



Dear Student/Parent,

Enclosed you will find many important documents that enable us to get you registered for school at Archway Academy.

Please sign **ALL** documents (student and parent). Don't forget to include the other records required (Transcripts, Immunization Records, copy of parent driver's license, etc.).

The Parent/Student Handbook is available on our website at www.archwayacademy.org. It is very important that parents AND students read this document thoroughly. The Handbook includes reference materials and policies that impact the daily functioning of the school.

We cannot complete your enrollment OR schedule a student interview if your packet is incomplete. You may fax the completed packet to 713-328-0781 or scan/email the packet to Cryslin Ward (cryslin.ward@archwayacademy.org).

Please call us at 713-328-0780 if you have questions or need clarification. We look forward to seeing you soon.

Many thanks,

Sasha Coles, LMFT, LPC

Executive Director

Archway Academy

6221 Main Street

Houston, Texas 77030

Phone: (713)328-0780

Fax: (713)328-0781

www.archwayacademy.org

Honesty.Accountability.Recovery.Education

Hope.Learning.Fellowship.Sobriety.Love.

Academic Calendar Year 2021 - 2022

'21

July 2021							August 2021 - (E-15 S-10)							September 2021 - (E-21 S-21)						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3	1	2	3	4	5	6	7				1	2	3	4
4	5	6	7	8	9	10	8	9	10	11	12	13	14	5	6	7	8	9	10	11
11	12	13	14	15	16	17	15	16	17	18	19	20	21	12	13	14	15	16	17	18
18	19	20	21	22	23	24	22	23	24	25	26	27	28	19	20	21	22	23	24	25
25	26	27	28	29	30	31	29	30	31					26	27	28	29	30		
October 2021 - (E-20 S-19)							November 2021 - (E-17 S-17)							December 2021 - (E-13 S-12)						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
					1	2		1	2	3	4	5	6				1	2	3	4
3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11
10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18
17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25
24	25	26	27	28	29	30	28	29	30					26	27	28	29	30		
31																				
January 2022 - (E-20 S-19)							February 2022 - (E-20 S-20)							March 2022 - (E-18 S-18)						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1			1	2	3	4	5				1	2	3	4
2	3	4	5	6	7	8	6	7	8	9	10	11	12	6	7	8	9	10	11	12
9	10	11	12	13	14	15	13	14	15	16	17	18	19	13	14	15	16	17	18	19
16	17	18	19	20	21	22	20	21	22	23	24	25	26	20	21	22	23	24	25	26
23	24	25	26	27	28	29	27	28						27	28	29	30	31		
30	31																			
April 2022 - (E-19 S-19)							May 2022 - (E-21 S-21)							June 2022 - (E-3 S-2)						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1	1	2	3	4	5	6	7				1	2	3	4
3	4	5	6	7	8	9	8	9	10	11	12	13	14	5	6	7	8	9	10	11
10	11	12	13	14	15	16	15	16	17	18	19	20	21	12	13	14	15	16	17	18
17	18	19	20	21	22	23	22	23	24	25	26	27	28	19	20	21	22	23	24	25
24	25	26	27	28	29	30	29	30	31					26	27	28	29	30		

'22

KEY		HOLIDAYS		Report Cards Dates	
E-# =Employee Days	S-# =Student Days	Labor Day	September 6, 2021	October 4, 2021	
New Teacher In-Service Days		Fall Holiday	October 11, 2021	November 15, 2021	
Teacher In-Service Days		Thanksgiving	November 22-26, 2021	January 3, 2022	
District Welcome Back		Winter Break	December 20-31, 2021	February 21, 2022	
First and Last day of School		MLK Day	January 17, 2022	April 18, 2022	
Holidays		Spring Break	March 14-18, 2022	June 2, 2022	
Recovery/Service Days		District Observance of Chavez/Huerta Day	April 1, 2022		
Professional Dev. Days (No Students)		Spring Holiday	April 15, 2022		
End of Six Weeks		Memorial Day	May 30, 2022		
Teacher Prep. Days (No Students)					
First day of Second Semester					
Make-up Days					

SIGNIFICANT DATES		MAKE-UP DAYS		SEMESTER DATES	
First Day for New Teachers/New to SWS	August 6, 2021	June 3, 2022		First Semester	
First Day for Returning Teachers	August 11, 2021	First make up day if needed, moves Teacher Prep Day to June 6 th .		August 18, 2021-December 16, 2021	
First Day of School	August 18, 2021	June 6, 2022		Second Semester	
Last Day of First Semester	December 16, 2021	Second make up day if needed, moves Teacher Prep Day to June 7 th .		January 4, 2022-June 2, 2022	
First Day of Second Semester	January 4, 2022				
Last Day of School	June 2, 2022				
Last Day for Teachers	June 3, 2022				

Six Weeks Grading Periods

Cycle I	8/18/21-9/27/21	28 Days	Cycle IV	1/4/2022-2/14/2022	29 Days
Cycle II	9/28/21-11/8/21	28 Days	Cycle V	2/15/2022-4/8/2022	33 Days
Cycle III	11/9/21-12/16/21	23 Days	Cycle VI	4/11/2022-6/2/2022	37 Days

Instructional Days: 178

Employee Work Days: 187



Referral for Client to Attend Passageway and Archway Academy

There are two programs within our school to support the needs of our students when it comes to recovery support and supervision. Passageway is for student in newer recovery who need more structure, supervision, drug testing, and a 5th period Recovery Class. Archway is for students with more sustained/consistent recovery who have earned the privilege of more freedom, flexibility and off-campus lunch.

NAME OF APG YOU ARE ATTENDING OR PLAN TO ATTEND: _____

NAME OF APG COUNSELOR: _____

Archway Academy staff will reach out to your APG counselor to obtain a formal referral.

REFERRAL FOR PASSAGEWAY

Passageway referral requirements:

- Attended intake meeting for your APG
- Shows willingness to participate in your recovery program
- Expresses desire to attend a recovery school

REFERRAL FOR ARCHWAY

Archway referral requirements:

- Active member of your APG
- 60 days or more sober (with at least 30 days post residential treatment discharge)
- Works a 12 step program to the satisfaction of his/her counselor/coach
- Works with a sponsor
- Follows your recommendations for psychiatry and/or medication management

Archway's commitment to you

- Support the treatment goals and recommendations of your program/counselors
- Provide ongoing/frequent drug testing and inform you of positive results
- Provide co-counseling support with students when needed/requested
- Inform you immediately of major clinical issues that are brought to our attention (suicidal ideation, relapse, self-harm, emerging process addictions, psychiatric concerns, major family discord, etc.)

Your commitment to Archway

By signing this referral letter, you agree to:

- Provide on-going counseling/coaching and services to this client and his/her family
- Communicate any major concerns about this student's recovery with the Archway staff
- Notify us of changes in program status (discharge, referral to residential treatment, suspensions, etc.)



STUDENT ENROLLMENT INFORMATION

First and Last Name _____ Nickname _____

Student Cell _____ Home Phone _____

Student Email _____ Sobriety Date _____

Date of Birth _____

APG _____ APG Counselor Name _____

Previous Treatment Programs (residential, wilderness, boarding, etc.) _____

How did you hear about Archway Academy: _____

PARENT INFORMATION

Please circle whichever you are to the student. If you are both, circle both.

Legal First and Last Name

Name you prefer to be called

Home Address *including*

City, State & Zip Code

Daytime Phone #1(circle) work/home/cell

Daytime Phone#2 (circle) work/home/cell

Email Address

Occupation

Employer

Mother OR Legal Guardian

Father OR Legal Guardian

We will communicate school related information to you via email and a SMS texting service. Do we have your permission to do so? Yes _____ No _____

WHO IS RESPONSIBLE FOR PAYING PROGRAM FEES?

First and Last Name _____

Parent Signature _____ Date _____





UNDERSTANDING OF FINANCIAL RESPONSIBILITY

PROGRAM FEES:

Program Fees for Archway Academy and The Passageway Program are \$1050 monthly, made over a 10 month period.

ENROLLMENT FEES FOR ARCHWAY ACADEMY:

Archway fees are billed one month in advance. For instance, August program fees are due on July 25th.

Prior to the first day of enrollment for new students, a deposit must be made to Archway Academy for the following:

First month of enrollment (\$1050)	Semester drug testing fee (\$150)
Second month of enrollment (\$1050)	

Therefore, a Student who enrolls will pay a total of \$2250.

ENROLLMENT FEES FOR THE PASSAGEWAY PROGRAM:

Program fees for The Passageway Program are due on the first day of enrollment and are prorated according to the week of enrollment:

1 st week of the month: \$1050	3 rd week of the month: \$525
2 nd week of the month: \$788	4 th week of the month: \$263

Fees are due on the 1st of month for subsequent months.

Refunds: There are no prorated refunds for withdrawal. Refunds may be considered with discretion from the Executive Director and the Finance Committee.

DRUG TESTING FEES:

The drug testing fee for Archway Academy is \$150 per semester. This applies to random urinalysis conducted during the school year. The semester drug testing fee is included in August and December billing statements and must be paid prior to the beginning of each semester. The Passageway drug testing fee is included in the program fees.

ADDITIONAL FEES:

Miscellaneous expenses may be incurred during the course of the year. These expenses may include field trips, graduation invitations, cap and gown rental or unforeseen expenses related



specifically to the student. These expenses will be minor and will be discussed with the Responsible Party as needed.

FORMS OF PAYMENT:

Archway Academy accepts the following forms of payment: Check, Credit Card, Money Order

If you wish to have your credit card debited automatically each month, please provide the following information:

Student Name: _____

Credit Card Type: _____ Credit Card Number: _____

Expiration Date: _____ Cardholder Name: _____

Billing Address: _____

I authorize Archway Academy to automatically bill the card listed above as specified:

Enrollment Fees: _____

Monthly Program Fees and Semester Drug Testing Fees: _____

Cardholders Signature: _____ **Date:** _____

REFUNDS:

The last month program fee will be returned to the Responsible Party when a student leaves Archway if notice has been given to the Administrator ten (10) days in advance of when the student will leave and all program fees and miscellaneous charges are paid. The following exception applies 1) In the event a student ceases enrollment for any reason without ten (10) days notice, the monthly program fee will be forfeited 2) Refunds may be considered with discretion of the Executive Director and the Finance Committee.

As Responsible Party for the Student, I have read and agree to this document:

Signature of Responsible Party: _____ Date: _____



CONSENT TO OBTAIN/RELEASE INFORMATION

APG

I, _____ (student's name), authorize Archway Academy to release and/or receive the following information from my records:

Alcohol and Drug Screening Results

Program Participation

Assessment Results

Follow-up Information

Treatment Information

Billing/Financial Info

Other _____

The purpose of the disclosure is to allow Archway Academy or collaborate and share information with other important treatment providers.

Name of APG Counselor: _____

Phone: _____

I understand that my records are protected and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I authorize the use or disclosure of my individual identifiable health information as described above and that this authorization is voluntary. I understand that I may revoke this consent at any time except to the extent that action has been taken reliance on it, and that in any event this consent expires automatically as at the beginning of the new school year.

Student Signature

Date

Parent Signature

Date



CONSENT TO OBTAIN/RELEASE INFORMATION

Probation Officer

I, _____ (student's name), authorize Archway Academy to release and/or receive the following information from my records:

Alcohol and Drug Screening Results

Program Participation

Assessment Results

Follow-up Information

Treatment Information

Billing/Financial Info

Other _____

The purpose of the disclosure is to allow Archway Academy or collaborate and share information with other important treatment providers.

Name of PO: _____

Phone: _____

I understand that my records are protected and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I authorize the use or disclosure of my individual identifiable health information as described above and that this authorization is voluntary. I understand that I may revoke this consent at any time except to the extent that action has been taken reliance on it, and that in any event this consent expires automatically as at the beginning of the new school year.

Student Signature

Date

Parent Signature

Date



CONSENT TO OBTAIN/RELEASE INFORMATION

Psychiatrist

I, _____ (student's name), authorize Archway Academy to release and/or receive the following information from my records:

Alcohol and Drug Screening Results

Program Participation

Assessment Results

Follow-up Information

Treatment Information

Billing/Financial Info

Other _____

The purpose of the disclosure is to allow Archway Academy or collaborate and share information with other important treatment providers.

Name of Doctor: _____

Phone: _____

I understand that my records are protected and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I authorize the use or disclosure of my individual identifiable health information as described above and that this authorization is voluntary. I understand that I may revoke this consent at any time except to the extent that action has been taken reliance on it, and that in any event this consent expires automatically as at the beginning of the new school year.

Student Signature

Date

Parent Signature

Date



CONSENT TO OBTAIN/RELEASE INFORMATION

Therapist

**This would be a therapist you are seeing
outside of your APG**

I, _____ (student's name), authorize Archway Academy to release
and/or receive the following information from my records:

Alcohol and Drug Screening Results

Program Participation

Assessment Results

Follow-up Information

Treatment Information

Billing/Financial Info

Other _____

**The purpose of the disclosure is to allow Archway Academy or collaborate and share
information with other important treatment providers.**

Name of Therapist: _____

Phone: _____

I understand that my records are protected and cannot be disclosed without my written consent
unless otherwise provided for in the regulations. I authorize the use or disclosure of my
individual identifiable health information as described above and that this authorization is
voluntary. I understand that I may revoke this consent at any time except to the extent that
action has been taken reliance on it, and that in any event this consent expires automatically as at
the beginning of the new school year.

Student Signature

Date

Parent Signature

Date

PSYCHOSOCIAL HISTORY

(PARENTS AND STUDENTS MAY NEED TO FILL OUT TOGETHER)

Student Name _____

Date _____

FAMILY

Who does student live with (select all that apply): Mother ____ Father ____ Grandparent ____
Sibling ____ Aunt/Uncle ____ Friends ____ Other: _____

Which of the following best describes the student's relationship with his/her Mother?

Very Good ____ Good ____ Acceptable ____ Poor ____ Very Poor ____ N/A ____

Which of the following best describes the student's relationship with his/her Father?

Very Good ____ Good ____ Acceptable ____ Poor ____ Very Poor ____ N/A ____

Any important information about student's relationship with parents? _____

Are parents divorced? Yes ____ No ____

If yes, how old was the student when this happened? _____

Has either (or both) parent/s remarried? Mother ____ Father ____

If yes, how has that affected the student? _____

Please describe any custody issues: _____

Siblings:

Name	Age	Comments about relationship (supportive, tense, distant, etc.)

Any important information about his/her relationship with siblings? _____

Family History of Substance Use Disorders and/or Mental Health Disorders

(please list out any addiction or mental health issues for each individual)

Father: _____

Mother: _____

Grandparents: _____

Siblings: _____

Other: _____

Any history of family abuse? Physical ____ Sexual ____ Emotional ____

If yes, please elaborate: _____

Has the family ever been involved in CPS or foster care? Yes ____ No ____

If yes, please elaborate: _____

Is the student adopted? Yes ____ No ____ If yes, at what age? _____

FRIENDS

Which of the following best describes the student's social relationships?

Very Good ____ Good ____ Acceptable ____ Poor ____ Very Poor ____ N/A ____

Does the student feel accepted in their APG? Yes ____ No ____

Please elaborate: _____

What role does the student usually play in friendships? (leader, follower, aggressor, invisible, etc.) _____

Any important information about friendships? _____

RECREATION

List any sports, hobbies, or talents: _____

How does student spend his/her free time? _____

EDUCATION

Please list three adjectives that best describe the student's attitude towards school:

1. _____

2. _____

3. _____

Has the student ever failed or repeated a grade? Yes ____ No ____

Has the student ever been expelled or suspended from school? Yes ____ No ____

If yes, please elaborate: _____

Does the student have a learning disability? Yes ____ No ____

If yes, please elaborate: _____

How well does he/she do in school?

Very Good ____ Good ____ Acceptable ____ Poor ____ Very Poor ____

Is attendance at school a challenge? Yes _____ No _____

About how often is the student late to school?

☐ Never ☐ 1-2 times/wk ☐ 3-4 times/wk ☐ Everyday ☐ Unsure

About how often does the student miss an entire day of school?

☐ Never ☐ Less Than Once/mo 1- ☐ 2 times/mo 1- ☐ 2 times/wk

☐ 3-4 times/wk

SEXUALITY

Which of the following best describes the student's sexual orientation?

Heterosexual ____ Gay ____ Lesbian ____ Bisexual ____ Other: _____

If the student identifies as LGBTQ, share any important/relevant information about the impact on their life (examples- family was supportive, bullying, trauma with peers, conflict with parent, positive shift since coming out, etc.). _____

Has the student experienced any sexual trauma (abuse, rape, or sexual violence)?

Yes ____ No ____

If yes, please elaborate: _____

Any important information about sexuality? _____

PHYSICAL

Which of the following best describes the student's current health status and self-care?

Very Good ____ Good ____ Acceptable ____ Poor ____ Very Poor ____

Please list any significant health history or concerns: _____

Any physical limitations or disabilities? Yes ____ No ____

If yes, please elaborate: _____

PERSONAL GRIEF

Has anyone close to the student died? Yes ____ No ____

If yes, please elaborate: _____

What other kinds of losses has he/she experienced? (pets, parental divorce, etc.) _____

Any history of miscarriages or abortions (self or partner)? Yes ____ No ____

If yes, how old was the student? _____

EMOTIONAL / PSYCHIATRIC HISTORY

Does the student have a current psychiatric diagnoses? Yes ____ No ____

If yes, please elaborate: _____

Has the student now or in the past experienced:

Depression ____ Anxiety ____ Panic attacks ____ Obsessive Compulsive D/O ____

ADD/ADHD ____ ODD ____ Conduct Disorder ____ Bipolar ____ Personality Disorder ____

Other: _____

Check any that apply : Sleeps too much ____ Bored ____ Procrastinates ____

Lacks self-confidence ____ Angry ____ Lonely ____ Acts without thinking ____

Lacks friends ____ Bad temper ____ Worries a lot ____ Unmotivated ____ Dishonest ____

Nervous ____ Dislikes people ____ People dislike them ____ Shy ____ Awkward ____

Has the student previously been in a psychiatric facility for reasons not related to drug/alcohol use? Yes ____ No ____ Where? _____

Please list all medications the student is currently prescribed: _____

Any history of cutting or self-injury? Yes ____ No ____

If yes, please elaborate: _____

Any history of an eating disorder? (vomiting after meals, binge eating, not eating, skipping meals, using laxatives or diet pills, etc...) Yes ____ No ____

If yes, please elaborate: _____

Any trauma, prolonged separations, or injury? Yes ____ No ____

If yes, please elaborate: _____

Any past suicide attempts? Yes ____ No ____

If yes, please elaborate: _____

Any compulsive behavior around the following:

TV ____ Shoplifting ____ Gaming ____ Sex/Love ____

Gambling ____ Pornography ____ Internet ____ Spending ____

Other: _____

LEGAL

Is the student currently on probation for legal issues? Yes ____ No ____

If yes, please describe the type of offense: _____

Has student ever been arrested? Yes ____ No ____

If yes, please elaborate: _____

Are there any legal situations pending at the present time? Yes ____ No ____

If yes, please elaborate: _____

Has he/she been a victim of violent behavior? Yes ____ No ____

If yes, please elaborate: _____

Has he/she been violent towards others? Yes ____ No ____

If yes, please elaborate: _____



ATTENDANCE POLICY AND PROCEDURES

PLEASE EMAIL (cryslin.ward@archwayacademy.org) OR CALL (713-328-0780) PRIOR TO 8:30am IF YOUR STUDENT WILL NOT BE AT SCHOOL.

Student attendance is one of the most vital elements of enrollment at Archway. School is your full-time job and therefore your attendance at school should be a high priority. You will find a large section in our Student/Parent Handbook dedicated to attendance but here are a few expectations:

1) Attend school every day (court, vomiting, fever, illness severe enough to seek medical attention, funerals and such are appropriate reasons to miss school). We do not accept tired, mild headache, cramps, stayed up too late with sponsor, allergies, “not feeling it” or similar excuses as valid. We would not miss work for those reasons so you should not miss school.

2) If you are absent...we must receive confirmation via phone or email from a parent. If we do not hear from a parent by 9:30am we will call to check in about the absence.

3) Your attendance is directly tied to your success at school and to our success as an organization.

*Archway Academy may decide to review your enrollment and appropriateness for the school if excessive absences occur. Please see our Handbook for more detailed information about attendance, state law, Verification of Enrollment forms, loss of credits and back buy hours.

Documenting Excused Absences

Every time a student is absent he/she **must** bring a note signed by a parent on the day of return. The note **must** be turned into an Archway Academy staff member.

Each note should contain the following:

- Current date
- Date of absence
- Full name of student
- Reason for absence
- Signature of parent

I have read and understand the Attendance policy and will follow all policies and procedures:

Student Signature

Date

Parent Signature

Date





PARKING POLICY

Parking in the Medical Center area is very difficult. However, our wonderful location provides convenient options for students to take public transportation to and from school. The South parking lot off Fannin Street is off limits to student drivers. The North parking lot off Main Street has a three hour parking limit and students may not be guaranteed a spot if they attempt to move their car during passing periods. If ticketed by the City, the cost of the fine is the full responsibility of the operator of the vehicle. We encourage students to utilize public transportation, carpool, or be transported by a parent/guardian. Pay parking is available in the Medical Center parking garages.

I have read and understand the parking policy and will follow all policies and procedures:

Student Signature

Date

Parent Signature

Date

RECEIPT OF STUDENT/PARENT HANDBOOK

The Student/Parent Handbook is posted on Archway's website at www.archwayacademy.org. Our handbook gives detailed information about Archway's policies and procedures. Read the handbook thoroughly to get familiar with the inner workings of our school. By signing below, you commit to reading the handbook and taking initiative to ask questions if necessary.

Student Signature

Date

Parent Signature

Date



CONSENT FOR DRUG TESTING AND SEARCHES

I, _____ (student's name), have read and agree to the policy below.

Archway Academy requires frequent and ongoing drug testing of all students as part of our Mission and accountability for the school. Drug and alcohol testing will be performed at the school site by trained staff. Students must comply with all procedures and protocols established by the school. A student's failure to submit to a drug test or to comply with all procedures and protocols is a violation of this Policy and may result in discipline, up to and including expulsion. It is important to remember that a positive test result does NOT automatically identify a student as a user. The staff will determine whether any legitimate alternative medical explanation could account for the positive result. When a student is notified by Archway staff to consent to a specimen collection and/or alcohol test, they will be allotted 30 minutes to provide the sample. If the student cannot provide the sample in the allotted time, reasonable disciplinary action may be taken if there is suspicion of "avoiding" or "withholding." Any positive drug test will be communicated to parents and the appropriate APG staff and may result in being withdrawn or expelled from Archway.

Our staff may conduct unannounced searches for alcohol, drugs, paraphernalia or missing/stolen items. Entering the "Palmer campus" property constitutes consent to searches. Students are expected to cooperate in such searches. Searches of students and their personal property which includes, but is not limited to, lunch containers, backpacks, cell phones, desks, work area, purses, wallets, and vehicles may be conducted when there is reasonable suspicion to believe that a student is in violation of this Policy and/or when circumstances and school conditions justify them. Consent to a search is required as a condition of continued enrollment and the student's refusal to consent may result in expulsion. No student will be touched as part of the search or detained without his/her consent. Students being searched may be asked to empty pockets and remove hats and outer clothing, such as jackets and sweaters. Any illegal or non-prescribed drugs discovered will be turned over to the appropriate law enforcement agency. Any action taken by law enforcement agencies will be completely independent of this Policy.

Student Signature

Date

Parent Signature

Date



PUBLIC RELATIONS RELEASE

I, _____ (students name), understand that Archway Academy is a private, non-profit organization which depends upon financial support to operate. I also understand that Archway Academy/The Phoenix School engages in public relations programs and fundraising designed to create public awareness of its needs, including financial contributions and availability of academic services.

It is requested that I give permission to use photographs, audios, or similar likeness of myself and/or my child if I am the student's legal guardian in Archway Academy's activities to support the mission and vision of the school. I have been assured that permission is not required as a condition of admission to receive services from the school.

I consent to photographs, slides, audiotape, videos and other likenesses being taken and used of my student. All questions regarding this document have been answered to my satisfaction. I expect no monetary or valuable benefit from this agreement and expressly release from liability Archway Academy as an institution and/or any officers, staff personnel, or individuals receiving the likeness. I understand that this authorization can be revoked at any time by providing written request for such action to the Executive Director. This will not impact the materials that have already been created and/or distributed according to this authorization.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

CONSENT FOR STUDENT TO VOLUNTEER

I, _____ (student's name), consent to and understand that Archway Academy provides volunteer opportunities at facilities such as Palmer Church, local schools, and hospitals to promote "carrying the message" of sober academics. These programs may include attendance in such facilities of within school itself. I also agree that any questions or concerns regarding these matters will be addresses to Archway Academy and that the recipient facility shall not be held liable in any manner. I understand that this authorization can be revoked at any time by providing written request for such action to the Executive Director.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____



FIELD TRIP PERMISSION SLIP

I, _____, give permission for my son/daughter _____,
(Parent/Legal Guardian) (Student)

to participate in any Archway Academy/Phoenix School off campus field trips. These trips are educational as well as therapeutic for many of the students. I understand that Archway Academy/Southwest School's staff will not allow any form of inappropriate behavior or drug/alcohol use, and will not be responsible for any accidents that may occur. I voluntarily release and agree to indemnify and hold harmless Archway Academy/Southwest Schools and its staff from any and all claims, demands, or causes of action, which are in any way connected with participation in these trips.

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

In the event of an emergency and if parents or emergency contacts are not available, I agree that Archway Academy has the authority to obtain medical assistance. Furthermore, I release Archway Academy/Southwest Schools and its employees, from any liability and/or responsibility for any illness or injury suffered as a result of my child's participation a field trip.

Further, I understand that if my child's behavior is deemed inappropriate while participating or he/she is under the influence or in possession of drugs and/or alcohol my child will be separated from the other participants and I may be contacted to pick up my child.

Photographs will be taken on trips for the purpose of hanging in the school, our website, graduation ceremonies, our annual fundraising events, and marketing purposes.

- ☐ Please check the box if you would NOT like your child to be photographed. I do NOT consent to photography.

Student Signature

Date

Parent Signature

Date

School Name: _____



The Phoenix School

Initial Enrollment Packet

2021 – 2022



Application #

Our Mission

Our mission is to prepare college and career-ready students for postsecondary success.

Our Vision

We are a premier district of choice that meets the diverse needs of all students by creating an inclusive community that fosters a strong sense of self-worth.

Core Beliefs

We believe that:

All students can learn if we meet their needs.

Innate learning depends on a safe, nurturing, inclusive, and flexible environment.

All decisions are based on what is best for the student.

A learning organization focused on excellence will continually transform through meaningful and relevant work that engages students in profound learning.

Education is the shared responsibility of the community.

Genuine transformation requires disruptive innovation.

Values

Safety

Learning

Quality

Community

Common Decency

Human Capital

Our Commitment

Southwest Schools is committed to creating an outstanding learning environment resulting in skillful, knowledgeable, well-equipped citizens who will become successful members of society, enabling them to adapt to the cultural, intellectual, and social challenges in a changing world. We aspire to be the leader and integral part of a consortium within our community that meets that goal. To achieve that ambition, we apply our collective energies, resources, and talents to all dimensions of providing high quality education to children and youth in Texas. Along with others, we will advocate for all of our children. We will reach out with a universal embrace to all parts of our community. We will work constantly to learn more about the evolving issue of early childhood education and we will not hesitate to attempt innovative solutions to this challenge.

It is the policy of Southwest Schools not to discriminate on the basis of race, color, national origin, sex or handicap in its vocational programs, services or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended.

For information about your rights or grievance procedures, contact the Title IX Coordinator at

NHernandez@swschools.org 713-784-6345, and/or the Section 504 Coordinator at kgokey@swschools.org, 713-784-6345.



Nuestra Misión

Nuestra misión es preparar a los estudiantes para carreras universitarias creando éxito después de la escuela secundaria

Nuestra visión

Somos un distrito de primera elección que satisface las diversas necesidades de todos los estudiantes creando una comunidad inclusiva que fomenta un fuerte sentido de autoestima.

Creencias Fundamentales

Creemos que:

- Todos los estudiantes pueden aprender si satisfacemos sus necesidades.
- El aprendizaje innato depende de un ambiente seguro, nutritivo, inclusivo y flexible.
- Todas las decisiones se basan en lo mejor para el estudiante.
- Una organización de aprendizaje centrada en la excelencia se transformará continuamente a través de un trabajo significativo y relevante que involucre a los estudiantes en un aprendizaje profundo.
- La educación es la responsabilidad compartida de la comunidad.
- La transformación genuina requiere una innovación disruptiva.

Valores

- La Seguridad
- Aprendizaje
- Calidad
- Comunidad
- Decencia Común
- Capital Humano

Nuestro Compromiso

Southwest Schools se compromete a crear un ambiente de aprendizaje sobresaliente que da como resultado a ciudadanos hábiles, bien informados y bien equipados que se convertirán en miembros exitosos de la sociedad, permitiéndoles adaptarse a los desafíos culturales, intelectuales y sociales en un mundo cambiante. Aspiramos a ser el líder y la parte integral de un consorcio dentro de nuestra comunidad que cumple con esa meta. Para lograr esa ambición, aplicamos nuestra energía, recursos y talentos colectivos a todas las dimensiones de proporcionar educación de alta calidad a niños y jóvenes en Texas. Junto con otros, defenderemos a todos nuestros niños. Alcanzaremos con un abrazo universal a todas las partes de nuestra comunidad. Trabajaremos constantemente para aprender más sobre la evolución de la educación infantil y no dejaremos de intentar soluciones innovadoras a este desafío.

Es norma de Southwest Schools no discriminar en sus programas, servicios o actividades vocacionales por motivos de raza, color, origen nacional, sexo o impedimento, tal como lo requieren el Título VI de la Ley de Derechos Civiles de 1964, según enmienda; Título IX de las Enmiendas en la Educación de 1972, y la Sección 504 de la Ley de Rehabilitación de 1973, según enmienda.

Para información sobre sus derechos o procedimientos de quejas, comuníquese con el Coordinador del Título IX a NHernandez@swschools.org, 713-784-6345, y/o el Coordinador de la Sección 504 a kgokey@swschools.org, 713-784-6345.



Enrollment Checklist 2021-2022

(Verificación de Inscripción 2021-2022)

The following documents are part of the Southwest Schools' enrollment packet. This packet consists of documents that are required by the Texas Education Agency (TEA) and become a part of the student's permanent folder.

(Los siguientes documentos son parte del paquete de inscripción para el distrito de Southwest Schools. El paquete consiste con documentos que son requeridos por la Agencia de Educación de Texas (TEA) y formaran parte del archivo permanente del estudiante)

- ☐ Enrollment Application
(Solicitud de inscripción)
- ☐ Ethnicity and Race Data Questionnaire
(Cuestionario de datos raciales y etnicidad)
- ☐ Home Language Survey
(Encuesta de idioma en el hogar)
- ☐ Student Military and Foster Care Questionnaire
(Cuestionario Militar y de Cuidado de Crianza)
- ☐ Student's original Social Security Card
(Tarjeta original de Seguro Social del estudiante)
- ☐ Student's original Birth Certificate
(Acta original de nacimiento del estudiante)
- ☐ Immunization Record
(Récord de vacunas del estudiante)
- ☐ Proof of Residency with parent/guardian name (utility bill, rent agreement, notarized letter etc.)
(Prueba de Residencia con nombre de padre/tutor - recibo de luz, teléfono, contrato de renta, carta notarizada etc.)
- ☐ Valid parent identification (driver's license, ID card, etc)
(Identificación válida del padre - licencia de conducir, ID, etc)
- ☐ Last Report Card
(Último reporte de calificaciones)
- ☐ Students grades 3-8 - latest STAAR results
(Para estudiantes grados 3-8 – últimos resultados de STAAR)
- ☐ High School Students Only - Copy of Unofficial High School Transcript and latest STAAR EOC/TAKS results
(Para estudiantes en la secundaria - Copia de informe de transcripción y resultados de STAAR/EOC/TAKS de la última escuela)



Special Programs Questionnaire 2021-2022 (Cuestionario de Programas Especiales 2021-2022)

To provide continuity in your child's educational program, it is important that you make us aware of any special programs he/she may have received or participated in at previous schools. Please provide the following information to help us expedite your child's proper placement.

Para proporcionar continuidad en el programa educativo de su hijo, es importante que seamos conscientes de cualquier programa especial que él o ella haya recibido o participado en escuelas anteriores. Por favor proporcione la siguiente información así nos ayudara con la colocación apropiada de su hijo.

Student Name (Nombre del Estudiante): _____

Date of Birth (Fecha de Nacimiento): _____

My child previously received the following services (Mi hijo(a) recibió los siguientes servicios):

- ☐ Special Education (Educación Especial)
- ☐ Individual Education Plan - IEP (Plan Educativo Individual - IEP)
- ☐ Resource Program / Clases (Programa o Clases de Recursos)
- ☐ Speech Therapy (Terapia del Habla)
- ☐ 504 Plan and Accommodations (Plan y Acomodaciones de 504)
- ☐ RTI Interventions (Intervenciones de RTI)
- ☐ Bilingual Education (Educación Bilingüe)
- ☐ ESL

- ☐ My child has not participated in any special programs
(Mi hijo(a) no ha participado en ningún programa especial)

By typing YES, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this Application Form.
(Al escribir SI, está aceptando que su firma electrónica es el equivalente legal a su firma manual en esta forma).

Type YES to agree _____

Escriba SI para aceptar _____

Parent/Guardian Signature: _____ Date: _____
(Firma de Padre/Tutor) (Fecha)



Office Use Only

Enrollment Date _____

Student ID # _____

Enrollment Application 2021-2022
(Solicitud de inscripción 2021-2022)

- ☐ Archway
☐ The PaRC
☐ Unity
☐ The Center
☐ Today's Harbor
☐ DMS @ Nehemiah

Incoming Grade (Grado Entrante) _____

Student Information (Información del Estudiante)

Student Name (Nombre del Estudiante): _____

Current Grade (Grado Actual): _____

Age (Edad): _____

Date of Birth (Fecha de Nacimiento): _____

Birth Place (País de Nacimiento): _____

Gender (Sexo): ☐ Female (Femenino) ☐ Male (Masculino)

Student SS Number (Número de Seguro Social del Estudiante): _____

Previous School Attended (Escuela Anterior): _____

Student Address (Dirección del Estudiante): _____

City (Ciudad): _____

State (Estado): _____

Zip Code (Código Postal): _____

Student Ethnicity (Etnicidad del Estudiante): ☐ Hispanic (Hispano) / Latino ☐ Not Hispanic (No Hispano) / No Latino

Student Race (Raza del Estudiante): ☐ White (Blanco) ☐ Black or African American (Negro o Afroamericano)

☐ Asian (Asiático) ☐ American Indian or Alaska Native (Indio Americano o Nativo de Alaska)

☐ Native Hawaiian or Other Pacific Islander (Nativo de Hawai u Otras Islas del Pacifico)

Student Resides with (Estudiante Vive Con): ☐ Mother(Madre) ☐ Father(Padre) ☐ Both (Dos Padres)☐ Guardian(Tutor) ☐ Other(Otro) _____**Parent/Guardian Information (Información del Padre/Guardian)**

Name of Parent/Guardian #1 (Nombre del Padre/Tutor #1): _____

Relationship to Student (Parentesco con el Estudiante): _____

Home Address (Dirección): _____

Only if different than the address listed above (Únicamente si es diferente a la dirección mencionada anteriormente)Phone Number (Número Telefónico) ☐ Home(Casa) ☐ Cell(Celular) ☐ Work(Trabajo) _____Phone Number (Número Telefónico) ☐ Home(Casa) ☐ Cell(Celular) ☐ Work(Trabajo) _____

Email Address (Correo Electrónico): _____

Would you like to receive text messages from the school? (¿Le gustaría recibir mensajes de texto de parte de la escuela?) ☐ Yes (Si) ☐ No (No)Preferred Language (Idioma Preferido): ☐ English (Ingles) ☐ Spanish (Español) ☐ Vietnamese (Vietnamita) ☐ Other (Otro) _____Translator Needed? (Necesita Interprete?): ☐ Yes (Si) ☐ No (No)
 Parent/Guardian Signature: _____ Date: _____
 (Firma del padre/Tutor) (Fecha)

By typing YES, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this Application Form.

Type YES _____

Al escribir SI, esta aceptando que su firma electrónica es el equivalente a su firma manual en esta forma.

Escriba SI _____



Enrollment Form 2021-2022
(Formulario de Inscripción 2021-2022)

Name of Parent/Guardian #2 (Nombre del Padre/Guardian #2): _____

Relationship to Student (Parentesco con el Estudiante): _____

Home Address (dirección): _____ *Only if different than the address listed above*

(únicamente si es diferente a la dirección mencionada anteriormente)

Phone Number (Número telefónico) ☐ Home(Casa) ☐ Cell(Celular) ☐ Work(Trabajo) _____

Phone Number (Número telefónico) ☐ Home(Casa) ☐ Cell(Celular) ☐ Work(Trabajo) _____

Email Address (Correo electrónico): _____

Would you like to receive text messages from the school? (¿Le gustaría recibir mensajes de texto de parte de la escuela?) ☐ Yes (Si) ☐ No (No)

Preferred Language (Idioma Preferido): ☐ English (Ingles) ☐ Spanish (Español) ☐ Vietnamese (Vietnamita) ☐ Other (Otro) _____

Translator Needed? (Necesita Interpretar?): ☐ Yes (Si) ☐ No (No)

Emergency Contact and Transportation (Contacto de Emergencia y Transporte)

After school my child will (después de clases mi hijo(a):

☐ Ride the school bus - Only Mangum, Middle and High School (Sera recogido por el bus escolar - Solo las Escuelas Mangum, Middle y High)

☐ Be a car rider. (Sera recogido en carro particular)

☐ Will walk home from school by themselves -Registrar Approval Needed (Estudiante caminará solo a casa -Solo si lo aprueba la Registradora)

☐ Will walk home from school with parent or other person (Caminará con los padres o otra persona a casa) _____

☐ Be picked up by a daycare or private bus. Name of service. (Sera recogido por parte de su guardería o bus privado. Nombre de servicio)

☐ Other type of transportation (Otro tipo de transportación) _____

Please list your emergency contacts and their phone numbers. Your emergency contacts are also the ONLY individuals that are allowed to pick up your child(ren) from school. All individuals must present a valid picture identification at the time of pick up.

(Por favor de indicar sus contactos de emergencia y números telefónicos. únicamente las siguientes personas tendrán permiso de recoger a mi hijo(a) de la escuela. Toda persona debe presentar una identificación válida a la hora de recoger al estudiante.

Name (Nombre): _____ Phone Number (Número telefónico): _____ Relationship (Parentesco) _____

Name (Nombre): _____ Phone Number (Número telefónico): _____ Relationship (Parentesco) _____

Name (Nombre): _____ Phone Number (Número telefónico): _____ Relationship (Parentesco) _____

Name (Nombre): _____ Phone Number (Número telefónico): _____ Relationship (Parentesco) _____

Name (Nombre): _____ Phone Number (Número telefónico): _____ Relationship (Parentesco) _____

Unless the school has been provided with official and signed court order documents indicating loss of parental rights/custody, both parents on the birth certificate have the rights to enroll, withdraw, or pick up a student.

(únicamente si la escuela ha sido proporcionada con una orden judicial firmada y oficialmente indicando pérdida de derechos o custodia, ambos padres indicados en el acta de nacimiento tienen el derecho de inscribir, dar de baja o recoger al estudiante)

Parent/Guardian Signature: _____ Date: _____
(Firma de Padre/Tutor) (Fecha)

By typing YES, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this Application Form.

Type YES _____

Al escribir SI, esta aceptando que su firma electrónica es el equivalente legal a su firma manual en esta forma.

Escriba SI _____



Request/Release of Student Records 2021-2022
(Solicitud/Liberación de Registros Estudiantiles 2021-2022)

To: _____ Date: _____
Name of previous school (*nombre de escuela previa*)

Street Address City/State Zip (*Dirección de la Escuela*)

Date record Received _____

Dear Registrar:

We have enrolled your former student: _____
Last (*Apellido*) First (*Primer Nombre*) Middle (*Segundo Nombre*)

Date of Birth _____	Social Security # _____	State ID _____
<i>Fecha de Nacimiento:</i>	<i># De Seguro Social</i>	<i>ID Estatal</i>

We request the following information concerning this child, as applicable:

- Official Transcript
- Health Record
- Academic/Attendance records
- Test Records
- Psychological Data
- Resource Room Data
- Special Education Records
- Section 504 Records
- Discipline Records
- ESL/LEP Documentation
- Original Home Language Survey

☐ NO RECORDS AVAILABLE

Comments:

The final regulations of the Family Education Rights and Privacy Act (as amended on June 17, 1976) allow educational institutions to transfer records **WITHOUT WRITTEN CONSENT** to another school system in which the student is enrolled.

Please send this information to:

I give my permission for these records to be released to Southwest Schools.

Parent/Guardian Signature: _____	Date: _____
(Firma de Padre/Guardian)	(Fecha)

By typing YES, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this Application Form.

Type YES _____

Al escribir SI, está aceptando que su firma electrónica es el equivalente a su firma manual en esta forma.

Escriba SI _____ District Headquarters: 3333 Bering Dr., Houston, TX 77057 ▪ Ph: 713-784-6345 ▪ www.swschools.org



Texas Education Agency ▪ Texas Public School Student/Staff Ethnicity and Race Data Questionnaire
Agencia de Educación de Texas ▪ Cuestionario de Información de Datos Raciales y Etnicidad de Estudiantes/Miembros de las
Escuelas Públicas de Texas

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.	El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC). Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.
Please answer both parts of the following questions on the students or staff member's ethnicity and race. United States Federal Register (71 FR 44866)	Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante, así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).
Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)	Parte 1. Etnicidad: ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)
☐ Hispanic/Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. ☐ Not Hispanic/Latino	☐ Hispano/Latino – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza. ☐ No Hispano/Latino
Part 2. Race: What is the person's race? (Choose one or more)	Parte 2. Raza: ¿Cuál es la raza de la persona? (Escoja uno o más de uno)
☐ 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.	☐ Indio Americano o Nativo de Alaska – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo América Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu. ☐ Asiático – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam. ☐ Negro o Áfrico-Americano – Una persona con orígenes de cualquier grupo racial negro de África. ☐ Nativo de Hawái u otras islas del pacífico – Una persona con orígenes o de personas originarias de Hawái, Guam, Samoa u otras Islas del Pacífico. ☐ Blanco – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.
Student / Staff Member (Please Print)	Estudiante / Miembro (Use letra de molde)
Parent/Guardian/Staff - Signature	Firma – Padre/Tutor/Miembro
Student/Staff - Identification Number	Numero de identificación - Estudiante / Miembro
This space reserved for local school observer — upon completion and entering data in student software system, file this form in student's permanent folder.	This space reserved for local school observer — upon completion and entering data in student software system, file this form in student's permanent folder.
Ethnicity – choose only one: ☐ Hispanic/Latino ☐ Not Hispanic/Latino Race – choose one or more: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander	Ethnicity – choose only one: ☐ Hispanic/Latino ☐ Not Hispanic/Latino Race – choose one or more: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander
Texas Education Agency – March 2010	Texas Education Agency – March 2010

Observer Signature

Firma del Observador

Campus

Date

Campus

Fecha

District Headquarters: 3333 Bering Dr., Houston, TX 77057 ▪ Ph: 713-784-6345 ▪ www.swschools.org



HOME LANGUAGE SURVEY 2021-2022

19 TAC Chapter 89, Subchapter BB, §89.1215
(Home Language Survey applicable ONLY if administered for students
enrolling in pre-kindergarten 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 and/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 and/or English as a Second Language program services are appropriate and to inform instructional and program placement recommendations. Once your child is assessed, changes to the Home Language Survey responses are not permissible.

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: <http://web.esc20.net/LPAC-Interactive/InteractiveFlowchart-EN.htm>.

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. _____
3. What language does the child speak **most of the time**? _____

Signature of Parent/Guardian

Date

Signature of Student if Grades 9-12

Date

By typing YES, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this Application Form.

Type YES _____



CUESTIONARIO SOBRE EL IDIOMA EN EL HOGAR 2021-2022

19 TAC Chapter 89, Subchapter BB §89.1215

(Encuesta del Idioma en el Hogar SOLO aplica si se administra para estudiantes matriculados de pre-kínder hasta el grado 12)

DEBE DE COMPLETARSE POR EL PADRE O TUTOR ESTUDIANTES QUE CURSEN DESDE PREKINDER HASTA EL OCTAVO GRADO: (O POR EL ESTUDIANTE SI CURSA GRADOS DEL 9-12):

El estado de Texas requiere que la siguiente información se complete para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Es la responsabilidad del padre o tutor, no de la escuela, proporcionar la información del idioma requerida por las siguientes preguntas.

Querido padre o guardián:

Para determinar si su hijo(a) se beneficiara de los servicios de los programas bilingües y/o de inglés como segundo idioma, por favor responda las dos preguntas siguientes.

Si cualquiera de sus respuestas indica el uso de un idioma que no sea inglés, entonces el distrito escolar debe realizar una evaluación para determinar que tanto se comunica su hijo(a) en inglés. Esta información de evaluación se usará para determinar si los servicios de programas bilingües y/o de inglés como segundo idioma son apropiados e informarán las recomendaciones en cuanto a la instrucción y la asignación del programa. Una vez completada la evaluación de su hijo(a), no se permitirán cambios a las respuestas en el cuestionario.

Si tiene preguntas sobre el propósito y el uso del cuestionario sobre el idioma que se habla en el hogar, o si necesita ayuda para completar el cuestionario, por favor comuníquese con el personal del distrito escolar.

Para más información sobre el proceso que debe seguirse, por favor visite el siguiente sitio web:

<https://projects.esc20.net/upload/page/0081/docs/LPAC-TrainingFlowchartSpanish-Accessible.pdf>.

Este cuestionario se archivará en el expediente del estudiante.

Nombre del estudiante: _____

Numero de ID#: _____

Dirección: _____

Teléfono: _____

Escuela: _____

NOTA: INDIQUE SOLO UN IDIOMA POR RESPUESTA.

1. ¿Qué idioma se habla en casa la **mayor parte** del tiempo? _____

2. ¿Qué idioma habla su hijo(a) la **mayoría** del tiempo? _____

Firma del padre o tutor

Fecha

Firma del estudiante si esta en los grados 9-12

Fecha

Al escribir SI, está aceptando que su firma electrónica es el equivalente legal a su firma manual en esta forma.

Escriba SI _____



Military and Foster Care Questionnaire 2021-2022

(Cuestionario Militar y de Cuidado de Crianza 2021-2022)

Student Name (Nombre del Estudiante) _____

Due to recent House Bill 525 and Senate Bill 833, it has become necessary for Southwest School District 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.

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
- ☐ Texas National Guard
- ☐ Reserve Force of the US Military
- ☐ This DOES NOT apply to my child

Foster Care – Is your child currently in a foster home? Please check one box below.

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

For Pre-Kindergarten students only:

My child 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

Debido al reciente Proyecto de Ley 525 y Proyecto de Ley 833 del Senado, es necesario que el distrito escolar de Southwest Schools reúna datos relacionados con estudiantes conectados con las fuerzas armadas y cuidado de crianza. Esta información será reportada a TEA durante el envío de informe de PEIMS del distrito.

¿Militar – Es su hijo dependiente de un miembro activo en el servicio militar? Por favor escoja una respuesta.

- ☐ Militar en los Estados Unidos – Ejército, La Marina, Fuerza Aérea, Marine Corps o Guardia Costera
- ☐ Guardia Nacional de Texas
- ☐ Reserva de las fuerzas armadas de los Estados Unidos
- ☐ Esto NO LE APLICA a mi hijo(a)

¿Cuidado de Crianza – Esta su hijo(a) actualmente en un hogar de cuidado de crianza? Por favor escoja una respuesta.

- ☐ Mi hijo(a) recibe servicios de cuidado de crianza
- ☐ Esto NO LE APLICA a mi hijo(a)

Alumnos de Pre-Kínder solamente:

Mi hijo(a) es dependiente de un miembro uniformado y en servicio activo del Ejército, La Marina, la Fuerza Aérea, Marine Corps o la Guardia Costera, o de un miembro uniformado/movilizado de la Guardia Nacional de Texas (Ejército, Guardia Aérea o Guardia Estatal) herido o fallecido en el cumplimiento de su servicio activo.

- ☐ Si
- ☐ No

Parent/Guardian Signature: _____ Date: _____
(Firma de Padre/Tutor) (Fecha)

By typing YES, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this Application Form.

Type YES _____

Al escribir SI, está aceptando que su firma electrónica es el equivalente legal a su firma manual en esta forma.

Escriba SI _____



Title I

Your child is attending school at Southwest Schools. The following income information is needed to obtain funding for our school program under the federal law, Title I.

In addition, we may also use the information when seeking grants to enhance our educational programs.

Please indicate your income below using only one of the choices:

Annual income _____

Monthly income _____

Twice per month _____

Every two weeks _____

Weekly _____

Number of people who live in your household _____

Physical Address: _____

Children enrolled in school (please include all children in school).

Name (last, first)	Grade	School

This information is confidential and individual family data will not be reported.

Thank you

Parent/Guardian Signature (Firma de Padre/Tutor): _____

Date (Fecha): _____

By typing YES, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this Application Form.

Type YES _____

Al escribir SI, está aceptando que su firma electrónica es el equivalente legal a su firma manual en esta forma.

Escriba SI _____



Placement Information

(Please complete if child is being placed by someone other than his or her parent/guardian.)

Student's Name: _____ DOB: _____

Student has been placed by:

_____ Juvenile Justice *

_____ DFPS **

_____ Other-please specify: _____

Reason for Placement:

Who has Educational Rights for this student? _____

Estimated Length of Stay:

***For Juvenile Justice Placement:**

Contact Person: _____ Contact Number: _____

Probation Officer: _____ Contact Number: _____

**** For DFPS Placement:**

Caseworker: _____ Contact Number: _____

Supervisor: _____ Contact Number: _____

Educational Liaison: _____ Contact Number: _____

Additional Information:



Student Residency Questionnaire 2021-2022

The McKinney-Vento Homeless Education Assistance Improvements Act 42 U.S.C. 11435 was enacted to ensure that homeless children and youth have access to the same public educational opportunities that non-homeless students enjoy. In order to better serve the needs of our students and their families, Southwest Schools is attempting to identify homeless children and youth within its boundaries by requiring families to answer the following questions. By answering the questions below, we will be able to provide the appropriate services to those families in need of assistance.

Presenting a false record or falsifying records is an offense under section 37/10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec.25.002 (3)(d).

Student Name: _____ Gender: ☐ Male ☐ Female
Last First Middle

Birth Date ____/____/____ Grade: ____ Campus Name: _____
Month Day Year

Name of person with whom student resides: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Emergency Number: _____

Length of time at present address: _____ Last School attended: _____

1. Is your current address a temporary living arrangement? ____ Yes ____ No

2. Is this temporary living arrangement due to loss of housing ore economic hardship? ____ Yes ____ No ____

Parent/Guardian Signature: _____ Date: _____

By typing YES, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this Application Form.

Type YES _____

If you answered YES to the above questions, please complete the remainder of this form. If you have answered NO, you may stop here.

Please check only one box that best describes where the student is presently living:

- ☐ In the home of a friend or relative because I lost my housing (Ex: fire, flood, lost job, divorce, domestic violence,etc.)
- ☐ In a shelter because I do not have permanent housing (Ex: economic hardship, shelter, transitional housing)
- ☐ In a hotel or motel (Ex: economic hardship, eviction, flood, fire, hurricane)
- ☐ In a tent, car, van, abandoned building, on the streets, in a park or other unsheltered location without electricity or running water.

Parent/Guardian Signature: _____ Date _____

By typing YES, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this Application Form.

Type YES _____



FAMILY SURVEY



District Name: _____ **Date:** _____

School Name: _____

Dear Parents,

In order to better serve your children, the school district would like to identify families and out-of-school youth who are agricultural or fishing workers and who may qualify to receive additional educational services. The information provided will be kept confidential. Please answer the following questions and return this survey form to your child's school.

1. Have you done seasonal or temporary agricultural or fishing-related work (e.g., field work, canneries, lumbering, dairy work, or meat processing) during the last 3 years? Yes ☐ No ☐
2. Have you moved between school districts and/or states during the last 3 years due to economic necessity? Yes ☐ No ☐
3. Do you have a child under the age of 22 who lacks a U.S.-issued high school diploma or Certificate of High School Equivalency (HSE/GED) and is currently not enrolled in school? Yes ☐ No ☐

The Migrant Education Program offers a variety of supplemental academic and support services to all identified migrant children and out-of-school youth who move with their families to harvest the fruits and vegetables that help feed our nation. Services are provided by school districts and the community and vary by district regardless of immigration status.

Make sure you complete and return this survey to your child's school. An education representative may contact you to provide additional information and will determine if your child is eligible for the Migrant Education Program. Please provide the following information:

Name of Child _____

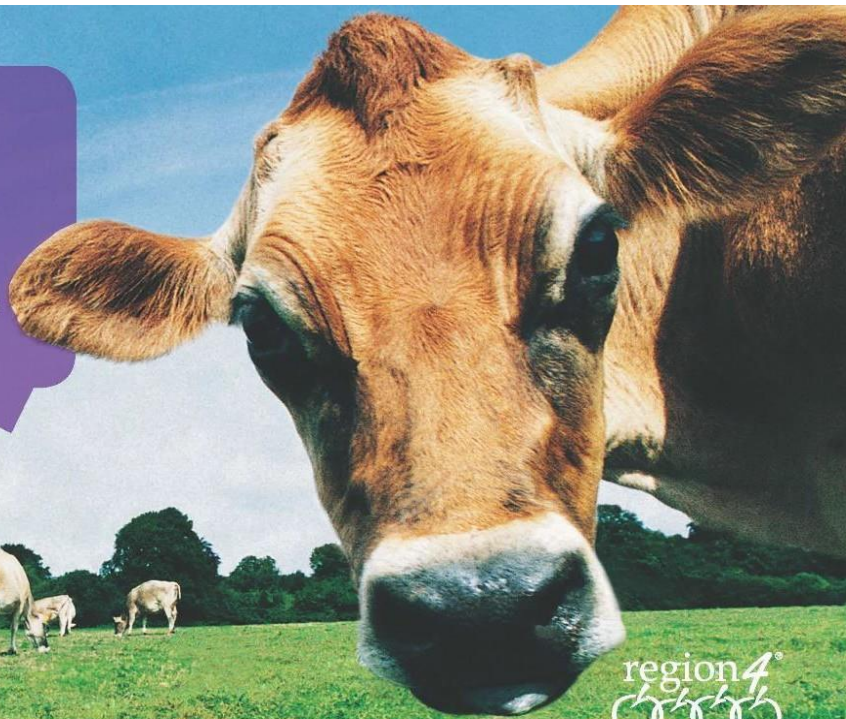
D.O.B. _____ Age _____ Grade _____

Parent or Guardian Name _____

Telephone Number _____



ENCUESTA DE FAMILIA



region4[®]
h h h h h



Distrito escolar: _____ **Fecha:** _____

Escuela: _____

Estimados padres,

Para mejorar los servicios educativos de sus hijos, el distrito escolar quisiera identificar a familias y jóvenes fuera de la escuela que trabajan en agricultura o pesca y que pueden calificar para recibir servicios educativos adicionales. Toda la información proporcionada se mantendrá de forma confidencial. Favor de responder a las siguientes preguntas y devolver esta forma a la escuela de su hijo(a)

1. ¿Ha trabajado usted o su familia por temporadas en la agricultura o en la pesca (por ejemplo, la labor, fábrica de conservas, explotación de bosques, trabajo en una lechería, el proceso de carne) en los últimos 3 años? Sí ☐ No ☐
2. ¿Se ha mudado de un distrito escolar y/o estado a otro por razones económicas durante los últimos 3 años? Sí ☐ No ☐
3. ¿Tiene un hijo(a) menor de 22 años de edad, que no se ha graduado de la preparatoria en los Estados Unidos o ha obtenido un certificado equivalente de preparatoria (HSE/GED) y no está inscrito en la escuela? Sí ☐ No ☐

El Programa de Educación Migrante ofrece una variedad de servicios suplementarios académicos y de apoyo a todos los niños y jóvenes migrantes identificados que viajan con sus familias para cultivar las frutas y vegetales que ayudan a alimentar a nuestra nación. Dichos servicios son ofrecidos a través de los distritos escolares y de la comunidad y varían según el distrito escolar sin importar el estatus migratorio de las familias.

Por favor complete y devuelva esta encuesta a la escuela de su hijo(a). Un representante del distrito escolar podría comunicarse con usted para determinar si su niño(a) califica para el Programa de Educación Migrante. Favor de completar la siguiente información:

Nombre del Estudiante _____

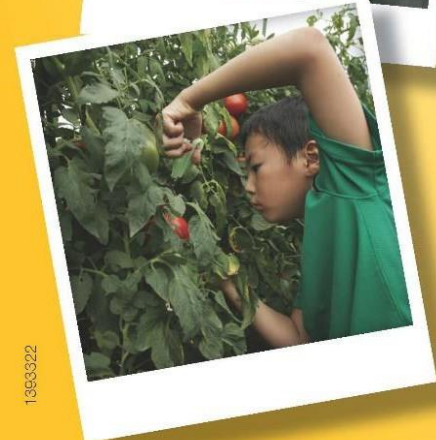
Fecha de Nacimiento _____ Edad _____ Grado _____

Nombre del Padre o Guardían _____

Número de Teléfono _____

La Mejor Hora para localizarlo _____

Si desea obtener más información, llame a _____



MIGRANT EDUCATION PROGRAM SURVEY

District Name: _____ Date: _____

School Name: _____

Dear Parents,

In order to better serve your children, the school district would like to identify families and out-of-school youth who are agricultural or fishing workers and who may qualify to receive additional educational services. The information provided will be kept confidential. Please answer the following questions and return this survey form to your child's school.

1. Have you done seasonal or temporary agricultural or fishing-related work (e.g., field work, canneries, lumbering, dairy work, or meat processing) during the last 3 years?

Yes _____

No _____

2. Have you moved between school districts and/or states during the last 3 years due to economic necessity?

Yes _____

No _____

3. Do you have a child under the age of 22 who lacks a U.S. -issued high school diploma or Certificate of High School Equivalency (HSE/GED) and is currently not enrolled in school?

Yes _____

No _____

The Migrant Education Program offers a variety of supplemental academic and support services to all identified migrant children and out-of-school youth who move with their families to harvest the fruits and vegetables that help feed our nation. Services are provided by school districts and the community and vary by district regardless of immigration status.

Make sure you complete and return this survey to your child's school. An education representative may contact you to provide additional information and see if your child is eligible for the Migrant Education Program. Please provide the following information:

Name of the Child _____ D.O.B. _____ Age _____ Grade _____

Parent or Guardian Name _____

Telephone Number _____

Best time to contact you _____

If you would like more information, call _____.

District Headquarters: 3333 Bering Dr., Houston, TX 77057 ▪ Ph: 713-784-6345 ▪ www.swschools.org



ENCUESTA DEL PROGRAMA DE EDUCACIÓN MIGRANTE-

Distrito escolar _____ Fecha: _____

Escuela: _____

Estimados padres,

Para mejorar los servicios educativos de sus hijos, el distrito escolar quisiera identificar a familias y jóvenes fuera de la escuela que trabajan en agricultura o pesca y que pueden calificar para recibir servicios educativos adicionales. Toda la información proporcionada se mantendrá de forma confidencial. Favor de responder a las siguientes preguntas y devolver esta forma a la escuela de su hijo(a)

1. ¿Ha trabajado usted o su familia por temporadas en la agricultura o en la pesca (por ejemplo, la labor, fábrica de conservas, explotación de bosques, trabajo en una lechería, el proceso de carne) en los últimos 3 años?

Si _____

No _____

2. ¿Se ha mudado de un distrito escolar y/o estado a otro por razones económicas durante los últimos 3 años?

Si _____

No _____

3. ¿Tiene un hijo(a) menor de 22 años de edad, que no se ha graduado de la preparatoria en los Estados Unidos o ha obtenido un certificado equivalente de preparatoria (HSE/GED) y no está inscrito en la escuela?

Si _____

No _____

El Programa de Educación Migrante ofrece una variedad de servicios suplementarios académicos y de apoyo a todos los niños y jóvenes migrantes identificados que viajan con sus familias para cultivar las frutas y vegetales que ayudan a alimentar a nuestra nación. Dichos servicios son ofrecidos a través de los distritos escolares y de la comunidad y varían según el distrito escolar sin importar el estatus migratorio de las familias.

Por favor complete y devuelva esta encuesta a la escuela de su hijo(a). Un representante del distrito escolar podría comunicarse con usted para determinar si su niño(a) califica para el Programa de Educación Migrante. Favor de completar la siguiente información:

Nombre del Estudiante _____ Fecha de Nacimiento _____ Edad ____ Grado _____

Nombre del Padre o Guardián _____

Número de Teléfono _____

La Mejor Hora para localizarlo _____

Si desea obtener más información, llame a _____.

District Headquarters: 3333 Bering Dr., Houston, TX 77057 ▪ Ph: 713-784-6345 ▪ www.swschools.org



Student Wellness Inventory 2021-2022 (Inventario de Bienestar Estudiantil 2021-2022)

The information given on this form will help the school staff to have a better understanding of your child's health needs.
(La información proporcionada en este formulario ayudará al personal escolar a tener una mejor comprensión de las necesidades de salud de su hijo)

Student Name (Nombre del Estudiante):
Date of Birth (Fecha de Nacimiento): Gender (Sexo): ☐ Female (Femenino) ☐ Male (Masculino)

Chronic, Recurring and Special Health Conditions (Please check any of the following that apply) Condiciones Crónicas, Recurrentes y Especiales de Salud (Por favor, marque toda opción que le aplique al estudiante)

Asthma (Asma)	☐	Blood Disorder (Desorden sanguíneo)	☐	Cancer (Cáncer)	☐
Diabetes (Diabetes)	☐	Bowel problems (Problemas Intestinales)	☐	Rheumatic Fever (Fiebre Reumática)	☐
Epilepsy/Seizures (Epilepsia / Convulsiones)	☐	Heart Disease (Enfermedades del Corazón)	☐	Surgery/Fractures (Cirugía / Fracturas)	☐
Bladder Problems (Problemas de la Vejiga)	☐	Eating Disorders/Problems (Problemas de Alimentación)	☐	Hearing Loss (Pérdida de la Audición)	☐
Kidney Problems (Problemas de Riñones)	☐	Allergy - Specify (Alergias - Especifique)	☐	Vision Loss (Pérdida de la Visión)	☐

Allergies – Please Specify (Alergia Por Favor Especifique) _____

Are there allergies severe enough to require an **Epi-Pen**? ☐ Yes (Si) ☐ No (No)
(¿Hay alergias lo suficientemente graves como para requerir un Epi-Pen?)

*If an **Epi-Pen** is required, we must have a written and signed Medication Authorization Form from physician and signed by parent. (Si se requiere un Epi-Pen, debemos tener un Formulario de Autorización de Medicación escrito y firmado por el médico y el padre.)*

Physician Name (Nombre del Médico): _____

Physician Phone (teléfono del Médico): _____

In the event of an emergency situation and I cannot be reached, I, the parent/guardian do hereby authorize officials of Southwest Schools to call the physician and/or emergency contacts listed to render such treatments as may be deemed necessary for the health and safety of my child. In the event parents or emergency contacts cannot be reached, school officials are hereby authorized to take whatever action is deemed necessary for the health and safety of my child.

En caso de una situación de emergencia y no puedo ser comunicado, Yo, el padre/tutor presente autorizo a los funcionarios de Southwest Schools a llamar al médico y / o contactos de emergencia listados para hacer los tratamientos que se consideren necesarios para la salud y la seguridad de mi niño(a). En caso de que los padres o los contactos de emergencia no puedan ser comunicados, los oficiales de la escuela presente están autorizados a tomar cualquier acción que se considere necesaria para la salud y seguridad de mi hijo.

Parent/Guardian Signature: _____

Date: _____

(Firma de Padre/Tutor)

(Fecha)

By typing YES, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this Application Form.

Type YES _____

Al escribir SI, está aceptando que su firma electrónica es el equivalente legal a su firma manual en esta forma.

Escriba SI _____



Media Release 2021-2022
(Comunicado de Prensa 2021-2022)

Photography and Videotaping for School Publicity and/or District Web Pages
(Fotografías y grabación de video para la publicidad de la escuela o página de internet)

In a typical school year, there are numerous positive activities in the school which merit news coverage. Often the news media wants to include student pictures in their coverage. Please complete this form.

During the 2021-2022 school year, I, _____ parent/guardian of _____
parent/guardian (please print) student (please print)

Please check one of the following:

- ☐ **I DO** give permission for the above-named child to appear for school publicity purposes in photograph or video tape, or on District websites where the child can be easily recognized or identified.
- ☐ **I DO NOT** give permission for the above-named child to appear for school publicity purposes in photograph or video tape, or on District websites where the child can be easily recognized or identified.

Durante el año escolar, existen numerosas actividades en la escuela que pueden ser cubiertas por los noticieros y muchas veces los noticieros quieren incluir fotografías de los estudiantes en sus reportajes. Por favor de completar este formulario.

Durante el año escolar 2021-2022, Yo, _____ padre/tutor de _____
padre/tutor (por favor letra de molde) estudiante (por favor letra de molde)

Por favor de marcar uno de los siguientes:

- ☐ **SI DOY** permiso al estudiante arriba mencionado de aparecer en publicidad escolar en fotografía o video o en la página de Internet.
- ☐ **NO DOY** permiso al estudiante arriba mencionado de aparecer en publicidad escolar en fotografía o video en la página de Internet.

Parent/Guardian Signature: _____

Date: _____

(Firma de Padre/Guardian)

(Fecha)

By typing YES, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this Application Form.

Type YES _____

Al escribir SI, esta aceptando que su firma electrónica es el equivalente legal a su firma manual en esta forma.

Escriba SI _____



Network/Internet Agreement 2021-2022

(Acuerdo Sobre el Uso de la Red/Internet 2021-2022)

Is the responsibility of the administration to control access to data stored in the district's computer-based systems to maintain confidentiality where necessary, maintain integrity over the data and protect all computers and peripheral devices against unauthorized use. Only "authorized users" are given access to the district's-based systems. By signing this document, you will be designated as an authorized student user and must adhere to the following guidelines:

- A. Use Southwest Schools computer resources for official business only (as directed by your teacher)
- B. Never download any material onto a school computer without the direct consent of your teacher.
- C. The changing of any computer "settings" is strictly prohibited.

Any student suspecting that computer security has been compromised are to report such information to the Teacher or an Administrator immediately. Intentional misuse of data and/or computers can result in disciplinary action. This policy applies to all;

- A. Computer data created or maintained within the mainframe computers systems.
- B. Computer data created or maintained within a district-wide mini-computer system.
- C. Data stored on file servers and workstations within the district.
- D. District data stored outside data processing services.

By signing below, you acknowledge that you have received a copy of this notice, that you understand the responsibilities of authorized users, and further understand that intentional misuse of data and/or computers can result in disciplinary actions.

Es la responsabilidad de la administración el controlar el acceso a los datos grabados en los sistemas de computadoras del distrito para mantener la confidencialidad donde sea necesario, mantener la integridad de los datos y proteger todas las computadoras y los dispositivos periféricos del uso desautorizado de estos. Solo los usuarios autorizados tendrán acceso a los sistemas de computación del distrito escolar. Al firmar este documento, será designado como estudiante-usuario autorizado y debe adherirse a las siguientes reglas:

- A. Utilizar las computadoras y sus recursos para asuntos oficiales solamente, como le indique el maestro.
- B. Nunca bajar ningún tipo de material a alguna computadora de la escuela sin consentimiento directo del maestro.
- C. Cambiar la configuración de cualquier computadora está estrictamente prohibido.

Cualquier estudiante que sospeche que la seguridad del sistema de computadoras ha sido comprometida debe reportar esa información al maestro(a) o administrador de la escuela inmediatamente. El uso malintencionado de los datos o las computadoras puede resultar en una acción disciplinaria. Esta política aplica a todo:

- A. Datos de computadoras creadas o mantenidas dentro del sistema de servidores de computadoras.
- B. Datos creados o mantenidos dentro del sistema de minicomputadoras del distrito escolar.
- C. Datos almacenados en archivos del servidor y estaciones de trabajo dentro del distrito escolar.
- D. Datos del distrito almacenados en servicios de procesamiento de datos externos del distrito.

Al firmar, usted reconoce que ha recibido una copia de este aviso, que entiende las responsabilidades de los usuarios autorizados y además entiende que el mal uso intencional de datos o computadoras puede resultar en acciones disciplinarias.

Parent/Guardian Signature: _____

Date: _____

(Firma de Padre/Tutor)

(Fecha)

By typing YES, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this Application Form.

Type YES _____

Al escribir SI, esta aceptando que su firma electrónica es el equivalente legal a su firma manual en esta forma.

Escriba SI _____



PRIVACY CODE: STUDENT RECORDS, RIGHTS, AND RESPONSIBILITIES

2021-2022

Student Records: State law requires the school district Southwest Schools to maintain an education record for each student attending its schools. These records contain identifying data pertaining to the student and may include information concerning demographics, grades, attendance, health, discipline, guidance, assessment, and appraisals.

Access to Records: In addition to Southwest Schools employees, who have a legitimate educational interest in a student's records, parents, guardians, and the student are the only persons who have access to student records maintained by the district.

Both parents—married, separated, or divorced—have access to a student's records until the student becomes 18 years of age and is no longer a dependent student under Section 152 of the Internal Revenue Code. A parent's rights to access student records may be restricted by a court order. Legal guardians have the same rights of access as parents. Parents and students may review records during regular school hours by contacting their school principal.

After the student becomes 18 and is no longer a dependent, only the student has access to his or her records. However, that student may consent to others having access.

Under certain restricted conditions, other individuals may review a student's records. These conditions include:

- Other schools to which a student is transferring
- Specified officials for audit or evaluation purposes
- Appropriate parties in connection with financial aid to a student.
- Accrediting organizations
- State and local juvenile justice system authorities pursuant to state law
- Appropriate officials in cases of health and safety emergencies

Records may also be reviewed to comply with a judicial order or lawfully issued subpoena provided the parent and student received notice before compliance. No other persons are allowed to review a student's records without either permission of the parent or that of the student if over 18 years of age.

Challenge to Content of a Record: If a parent or a student over 18 feels that the student record contains information which is misleading, incorrect, or a violation of the privacy or other rights of the student, that person may challenge the contents of the record in an informal hearing. To initiate this procedure, contact your school principal.

Special Education Records: The district maintains Special Education records for seven years after the last date of service and then destroys the records in accordance with state law. A "Notice of Destruction of Special Education Records" is published annually through the district's website (www.swschools.org) advising the parent or adult student how they may request a copy of the records before they are destroyed. It is important that the parent or adult student keep a copy of all Special Education records for use in later years.

Complaints: Parents or a student over the age of 18 have the right to file a complaint with the U.S. Department of Education concerning alleged failures of the district to comply with the provisions of the Family Education Rights and Privacy Act of 1974.



PRIVACY CODE: STUDENT RECORDS, RIGHTS, AND RESPONSIBILITIES

2021-2022

Directory Information: Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information for school-sponsored purposes. Directory information may include the following:

- Student name
- Address
- Telephone listing
- Date and place of birth
- Photograph
- Major field of study
- Participation in officially recognized activities and sports
- Weight and height of members of athletic team
- Dates of attendance
- Awards received
- Most recent previous school attended by a student

If you DO NOT want to release directory information regarding your child, please check the appropriate box on the Privacy Code Form below and return it to your child's school.

Military Recruitment/Higher Education: Public Law 107-110 requires school districts receiving assistance under the No Child Left Behind Act of 2002 to provide a military recruiter or an institution of higher education, on request, with the name, address, and telephone number of a secondary student unless the parent has advised the district that the parent does not want the student's information disclosed without the parent's prior written consent.

If you DO NOT want your child's directory information released to military recruiters or institutions of higher education without your specific, prior, written consent, check the appropriate box on the Privacy Code Form below and return it to your child's school.

Privacy Code Form

Please check all boxes below that apply.

_____ I have received the Notice of Student Rights and Responsibilities with Respect to Student Records Maintained by Southwest Schools.

_____ I request that Southwest Schools NOT release any directory information regarding my child, except as required by law.

_____ I request that Southwest Schools NOT release my child's name, address, and telephone number to a military recruiter or an institution of higher education, without my specific written approval.

Student's Name _____ Student's Date of Birth _____

Students' School _____ Student's Grade _____

Name of Parent/Guardian _____

Parent/Guardian Signature: _____

Date: _____

By typing YES, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this Application Form.

Type YES _____



CÓDIGO DE PRIVACIDAD: EXPEDIENTES ESTUDIANTILES, DERECHOS, Y RESPONSABILIDADES 2021-2022

Expedientes de los estudiantes: La ley estatal exige al distrito escolar Southwest Schools mantener un expediente educativo de cada estudiante que asiste a una de sus escuelas. Los expedientes contienen datos de identificación de los estudiantes que generalmente incluyen información sobre su perfil demográfico, calificaciones, asistencia, salud, disciplina, asesoramiento, exámenes y evaluaciones.

Acceso a los expedientes: Además de los empleados de Southwest Schools quien tienen un interés académico legítimo para consultar el expediente de un estudiante, los padres o tutores legales y el estudiante mismo son las únicas personas que tienen acceso al expediente que mantiene el distrito.

Ambos padres, ya sea que estén casados, separados o divorciados, tienen acceso al expediente de su hijo hasta que éste cumpla 18 años y ya no sea su dependiente, según lo establecido en la Sección 152 del Código Tributario. El derecho de los padres a acceder al expediente de su hijo puede ser restringido por orden judicial. Los tutores legales tienen los mismos derechos de acceso que los padres. Los padres y los estudiantes pueden consultar el expediente estudiantil durante el horario escolar regular para lo cual deberán comunicarse con el director de la escuela.

Una vez que el estudiante cumpla 18 años y no sea dependiente, será el único que tendrá acceso a su expediente. Sin embargo, el estudiante puede permitirles el acceso a otras personas.

Otros individuos pueden ver el expediente de un estudiante bajo ciertas condiciones limitadas. Estas condiciones incluyen:

- Otras escuelas a las que se transfiere el estudiante;
- Oficiales específicos para realizar una auditoría o evaluación;
- Las partes indicadas en relación a la asistencia financiera para el estudiante;
- Organizaciones acreditadas;
- Autoridades del sistema estatal y local de justicia de menores, de acuerdo a las leyes estatales;
- Oficiales indicados en casos de emergencia de salud y seguridad.

El expediente se puede revisar para cumplir una orden judicial o de comparecencia que se haya emitido legalmente siempre que los padres y el estudiante hayan sido notificados previamente. Nadie más puede ver el expediente de un estudiante sin el permiso del padre o del estudiante si éste es mayor de 18 años.

Impugnación del contenido de un expediente: Si uno de los padres de un estudiante, o un estudiante mayor de 18 años, piensa que el expediente contiene información errónea, incorrecta o que infringe la privacidad o los derechos del alumno, puede impugnar el contenido del expediente en una audiencia informal. Para iniciar el proceso es preciso comunicarse con el director de la escuela.

Expedientes de educación especial: El distrito también archiva los expedientes de educación especial durante siete años a partir de la fecha de terminación de los servicios, y después de ese tiempo los destruye, en conformidad con la ley estatal. Anualmente, se publica en la página web del distrito (www.swschools.org) una Notificación de Destrucción de Expedientes de Educación Especial. Esta información está dirigida a los padres o estudiantes adultos que deseen solicitar una copia de los expedientes antes de que sean destruidos. Es importante que los padres, o el estudiante adulto, guarden una copia de los documentos de educación especial para su uso en el futuro.

Quejas: Los padres y estudiantes mayores de 18 años tienen el derecho de presentar una queja ante la Secretaría de Educación de EE.UU. acerca de posibles fallas del Distrito en el cumplimiento de las provisiones de la Ley de Derechos Educativos y Privacidad de la Familia de 1974.



CÓDIGO DE PRIVACIDAD: EXPEDIENTES ESTUDIANTILES, DERECHOS, Y RESPONSABILIDADES 2021-2022

Información de directorio: Cierta información sobre los estudiantes del Distrito se considera información de directorio y se hará disponible a toda persona que cumpla el procedimiento para solicitar la información para fines escolares. La información de directorio puede incluir lo siguiente:

- Nombre del estudiante;
- Dirección;
- Teléfono ;
- Lugar y fecha de nacimiento;
- Fotografía;
- Área general de estudio;
- Participación en actividades y deportes oficiales;
- Peso y estatura de los miembros de un equipo deportivo;
- Fechas de asistencia;
- Premios;
- Nombre de la última escuela a la que asistió el estudiante.

Si usted desea ejercer la opción de NO DIVULGAR la información de directorio de su hijo, complete y firme el Formulario del Código de Privacidad que se encuentra en la parte inferior de esta página y entréguelo en la escuela de su hijo.

Reclutadores de las fuerzas armadas y a las instituciones de educación superior: La ley 107-110 del Derecho Público establece que los distritos escolares que reciben asistencia en conformidad con la ley Que Ningún Niño se Quede Atrás del año 2002, deben proveer a los reclutadores de las fuerzas armadas y a las instituciones de educación superior que los soliciten, los siguientes datos de los alumnos de secundaria y preparatoria: nombre, domicilio y teléfono, a menos que los padres hayan informado al distrito que no desean que se divulguen los datos de su hijo sin su consentimiento previo y por escrito.

Si usted desea ejercer la opción de NO DIVULGAR la información de directorio de su hijo a los reclutadores de las fuerzas armadas o a instituciones de educación superior sin su previa autorización expresa y escrita, complete y firme el Formulario del Código de Privacidad que se encuentra en la parte inferior de esta página y entréguelo en la escuela de su hijo.

Formulario Del Código de Privacidad *Por favor marque todos los que sean pertinentes.*

_____He recibido la Notificación de derechos y Responsabilidades de los Estudiantes sobre los Expedientes Estudiantiles del distrito escolar Southwest Schools.

_____Solicito que Southwest Schools NO divulgue información de directorio de mi hijo, excepto aquella que sea exigida por la ley.

_____Solicito que Southwest Schools NO divulgue el nombre, domicilio, o número de teléfono de mi hijo a los reclutadores de las fuerzas armadas o a instituciones de educación superior sin mi consentimiento expreso por escrito.

Nombre del estudiante _____ Fecha de nacimiento _____

Nombre de la escuela _____ Grado _____

Nombre del padre/tutor _____

Firma del Padre/Tutor: _____ Fecha: _____

Al escribir SI, esta aceptando que su firma electrónica es el equivalente legal a su firma manual en esta forma.

Escriba SI _____



Parent Resources

Recursos para los Padres

Parent Connect-Parent Connect (txConnect) allows parents and students to view **grades, assignments** (grades 2-12), **STAAR (and TAKS) results, immunizations, attendance and discipline information** (grades EE-12) online. Students perform better in school when their parents are actively involved in their learning. Use parent Connect to keep you informed of your child's performance! Parent Connect letters will be sent to parents at the beginning of the year with instructions to access the site and your student's identification number.

Parent Connect (txConnect) permite a los padres y estudiantes ver las **calificaciones, las asignaciones** (grados 2-12), los resultados de **STAAR (y TAKS), las inmunizaciones, la asistencia y la información disciplinaria** (grados EE-12) en línea.

Los estudiantes se desempeñan mejor en la escuela cuando sus padres participan activamente en su aprendizaje. ¡Use el padre Connect para mantenerse informado del desempeño de su hijo! Cartas del padre Connect se enviarán a los padres al comienzo del año con instrucciones para acceder al sitio y el número de identificación de su estudiante.

Calendars -Parents may access our district and campus calendars by visiting our website at www.swschools.org

Calendarios-Padres pueden acceder a nuestros calendarios de distrito y campus visitando nuestro sitio web en www.swschools.org

Student Records and Transcripts-Please contact your campus registrar to request student records and transcripts.

Expedientes y transcripciones de los estudiantes-Comuníquese con el registrador de su campus para solicitar expedientes de estudiantes y transcripciones.

Blackboard Connect-Blackboard is a platform utilized by the district to communicate with parents. This system is used to send our parents any type of alert, call-out, text message, and email. Please provide your campus registrar with all updates regarding your contact information. This will ensure delivery of all Blackboard communication.

Blackboard Connect-Blackboard es una plataforma utilizada por el distrito para comunicarse con los padres. Este sistema se utiliza para enviar a nuestros padres cualquier tipo de alerta, llamada, mensaje de texto y correo electrónico. Por favor, proporcione al registrador de su campus cualquier cambio en sus datos de contacto. Esto garantizará que reciba todas las comunicaciones de Blackboard.

Volunteering-There are countless opportunities to make a difference through volunteering. If you are interested in becoming a parent volunteer, please contact your campus registrar.

(The district will conduct a background check on all parent volunteers. We have included a background check form in this packet if you wish to start your volunteering opportunity)

Voluntariado-hay innumerables oportunidades para hacer una diferencia a través del voluntariado. Si está interesado en ser voluntario, comuníquese con el registrador de su campus.

(El distrito llevará a cabo una verificación de antecedentes de todos los padres voluntarios. Hemos incluido un formulario de verificación de antecedentes en este paquete si desea comenzar su oportunidad de voluntaria)

PARENTS: PLEASE KEEP THIS PAGE FOR YOUR REFERENCE PADRES: POR FAVOR MANTENGA ESTA PAGINA PARA SU REFERENCIA





The Phoenix School consist of collaborative partnership who fall under the Texas Department of Family and Protective Services. In many instances the partnering agency has written guidelines regarding the behavior of their clients. Southwest Schools recognizes and accepts these guidelines in the daily operation of our schools. In rare instances Southwest Schools may use disciplinary measures regarding a student's behavior that is in our Southwest Schools Charter District Code of Student Conduct. The Code of student Conduct has the following disclaimer:

Due to the unique educational model of the Phoenix Schools, some sections, policies and /or procedures may vary for students enrolled in the Phoenix School.

