



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 Pre-Kindergarten ONLY

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 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

___ Engine Search ___ Have another child enrolled at HGA

___ Other (please specify) _____

FOR OFFICE USE ONLY

Received By: _____

Date: ___ / ___ / ___ Time: _____
 MM DD YY



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NEW STUDENT ENROLLMENT 2019 - 2020 Pre-Kindergarten

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
Date of Birth	Age (by Sept. 1st)	Grade for 2019 - 2020	Social Security #
____/____/____ <small>MM DD YYYY</small>			
Birthplace			Sex
_____, _____ <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

DATE



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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's Name		
Student's Social Security Number	Date of Birth	Home Phone Number
	MM / DD / YYYY	
Parent/Guardian Name		
Address	City	Zip

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**



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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 he or she accumulates four (4) excused or unexcused absences, the child can be terminated from the program for failure to follow attendance policy.
- If the child is in the four year old pre-kindergarten program and if he or she accumulates four (4) excused or unexcused absences, the child can 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 as the student's own faith
 5. Natural catastrophe and/or disasters

Student Name

Home Phone Number

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

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.

This form without a working phone number provided will not be accepted.

STUDENT'S NAME	GRADE	DATE OF BIRTH
		<input type="text"/> / <input type="text"/> / <input type="text"/> <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 non-prescribed medication can be given during the 2019-2020 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
<input type="checkbox"/> Asthma		<input type="checkbox"/> Heart Disease		<input type="checkbox"/> Serious Accident	
<input type="checkbox"/> Allergy		<input type="checkbox"/> Kidney Disorder		<input type="checkbox"/> Surgery/Fracture	
<input type="checkbox"/> Blood Disorder		<input type="checkbox"/> Orthopedics		<input type="checkbox"/> Tuberculosis	
<input type="checkbox"/> Convulsions		<input type="checkbox"/> Poliomyelitis		<input type="checkbox"/> Vision Loss	
<input type="checkbox"/> Diabetes		<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Hearing Loss	

If your child 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 that you have recently observed (applicable to your child):

<input type="checkbox"/> Tires easily	<input type="checkbox"/> Frequent earaches	<input type="checkbox"/> Frequent nose bleeds	<input type="checkbox"/> Shyness
<input type="checkbox"/> Underweight	<input type="checkbox"/> Frequent stomachaches	<input type="checkbox"/> Nail biting	<input type="checkbox"/> Fainting
<input type="checkbox"/> Overweight	<input type="checkbox"/> Frequent sore throats	<input type="checkbox"/> Restlessness	<input type="checkbox"/> Does not like school

Has your child consulted a physician regarding the above symptoms? Yes No
 Has your child 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's Name		Current Grade
Address		City
		Zip
Place of Birth		Date of Birth
_____	_____	____/____/____
<small>CITY</small>	<small>STATE</small>	<small>COUNTRY</small>
<small>MM</small> / <small>DD</small> / <small>YYYY</small>		
Date of Initial Entry in U.S. Schools	Number of Complete Years in U.S. Schools	Home Phone Number
____/____/____		
<small>MM</small>	<small>DD</small>	<small>YYYY</small>
Has your family ever worked in either the agriculture or the fishing industry? Circle One		
<div style="display: flex; justify-content: space-around;"> YES NO </div>		

1. What language is spoken in your home most of the time? (check one)
 - English
 - Spanish
 - Other (Specify) _____

2. What language does your child 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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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

Houston Gateway Academy, Inc. 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's 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
		____ / ____ / ____ <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



Houston Gateway Academy, Inc.
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 (kissing, holding hands, cuddling, rubbing/massaging, stroking/petting)
- 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*)
- 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

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, field day, dances, and any school-related activities.

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 and/or Vapor Products Committing or Engaging in any Criminal 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. 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
- Non-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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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 child 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 of the US Military on active duty
- This DOES NOT apply to my child

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

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

Student's 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 (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 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