.
7. Students not enrolled in the Extended Care Program but not picked up promptly by their parents during dismissal time, shall be automatically placed under extended care service and charged the Daily or Friday-only fee, whichever is applicable, plus the \$5 late payment fee.

Please complete the Extended Care Program Application/Policy Compliance form below to use or not use its services and confirm your understanding and compliance to its terms and conditions.

- AIA Administration

Extended Care Program Application/Policy Compliance

(Please check one of the boxes below. If the first box is selected, no need to fill out the tables below, proceed to last sentence.)

- I do not wish to use the services of the Extended Care Program for my child/children but I am fully aware of and agree to the program's condition #7.
I wish to use the services of the Extended Care Program for my child/children as I indicated below.

Table with 2 columns: Field (Parent's Name, Contact Number, ECP Arrangement) and Value/Options.

Table with 3 columns: #, Student's Name, Grade Level. Rows 1-4.

I have read, understood, and I agree to all the terms and conditions described in the Extended Care Program Policy.

Signature of Parent/Guardian

Date



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Textbook Policy

Dear Parent/Guardian,

Every student is allowed to take textbooks home to complete assignments and study for tests. One set of textbooks may be kept at home and returned at the end of the school year. If your child leaves the school before the end of the school year, all textbooks must be returned before the release of any of the student’s school records.

If the student damages or loses a textbook, the parent will be charged its cost plus shipping, handling or other additional costs incurred by the school to replace it.

Please complete the Text Book Policy Compliance form below to indicate whether you agree or not to the Textbook Policy and return it to the school through your child’s teacher. The school will base from this form the provision to your child of home textbooks.

- AIA Administration

Text Book Policy Compliance

Name of Student: _____

Grade Level: _____

Name of Parent/Guardian: _____

(Please check one of the boxes below to indicate non-conformity or conformity to the Textbook Policy.)

- I do not agree to the Textbook Policy. Do not provide any home textbook to my child.
I hereby agree to the terms and conditions of the Text Book Policy. Please provide a set of home textbooks to my child.

I accept the full responsibility of taking care of the home textbooks that school will provide to my child, fully understanding and conforming that:

- 1. the textbooks should be returned to the school in good condition by end of the school year or before my child leaves the school in case we decide to terminate his enrollment before the end of school year.
2. if any textbook is damaged or lost, I will be charged its cost plus shipping, handling or other additional costs incurred by the school to replace it.
3. the school will not release any of my child’s school records until I have returned all the textbooks in good condition or settled all textbook charges.

Signature of Parent/Guardian

Date



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Student’s Home Textbooks Information
(To be filled out only during distribution of books)

Name of Student: _____ Grade Level: _____

Name of Parent/Guardian: _____

Book Issuance

Count	Title of Textbook/Subject	Book Number	Date Issued	Date Returned	Condition (good/damaged/lost)	Replacement Cost	Comments
1	English/Language Arts					\$	
2	Reading						
3	Math						
4	Science						
5	Social Studies/History						
Total						\$	

I hereby certify that the books indicated above were issued to me and I have received them in good condition.

Signature of parent/guardian

Date

Book Return

I hereby certify that these books were returned to me in good condition and/or that I have received the payment of corresponding replacement costs of those that were damaged or lost as indicated in the above table.

Signature of Book Inventory Officer above printed name

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Truancy Policy

Dear Parent/Guardian:

The Texas Education Code requires a child enrolled in pre-kindergarten or kindergarten, or who is a least 6 years of age, or younger than 6 years of age and has previously been enrolled in first grade, and who has not yet reached the 18th birthday to attend school [§25.085].

It further indicates that if a student is absent, three (3) or more days or parts of days within a four-week period or ten (10) or more days or parts of days in a six-month period without an official excuse, you, being contributory to the child's non-attendance, and your child herself/himself may be subject to truancy filing with the possibility of state prosecution due to "Failure to Attend School" offense, which is considered a Class C Misdemeanor, punishable by a fine not to exceed \$510.00 for each offense and/or community service.

A student's absence can be considered excused if the absence was due to medical reason, court appointment, bereavement of a family member, or observance of religious holidays. Other circumstances are subject to the discretion of the school if they can be considered excused. For the student to be recorded excused, corresponding official documents, such as doctor's certificate, court summon or appointment document, or funeral rites schedule, proving the circumstance should be immediately submitted to the school. Notes from parents alone are not considered as valid excuse documents.

The school shall regularly monitor the number of absences a student incurs. When your child incurs two (2) or more absences during a four-week period, or nine (9) or more absences in a six-month period, the school will send you a "Truancy Reminder", a notification reminding you of the Truancy Policy, listing the days your child has been absent, and requesting you to submit as soon as possible available official excuse documents.

If no official excuse documents were received by the school and your child continue to be absent thus reaching the maximum number of absences, the school will finally send you a "Truancy Warning" notification indicating the school's action to file a truancy complaint against you and/or your child pending your submission of official excuse documents on or before the deadline given in the said notification.

We believe that, like us, your main priority is to provide your child the education he needs that he may be a successful person in the future. Please let us work together as partners to ensure that your child is able to attend school every day. Please accomplish the Truancy Policy Compliance below to signify your understanding and compliance to this policy.

- AIA Administration

Truancy Policy Compliance

My signature below certifies that I fully understand all the statements of the Truancy Policy. I shall comply with its requirements and I take full responsibility of consequences resulting from my non-compliance to the school's Truancy Policy.

Signature of parent/guardian above printed name

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Principal-Teacher-Parent-Student Compact

School

At Accelerated Interdisciplinary Intermediate Academy (AIA), we shall provide students with the necessary tools to guide them into becoming productive citizens through a stimulating and challenging curriculum. Through problem solving instruction presented in a multi-cultural environment, students will become literate, self-disciplined, and confident citizens within their school and community. We are committed to the overall success of the student.

Principal's Signature

Date

Teacher

I shall be responsible for sending frequent reports to parents concerning their child's progress, and offering reasonable opportunities for parents to volunteer, observe classroom activities, and participate in conferences. I shall be committed to the overall success of the student.

Teacher's Signature

Date

Parent/Guardian

I shall be responsible for monitoring my child's attendance, homework assignments, signing all progress reports, picking up report cards, and television watching. I shall attend teacher conferences, parent meetings and be supportive and involved in my child's education. I shall be committed to the overall success of my child.

Parent's/Guardian's Signature

Date

Student

I shall be responsible for doing my best work being prepared for class, completing homework assignments and attending school regularly. I shall ask my parents and teachers for help when needed. I shall follow the schools Code of Conduct to promote good citizenship.

Student's Signature

Date