



**NEW STUDENT ENROLLMENT**  
**Grades: Pre-Kindergarten ONLY**

**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 ONLY)
- Parent I.D./Identification
- Immunization Card
- Most recent check stub

**Additional Requirements**

Parent/Guardian must read and sign all attached documents.

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



# HOUSTON GATEWAY ACADEMY, INC. - CORAL

1020 Coral St. ♦ Houston, TX ♦ 77012 ♦ T: 713.923.5060 ♦ F: 713.649.3341 ♦ www.hgaschools.org

## NEW STUDENT ENROLLMENT 2017 - 2018 Pre-Kindergarten

**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
Date of Birth	Age (by Sept. 1st)	Grade for 2017 - 2018	Social Security #
MM / DD / YYYY			
Birthplace			Sex
CITY, STATE, COUNTRY			
Student lives with: (Check one)			
<input type="checkbox"/> MOTHER	<input type="checkbox"/> BOTH		
<input type="checkbox"/> FATHER	<input type="checkbox"/> OTHER:		
	FULL NAME	RELATIONSHIP	# OF YEARS LIVING WITH THIS PERSON

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 :			
FULL NAME	ADDRESS		PHONE NUMBER

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

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE



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## PRE-K QUALIFICATION

**Dear Parents/Guardians:** The prekindergarten program is not mandatory. However, if your child qualifies and is enrolled in the program, he/she must attend school regularly. Parents/Guardians must complete this form and sign the certification statement on the reverse side.

Student Name		
<b>Student Social Security Number</b>	<b>Date of Birth</b>	<b>Home Phone Number</b>
	MM / DD / YYYY	
Parent/Guardian Name		
<b>Address</b>	<b>City</b>	<b>Zip</b>

**Please check the appropriate box below for which you would like to qualify your child for prekindergarten. Children may qualify for more than one of the areas below.**

- The child is unable to speak and comprehend the English language. Must complete Home Language Survey and child must qualify on the Pre-IDEA Proficiency Test (Pre-IPT)
- The child is educationally disadvantaged: Eligible to participate in the National Free or Reduced-Price Lunch Program based on family income.
- The child is homeless, as defined by 42 U.S.C. Section 11302 (*This includes any family in which the primary resident responsible for the home is not the legal guardian of the student listed on this application*)
- The child has a parent or official guardian that is an active duty member of the armed forces of the United States, including the state military forces or a reserved component of the armed forces, who is ordered to active duty by proper authority. This includes uniformed service members who are Missing in Action (MIA).
- The child has never been in the conservatorship (foster care) of the Department of Family and Protective Services (DFPS), as well as children in a conservatorship as a result of an adversary hearing. This includes children returned to home, kinship placement, and adoptions.

**If you are qualifying your child for Prekindergarten based on income, you must complete the form on the back and furnish the school with a copy of one of the following:**

- Current payroll check stub (during the month prior to verification), OR
- Current pay envelope, OR
- Letter from employer stating gross wages paid and how often they are paid

**Acceptable documentation for self-employment income (NET income) is:**

- Last year's tax return (1040 or Schedule C), OR
- Business or farming documents, such as ledger books and/or self-issued paycheck stub

Please complete the income information for Part 1 if you are qualifying your child for Prekindergarten based on income, unless you provide a SNAP or TANF Eligibility Determination Group Number (EDG#). If you provide a SNAP or TANF case number, skip to Part 2

**Part 1 – Employment Income**

- 1) Write the names of each person living in your household. For any person not receiving an income, put a 0 in the appropriate column. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
- 2) List the **GROSS** income (before taxes and deductions) for each household member. Also list the amount from all other sources listed in the chart below and any other income. If you are in the military and your housing is part of the **Military Housing Privatization Initiative**, do NOT include your allowance as income. If any amount **last month** was more or less than usual, write that person's usual monthly income.
- 3) Report **NET** (after taxes and deductions) income for **self-owned business, farm, or rental income**.

Names of Household Members Last Name First	Monthly Income Before Deductions		Monthly Welfare Payments, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Any Other Monthly Income
	Job 1	Job 2			
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

**Part 2 – Signature and Social Security Number: All Households Complete This Part**

- 1) All applications must have the signature of an adult household member.
- 2) The application must have the social security number of the adult who signs. If the adult does not have a social security number, write "none." If you listed a SNAP or TANF case number for each child, or if you are applying for a foster child, a social security number is not needed.

I certify that all of the information provided on this form is true and correct and that all income is reported, if needed. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on this application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

\_\_\_\_\_  
Signature of Adult Household Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Social Security #



MUST be signed by (PEIMS Coordinator)

**APPROVAL BASED ON:**

- \_\_\_\_\_ Limited English Proficient – Child has been tested with Pre-IDEA proficiency Test (IPT) A score or NES or LES indicates eligibility as LEP Parent must sign and accept placement in the Bilingual or Dual Program.
- \_\_\_\_\_ Educationally Disadvantaged – Income eligible as indicated in chart above (attach check stubs)
- \_\_\_\_\_ Educationally Disadvantaged – SNAP/TANF Eligibility Group Number (attach notice of eligibility letter)
- \_\_\_\_\_ Homeless – attach approved Student Resident Questionnaire
- \_\_\_\_\_ Dependent of Armed Forces active duty member – (attach applicable documentation: Form for Department of Defense photo ID active duty service members etc.

**COPIES OF REQUIRED DOCUMENTATION must be obtained:**

1. Birth Certificate Must be 4 years old by Sept. 1 NO exceptions will be made.
2. Proof of Address – Utility bill (electric, gas, water; lease agreement, car insurance, etc.)
3. Immunizations Records (ALL immunizations are quired)
4. Social Security Card
5. Photo ID of parent/guardian

\_\_\_\_\_ **Approved: I verify the qualifying documentation has been reviewed and will be kept in the student's cumulative folder for auditing purposes.**

\_\_\_\_\_ **Not approved: The student does not qualify.**

\_\_\_\_\_  
Signature of Assigned Person

\_\_\_\_\_  
Date



## PRE-K ATTENDANCE POLICY

By accepting enrollment in the Houston Gateway Academy, Inc. Pre-Kindergarten program you must comply with attendance policy set forth by the state of Texas.

Attendance is required and expected. Students are expected to be on time and to remain until the end of the day. **Please note that the Houston Gateway Academy, Inc. pre-kindergarten program is a full day program.**

- Any student below the age of six (6) who legally enrolls in public school shall attend school.
- Every parent, legal guardian, or other person responsible for sending a child to a public school shall assure the attendance of such child in regularly assigned classes during regular school hours.
- As absences occur, a written statement from a physician, parent, or legal guardian shall be given to proper school personnel immediately or within three (3) days after the student returns to school. After three days, the absences will have to be approved by school personnel.
- If the child is in the three year old pre-kindergarten program and if the child reaches absent number four (4) excuse or unexcused the child will be terminated from the program for failure to follow attendance policy.
- If the child is in the four year old pre-kindergarten program and he reaches absent number four (4) excused or unexcused the child will be terminated from the program for failure to follow attendance policy.
- A child is tardy after 7:50 a.m. A pattern of tardiness may result in termination from the program. 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.
- A student may be excused from the whole or partial day absences for the following reasons:
  1. Personal illness
  2. Serious illness in the student's immediate family
  3. Death in the student's immediate family
  4. Recognized religious holidays if the student's own faith
  5. Natural catastrophe and/or disasters

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**Student Name**

**Home Phone Number**

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**Parent/Guardian Signature**

**Date**

Pre-Kindergarten students are subject to compulsory school attendance rules while they are enrolled in school. However, if a child has not reached mandatory compulsory attendance age (6 years old as of September 1 of the current school year) the child's parent or guardian may withdraw the student from school, and the child will not be in violation of compulsory attendance rules.



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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



## 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.

<b>Student Name</b>		<b>Current Grade</b>
<b>Address</b>		<b>City</b>
		<b>Zip</b>
<b>Place of Birth</b>		<b>Date of Birth</b>
_____, _____ <small>CITY STATE COUNTRY</small>		____/____/____ <small>MM DD YYYY</small>
<b>Date of Initial Entry in U.S. Schools</b>	<b>Number of Complete Years in U.S. Schools</b>	<b>Home Phone Number</b>
____/____/____ <small>MM DD YYYY</small>		
<b>Has your family ever worked in either the AGRICULTURE or FISHING industry? Choose One</b>		
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.

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**Student Name**

**Grade**

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**Student Address**

**Phone Number**

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**Parent/Guardian Signature**

**Date**





### 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



## 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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## 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
		____/____/____ MM DD YYYY

**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*)

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**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**



## 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: \_\_\_\_\_



## 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/GuardianSignature

\_\_\_\_\_  
Date



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## 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**

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**Parent/Guardian Signature**

**Date**





## 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.**

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**Student Name**

**Grade**

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

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**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.



## 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