



HOUSTON INDEPENDENT
SCHOOL DISTRICT

HIGH SCHOOL AHEAD ACADEMY MIDDLE SCHOOL

APRIL 1 - JULY 15

2023-2024 OPEN ENROLLMENT

LIMITED
SPACES



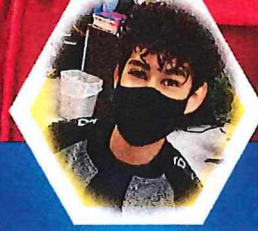
HIGH SCHOOL CREDIT

8th grade students complete 9th grade coursework during 8th grade year. Student will be promoted to 10th grade in high school after review of credits.



INNOVATIVE PROGRAM

Offering OVER-AGED 7th & 8th grade middle school students the opportunity to not only get back on track but get AHEAD!



MID-YEAR PROMOTION

7th graders advance to 8th at the end of 1st semester and advance to 9th at the end of 2nd semester. Students also earn high school credits via APEX.

REGISTER
ONLINE



SUCCESS IS
POSSIBLE

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

REQUIREMENTS

- 7th & 8th GRADERS
- 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

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 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
 - ☐ Family Survey
 - ☐ Student Assistance Questionnaire (SAQ)
 - ☐ Military Connected Families Survey
 - ☐ Media Release Form
 - ☐ Metro Q Fare Card

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

Ms. Consuelo Navarro, Student Information Rep.

Consuelo.Navarro@houstonisd.org

713-696-2643 ext. 456206 Fax 713 696-2999

SCHOOL YEAR	GRADE	CAMPUS
2022-23		

STUDENT ENROLLMENT FORM

2022-23

FOR OFFICE USE ONLY	
ENROLLMENT DOCUMENTATION	
DATE OF ENTRY	
DISTRICT ID NO.	
STUDENT LOCAL ID NO.	
DISTRICT OF RESIDENCE	

Houston Independent School District
4400 West 18th St - Houston, Texas 77092-8501
Phone: 713-556-6000

STUDENT INFORMATION / USAR LETRA DE MOLDE

SOCIAL SECURITY NO. / NUMERO SOCIAL		STUDENT NAME / NOMBRE DE ESTUDIANTE		
		LAST / APELLIDO	FIRST / PRIMER NOMBRE	MIDDLE INITIAL / SEGUNDO (INICIAL)
				GENERATION / GENERACIÓN
GENDER / EL GÉNERO		DOB / FECHA DE NACIMIENTO	CITY / CIUDAD	STATE / ESTADO
<input type="checkbox"/> MALE / MASCULINO <input type="checkbox"/> FEMALE / FEMENINO				United States of America
RESIDENTIAL ADDRESS - CITY, ZIP CODE / LA DIRECCIÓN RESIDENCIAL-CIUDAD CÓDIGO POSTAL		MAILING ADDRESS - CITY ZIP CODE / LA DIRECCIÓN RESIDENCIAL-CIUDAD CÓDIGO POSTAL		
HOME PHONE / TELÉFONO		E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO		
FEDERAL ETHNICITY / ETHNICIDAD DEL ALUMNO (SELECT ONE)		<input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NOT HISPANIC/LATINO	RACE / RAZO (SELECT ALL THAT APPLY) <input type="checkbox"/> (1) AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> (2) ASIAN OR PACIFIC <input type="checkbox"/> (3) BLACK, NOT OF HISPANIC ORIGIN <input type="checkbox"/> (4) WHITE, NOT OF HISPANIC ORIGIN <input type="checkbox"/> (5) NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER	
SIBLINGS AT HOUSTON ISD / HIJOS EN HOUSTON ISD		NAME/NOMBRE	SCHOOL/ESCUELAS	GRADE/GRADO
LAST SCHOOL ATTENDED / NOMBRE LAS ÚLTIMAS ESCUELAS ASISTIDAS		CITY / CIUDAD	STATE / ESTADO	ZIP CODE / CÓDIGO POSTAL
				Grade Last Completed / Último Grado completado
CONTACT 1 NAME / EL NOMBRE DE CONTACTO 1		RESIDENTIAL ADDRESS - CITY, STATE ZIP CODE / LA DIRECCIÓN RESIDENCIAL / LA DIRECCIÓN RESIDENCIAL-CIUDAD, ESTADO CÓDIGO POSTAL		
LAST NAME / APELLIDO		FIRST NAME / PRIMER NOMBRE		
HOME PHONE / TELÉFONO DE CASA		WORK PHONE / TELÉFONO DE TRABAJO	CELL PHONE / EL NÚMERO DEL TELÉFONO CÉLULAR	E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO
CONTACT 2 NAME / EL NOMBRE DE CONTACTO 2		RESIDENTIAL ADDRESS - CITY, STATE ZIP CODE / LA DIRECCIÓN RESIDENCIAL / LA DIRECCIÓN RESIDENCIAL-CIUDAD, ESTADO CÓDIGO POSTAL		
LAST NAME / APELLIDO		FIRST NAME / PRIMER NOMBRE		
HOME PHONE / TELÉFONO DE CASA		WORK PHONE / TELÉFONO DE TRABAJO	CELL PHONE / EL NÚMERO DEL TELÉFONO CÉLULAR	E-MAIL ADDRESS / DIRECCIÓN DE ENVÍO ELECTRÓNICO

I understand that if there are any changes to this information that it is my responsibility to notify the school and to provide appropriate documentation.

Yo entiendo que si tengo algunos cambios en mi informacion yo sere responsable de notificar la escuela y proveere la documentacion apropiada.

Signature of Parent/Guardian/Appointee _____ Date _____
Please Print Name _____ Month Day Year _____

- Students at least 5, but less than 21 on or before September 1 and must be a resident of a participating district are eligible for free attendance.
- The parent or guardian signature must be the same as the name of the person with whom the student resides.
- Texas Penal Code §37.10 provides that presenting a false document or false records for enrollment in school is an offense under state law.
- Enrollment of the child under false documents subjects the person to liability for tuition or costs under Texas Education Code §25.001(n).
- Texas Education Code §25.002(f) requires the school district to record the name, address, and date of birth of the person enrolling a child.



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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), Sickle 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

- 2023-2024 -

Student Name/ Nombre del Estudiante	HISD Student ID #
-------------------------------------	-------------------

<u>Parent/Guardian Information</u>			
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 recojer a su hijo(a)

Relationship (Relacion)

Relationship (Relacion)

Relationship (Relacion)

Parent/Guardian Signature-Firma del Padre o Tutor

Date/Decha



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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.

This document is to be maintained in the Student's Cumulative Folder



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 ADMINISTRATOR 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.

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

Campus ECO Code: _____
For office use only

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

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?


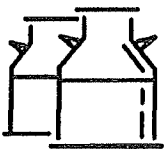

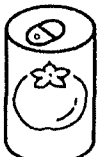


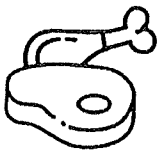

YES ☐ (Continue to question 2)

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

MIGRANT EDUCATION PROGRAM 4400 W. 18th Street, Route 1 |
Houston, TX 77092 | 713-556-6980 Fax HISD Multilingual Education
Department | 713-556-7288 | May 2022

HOUSTON INDEPENDENT SCHOOL DISTRICT

2022 - 2023 STUDENT RESIDENCY QUESTIONNAIRE (SRQ)

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: _____ (relationship)

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

Does the student reside at a residential treatment center? ☐ Yes ☐ No

Facility Name: _____ Case Manager: _____ Contact Information: _____

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)
- ☐ In my own home or apartment, in Section 8 housing, HUD Subsidized Housing or in military housing with parent(s) with parent(s) but lacks
- ☐ 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 ☐ House fire or other destruction ☐ Parent(s) involved in military
- ☐ New to Town ☐ Natural disaster/evacuation ☐ Parent Incarcerated/Recently released
- ☐ Loss of Employment ☐ Domestic Issue ☐ Student has been previously incarcerated
- ☐ Economic hardship/low earnings ☐ Migrant work in fishing or agriculture ☐ Awaiting placement in foster care/CPS custody
- ☐ Evicted/kicked out ☐ COVID-19 impacted: _____

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 ☐ School Supplies ☐ Personal Hygiene Items
- ☐ Free Lunch/ Breakfast ☐ Immunizations ☐ SNAP/Medicaid/ TANF/CHIP ☐ Housing ☐ Food
- ☐ Homeless Verification Letter for FAFSA ☐ 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 in HISD Connect under the Homeless tab (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) Add requested services under the Services Tab (4) Email forms to 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

METRO Q® FARE CARD

METRO is offering Houston ISD students from kindergarten through 12th grade the opportunity to register and receive a discounted METRO Student Q® fare card on campus. The discounted METRO Student Q® fare card allows students to ride all METRO services for 50 percent off the regular fare when they use the Student METRO Q® 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® fare card, but to participate and receive a discounted METRO Student Q® 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® fare card on campus is [Date_____]. If a student already has a Student METRO Q® 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® 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® fare card on campus. I am aware of the opportunity for my child to receive the Student METRO Q® 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® fare card on campus. If you have questions, you may contact METRO Client Services at 713-739-4015 or Client.Services@ridemetro.org or your child's school.