



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

District
KEVIN HICKS, Executive Director

Re-enrollment Letter
School Year 2019-2020

Attention: Parents/Guardians
Subject: Need to Know if Your Child is Returning to AIA

Dear Parent/Guardian,

Part of our making adequate plans for school year 2019-2020 is the need to know if your child will be returning to Accelerated Interdisciplinary Intermediate Academy (AIA).

The services that AIA will be offering this year is much like last school year, specifically you will have the option to choose what transportation service you'll have for your children as the school will not be offering any transportation or bus service.

Please complete the Re-enrollment Information Slip below and return it to us through your child's homeroom teacher by Friday, April 26, 2019.

Thank you for your continued support.

- AIA Administration



Re-enrollment Information Slip
School Year 2019-2020

Name of Student: _____ Grade Level for SY2019-2020: _____

Name of Parent/Guardian: _____

(Please check one of the boxes.)

[] My child will return to AIA for school year 2019-2020. Please reserve a slot for my child.

[] My child will not be returning to AIA for school year 2019-2020. We are transferring him/her to (please indicate name of school)_____.

I understand that it is my responsibility to inform AIA of where my child will be attending school within the first three days of school year 2019-2020, and that AIA may file a truancy case against my child and/or me due to my failure to provide AIA this information.

Signature of Parent/Guardian

Date



ACCELERATED INTERDISCIPLINARY INTERMEDIATE ACADEMY

“The school where every challenge becomes a mission accomplished.”

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Re-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: | |
| StateID/SSN: | | Birth Date (mm/dd/yyyy): | | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | Ethnicity: <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 <input type="checkbox"/> Lives With? | Contact Authorizations <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 <input type="checkbox"/> Other Home Address <input type="checkbox"/> Office/Work Address | | |
| City | | State | 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

Additional Contact Information 1

| | | | |
|--------------------------------------|---|--|---|
| 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 | |
| City | | <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Other Home Address <input type="checkbox"/> Office/Work Address | |
| State | 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 | | |

Additional Contact Information 2

| | | | |
|--------------------------------------|---|--|---|
| 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 | |
| City | | <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Other Home Address <input type="checkbox"/> Office/Work Address | |
| State | 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 | | |

For Enrolling Officer's Use Only

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