

# Houston Gateway Academy, Inc. Re-Enrollment Form for School Year 2020 - 2021

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

**\* RE-ENROLLMENT FORMS ARE DUE BY March 2, 2020 \***

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

## STUDENT INFORMATION

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

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

SSN \_\_\_\_\_

Gender \_\_\_\_\_

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

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

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

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

## PARENT INFORMATION

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

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

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

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

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

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

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

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

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

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

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

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

Language Pref:  English  Spanish

Language Pref:  English  Spanish

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

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

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

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

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

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

## ALL SIBLING INFORMATION

Brothers/Sisters

Grade

School

Brothers/Sisters

Grade

School

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

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

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

\_\_\_\_\_ Date

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