

# Houston Gateway Academy, Inc. Re-Enrollment Form for School Year 2021 - 2022

*\*Please complete one form per child\**

\* \*

For more information, call: (832) 649-2700

## STUDENT INFORMATION

Student Name \_\_\_\_\_

Grade Level \_\_\_\_\_

SSN \_\_\_\_\_

Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_

Address: \_\_\_\_\_

Will your child be using bus transportation to get to school?  Yes  No If so, Bus Company: \_\_\_\_\_

## PARENT INFORMATION

1. Guardian: \_\_\_\_\_

2. Guardian: \_\_\_\_\_

Relation: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Language Pref:  English  Spanish

Language Pref:  English  Spanish

Guardian Email: \_\_\_\_\_

Guardian Email: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (Other than Parent/Guardian)

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Other Ph: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Other Ph: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Other Ph: \_\_\_\_\_

## ALL SIBLING INFORMATION

Brothers/Sisters

Grade

School

Brothers/Sisters

Grade

School

By signing below, parent acknowledges that they have read and understand all current and any updated policies such as the Attendance Policy, Opt-Out Form, Promotion/Retention Policy, Drug Policy and Enforcement, and Behavior and Discipline Policy.

The above information is required for a permanent school record of your child and will be used by school personnel. I certify that the information given above is correct. I authorize the school to contact the person named on this form to render such treatment as may be necessary in an emergency of said child. In the event parents or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.

Parent or Guardian Signature \_\_\_\_\_

\_\_\_\_\_ Date

\* \*

**Socioeconomic Information Form 2021-2022.**

Student Name \_\_\_\_\_ Student Grade \_\_\_\_\_ Student ID \_\_\_\_\_

Student Date of Birth \_\_\_\_\_

*Houston Gateway Academy, Inc. is required to collect and report the socioeconomic status of each student to the Texas Education Agency for purposes of the annual state accountability ratings and for federal reporting. Please note that this form is not sent to the Texas Education Agency and that the income levels indicated for your family are not reported to the Texas Education Agency. Only the Economic Disadvantaged status of each student as determined by the information provided is reported to the Texas Education Agency.*

**SECTION A**

Do you receive Supplemental Nutrition Assistance (SNAP)?  Yes  No

Do you receive Temporary Assistance to Needy Families (TANF)?  Yes  No

*If you answered YES on either of the above, skip SECTION B and continue to the SIGNATURE section.*

**SECTION B (Complete only if all answers in SECTION A are NO)**

How many members are in the household (include all adults and children)? \_\_\_\_\_

TOTAL **YEARLY** INCOME BEFORE DEDUCTIONS OF **ALL** HOUSEHOLD MEMBERS \_\_\_\_\_

Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's compensation, unemployment and all other sources of income (**before any type of deductions**)

**SECTION C (Check one of the following two boxes as appropriate and sign below).**

*In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA) no student shall be required, as part of any program funded in whole or in part by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent or legal guardian.*

I certify that all the information on this form is true and that all income is reported. I understand the school will receive Federal funds and will be rated for accountability based on the information I provide.

I choose not to provide this information. I understand that the school's disbursement of federal funds and accountability rating may be affected by my choice.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.