# HGA

# ELITE COLLEGE PREP ACADEMY - BOWIE

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

# 2019-2020 NEW STUDENT ENROLLMENT

**Grades: Kindergarten – 12** 

**DEAR PARENT(S) AND APPLICANT:** Thank you for your interest in HOUSTON GATEWAY ACADEMY CHARTER SCHOOLS. Please read all the information before filling out the enrollment forms. All information below is required before your son/daughter is considered registered. The registrar will NOT ACCEPT INCOMPLETE ENROLLMENT FORMS.

	For all mont information Denvised
	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 STAAR Test Results – Students in grades 3 <sup>rd</sup> – 12 <sup>th</sup>
	☐ IOWA (ITBS) Scores – Students in grades Kindergarten – 2 <sup>nd</sup>
	☐ 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
	Brag Folioy and Emorociment
	you hear about Houston Gateway Academy, Inc Charter Schools?
	mily/Eriand Billhoard Nawenanar // Padio
га	mily/FriendBillboardNewspaper AdRadio
Er	ngine SearchHave another child enrolled at HGA
Er	
Er	ngine SearchHave another child enrolled at HGA her (please specify)
Er	ngine SearchHave another child enrolled at HGA her (please specify)  FOR OFFICE USE ONLY
Er	ngine SearchHave another child enrolled at HGA her (please specify)



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## **NEW STUDENT ENROLLMENT 2019 - 2020**

Grades: Kindergarten - 8th

**DEAR PARENT(S) AND APPLICANT:** Thank you for your interest in HOUSTON GATEWAY ACADEMY CHARTER SCHOOLS. 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		ame	
Social Security#	Grade for 2019	- 2020	F	Previous School		Date	Last Attended
Coolan Coolanty II	2.22.10. 2010					,	/
						/_	DD YYYY
Date of Birth		Age (by Sept. 1st)		Place of Birth			Sex
/ /							
MM DD	YYYY		CITY	STATE	COUNTR	Υ	
		Stu	udent lives with: (	Check one)			
	BOTH						
□FATHER □	OTHER:	FULL NAME		RELATIONSHIF	P	# OF YEARS LI	VING WITH THIS PERSON
		PA	ARENT INFOR				
FATHER: Last Name			First Name			Middle N	ame
	Address		Apt #		ity		Zip
Home Phone Num	hor		Collular Phone No	ımbor	Ι ,	Nork Phone	Numbor
Home Fhone Num	bei		Cellular Phone Number		,	VOIK FIIOHE	Number
	Employer Na	me			Occupation	n	
MOTHER: Last Name			First Name			Middle Na	ame
	Address		A 4 - #				7:
	Address		Apt #		City		Zip
Home Phone Num	ber	(	Cellular Phone Nu	umber	1	Nork Phone	Number
	Employ	er's Name			Occupation	on	
					•		
	FATHER'S Email A	Address			MOTHER'S Email	Address	
	C Lindii A				O Linan		
		INFOR	MATION of relati	ve or neighbor			
	FULL NAME		ADDRE	SS			PHONE NUMBER
Lagratifications of the control	ation of act	turna anad	40 400 1 1 1	man e lemano da elema			
I certify that all the inform	ation above is	true and accurate	to the best of	ту кпошедде.			
PARENT/GUARDIAN SIGNA	ATURE		DATE	_			

PLEASE TURN IN NEW STUDENT ENROLLMENT FORM TO:
Ms. Chavez
Ms. Estrada



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## ATTENDANCE POLICY

All students are subject to compulsory attendance laws. Texas Education Code 25.085 indicates that your child must be in attendance a minimum of **90%** of the school year. This means a student 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. Doctor's verification provided by the doctor/dentist's office (required if this is the reason for the absence.)

  Doctor/dentist's 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 student 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.

Student's Name	Grade
Parent/Guardian Signature	Date



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# **HEALTH INVENTORY / MEDICATION PERMISSION FORM**

#### Note to Parents/Guardians

School personnel are not permitted to administer medication of any kind, to any student, unless a physician's authorization is in writing indicating that there is a need for such medication. The doctor's statement must be accompanied by written permission of at least one parent/guardian.

	STUDENT'S	NAME	G	RADE	DATE OF B	RTH
					//	YYYY
order to keep my child in optedication listed below be give			maximum school pe	rformance	, it is necessary tha	t the
	Medication	ioor riours.		Reason for	Medication	
Dosage			Но	ow often?	At what time?	
	on he siven	durin a th a 2040 2020		مالغان مالغ	fallanda a informatio	
on-prescribed medication can be ow:	an be given	during the 2019-2020	school year, please	iii out the	rollowing informatio	n and sig
Na	ame of Medic	ation			Dosage	
P	MC au-li Ci	impatura			Ohana Nijeri	
Paren	nt/Guardian Si	ignature		ŀ	Phone Number	
			with the following? I	Please che	eck and indicate the	age of y
ld when he/she last experier  Medical History		ms.  Medical Histor		M	edical History	
ld when he/she last experier Medical HistoryAsthma	nced sympto	oms.  Medical Histor  Heart Disease		<b>M</b> Seri	edical History ous Accident	
	nced sympto	Medical Histor  Heart Disease  Kidney Disorder		M Seri	edical History	age of y
ld when he/she last experier  Medical History AsthmaAllergy	nced sympto	oms.  Medical Histor  Heart Disease		Seri	edical History ous Accident gery/Fracture	
Id when he/she last experier  Medical History AsthmaAllergyBlood Disorder	nced sympto	Medical Histor Heart Disease Kidney Disorder Orthopedics	ry Age	Seri Surg Tub Visi	edical History ous Accident gery/Fracture erculosis	
Id when he/she last experient Medical History Asthma Allergy Blood Disorder Convulsions Diabetes our child has had any of the ne/she under treatment now	Age  above cond?	Medical Histor Heart Disease Kidney Disorder Orthopedics Poliomyelitis Rheumatic Fever ditions, did he/she reces	ry Age	Seri	edical History ous Accident gery/Fracture erculosis on Loss uring LossNo	
Medical History AsthmaAllergyBlood DisorderConvulsionsDiabetes  our child has had any of the ne/she under treatment now ase check any of the following the following the following treatment in	above cond?Yes	Medical Histor  Heart Disease  Kidney Disorder  Orthopedics  Poliomyelitis  Rheumatic Fever  ditions, did he/she reces No	ry Age  eive medical care?  nave recently observe	SurqTubVisicHea	edical History ous Accident gery/Fracture erculosis on Loss uring LossNo	
Medical History AsthmaAllergyBlood DisorderConvulsionsDiabetes our child has had any of the ne/she under treatment now ase check any of the followiTires easily	e above cond?Yes	Medical Histor Heart Disease Kidney Disorder Orthopedics Poliomyelitis Rheumatic Fever ditions, did he/she reces No d symptoms that you had	eive medical care?	SurqTubVisicHea	edical History ous Accident gery/Fracture erculosis on Loss uring LossNo able to your child):Shyness	
Id when he/she last experient Medical History AsthmaAllergyBlood DisorderConvulsionsDiabetes  our child has had any of the ne/she under treatment now wase check any of the following for the following states.	e above cond? Yes	Medical Histor  Heart Disease  Kidney Disorder  Orthopedics  Poliomyelitis  Rheumatic Fever  ditions, did he/she reces No	ry Age  eive medical care?  nave recently observe	SurqTubVisicHea	edical History ous Accident gery/Fracture erculosis on Loss uring LossNo	Ag
d when he/she last experier  Medical History	e above cond ? Yes ing signs and Freq visician regard physical exa	Medical Histor  ——Heart Disease ——Kidney Disorder ——Orthopedics ——Poliomyelitis ——Rheumatic Fever ditions, did he/she reces ——No  d symptoms that you had	eive medical care?  pave recently observe  Frequent nose be Nail biting  Restlessness  DIFFER ADMINISTRATIONS OR SIDE EFF	SeriSurgTubVisiHeaYesed (applical pleedsNoNo	edical History ous Accident gery/Fracture erculosis on Loss uring Loss	Ag



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**Current Grade** 

# **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's Name

Addres		City	Zip
	Place of Birth		Date of Birth
СІТУ	STATE	COUNTRY	///
Date of Initial Entry in U.S. Schools	Number of Complete Yea	rs in U.S. Schools	Home Phone Number
//			
	vorked in either the agricultu	re or the fishing indus	stry? Circle One
	YES	NO	
<ol> <li>What language is spoken in y</li> <li>□ English</li> <li>□ Spanish</li> <li>□ Other (Specify)</li> </ol>			
2. What language does your ch	ild speak most of the time	e? (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

Please complete the following information below:

ST	UDENT'S NAME				
PLACE OF BIRTH	PLACE OF BIRTH			OF BIRTH	
CITY , STATE	COUNTR	Υ	//		
PREVIOUS	SCHOOLS ATTE	NDED			
Name of School	City	Years Attended	Grade Level(s)	Promoted or Retained	
L					
Please check if your child has attended/received anduring his/her educational journey:	y of the following p			Y time	
Home Schooling		Priva	ate School		
Special Education (ARD, IEP, etc.)		Bilingual Education Speech Therapy			
English as a Second Language (ESL)					
Remedial Reading					
Resource Reading					
Remedial Math					
Physical Therapy					
Behavioral Intervention					
Referral for psychological testing					
Any special program or services (specify)					
I certify that my child has been involved in the li	sted programs an	d services.			
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 <u>WITH A PICTURE</u> BEFORE THE SCHOOL WILL RELEASE YOUR CHILD. THE PERSON PICKING UP CHILD SHOULD BE 18 YEARS OR OLDER.

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	Dolotionohin
Full Name	Relationship
Address	Phone Number
Addiess	There rumser
Is there someone who is absolutely <u>forbidden</u> to pick up your	child?YesNo
(If listing biological mother/father, please attached legal documents from the cour	t)
If yes, please fill out the following:	
yoo, ploudo iiii dat iiio idiidii iigi	
Name of Person:	Relationship
I horoby doclars that I am the local parent/guardian of	_, I have
I hereby declare that I am the legal parent/guardian of authorized the aforementioned names as person(s) who my child r	
acknowledge the above named person as forbidden under any circ	
Parent/Guardian Signature	Date
. a. o Caaraian orginataro	Duto



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# **EMPLOYMENT SURVEY**

Houston Gateway Academy, Inc. is assisting the Houston Independent School District in identifying students who may qualify for Migrant Education Program services.

			Grade
Has your fa	mily moved any time during the last three years from	n one school district to and	other in Texas or a
☐ YES			
□ NO			
	f these moves made to find temporary or seasonal v harvesting cultivating of crops food processing, dair		
☐ YES			
□ NO			
If you ansv	vered "yes" to question #2, please complete the info	rmation below:	
	Parent/Guardian Name	Home P	hone Number
	Address	City	Zip
lease list the	names and ages of children who are not enrolled	l in school.	
	Student's Name		Age



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## PROMOTION/RETENTION POLICY

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

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

Students in grades 9<sup>th</sup> through 12<sup>th</sup> are promoted based on accumulation of credits earned each school year. They must enroll in the courses necessary to complete the curriculum requirements for the state mandated high school graduation program. In order to receive credit for any classes, students MUST earn a grade of <u>70 or higher</u>. In addition, students are required to pass all STAAR exams with an equivalent score of <u>70 or higher</u> 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, IOWA, STAAR, PSAT, SAT and benchmark assessment results 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-12<sup>th</sup> 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 that classes are offered.

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

The Promotion/Retention Committee will also analyze 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 Promotic	on/Retention Policy stated above.	
Student's Signature	Date	
Parent/Guardian Signature	Date	



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GRADE

DATE OF BIRTH

# 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

					/	DD YYYY
by a corand atte	the box that best describes with urt; students living on their own or end school. The school cannot red Parent(s) Legal Guardian(s) Caregiver(s) who are not legal g	with friends or relati quire proof of guardia	ves who do not ha anship for enrollm	ave legal guardia ent or continued	nship are all attendance.	owed to enroll in
	Other					
	Last Name	PERSON WITH WHO	OM STUDENT RE First Name	SIDES	Mic	ddle Name
	Address		Apt #	City		Zip
	Home Phone Number	Cellular Pho	no Number	1 14	/ork Phone Nu	· · · · · · · · · · · · · · · · · · ·
	Home Phone Number	Cellular Pho	ne Number	V	ork Phone Nu	mber
☐ In m	check only one box that best do  yown home or apartment, in Sectionarked this box, check one or both of the bo  My home has no electricity.	tion 8 housing, or in	•	, ,	gal guardian(s	s) or caregiver(s)(if
	☐ My home has no running wa	ater.				
	ne home of a friend or relative becants, parent in military and was deployed,	ause I lost my housir	ng (examples: fire, flo	od, lost job, divorce	, domestic viole	ence, kicked out by
	☐ 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 tra	ansitional housing (housing that is avorofit organization)	ailable for a specific leng	th of time only and is	partly or completely	paid for by a c	hurch or other
□ In a	hotel or motel (examples: because of	economic hardship, evic	tion, cannot get depo	sits for permanent h	nome, flood, fire	, hurricane, etc.)
□ In a	tent, car, van, abandoned building	g, on the streets, at a	campground, in t	he park, or othe	r unsheltered	l location.
□ Non	e of the above describes my preso	ent living situation (B	riefly describe your	situation below)		



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## 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" It 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": It 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": It includes any product containing tobacco or nicotine that is smoked, chewed, inhaled or placed against the gums including electronic cigarettes.
- "Mood-altering chemical": It 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 moodaltering 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

Parent/Guardian Signature

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.	
Student Signature		Date	
Parent: I,	PRINT Parent's Name	, have read and understand the policy above.	

**Date** 



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# Houston Gateway Academy, Inc. Behavior and Discipline Policy

Student's Name	Grade	Date		
LEVEL I OFFENSES				
☐ Dress code violations: This includes shirts not to shoelaces allowed; only white undershirts allow will be addressed by the Principal.		•		
☐ Haircuts with designs ☐ Littering in any are	ea	assroom rules   Class disruptions		
☐ Possession of cell phones and/or electronic dev	vices*   Failure to bring	class materials		
☐ Instigating and/or spreading rumors ☐ Carry	ing messages of fights or ne	egative nature   Sleeping in class		
☐ Public display of affection (kissing, holding h	ands, cuddling, rubbing/ma	assaging, stroking/petting)		
☐ Failure to complete homework ☐ Refusin	g to participate in class a	ctivities		
□ Passing inappropriate notes in class/school □	Chewing gum while in cla	ss/school		
☐ Other offenses not listed and deemed as a Leve	el I offense will be addressed	by the Principal		
*Additional penalties apply to possession of cel 1 <sup>st</sup> infraction - Verbal warning (During the First Se 2 <sup>nd</sup> infraction - \$15 fee per device <b>and</b> only the pa 3 <sup>rd</sup> infraction - \$15 fee per device <b>and</b> Saturday definition - \$15 fee per device and Saturday definition - \$15 fee per device a	emester Only) rent can pick up the device			
LEVEL I	CONSEQUENCES			
First Infraction: 1. Verbal Warning (Parents may	or may not be called. Decis	ion to call varies by severity of the problem		
Second Infraction: 1. Parents contacted and 2. St	tudent will be assigned to Sa	turday Detention (8:00 a.m. – 12:00 p.m.)		
<b>Third Infraction: 1.</b> Parents/Student/Administrate pick up trash (gloves will be provided) in the cafet <b>3</b> Two consecutive Saturday Detentions held from	teria area after student's lunc	ch time for two consecutive days and		

#### **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.)

student, and 3. Student will serve Saturday Detention for three consecutive Saturdays at Elite Campus

Fourth Infraction: 1. Parents/Student/Administrator conference 2. Pre-withdrawal Form signed by parent and

LEVEL II OFFENSES
$\square$ Cursing $\square$ Stealing $\square$ Cheating $\square$ Truancy $\square$ Vandalism $\square$ Fights $\square$ Talking back to teacher or staff $\square$ 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 (Verba
☐ 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)
□ Public display of affection (fondling, inappropriate touching, excessive hugging, excessive kissing)
☐ Other offenses not listed and deemed as a Level II offense by the CEO and/or Principal
LEVEL II CONSEQUENCES
<ol> <li>Parent/Student/Administrator conference and 2. Pre-withdrawal form signed by parent &amp; 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, field day, dances, and any school-relate activities.</li> <li>Second Infraction:</li> <li>EXPULSION (Expelled students are banned from being on school grounds or attending school-</li> </ol>
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 and/or Vapor Products □ Committing or Engaging in any Crimina Felony □ Cheating on STAAR, IOWA, PSAT and/or SAT assessments
☐ Assault towards HGA Staff, Teachers, or Volunteers ☐ Sexual Harassment (Physical)
☐ Other Offenses not listed and deemed as a Level III Offense by the CEO and/or Principal
LEVEL III CONSEQUENCE
First Infraction:  1. <b>EXPULSION</b> 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:



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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)

Parent	Guardian Signature Date
Studer	t (please PRINT)  Student Identification Number
	<b>White</b> –A person having origins in any of the original peoples of Europe, the Middle East, or North 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
	Black or African American -A person having origins in any of the black racial groups of Africa
	<b>Asian</b> –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
	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
Part 2	- Race: What is the person's race? (Choose one or more)
	Non-Hispanic/Latino
	Spanish culture or origin, regardless of race
	Hispanic/Latino-A person of Cuban, Mexican, Puerto Rican, South or Central American, or other



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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.

Parent/Guardian Signature	Date	
Student's Name	Grade	
□ This <u>boco Not</u> apply to my office		
☐ This <u>DOES NOT</u> apply to my child		
☐ My child receives Foster Care Services		
Foster Care – Is your child receiving Foster Care Servi	ces? Please check one below.	
☐ This <u>DOES NOT</u> apply to my child		
☐ Reserve of the US Military on active duty		
☐ Texas National Guard on active duty		
☐ US Military - Army, Navy, Air Force, Marine Cor	rps or Coast Guard on active duty	
Military – Is your child a dependent of an active military	member? Please check one box below.	



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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 (Child Protective Services) 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's Name	Grade
I have read and understand the Late Pick–Up P	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 no	tification calls?		
Yes			
No			
Student's Name:	Campus:		Grade:
Parent/Guardian Signature		Date	