



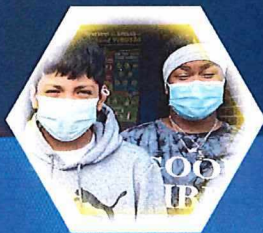
HOUSTON INDEPENDENT  
SCHOOL DISTRICT

# HIGH SCHOOL AHEAD ACADEMY MIDDLE SCHOOL

MARCH 1 - JULY 10

# 2022-2023 OPEN ENROLLMENT

LIMITED  
SPACES



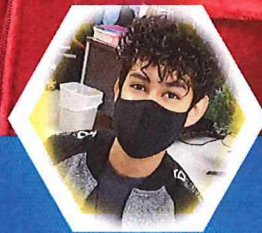
## HIGH SCHOOL CREDIT

Earn enough High School credit to complete your 9th grade year via APEX paid for by HSAA



## INNOVATIVE PROGRAM

Offering OVER-AGED 6th - 8th grade middle school students the opportunity to not only get back on track but get AHEAD!



## MID-YEAR PROMOTION

Enter as a 7th grader and advance to 8th in ONE semester

REGISTER  
ONLINE



SUCCESS IS  
POSSIBLE

DON'T JUST  
GET  
BACK  
ON TRACK!  
GET AHEAD!

## REQUIREMENTS

- 6th - 8th GRADER
- MUST BE OVER-AGED
- ZONED TO HISD

## PROCESS

- APPLY
- INTERVIEW
- ACCEPTANCE

5320 YALE STREET  
HOUSTON, TX 77091



713-696-2643



HOUSTONISD.ORG/HSAA

# THINGS TO NOTE BEFORE ENROLLING

one

*HSAA has a dress code that must be adhered to daily. Students will not be allowed into classrooms while out of dress code. Parents will be required to bring a change of clothes or check out the student for the day.*

two

*HSAA has a zero-tolerance for substance use and/or distribution on or around the premises. This includes but is not limited to cigarettes, vape pens, or narcotics/alcohol of any kind. This can result in immediate removal from the program.*

three

*Cell phones are not allowed in classrooms. Student cell phones will be collected & secured during 1st period. Phones will be returned at the end of 6th period. Any phone confiscated due to not being turned in will be kept with administration. A parent will be required to retrieve phone & pay the \$15 return fee.*

four

*Bus transportation to HSAA is a privilege not a requirement. Students must adhere to all transportation rules at all times. Students removed from the bus will be required to be transported by a parent/guardian.*



# HIGH SCHOOL AHEAD ACADEMY MIDDLE SCHOOL

## COMMITMENT AGREEMENT 2022-2023



**Please review this document in its entirety for information purposes only.**

**Students & parents will sign an official agreement at the Commitment Signing Day after official acceptance.**

**PLEASE NOTE:** High School Ahead is a program placement campus under HISD School Choice. Enrollment is based on an application and transfer from the home/zoned campus for every student. To maintain status as a student at HSAA, a student must abide by HSAA's standards for academics, behavior, and attendance. Failure to adhere to program expectations and policies may result in being exited from the program at any time during the school year.

### ACADEMIC PERFORMANCE

1. Maintain a grade of 70 or higher in all program courses and a 70-semester average in all core courses.  
*A final grade of "F" may result in exiting the program.*
2. Maintain satisfactory progression in all APEX High School Credit Courses per cycle (6wks)  
*A minimum of a half (0.5) credit must be earned each cycle (6wks)*
  - Students will have an academic performance review each of the six (6) week grading cycles.
  - Students not meeting the academic performance measures may be placed on a Growth Plan
  - At mid-year review students not meeting the academic performance measures may be exited from program.

### BEHAVIOR & CONDUCT

1. Student must exhibit good behavior with no more than three (3) discipline referrals at the end of a six-week grading period, a semester, or a school year.
2. Any student that is sent to DAEP (HISD's alternative campus) may not be eligible to return to HSAA and will be enrolled at their home/zoned campus upon DAEP completion.

### ATTENDANCE

1. Attendance in accordance with the state compulsory attendance law is required.
2. Students may have no more than three (3) or more absences in a four-week period or ten (10) or more in a six-month period.
3. The instructional day is 9:00AM – 4:30 PM. It is crucial that your child arrive on time each morning and not be signed out early. We cannot release a student after 4:20PM. If you have a doctor's appointment scheduled for your child after 4:20PM, you must pick them up before 4:20PM. Your child's transfer may be revoked based on tardiness and absences for *partial days*.

### TRANSPORTATION

1. Student drivers must comply with all campus procedures regarding parking & student safety acknowledgment. Including but not limited to the payment of a student parking pass.
2. Students that are transported by personal vehicles (parent/family/app-based) are to be picked up no later than 5:00PM daily.
3. Students that are transported by HISD transportation must always adhere to safety rules. HISD transportation is a *privilege* and not a requirement. Students must exhibit good behavior with no more than three (3) bus discipline referrals at the end of a six-week grading period, a semester, or a school year. *Violation of this policy will cause a student's bus privileges to be revoked immediately.*

**If a student has not shown sufficient progress or fails to meet requirements during any cycle of the school year as outlined above, the student's transfer status may be revoked at any time (exited from the program immediately) or placement on a Growth Plan as follows:**

1. **PARENT NOTIFICATION-** Parent/Legal Guardian will be notified of insufficient progress or failing to meet requirements.
2. **PARENT/STUDENT/ADMIN CONFERENCE-** Students not meeting requirements will meet with parent and principal (*or designee*). At this time, the student will be withdrawn to their home/zone campus (*exited from the program immediately*) or placed on a Growth Plan.
3. **GROWTH PLAN-** An growth plan will be established for any student not meeting program expectations. A Growth Plan Review will be scheduled with the student, parent, and administrators. If a student fails to meet the criteria of the Growth Plan, the student will be exited from the program.
  - Once a student is withdrawn, whether voluntarily or due to failure to meet agreement requirements, he/she cannot be re-enrolled in the program during the same school year. All withdrawals are final and binding. A student may reapply during the application period for the following school year (excluding Levels III, IV, or V Code of Student Conduct Violations).
  - All High School Ahead Academy students must be enrolled as full-time students.



## High School Ahead Academy Middle School

5320 Yale Street  
Houston, TX 77091  
(713)696-2643 -office  
(713)696-2999 -fax

*John Flowers, Principal*

### **NEW STUDENT - ENROLLMENT CHECKLIST**

Please ensure that all the following documents are completed and included in your enrollment packet to avoid delay in processing your registration application.

- ☐ Student's Birth Certificate
- ☐ Parent Photo Identification
- ☐ Student's End of Year Report Card w/ Promotion Status
- ☐ Student's Summer School Report Card w/ Promotion Status (if applicable)
- ☐ Immunization Record
- ☐ Social Security Card
- ☐ Proof of Residency (most recent electric, gas, water, or lease agreement in parent's name)
- ☐ ENROLLMENT PACKET (available online at [houstonisd.org/hsaa](http://houstonisd.org/hsaa) or at HSAA Front Office)
  - ☐ Enrollment Form
  - ☐ Entrance Interview Form
  - ☐ Special Services Survey
  - ☐ Social, Emotional & Behavioral Entrance Survey
  - ☐ Student Release Form
  - ☐ Transportation Acknowledgement Form
  - ☐ Request for Food Allergy Information
  - ☐ Health Inventory
  - ☐ Socioeconomic Information Form
  - ☐ Code of Student Conduct
  - ☐ Family Survey
  - ☐ Student Assistance Questionnaire (SAQ)
  - ☐ Military Connected Families Survey
  - ☐ Media Release Form
  - ☐ Home Language Survey
  - ☐ Metro Q Fare Card

For more information on enrollment into High School Ahead or the registration process, please contact:

Mr. Antravian D. Carter, Instructional Specialist  
[antravian.carter@houstonisd.org](mailto:antravian.carter@houstonisd.org)  
713-556-3799- office  
281-617-6500-cell

Ms. Consuelo Navarro, Student Information Rep.  
[counsuelo.navarro@houstonisd.org](mailto:counsuelo.navarro@houstonisd.org)  
713-696-2643 ext: 456206

# Houston Independent School District

## Enrollment Information

20\_\_\_\_ - 20\_\_\_\_

Homeroom Teacher:

Has student ever attended an HISD School? <input type="checkbox"/> Yes <input type="checkbox"/> No				Last School/Daycare Attended													
HISD Student ID		Date of Enrollment		Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Grade									
Legal Student Last Name		First Name		Middle Name		Generation (Jr., III, etc.)		Student SS# / State Alt. #									
Student Birthplace: City, State, Country			Year Started School in US		Student Lives with		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> Both Parents										
Federal Student Ethnicity (Select One) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		Student Race (Select all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		<input type="checkbox"/> Asian <input type="checkbox"/> White		<input type="checkbox"/> Black or African American											
Student Address		Street Number		Street Name		Apartment		City		State		Zip		County		Home Phone	
Student Cell Phone								Student e-mail Address									
Texas Education Code §25.002(f) requires the school district to record the name, address, and birth date of the person enrolling a child.																	
Contact #1 Name (Last, First)				Relationship		Street Number		Street Name		Apartment		City		State		Zip	
Employer		Occupation		Home Phone		Work Phone		Cell Phone									
Preferred Language		<input type="checkbox"/> English <input type="checkbox"/> Spanish		<input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____		Translator Needed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		e-mail Address							
Contact #2 Name (Last, First)				Relationship		Street Number		Street Name		Apartment		City		State		Zip	
Employer		Occupation		Home Phone		Work Phone		Cell Phone									
Preferred Language		<input type="checkbox"/> English <input type="checkbox"/> Spanish		<input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____		Translator Needed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		e-mail Address							
Contact #3 Name (Last, First)				Relationship		Street Number		Street Name		Apartment		City		State		Zip	
Employer		Occupation		Home Phone		Work Phone		Cell Phone									
Preferred Language		<input type="checkbox"/> English <input type="checkbox"/> Spanish		<input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____		Translator Needed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		e-mail Address							
<input type="checkbox"/> CHIP				What type of medical insurance do you carry for this child? <input type="checkbox"/> Medicaid <input type="checkbox"/> HCHD <input type="checkbox"/> Private Insurance <input type="checkbox"/> None				Family Physician				Physician Phone					
List the names of all brothers and sisters under 18 years of age. (If additional room is needed, write on reverse side.)																	
Last, First, and Middle Names				Gender		Birthdate		Grade		Address of This Child							
Signature below certifies that all the information above is true and accurate.																	
Enrollment of the child under false documents subjects the person to liability for tuition or costs under Texas Education Code §25.001(h).																	
Signature of Contact 1/Legal Guardian						TX Driver's License Number						Date of Birth (Contact 1/Legal Guardian)					
Signature of Contact 2/Legal Guardian						TX Driver's License Number						Date of Birth (Contact 2/Legal Guardian)					
Total Monthly Family Income:									Total Number in Household:								



# High School Ahead Academy Middle School

5320 Yale Street  
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(713)696-2643

*John Flowers, Principal*

## Entrance Interview

PARENT RESPONSE	SCHOLAR RESPONSE
Why has the applicant fallen behind in school?	
Explain the reasons why the applicant should attend HSAA.	
Explain any concerns (emotional, academic, physical, etc.) about the applicant that will help teachers to help applicant.	

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Scholar's Signature

\_\_\_\_\_  
HSAA Representative

## Special Services Survey

Student's Name: \_\_\_\_\_

Please indicate as to whether your child is presently, or has been in the past, receiving any of the following special service(s):

	Yes	No
Language Services		
ESL	_____	_____
Bilingual	_____	_____
Speech Therapy	_____	_____
Special Education Classes		
Generic	_____	_____
Self-Contained	_____	_____
Resource	_____	_____
Other	_____	_____
Subject(s): _____		
Special Education Counseling	_____	_____
Physical Therapy	_____	_____
Adaptive Physical Education	_____	_____
_____	_____	_____
Parent Signature		Date



**HIGH SCHOOL AHEAD ACADEMY**  
**Social, Emotional & Behavioral Entrance Survey**

\* **CONFIDENTIAL DOCUMENT** \*

Student's Name: \_\_\_\_\_

*Please complete the survey below in regard to your students social, emotional & behavioral history.*

**PLEASE NOTE:**

Information provided may not disqualify your student from admission. Information provided will used as a guide for placement planning for your student to be most successful in our program.

**Probation**

Are you currently or ever been on probation? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, when? \_\_\_\_\_

If currently please provide your Probation Officer's Name & Contact Number:

\_\_\_\_\_

**Mental Health Services or Diagnosis**

*(Such as but not limited to Oppositional Defiant Disorder (ODD), Schizophrenia, Bi-Polar Disorder, etc.)*

\_\_\_\_\_

Do you have a history of Health Institution Placement? \_\_\_\_\_ YES \_\_\_\_\_ NO

**If yes:**

When? \_\_\_\_\_

Where? \_\_\_\_\_

Are you currently in need of mental health services or assistance? \_\_\_\_\_ YES \_\_\_\_\_ NO

**Medical Conditions**

*(Such as but not limited to Attention-Deficit / Hyperactivity Disorder (ADHD), Sickel Cell, diabetes, etc.)*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Do you feel there could be a possibility of medical condition concern? \_\_\_\_\_ YES \_\_\_\_\_ NO



### History of Self Harm

*(Such as but not limited to cutting, thoughts/attempts of suicide, hearing voices, etc.)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### List Substance Use

*(Including but not limited to cigarettes, alcohol, pills, vapes, edible, marijuana, or any form of THC/CBD product, etc.)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Alternative School Setting

Do you have a history of Alternative School Placement?

\_\_\_\_ YES

\_\_\_\_ NO

**If yes:**

*When?* \_\_\_\_\_

*Where? (DAEP, JJAP, HARPER)* \_\_\_\_\_

*What campus referred you?* \_\_\_\_\_



# High School Ahead Academy Middle School

## STUDENT RELEASE FORM

- 2022-2023 -

Student Name/ Nombre del Estudiante

HISD Student ID #

### Parent/Guardian Information

Parent/Guardian-Padre/Tutor Legal

Home/Work/Cell Phone-Tel. Casa/Cellular

Parent/Guardian-Padre/Tutor Legal

Home/Work/Cell Phone-Tel. Casa/Cellular

Address/Drection

Apt.

City

Zip Code

## AUTHORIZED TO PICK UP STUDENT

Name of Authorized Person Nombre de Persona Autorizasa	Relationship Relacion	Homer/Work/Cell Phone Tel. Casa/Cellular	Homer/Work/Cell Phone Tel. Casa/Cellular

Person(s) **NOT** authorized to pick up my son/daughter

Persona(s) **NO** autorizadas para recoger a su hijo(a)

Relationship (Relacion)

Relationship (Relacion)

Relationship (Relacion)

Parent/Guardian Signature-Firma del Padre o Tutor

Date/Decha



## High School Ahead Academy Middle School

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(713)696-2643

*John Flowers, Principal*

### Transportation Acknowledgement Form

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent's Contact #: \_\_\_\_\_ Student's Cell #: \_\_\_\_\_

My student will be a:

\_\_\_\_ WALKER

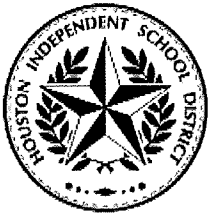
\_\_\_\_ CAR RIDER

\_\_\_\_ SCHOOL BUS RIDER

\_\_\_\_ METRO BUS RIDER

#### **SCHOOL BUS RIDERS PLEASE NOTE:**

High School Ahead offers a Magnet School transportation format for students. This means that buses will not come to your home for pick up or drop off. However, buses will pick up and drop off at a local access point (hub) near your home. Parents will be required to drop off students at their hub prior to the pick-up time assigned. Your local hub may be located on the campus of another HISD school. If you receive bus transportation and miss your pickup time, it will be the responsibility of a parent or guardian to provide transportation to school that day.



## REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent:

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as how your child reacts when exposed to the food that is listed.

☐ No information to report.

Food	Nature of allergic reaction to food	Life-Threatening?

**TO REQUEST A SPECIAL DIET, MODIFICATION OF A MEAL PLAN OR PROVIDE OTHER INFORMATION FROM YOUR DOCTOR ABOUT YOUR CHILD'S FOOD ALLERGY, YOU MUST CONTACT THE SCHOOL NURSE OR SCHOOL ADMINSTRATOR WHERE YOUR CHILD ATTENDS SCHOOL.**

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date form received by Campus: \_\_\_\_\_





# HOUSTON INDEPENDENT SCHOOL DISTRICT

## HEALTH INVENTORY

SCHOOL \_\_\_\_\_

DATE \_\_\_\_\_

TEACHER \_\_\_\_\_

SCHOOL LAST ATTENDED \_\_\_\_\_

Please fill in this form and return to the teacher or nurse. The information given on this form will help the school staff to have a better understanding of your child's health needs:

Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Birth weight \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Have you ever been told by a doctor that your child had:**

	Age First Identified	Under Doctor's Care?		Age First Identified	Under Doctor's Care?
Asthma			Bone/Joint Problem		
Allergies			Rheumatic Fever		
Blood Disorder			Surgery/Fractures		
Diabetes			T. B. Disease		
Epilepsy/Seizures			Hearing Loss		
Heart Disease			Vision Loss		
Kidney Disorder			Severe Menstrual Cramps		
Cancer			Eating Disorder		

**Please check if you have observed any of the following in your child:**

_____ Tires easily	_____ Earaches	_____ Wheezing, shortness of breath with exercise
_____ Frequent headaches	_____ Difficulty making friends	_____ Nail Biting
_____ Fainting	_____ Coughs frequently at night	_____ Restlessness

Has your child been seen by a doctor for any of the above? ☐ Yes ☐ No

Is your child on any kind of medication? ☐ Yes ☐ No

If so, what? \_\_\_\_\_

For what condition? \_\_\_\_\_

Further comment \_\_\_\_\_

What type of medical insurance do you carry for this child?

CHIP ☐ Medicaid ☐ HCHD ☐ Private Insurance ☐ None ☐

Please see the School Nurse (or School Principal) if your child has other needs or is:

- A pregnant or parenting teen

**and/or**

- Has a severe life-threatening food allergy

Signature \_\_\_\_\_

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## SOCIOECONOMIC INFORMATION FORM

Complete and return one form to each school where you have a child enrolled. **Print using a pen.**

***\*CONFIDENTIAL\* - For HISD purposes only***

Houston ISD is required to collect the socioeconomic status of each student as a performance indicator for student achievement (TEC § 39 for Texas state requirements and ESEA §§1111 and 1116 for U.S. Department of Education requirements) and for use in disbursement of federal funds (ESEA §1113). This information is not shared with outside agencies.

**It is very important that families complete this socioeconomic form in order for schools to receive Title I and State Compensatory Education funding.** This funding will directly benefit your child's school. Title I and State Compensatory Education funding can be used to hire personnel, provide tutoring services, order technology, and provide professional development for teachers. We want to continue to provide these necessary learning supports, but without your assistance we may not be able to.

Campus ECO Code: \_\_\_\_\_

For office use only

### **STEP 1** (List all Houston ISD students in the household)

Student ID (office use only)	First Name	Last Name	MI	Date of Birth	School Name	Grade Level

### **STEP 2**

Do you receive Supplemental Nutrition Assistance (SNAP)?

☐

YES

☐

NO

Do you receive Temporary Assistance to Needy Families (TANF)?

☐

YES

☐

NO

**If you answered YES on either of the above, skip Step 3 and continue to Step 4.**

**If you answered NO on both of the above, you must complete Steps 3 and 4.**

### **STEP 3** (Complete only if all answers in Step 2 are NO)

How many total members are in the household (include all adults and children)? \_\_\_\_\_

TOTAL YEARLY INCOME BEFORE DEDUCTIONS OF **ALL** HOUSEHOLD MEMBERS \_\_\_\_\_

Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's compensation, unemployment, and all other sources of income (**before any type of deductions**)

### **STEP 4** (Check one of the following two boxes as appropriate and sign below.)

*In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA) no student shall be required, as part of any program funded in whole or in part by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent, or legal guardian.*

☐

I certify that all the information on this form is true. I understand the school will receive federal funds and will be rated for accountability based on the information I provide.

☐

I choose not to provide this information. I understand that the school's disbursement of federal funds and accountability rating may be affected by my choice.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## CODE OF STUDENT CONDUCT CÓDIGO DE CONDUCTA ESTUDIANTEL

Students and parents are expected to become familiar with the provisions of the districtwide *Code of Student Conduct* and the rules and regulations adopted and implemented by individual schools. Students are also expected to abide by the policies set forth in the *Code* so that they can get the most out of their years in school.

*Todos los estudiantes y sus padres deben familiarizarse con las directivas del Código de Conducta Estudiantil vigente en el Distrito y con las reglas y normativas adoptadas e implementadas en las escuelas. Es de esperar también que los estudiantes cumplan con las normas del Código para que puedan lograr el máximo provecho de su carrera escolar.*

You may access the entire *HISD Code of Student Conduct* online at [www.HoustonISD.org/CodeofConduct](http://www.HoustonISD.org/CodeofConduct) or by requesting a copy at the front office of your student's school.

*El Código de Conducta Estudiantil de HISD completo se encuentra en [www.HoustonISD.org/CodeofConduct](http://www.HoustonISD.org/CodeofConduct) y es posible además obtener una copia impresa en la recepción de la escuela de su hijo.*

### Parent and Student Acknowledgement and Optional Request for Printed Copy of the *Code of Student Conduct*

*Confirmación de recibo del Código de Conducta Estudiantil y opción de solicitar una copia impresa*

\_\_\_\_ No, I do not want a printed copy of the *HISD Code of Student Conduct*, as I will access it online at [www.HoustonISD.org/CodeofConduct](http://www.HoustonISD.org/CodeofConduct).

\_\_\_\_ No, no necesito una copia impresa del Código de Conducta Estudiantil de HISD ya que lo consultaré en línea en [www.HoustonISD.org/CodeofConduct](http://www.HoustonISD.org/CodeofConduct).

\_\_\_\_ Yes, I do want a printed copy of the *HISD Code of Student Conduct*.

\_\_\_\_ Sí, quiero tener una copia impresa del Código de Conducta Estudiantil de HISD.

It is important that every student understands the *Code of Student Conduct* and is expected by his or her parent(s) or guardian(s) to follow the rules and regulations set forth in it. By signing below, the parent and student acknowledge that they understand how to access and obtain a printed copy of the *Code*. These signatures also certify that both parent and student accept their responsibilities as described in the *Code of Student Conduct*.

*Es importante que todos los estudiantes entiendan el Código de Conducta Estudiantil y que sus padres o tutores les exijan que sigan las reglas y directivas establecidas en él. Al firmar al pie, los padres y el estudiante afirman que comprenden cómo lograr acceso al Código en línea y cómo obtener una copia impresa. Las firmas certifican también que tanto los padres como el estudiante aceptan las responsabilidades descritas en el Código de Conducta Estudiantil.*

<b>Student Last Name</b> Apellido del estudiante	<b>First Name</b> Nombre	<b>Grade</b> Grado	<b>Student ID Number</b> Núm. de identificación estudiantil
<b>Student Signature</b> Firma del estudiante			<b>Date</b> Fecha
<b>Parent or Guardian's Signature</b> Firma del padre o tutor			<b>Date</b> Fecha

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## FAMILY SURVEY

STUDENT NAME:	DATE OF BIRTH:
CAMPUS NAME:	GRADE LEVEL:

Dear Parent/Guardian:

The Houston Independent School District is assisting the state of Texas to identify students who may qualify for the Migrant Education Program to receive additional services. **The information provided below will be kept confidential.**

Please answer the following questions and return this form to your child's school.

1. Have you or anyone in your household moved within the last 3 years from one school district to another in Texas or within the United States?


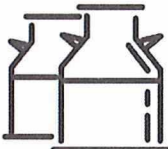


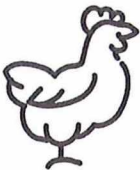



YES ☐ (Continue to question 2)

NO ☐ (Stop here and return survey to your child's school)

2. Were any of these moves made to find temporary/seasonal work in agriculture or fishing? (e.g., field work, canneries, dairy work, meat processing, etc.)

YES ☐ (Please check all that apply below)

NO ☐ (Stop here and return survey to your child's school)

 Fruit, vegetables, sunflower, cotton, wheat, grain, farms or ranches, fields & vineyards <input type="checkbox"/>	 Dairy farm <input type="checkbox"/>	 Fishery <input type="checkbox"/>	 Cannery <input type="checkbox"/>
 Poultry farm <input type="checkbox"/>	 Plant nursery, orchard, tree growing or harvesting <input type="checkbox"/>	 Slaughterhouse <input type="checkbox"/>	 Other similar work, please explain: <input type="checkbox"/>

If you answered "yes" to the questions above, an education representative will contact you to provide additional information. Please complete the following information:

Parent/Guardian Name	Home Address	Telephone Number

— FOR SCHOOL USE ONLY—

PLEASE SUBMIT THIS INFORMATION AND FORMS AT

[MigrantProgram@HoustonISD.org](mailto:MigrantProgram@HoustonISD.org)

MIGRANT EDUCATION PROGRAM

4400 W. 18<sup>th</sup> Street, Route 1 | Houston, TX 77092 | 713-556-6980 Fax  
 HISD Multilingual Education Department | 713-556-7288 | May 2018



# HOUSTON INDEPENDENT SCHOOL DISTRICT

## STUDENT ASSISTANCE QUESTIONNAIRE (SAQ)

All information **MUST** be completed by parent, school personnel or community liaison.

School \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ HISD ID \_\_\_\_\_

Current Address \_\_\_\_\_ Grade \_\_\_\_\_ ☐ Male ☐ Female

Lives with: ☐ Both Parents, ☐ Mother, ☐ Father, ☐ Legal Guardian, ☐ Caretaker/Relative without legal guardianship, ☐ Other \_\_\_\_\_  
relation

Is the student currently in the conservatorship of the Department of Family & Protective Services (Foster Care)? ☐ Yes ☐ No

If Yes – name of DFPS Case Manager: \_\_\_\_\_ Contact information: \_\_\_\_\_

Was the student previously in the conservatorship of the Department of Family & Protective Services (Foster Care)? ☐ Yes ☐ No

**Please complete the Current Housing Situation AND Background Situation sections below to determine McKinney-Vento eligibility:**

### Part A: CURRENT HOUSING SITUATION – Check the student's current housing situation

#### I CURRENTLY LIVE:

☐ In my own home or apartment, in Section 8 housing, HUD Subsidized Housing or in military housing with parent(s), legal guardian(s), or caregiver(s) (if you checked this box, check one or both of the boxes below, if applicable).

☐ My home has no electricity ☐ My home has no running water

#### OR I CURRENTLY LIVE IN A TRANSITIONAL HOUSING SITUATION:

☐ Living in a shelter ☐ Living in a motel or hotel

☐ Living with more than one family in a house or apartment (Doubled-up) due to economic hardship

#### Unsheltered

☐ Moving from place to place ☐ Living in a structure not usually used for housing ☐ Living in a car, park, campsite, camper, or outside

**UNACCOMPANIED YOUTH** ☐ Yes ☐ No (An unaccompanied youth is a student who is not in the physical custody of a parent or legal guardian. This would include students living with non-custodial relatives or friends without a parent or legal guardian.)

### Part B: BACKGROUND SITUATION (If a Transitional Housing Situation is checked above - please Check ANY below that apply)

☐ Catastrophic illness / medical expenses / disability

☐ Natural disaster / evacuation

☐ New to Town

☐ Domestic Issue

☐ Loss of Employment

☐ Migrant work in fishing or agriculture

☐ Economic hardship/low earnings

☐ Awaiting placement in foster care / CPS custody

☐ Evicted/kicked out

☐ Parent(s) involved in military deployment

☐ House fire or other destruction

☐ Parent Incarcerated/Recently released from incarceration

### Part C: NEEDED SERVICES – based on availability (Check services needed and call 713-556-7237 to speak to an Outreach Worker)

☐ Enrollment Assistance

☐ Transportation

☐ Emergency Clothing, Uniforms

☐ Free Lunch/Breakfast (Child Nutrition)

☐ School Supplies

☐ Personal Hygiene Items

☐ Immunizations

☐ Medicaid/CHIP Assistance

☐ Food Stamps (SNAP) Assistance

☐ Temporary Assistance for Needy Families (TANF)

☐ Other \_\_\_\_\_

To the best of my knowledge this information is true and correct.

Name (PLEASE PRINT): \_\_\_\_\_ Signature \_\_\_\_\_ Phone #'s \_\_\_\_\_

**School Personnel:** This form is intended to address the McKinney-Vento Act U.S.C. 11435. If any "Transitional Housing Situation" is checked under "Current Housing Situation" AND the family has indicated one of the "Background Situations" (1) immediately add PEIMS Coding on the At-risk Chancery panel for At-risk reason code 12, (2) code all of the McKinney-Vento Panels on that screen (the start date should be the date the form was completed and also add the end date, and (3) Email forms to [HomelessEducation@houstonisd.org](mailto:HomelessEducation@houstonisd.org). If information is missing, please follow-up with the parent/guardian/school personnel who completed the form to make sure each section is completed, as needed.

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## MILITARY CONNECTED FAMILIES SURVEY

All information **MUST** be completed by parent, school personnel or community liaison.

School \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_ HISD ID# \_\_\_\_\_

Dear Parent or Guardian,

The State of Texas requires schools to collect data relating to the enrollment of military-connected students. This collection is done to allow educational institutions the ability to monitor critical elements of education success for children who are dependents of military personnel, and show the state's commitment to military personnel and their children.

### For students in grades Kindergarten through 12:

1. The student is a dependent of an active duty member of the United States Army, Navy, Air Force, Marine Corps, or Coast Guard

☐ Yes ☐ No

2. The student is a dependent of a member of the Texas National Guard (Army, Air Guard, or State Guard)

☐ Yes ☐ No

3. The student is a dependent of a member of a reserve force in the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard)

☐ Yes ☐ No

### For pre-kindergarten students only:

4. The student is a dependent of an active duty uniformed member of the Army, Navy, Air Force, Marine Corps, or Coast Guard, or activated/mobilized uniformed member of the Texas National Guard (Army, Air Guard, or State Guard) who was injured or killed while serving on active duty.

☐ Yes ☐ No

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## STUDENT MEDIA CONSENT AND RELEASE FORM

This release allows the Houston Independent School District (HISD) to print, photograph, and record my child for use in efforts to promote HISD's activities and achievements. The consent includes allowing my child to be included and/or featured in materials to train teachers and/or increase public awareness of HISD schools through digital and print media including: newspaper, radio, TV, websites, blogs, and social media channels (Facebook, Twitter, YouTube, etc.), DVDs, displays, and brochures. This release includes the use of my child's work, name, image, and/or voice.

- ☐ I attest that I am the parent or guardian of \_\_\_\_\_ and **I GIVE** HISD and its employees and representatives permission to print, photograph, and record my child for use in electronic, digital, and printed media.
- ☐ I attest that I am the parent or guardian of \_\_\_\_\_ and **I DO NOT GIVE** HISD and its employees and representatives permission to print, photograph, and record my child for use in audio, video, film or any other electronic, digital, or printed media.

I agree to release the Houston Independent School District, its past, present and future trustees, officers, employees, representatives, and agents, from any and all liability, claims, demands, and causes of action arising out of the use of this material.

I certify that I have read this document and fully understand its terms and conditions. I also understand that I may withdraw consent at any time by sending a written request to the principal of my child's school.

### PLEASE PRINT

Name of child \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_

School \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_ Phone Number \_\_\_\_\_

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215  
(Home Language Survey applicable ONLY if administered  
for students enrolling in prekindergarten through grade 12)

### TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN PREKINDERGARTEN THROUGH GRADE 8 (OR BY STUDENT IN GRADES 9-12):

The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

To determine if your child would benefit from Bilingual or English as a Second Language program services, please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if Bilingual or English as a Second Language program services are appropriate and to inform instructional and program placement recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

For more information on the process that must be followed, please visit the following website:  
<https://projects.esc20.net/upload/page/0081/docs/JuneUpdates/EnglishLearnerIdentification-ReclassificationFlowchart.pdf>

**This survey shall be kept in each student's permanent record folder.**

NAME OF STUDENT: \_\_\_\_\_ STUDENT ID #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

CAMPUS: \_\_\_\_\_

**NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.**

1. What language is spoken in the child's home **most of the time**? \_\_\_\_\_

2. What language does the child speak **most of the time**? \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student if Grades 9-12

\_\_\_\_\_  
Date

**NOTE:** If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if:  
1) your child has not yet been assessed for English proficiency; and  
2) your written correction request is made within two calendar weeks of your child's enrollment date.



# HOUSTON INDEPENDENT SCHOOL DISTRICT

## METRO Q<sup>®</sup> FARE CARD

**METRO** is offering Houston ISD students from kindergarten through 12th grade the opportunity to register and receive a discounted METRO Student Q<sup>®</sup> fare card on campus. The discounted METRO Student Q<sup>®</sup> fare card allows students to ride all METRO services for 50 percent off the regular fare when they use the Student METRO Q<sup>®</sup> fare card. METRO Local bus and light-rail service costs just 60 cents each way. (NOTE: Park & Ride service cost will vary). There is no cost to receive the Student METRO Q<sup>®</sup> fare card, but to participate and receive a discounted METRO Student Q<sup>®</sup> fare card on campus, students must have parental/guardian consent and they must register by providing the information below.

The deadline for students to provide a signed parental/guardian permission form to obtain a Student METRO Q<sup>®</sup> fare card on campus is [Date \_\_\_\_\_]. If a student already has a Student METRO Q<sup>®</sup> fare card, and applies for a second card, one of the cards will be deactivated. Students should only have one active card.

### PLEASE PRINT:

Student Name

Date of Birth

Address (Street, Apt.#, City, State, Zip)

Email

Telephone Number

School

Student ID Number

Homeroom Teacher

Grade

### PLEASE CHECK ONE:

☐ **YES**, I am aware of the opportunity to register my child to receive a discounted Student METRO Q<sup>®</sup> fare card on campus. Houston ISD has my permission and is authorized to release any of the information above to METRO to facilitate my child's participation in the program.

☐ **NO**, I request that Houston ISD not release any of the information above to METRO to receive a discounted Student METRO Q<sup>®</sup> fare card on campus. I am aware of the opportunity for my child to receive the Student METRO Q<sup>®</sup> fare card on campus and I decline.

Parent/Guardian's Name

Parent/Guardian's Signature

Date

**NOTE:** If this form is not on file at the school, your child will not receive a Student METRO Q<sup>®</sup> fare card on campus. If you have questions, you may contact METRO Client Services at 713-739-4015 or [Client.Services@ridemetro.org](mailto:Client.Services@ridemetro.org) or your child's school.