



ELITE COLLEGE PREP ACADEMY - BOWIE

7310 Bowie St. ♦ Houston, TX ♦ 77012 ♦ T: 832.649.2700 ♦ F: 713.649.3092 ♦ www.hgaschools.org

NEW STUDENT ENROLLMENT Grades: Kindergarten – 8th

DEAR PARENT(S) AND APPLICANT: Thank you for your interest in our school. Please read all the information before filling out the enrollment forms. All information below is required to be completed before your son/daughter is considered registered. The registrar will NOT ACCEPT INCOMPLETE ENROLLMENT FORMS.

Enrollment Information Required

- Birth Certificate
- Social Security Card
- Proof of Address (utility bill)
- Parent I.D./Identification
- Immunization Card
- Last THREE Report Cards
- Last THREE TAKS/STAAR Test Results – Students in grades 3rd – 8th
- ITBS Scores – Students in grades Kindergarten – 2nd
- Summer School Report Card (if applicable)
- TELPAS Documents
- All ARD Documents (if applicable)

Additional Requirements

Parent/Guardian must read and sign all attached documents.

Students must read and sign the following documents:

- Promotion/Retention Policy
- Behavior and Discipline Policy
- Drug Policy and Enforcement

How did you hear about Houston Gateway Academy, Inc and/or Elite College Prep Academy?

____ Family/Friend ____ Billboard ____ Newspaper Ad ____ Radio ____ Website

____ Engine Search ____ Have another child enrolled at HGA ____ Families Empowered

____ Other (please specify) _____

FOR OFFICE USE ONLY

Received By: _____

Date: ____ / ____ / ____ Time: _____

MM DD YY



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NEW STUDENT ENROLLMENT 2017 - 2018 Grades: Kindergarten - 8th

DEAR PARENT(S) AND APPLICANT: Thank you for your interest in our school. Please fill out this form completely. Falsifications, misrepresentations, or omissions may disqualify your enrollment. Information you supply may not be shared with any other parties.

STUDENT INFORMATION					
Last Name		First Name		Middle Name	
Social Security #	Grade for 2017 - 2018	Previous School		Date Last Attended	
				____ / ____ / ____ <small>MM DD YYYY</small>	
Date of Birth		Age (by Sept. 1st)	Place of Birth		Sex
____ / ____ / ____ <small>MM DD YYYY</small>			_____, _____ <small>CITY STATE COUNTRY</small>		
Student lives with: (Check one)					
<input type="checkbox"/> MOTHER		<input type="checkbox"/> BOTH			
<input type="checkbox"/> FATHER		<input type="checkbox"/> OTHER:			
		<small>FULL NAME</small>		<small>RELATIONSHIP</small>	
				<small># OF YEARS LIVING WITH THIS PERSON</small>	

PARENT INFORMATION				
FATHER'S: Last Name		First Name		Middle Name
Address		Apt #	City	Zip
Home Phone Number		Cellular Phone Number		Work Phone Number
Employer Name			Occupation	

MOTHER'S: Last Name		First Name		Middle Name
Address		Apt #	City	Zip
Home Phone Number		Cellular Phone Number		Work Phone Number
Employer Name			Occupation	

FATHER'S Email Address		MOTHER'S Email Address	
INFORMATION of relative or neighbor			
<small>FULL NAME</small>		<small>ADDRESS</small>	
		<small>PHONE NUMBER</small>	

I certify that all the information above is true and accurate to the best of my knowledge.

PARENT/GUARDIAN SIGNATURE

**PLEASE TURN IN NEW STUDENT ENROLLMENT FORM TO:
Mrs. Galindo Miss. Chavez Mrs. Estrada**



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ATTENDANCE POLICY

All students are subject to compulsory attendance laws, (Texas Education Code 25.085) your child must be in attendance a minimum of 90% of the school year. This means a child is allowed no more than 18 absences in a year and no more than 9 excused or unexcused absences in a semester. Non-attendance is the #1 reason that students are unsuccessful in their classes.

When a student is absent, one of the following is required:

1. A written note signed by the parent stating the reason for the absence - even when the school sends a child home, a note is needed from the parent stating the reason for the absence.
2. A doctor verification provided by the doctor/dentist office (required if this is the reason for the absence.)
Doctor/dentist note must be turned in within three days of the appointment.
3. A note written on letterhead of the agency visited or of the organization represented (court, religious holiday, etc.)

Note: This written statement explaining the student's absence must be received by the attendance office within 3 days of the student's returning to school and must include the student's name, grade level, and the date(s) of absence(s).

Absences are excused for:

1. Personal illness (note required) Three or more days of absence due to illness requires a doctor's note.
2. Serious illness in the student's immediate family (note required)
3. Death in the family (note required)
4. Recognized religious holidays of the student's faith (note required)
5. Natural catastrophe and/or disaster

Unexcused absences may cause any or all of the following:

1. After 8 unexcused absences per semester, a student is in danger of losing credit or being retained.
2. A court filing for violation of the compulsory attendance laws with the Justice of the Peace
3. High School students will not be allowed to make up credit lost due to excessive absences.

Tardiness

- A child is tardy after 7:50 a.m. A pattern of tardiness may result in Saturday detention. Every minute of the instructional day is extremely important and every effort should be made to have your child in school on time each day.

I understand that the attendance laws and policies apply to my child, and I agree to follow the policies as stated above when my child is absent or tardy.

Student Name

Grade

Parent/Guardian Signature

Date



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HEALTH INVENTORY / MEDICATION PERMISSION FORM

Note to Parents/Guardians

Clinic Personnel are not permitted to give medication of any kind, prescription, unless the physician's request is in writing that there is a need for such medication. The doctor's statement must be accompanied by written permission of at least one parent/guardian.

This form without phone number is not accepted.

STUDENT NAME	GRADE	DATE OF BIRTH
		____ / ____ / ____ <small>MM DD YYYY</small>

In order to keep my child in optimum health and to help maintain maximum school performance, it is necessary that the medication listed below be given during school hours.

Name of Medication	Reason for Medication
Dosage	How often? At what time?

If PRN medicine (NON-PRESCRIBED MEDICATION) can be given at any time during the 2017-2018 school year please fill out the following information and sign below.

Name of Medication	Dosage
Parent/Guardian Signature	Phone Number

To the best of your knowledge, has your child had any problems with the following? Please check and indicate the age of your child when he/she last experienced symptoms.

Medical History	Age	Medical History	Age	Medical History	Age
___ Asthma		___ Heart Disease		___ Serious Accident	
___ Allergy		___ Kidney Disorder		___ Surgery/Fracture	
___ Blood Disorder		___ Orthopedic		___ TB Contact	
___ Convulsions		___ Poliomyelitis		___ Vision Loss	
___ Diabetes		___ Rheumatic Fever			

If the student has had any of the above conditions, did he/she receive medical care? ___ Yes ___ No
 Is he/she under treatment now? ___ Yes ___ No

Please check any of the following signs and symptoms your have recently observed:

___ Tires easily	___ Frequent earaches	___ Frequent nose bleeds	___ Shyness
___ Underweight	___ Frequent stomachaches	___ Nail biting	___ Fainting
___ Overweight	___ Frequent sore throats	___ Restlessness	___ Does not like school

Has the pupil consulted a physician about the above symptoms? ___ Yes ___ No
 Has the pupil had a complete physical exam this year? ___ Yes ___ No

I AGREE TO HOLD THE SCHOOL HARMLESS FOR THE PROPER ADMINISTRATION OF MEDICATION PROVIDED BY THE PARENT/GUARDIAN FOR THE ADVERSE DRUG REACTIONS OR SIDE EFFECTS

I agree to be responsible for maintaining an adequate supply of medication at the school to meet my child's needs.

 Parent/Guardian Signature

 Date

 Home Phone Number

 Work Phone Number



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HOME LANGUAGE SURVEY

The State of Texas requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide instruction to all students. Please answer the following questions.

Student Name		Current Grade
Address		City
		Zip
Place of Birth		Date of Birth
_____, _____ <small>CITY STATE COUNTRY</small>		____/____/____ <small>MM DD YYYY</small>
Date of Initial Entry in U.S. Schools	Number of Complete Years in U.S. Schools	Home Phone Number
____/____/____ <small>MM DD YYYY</small>		
Has your family ever worked in either the AGRICULTURE or FISHING industry? Choose One		
YES NO		

1. What language is spoken in your home most of the time? (check one)

- English
- Spanish
- Other (Specify) _____

2. What language does your child (do you) speak most of the time? (check one)

- English
- Spanish
- Other (Specify) _____

Parent/Guardian Signature

Date

NOTE TO SCHOOL PERSONNEL:

1. Signed copy of the Home Language Survey (HLS) must be filed in the Student permanent folder.
2. Answer of a language other English to either or both questions #1 or #2 identifies a student for language proficiency assessment



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PHOTOGRAPH AND VIDEO RELEASE PERMISSION FORM

I give my permission for Houston Gateway Academy, Inc. or any school approved media to photograph/video my child. The photographs or video will be used for news organizations and promotional use in support of the school. Copies of any videos or photographs taken will be available upon request.

Student Name

Grade

Student Address

Phone Number

Parent/Guardian Signature

Date



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STUDENT EDUCATIONAL BACKGROUND

Dear Parent/Guardian: Please complete the following information below.

STUDENT NAME	
PLACE OF BIRTH	DATE OF BIRTH
_____ <small>CITY STATE COUNTRY</small>	____/____/____ <small>MM DD YYYY</small>

PREVIOUS SCHOOLS ATTENDED				
Name of School	City	Years Attended	Grade Level(s)	Promoted or Retained

Please check if your student has attended any of the following programs/classes at ANY time during his/her educational career.

- | | | |
|--|--|---|
| <input type="checkbox"/> Resource Room | <input type="checkbox"/> Gate | <input type="checkbox"/> Gifted and Talented |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Inclusion | <input type="checkbox"/> TAG |
| <input type="checkbox"/> EXCEL | <input type="checkbox"/> ESL | <input type="checkbox"/> Self-contained |
| <input type="checkbox"/> Remedial Reading | <input type="checkbox"/> WINGS | <input type="checkbox"/> Resource Language Arts |
| <input type="checkbox"/> Content Mastery | <input type="checkbox"/> Resource Reading | <input type="checkbox"/> Behavior Intervention |
| <input type="checkbox"/> Homebound | <input type="checkbox"/> Home Schooling | <input type="checkbox"/> Private School |
| <input type="checkbox"/> Hospital Class | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> ARD |
| <input type="checkbox"/> IEP Meeting | <input type="checkbox"/> Individualized Education Plan | |
| <input type="checkbox"/> Referral for psychological testing | <input type="checkbox"/> Referral for academic testing | |
| <input type="checkbox"/> Any special program or services (specify) _____ | | |

I certify that this student has been involved in the listed programs/classes.

Parent/Guardian Signature

Date

Home Phone Number

Work Phone Number



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RELEASE DESIGNATION FORM

In order to guarantee your child's safety, we are requesting information concerning whom your child may be released to. Please fill out the following information and add additional names if necessary.

ANY AUTHORIZED PERSON MUST BE ABLE TO PRODUCE A DRIVER'S LICENSE OR A VALID ID CARD WITH A PICTURE BEFORE THE SCHOOL WILL RELEASE YOUR CHILD. THE PERSON PICKING UP CHILD SHOULD BE 18 YEARS OR OLDER.

Authorized Person #1	
Full Name	Relationship
Address	Phone Number

Authorized Person #2	
Full Name	Relationship
Address	Phone Number

Authorized Person #3	
Full Name	Relationship
Address	Phone Number

Is there someone who is absolutely forbidden to pick up your child? _____ Yes _____ No
(If listing biological mother/father, please attached legal documents from the court)

If yes, please fill out the following:

Name of Person: _____ Relationship _____

I hereby declare that I am the legal parent/guardian of _____, I have authorized the aforementioned names as person(s) who my child may be released to. I also acknowledge the above named person as forbidden under any circumstances to pick up my child.

Parent/Guardian Signature

Date



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EMPLOYMENT SURVEY

DEAR PARENTS:

Our school is assisting the Houston Independent School District in identifying students who may qualify for Migrant Education Program services.

Please answer the following questions.

Student Name	Grade

1. Has your family moved any time during the last three years from one school district to another in Texas or across state? (Check one)

YES

NO

2. Were any of these moves made to find temporary or seasonal work in agriculture related to job packing, processing, harvesting cultivating of crops food processing, dairy work, forestry, fishing, etc.?

YES

NO

If you answered "yes" to question #2, please complete the information below.

Parent/Guardian Name		Home Phone Number	
Address		City	Zip

Please list the names and ages of children who are not enrolled in school.

Student Name	Age

Parent/Guardian Signature

Date



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PROMOTION/RETENTION POLICY

In order to be promoted, students in grades **Kindergarten through 2nd MUST** pass all four core subjects (Reading, Math, Science and Social Studies) with a percentage of **70 or higher** and in addition, **must pass ITBS in Math and Reading with a .7 or higher** or any other local assessments administered.

In order to be promoted, students in grades **3rd through 8th MUST** pass all four core subjects (Reading, Math, Science, and Social Studies) with a percentage of **70 or higher** and in addition, **must pass all STAAR exams, applicable to their grade level, with a score equivalent to a 70 or higher**. This passing standard also applies to any other local, state, or national assessments administered during the school year.

Students in grades **9th through 12th**, students are promoted based on accumulation of credits earned each school year. They shall enroll in the courses necessary to complete the curriculum requirements for the state mandated high school graduation program specified in §74.73 of the TEA title. In order to receive credit for any classes, students **MUST** earn a grade of **70 or higher**. In addition, students are **required to pass all STAAR exams with an equivalent score of 70 or higher and any other applicable local/state assessments required by HGA/TEA to meet graduation requirements.**

The Promotion/Retention Committee, made up of the campus principal, the homeroom teacher and the Chief Executive Officer, shall approve student promotions and retentions. The committee may also review students' final grades, ITBS/STAAR/Local and State Assessment scores if the promotion criteria has not been met and subsequently render a final promotion/retention decision. The parent of the student may attend the meeting of this committee.

In addition to the above requirements, **all K-12th students MUST** meet the State requirement for attendance (TEC § 25.092) which states that the student must **attend at least 90 percent** of the days the class is offered.

Furthermore, if a student from any grade level (K-12th) is receiving special services, such as, Bilingual Education, ESL or Special Education, both Bilingual/ESL coordinator and Special Education teacher for the program will be in attendance and be part of the Promotion/Retention Committee.

The Promotion/Retention committee will also look at other national, state, and locally developed tests and benchmark assessments administered throughout the school year to determine promotion/retention status. Assessments administered may vary according to grade level.

I have read and understand the Promotion/Retention policy stated above.

Student Signature

Date

Parent/Guardian Signature

Date



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STUDENT RESIDENCY QUESTIONNAIRE

The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C. 11434a (2), which is also known as Title X, Part C, or the No Child Left Behind Act. The answers you give will help the school determine the services the student may be eligible to receive.

STUDENT NAME	GRADE	DATE OF BIRTH
		____ / ____ / ____ <small>MM DD YYYY</small>

Check the box that best describes with whom the student resides. (Please note: legal guardianship may be granted only by a court; students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in and attend school. The school cannot require proof of guardianship for enrollment or continued attendance.)

- Parent(s)
- Legal Guardian(s)
- Caregiver(s) who are not legal guardian(s) (examples: friends, relatives, parents of friends etc)
- Other _____

PERSON WITH WHOM STUDENT RESIDES				
Last Name	First Name		Middle Name	
Address		Apt #	City	Zip
Home Phone Number		Cellular Phone Number		Work Phone Number

Please check only one box that best describes where the student is presently living:

- In my own home or apartment, in Section 8 housing, or in military housing with parent(s), legal guardian(s) or caregiver(s)(if you marked this box, check one or both of the boxes below, if applicable)
 - My home has no electricity.
 - My home has no running water.
- In the home of a friend or relative because I lost my housing (examples: fire, flood, lost job, divorce, domestic violence, kicked out by parents, parent in military and was deployed, parent(s) in jail, etc.)
- In a shelter because I do not have a permanent housing (examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)
- In transitional housing (housing that is available for a specific length of time only and is partly or completely paid for by a church or other nonprofit organization)
- In a hotel or motel (examples: because of economic hardship, eviction, cannot get deposits for permanent home, flood, fire, hurricane, etc.)
- In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or other unsheltered location.
- None of the above describes my present living situation (*Briefly describe your situation below*)

Factors contributing to the student's current living situation. (Check all that apply)

- Natural disaster:
 - Tornado, storm, flood, etc.
 - Hurricane, name: _____
 - Fire: prairie, forest, grass, lightning strike, etc
- Family issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.
- Home issues such as lack of electricity, water, heat, adequate home repair due to lack of funds, overcrowding, mold, etc.
- Military: Parent/guardian deployed, injured or killed in action
- Incarceration of parent/guardian
- Incapacitation of parent/guardian due to health, mental health, drugs/alcohol, or other factors
- Home fire not due to natural causes (i.e. faulty equipment/appliances/wiring, furnace, stove, fireplace, etc.)
- Economic hardship:
 - Loss of job resulting in inability to pay rent or mortgage
 - Income from part-time or low paying job does not cover cost of housing in the area
 - Loss of mortgage, including loss of mortgage of landlord if student/student's family is renting
 - Eviction record and/or inability to produce deposits for rent or utilities
- High medical bills that leave little or no money for housing
- Lack of affordable housing in the area
- Minor student unable to afford housing on my own
- None of the above describe the main reason for my present living situation (*Briefly explain the contributing factors below*)

Please provide the following information for school-age siblings (brothers/sisters) of student:

NAME	GRADE	SCHOOL

Signature of Parent/Legal Guardian/Caregiver/Unaccompanied Student

Date



DRUG POLICY AND ENFORCEMENT

It is the primary objective of Houston Gateway Academy, Inc., to assure that the education of all students proceeds in an efficient, orderly and non-disruptive manner. Possessing, using, actual or attempt to distribute, buying, selling or supplying of mood-altering chemicals or look-alike substances or paraphernalia on or off school premises is a violation of school code.

1. Statement of Policy Regarding Students

Students of Houston Gateway Academy, Inc., while on school property or at a school-sponsored activity, shall not possess, use, transmit, buy, sell, supply or attempt to do so with a mood-altering chemical of any kind prior to or during the school day, at any school-sponsored activity or event or at any time while on or off school premises.

A. Definitions

- **"Possession"** includes, without limitation: holding in the student's hand, retention on the student's person or in purses, wallets, lockers, desks or any other personal possessions such as backpacks or other students' backpacks or personal belongings. This also applies to vehicles parked on school property or at school functions.
- **"Use of mood altering chemical"**: is defined as manifesting signs of chemical misuse such as staggering, reddened eyes, odor of chemicals, nervousness, restlessness, memory loss, abusive language, falling asleep in class or any other behavior not normal for that particular student, or a preponderance of evidence that a student has used a mood-altering chemical.
- **"Tobacco"**: includes any product containing tobacco or nicotine that is smoked, chewed, inhaled or placed against the gums including electronic cigarettes.
- **"Mood-altering chemical"**: Includes, without limitation, alcohol, marijuana, inhalants, ecstasy or other club drugs, depressants, stimulants, hallucinogens, narcotics, over-the-counter medications (including any over-the-counter pain medications containing aspirin, acetaminophen, ibuprofen, or any other pain relievers, any cough or cold medications, etc.), substances such as *White Out*, glue, toxic markers and caffeine pills. Prescription drugs are included in this, unless authorized by a medical prescription from a licensed physician and kept in the original container with the school nurse that states the student's name and directions for proper use. This list is intended for example only and not as an exclusive list.
- **"Illegal Drug"**: A controlled substance, but does not include a substance that is legally possessed or used under the supervision of a licensed health-care professional or by permission of the school staff or administration or that is legally possessed or used under any other authority under that Act or under any other provision of Federal law. (34 C.F.R. §300520)
- **"Controlled Substance"**: A narcotic or non-narcotic drug listed in one of the five schedules of controlled substances in Title 21 of the US Code. The federal statutes making possession, distribution, manufacturing, and importation of controlled substances illegal are found in Title 21 of the US Code; additionally, a drug, substance, or immediate precursor as defined in the Texas Controlled Substance Act, Health and Safety Code, Chapter 481, as amended, and/or the Federal Controlled Substance Act of 1970, Public Law 91-513, as amended.

B. Jurisdiction

- Drugs or any variation as described above cannot be on or in close proximity at any time to any student who is enrolled with Houston Gateway Academy, Inc. Furthermore, drugs or any variation described above are strictly prohibited at any school functions or activities.

2. Drug Paraphernalia

Drug paraphernalia or instruments such as pipes, roach clips, syringes, pacifiers, hypodermic needles, cocaine spoons or kits, nitrous oxide paraphernalia, rolling papers, water pipes and any other items normally or actually used for the packaging, conveyance, dispensation or use of mood-altering substances will not be permitted on

Or in close proximity to any student, school property or vehicle and will be subject to confiscation. Possession of drug paraphernalia will be treated the same as possession of a mood-altering substance. Addiction to an illegal substance may not be used as an excuse for a violation.

3. Staff Responsibilities

All Houston Gateway Academy, Inc. staff have the responsibility to report all suspected cases of drug and/or alcohol use, misuse or abuse by students to the appropriate school officials. Staff members will report to the building official alleged possession, use, actual or attempted transmitting, buying, selling or supplying of mood-altering chemicals, counterfeit or look-alike substances or paraphernalia. Staff will immediately notify the principal or principal's designee and may be required to submit a written report at a later time. The intervention coordinator will immediately be notified by an administrator of all suspected or confirmed drug violations.

4. Responsibilities of School Officials

It is the responsibility of the school officials to inform students, staff and parents about the drug and alcohol abuse policy. Except for the persons directly involved in the students' education and except as otherwise provided herein, all matters concerning reports of drug or alcohol abuse shall be and remain confidential.

- **Searches: If the school official or staff has any reason to believe that a student has or may have used mood-altering or controlled substances, drug paraphernalia or instruments, they are subject to be searched.**
- **Parent agrees and authorizes for school officials and or staff to conduct a full search but not limited to the following: locker, personal search, backpacks, coats, purses, wallets, book bags, vehicles and or any other personal belongings or in their possession.**
- **Searches can be conducted by a Teacher, Counselor, Principal, Security, Intervention Specialist, Campus Administration Staff or CEO. Searches will be conducted by one person and a witness, females by females and males by males.**

5. Students' Responsibility

All students are responsible for understanding the Houston Gateway Academy, Inc. Drug and Alcohol Policy.

6. Parent Responsibilities

The Houston Gateway Academy, Inc. Board of Trustees recognizes that parents are primarily responsible for their children. The link between school and parents is the child. The effectiveness of this drug and alcohol policy will be assisted by the cooperative effort of the family, the school officials and the board.

7. Offenses and Disciplinary Action

- Carrying and/or using illegal drugs – EXPULSION
- Carrying and/or using any tobacco product, including electronic cigarettes – EXPULSION

Student: I, _____, have read and understand the policy above.
PRINT Student Name

Student Signature

Date

Parent: I, _____, have read and understand the policy above.
PRINT Parent Name

Parent/Guardian Signature

Date



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TEXAS EDUCATION AGENCY Texas Public School Student Ethnicity and Race Data Questionnaire

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

Part 1 – Ethnicity: Is the person Hispanic/Latino? (Choose only one)

- Hispanic/Latino**—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
- Not Hispanic/Latino**

Part 2 – Race: What is the person's race? (Choose one or more)

- American Indian or Alaska Native**— A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment
- Asian**—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- Black or African American** —A person having origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander** —A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White** —A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Student (please PRINT)

Student Identification Number

Parent/Guardian Signature

Date



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Behavior and Discipline Policy

Student's Name

Grade

Date

LEVEL I OFFENSES

- Dress code violations: This includes shirts not tucked in properly; Sagging pants; No red/blue shoes or shoelaces allowed; only white undershirts allowed and all other violations related to the dress code not listed will be addressed by the Principal.
 - Haircuts with designs
 - Littering in any area
 - Refusing to follow classroom rules
 - Class disruptions
- Possession of cell phones and/or electronic devices* Failure to bring class materials Name Calling
- Instigating and/or spreading rumors Carrying messages of fights or negative nature Sleeping in class
- Public display of affection Failure to complete homework Refusing to participate in class activities
- Passing inappropriate notes in class/school Chewing gum while in class/school
- Other offenses not listed and deemed as a Level I offense will be addressed by the Principal

* Additional penalties apply to possession of cell phones and/or electronic devices:

1st infraction - Verbal warning (During the First Semester Only)

2nd infraction - \$15 fee per device **and** only the parent can pick up the device

3rd infraction - \$15 fee per device **and** Saturday detention from 8:00 a.m.-12:00 p.m. at Elite Campus (7310 Bowie St)

LEVEL I CONSEQUENCES

First Infraction: 1. Verbal Warning (Parents may or may not be called. Decision to call varies by severity of the problem)

Second Infraction: 1. Parents contacted **and** 2. Student will be assigned to Saturday Detention (8:00 a.m. – 12:00 p.m.)

Third Infraction: 1. Parents/Student/Administrator conference 2. Student will be required to clean the lunch tables and pick up trash (gloves will be provided) in the cafeteria area after student's lunch time for two consecutive days **and** 3. Two consecutive Saturday Detentions held from 8:00 a.m. - 12:00 p.m. at Elite Campus (7310 Bowie St.)

Fourth Infraction: 1. Parents/Student/Administrator conference 2. Pre-withdrawal Form signed by parent and student, **and** 3. Student will serve Saturday Detention for three consecutive Saturdays at Elite Campus

Fifth Infraction:

1. EXPULSION (*Expelled students are banned from being on school grounds or attending school-related extracurricular activities, included but not limited to graduation, prom, and athletic activities.*)

LEVEL II OFFENSES

- Cursing Stealing Cheating Truancy Vandalism Fights Talking back to teacher or staff Bullying
- Self-inflicted wounds Physical bodily harm to any student or self Profanity or obscene gestures
- Verbal threat of bodily harm to any student or self Carrying and/or distributing pornography
- Accessing restricted websites Skipping class/school or found in unassigned zone areas Sexual Harassment (Verbal)
- Carrying, distributing, or engaging in substances that resemble drugs, including crushed candy
- Tampering with or activating any school fire alarm (*violation will also result in a \$250 fine*)
- Other offenses not listed and deemed as a Level II offense by the CEO, CAO, and/or Principal

LEVEL II CONSEQUENCES

First Infraction:

1. Parent/Student/Administrator conference **and 2.** Pre-withdrawal form signed by parent & student **and 3.** Student will have after school detention for two consecutive Saturdays or suspended for two days (8:00 a.m. – 12:00 p.m.) **and 4.** Apologize to person(s) offended or involved with infraction **and 5.** May require counseling session(s) for Student and/or Parent **and 6.** Student will not be allowed to participate in any school field trips.

Second Infraction:

1. EXPULSION (*Expelled students are banned from being on school grounds or attending school-related extracurricular activities, included but not limited to graduation, prom, and athletic activities.*)

LEVEL III OFFENSES

- Possession of a weapon Carrying, distributing, or engaging in illegal drugs, and/or alcohol Arson
- Carrying, Distributing, or Engaging in Prescription and/or Over the Counter Medication
- Carrying, Distributing, or Smoking Cigarettes Committing or Engaging in any Criminal Felony
- Assault towards HGA Staff, Teachers, or Volunteers Sexual Harassment (Physical)
- Other Offenses not listed and deemed as a Level III Offense by the CEO, CAO, and/or Principal

LEVEL III CONSEQUENCE

First Infraction:

1. EXPULSION

By signing this form I acknowledge I have received a copy of this discipline policy and that it has been explained to me.

Student's Signature & Date

Parent's Signature & Date

(Print) Student's name: _____ Date _____

(Print) Parent's name: _____ Date _____

Infraction _____ Level _____

Additional Notes: _____

Principal: _____ Date: _____



ELITE COLLEGE PREP ACADEMY - BOWIE

7310 Bowie St. ♦ Houston, TX ♦ 77012 ♦ T: 832.649.2700 ♦ F: 713.649.3092 ♦ www.hgaschools.org

STUDENT MILITARY AND FOSTER CARE QUESTIONNAIRE

Due to recent House Bill 455 and Senate Bill 260, it has become necessary for Houston Gateway Academy, Inc. to collect the status of students in regards to military and foster care. This information must be reported to TEA in our District PEIMS submissions.

Please mark one box in each section and return this form to your campus as soon as possible.

Military – Is your student a dependent of an active military member? Please check one box below.

- US Military - Army, Navy, Air Force, Marine Corps or Coast Guard on active duty
- Texas National Guard on active duty
- Reserve Force of the US Military on active duty
- This DOES NOT apply to my student

Foster Care – Is your student receiving Foster Care Services? Please check one below.

- My student receives Foster Care Services
- This DOES NOT apply to my student

Student Name

Grade

Parent/Guardian Signature

Date



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LATE PICK-UP POLICY

Students should be picked up promptly from school. Parents and those picking up students from school are asked to pick up students on time or a late pick-up fee will be charged.

Students who remain on campus more than 30 minutes after the dismissal time and who are not registered in any extracurricular activity (band, soccer, or volleyball) will be sent to the front office. You will receive written notification after the first late violation. Each subsequent late pick-up results in a \$10 fine per family and is due upon pick-up. A referral will be made to CPS after the fourth infraction.

Anyone picking up a late child who is not on the child's pick-up authorization list will need to be approved through written authorization or a direct phone call from the parent/guardian before your child may leave school grounds. You can update the "Release Designation Form" any time during the school year. Any individual picking up your child must be the age of 18 years or older.

Anyone picking up a student must be prepared to show picture identification.

Student Name

Grade

I have read and understand the Late Pick-Up Policy for Houston Gateway Academy, Inc.

Parent/Guardian Signature

Date

*If you have any questions or concerns regarding the school's Late Pick-Up Policy, please contact the Principal at (832) 649 – 2700.



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Mass Notification Phone and Text Opt-Out Form

The Federal Telephone Consumer Protection Act (TCPA) allows parents to opt-out of receiving general information phone calls and text messages from the District and your child's school. If you would like to opt-out of receiving phone calls for general information announcements, please fill out the form below and return to your child's school office.

Please note: If you choose to opt-out, you will no longer receive calls regarding early dismissals, report card availability, upcoming events, weather days, etc. The TCPA does allow for mass notifications in the event of an emergency.

Would you like to receive mass text or notification calls?

_____ Yes

_____ No

Student's Name: _____ Campus: _____ Grade: _____

Parent/Guardian Signature

Date