



Dear Student and Parent/Guardian,

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/guardian). Don't forget to include the required supporting documents:

- |  |  |
|--|--|
| <input type="checkbox"/> Birth Certificate       | <input type="checkbox"/> Transcripts                                 |
| <input type="checkbox"/> Immunization Records    | <input type="checkbox"/> SPED/504 Paperwork if Applicable            |
| <input type="checkbox"/> Social Security Card    | <input type="checkbox"/> Treatment Discharge Paperwork if Applicable |
| <input type="checkbox"/> Parent Driver's License |  |

The Student Handbook is available on our website: [www.archwayacademy.org](http://www.archwayacademy.org). It is important that parents/guardians AND students read this document thoroughly. The Handbook includes reference materials and policies that affect 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 Andrew Warren at [andrew.warren@archwayacademy.org](mailto:andrew.warren@archwayacademy.org)

Please call our Admissions Specialist, Andrew Warren on his cell at 713-992-0969 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](http://www.archwayacademy.org)

*Honesty. Accountability. Recovery. Education*

*Hope. Learning. Fellowship. Sobriety. Love.*



# Academic Calendar Year 2023 - 2024

'23

## July 2023 - (E-0 S-0)

| S  | M  | T  | W  | T  | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    |    |    | 1  |
| 2  | 3  | 4  | 5  | 6  | 7  | 8  |
| 9  | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | 31 |    |    |    |    |    |

## August 2023 - (E-23 S-12)

| S  | M  | T  | W  | T  | F  | S  |
|----|----|----|----|----|----|----|
|    |    | 1  | 2  | 3  | 4  | 5  |
| 6  | 7  | 8  | 9  | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | 31 |    |    |

## September 2023 - (E-19 S-18)

| S  | M  | T  | W  | T  | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    |    | 1  | 2  |
| 3  | 4  | 5  | 6  | 7  | 8  | 9  |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |

## October 2023 - (E-20 S-20)

| S  | M  | T  | W  | T  | F  | S  |
|----|----|----|----|----|----|----|
| 1  | 2  | 3  | 4  | 5  | 6  | 7  |
| 8  | 9  | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 |    |    |    |    |

## November 2023 - (E-17 S-16)

| S  | M  | T  | W  | T  | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    | 1  | 2  | 3  | 4  |
| 5  | 6  | 7  | 8  | 9  | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 |    |    |

## December 2023 - (E-11 S-10)

| S  | M  | T  | W  | T  | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    |    | 1  | 2  |
| 3  | 4  | 5  | 6  | 7  | 8  | 9  |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 |    |    |    |    |    |    |

'24

## January 2024 - (E-21 S-19)

| S  | M  | T  | W  | T  | F  | S  |
|----|----|----|----|----|----|----|
|    | 1  | 2  | 3  | 4  | 5  | 6  |
| 7  | 8  | 9  | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 |    |    |    |

## February 2024 - (E-19 S-18)

| S  | M  | T  | W  | T  | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    | 1  | 2  | 3  |
| 4  | 5  | 6  | 7  | 8  | 9  | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 |    |    |

## March 2024 - (E-14 S-14)

| S  | M  | T  | W  | T  | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    |    | 1  | 2  |
| 3  | 4  | 5  | 6  | 7  | 8  | 9  |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 |    |    |    |    |    |    |

## April 2024 - (E-22 S-22)

| S  | M  | T  | W  | T  | F  | S  |
|----|----|----|----|----|----|----|
|    | 1  | 2  | 3  | 4  | 5  | 6  |
| 7  | 8  | 9  | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 |    |    |    |    |

## May 2024 - (E-22 S-17)

| S  | M  | T  | W  | T  | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    | 1  | 2  | 3  | 4  |
| 5  | 6  | 7  | 8  | 9  | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 |    |

## June 2024 - (E-0 S-0)

| S  | M  | T  | W  | T  | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    |    |    | 1  |
| 2  | 3  | 4  | 5  | 6  | 7  | 8  |
| 9  | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 |    |    |    |    |    |    |

### Instructional Days

156 Full + 10 Half = 166

### Total Minutes

77,940

### KEY

E- # =Employee Days S- # =Student Days

New Teacher In-Service Days

Teacher In-Service Days

District Welcome Back

First and Last day of School

Holidays

Friday Fill Up (1/2 academic, 1/2 rec)

Professional Dev. Days (No Students)

End of Six Weeks

Teacher Prep. Days (No Students)

First day of Second Semester



### HOLIDAYS

|  |                      |
|--|----------------------|
| Labor Day                                | September 4, 2023    |
| Fall Holiday                             | September 25, 2023   |
| Fall Break                               | October 6-9, 2023    |
| Thanksgiving                             | November 20-24, 2023 |
| Winter Break                             | December 18-29, 2023 |
| New Year Break                           | January 1, 2024      |
| MLK Day                                  | January 15, 2024     |
| Mid-Winter Break                         | February 16-19, 2024 |
| Spring Break                             | March 11-15, 2024    |
| District Observance of Chavez/Huerta Day | March 28, 2024       |
| Spring Holiday                           | March 29, 2024       |
| Memorial Day                             | May 27, 2024         |
| Juneteenth                               | June 19, 2024        |

### Report Cards Dates

|                   |
|-------------------|
| October 2, 2023   |
| November 13, 2023 |
| January 5, 2024   |
| February 20, 2024 |
| April 12, 2024    |
| May 30, 2024      |

### SIGNIFICANT DATES

|                            |                   |                              |                 |
|----------------------------|-------------------|------------------------------|-----------------|
| First Day for all Teachers | August 1, 2023    | First Day of Second Semester | January 3, 2024 |
| New Teacher Orientation    | August 7, 2023    | Last Day of School           | May 23, 2024    |
| First Day of School        | August 16, 2023   | Last Day for Teachers        | May 31, 2023    |
| Last Day of First Semester | December 14, 2023 |                              |                 |

### SEMESTER DATES

|                                   |
|-----------------------------------|
| First Semester                    |
| August 16, 2023-December 14, 2023 |
| Second Semester                   |
| January 3, 2024-May 23, 2024      |

### Six Weeks Grading Periods

|           |                       |         |          |                       |         |
|-----------|-----------------------|---------|----------|-----------------------|---------|
| Cycle I   | 08/16/2023-09/22/2023 | 27 Days | Cycle IV | 01/03/2024-02/09/2024 | 26 Days |
| Cycle II  | 09/26/2023-11/03/2023 | 26 Days | Cycle V  | 02/12/2024-04/05/2024 | 30 Days |
| Cycle III | 11/06/2023-12/14/2023 | 23 Days | Cycle VI | 04/08/2024-05/23/2024 | 34 Days |



Student Name (printed)

***Criteria to Attend Passageway and Archway Academy***

There are two programs within our school to support the needs of students when it comes to recovery support and supervision. Passageway is for students newer in their recovery. They need more structure, supervision, drug testing, and recovery support. Archway is for students with more sustained/consistent recovery who have earned the privilege of more freedom, flexibility, and off-campus lunch. The academic day is the same for both programs but the level of recovery support and supervision varies.

We recommend that all students participate in a local Alternative Peer Group Program (APG). There are several APG's in the Houston area. You can find more details on our website under the "Enroll Your Child" tab. APGs serve several important functions for your family: social weekend activities for teens; parent support groups; family counseling; and after-school recovery activities to keep teens active, engaged, and growing in their recovery. Archway has incredible recovery support during the school day but we cannot be EVERYTHING your family needs. Archway works closely with the APGs so that we are nurturing recovery at school. Your main clinical/counseling support will come from your APG.

Some students enrolling at Archway are participating in Intensive Outpatient Programs (IOP) as recommended by their previous or current treatment provider. This is an acceptable level of clinical/counseling support, but students must join an APG upon successful completion of IOP. Some students simultaneously participate in an IOP and an APG.

Archway will consider enrollment for students not attending an APG on a case-by-case basis.

Name of APG or IOP you are attending or plan on attending:

Name of APG or IOP counselor/therapist:



### DEMOGRAPHIC INFORMATION

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| Student Name (First) | (Last)               | Date of Birth        | Sobriety Date        |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

|   |                       |
|---|-----------------------|
| Student Cell Number                             | Student Email Address |
| ( <input type="text"/> ) - <input type="text"/> | <input type="text"/>  |

|                      |                      |
|----------------------|----------------------|
| APG or IOP           | APG or IOP Counselor |
| <input type="text"/> | <input type="text"/> |

### How did you hear about Archway?

(include all of the individuals/organizations you heard about us from)

|                         |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|
| 1) <input type="text"/> | 2) <input type="text"/> | 3) <input type="text"/> | 4) <input type="text"/> |
|-------------------------|-------------------------|-------------------------|-------------------------|

List previous treatment experiences: (residential, IOP, psychiatric hospitalizations, wilderness programs, etc.)

| Treatment Provider   | When                 | Successful Completion?                                   |
|----------------------|----------------------|--|
| <input type="text"/> | <input type="text"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |

List previous high school(s) or middle school(s) (if incoming freshman) attended. Make sure to include all schools including alternative schools and schools inside treatment centers. This allows us to create an accurate schedule and graduation audit.

|                  |                  |                  |
|------------------|------------------|------------------|
| <u>School #1</u> | <u>School #2</u> | <u>School #3</u> |
|------------------|------------------|------------------|



### PARENT/GUARDIAN CONTACT INFORMATION

**Parent/Guardian #1**

Name (First and Last)

|  |
|--|
|  |
|--|

Cell Number

( ) -

Work Number

( ) -

Email Address

|  |
|--|
|  |
|--|

Occupation / Employer

|  |
|--|
|  |
|--|

Home Address

County:

**Parent/Guardian #2**

Name (First and Last)

|  |
|--|
|  |
|--|

Cell Number

$$\left( \begin{array}{c} \text{ } \\ \text{ } \end{array} \right) -$$

Work Number

( ) -

Email Address

|  |
|--|
|  |
|--|

Occupation / Employer

|  |
|--|
|  |
|--|

Home Address

County:

Indicate any unique or special circumstances regarding custody, living arrangements, visitation, etc.

|  |
|--|
|  |
|--|



## UNDERSTANDING OF FINANCIAL RESPONSIBILITY

### PROGRAM FEES:

Program fees are \$1100 per month and cover all fees (school supplies, technology, and drug testing). Fees are invoiced the week prior to the new month and are due on the 1<sup>st</sup> of the month.

### NEW ENROLLMENTS:

For new enrollments, program fees are due on the first day of enrollment and are prorated according to the week of enrollment (see below):

### REFUNDS:

Refunds may be considered with discretion from the Executive Director and the Finance Committee if a student withdraws for treatment services.

|                 |                |                 |               |                 |               |                 |               |
|-----------------|----------------|-----------------|---------------|-----------------|---------------|-----------------|---------------|
| <b>1st Week</b> | <b>\$ 1100</b> | <b>2nd Week</b> | <b>\$ 825</b> | <b>3rd Week</b> | <b>\$ 550</b> | <b>4th Week</b> | <b>\$ 275</b> |
|-----------------|----------------|-----------------|---------------|-----------------|---------------|-----------------|---------------|

### 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.

As the Responsible Party(s) for the student, I have read and agree to this document:

|                                |                      |       |                      |
|--------------------------------|----------------------|-------|----------------------|
| Responsible Party #1 Signature | <input type="text"/> | Date: | <input type="text"/> |
| Responsible Party #2 Signature | <input type="text"/> | Date: | <input type="text"/> |



## FORMS OF PAYMENT

Archway Academy accepts the following forms of payment: check, credit card, and money order.

|                      |                      |   |                      |
|----------------------|----------------------|---|----------------------|
| Student Name:        | <input type="text"/> | Cardholder's Name:                              | <input type="text"/> |
| Card Number:         | <input type="text"/> | <input type="text"/>                            | <input type="text"/> |
|                      | <input type="text"/> | Card Type:                                      | <input type="text"/> |
| Billing Address      |                      | Expiration Date                                 |                      |
| <input type="text"/> |                      | <input type="text"/> M / <input type="text"/> Y |                      |

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

**OR**

|   |                          |
|---|--------------------------|
| <b>I DO NOT WISH TO BE BILLED<br/>AUTOMATICALLY</b>                                   | <input type="checkbox"/> |
| I would prefer to pay monthly by<br>check, money order, or other<br>discussed method. |                          |

Who is responsible for paying program fees?

|                         | Full Name | Relationship<br>to Student | Phone Number | Percent of fees<br>responsible for: |
|-------------------------|-----------|----------------------------|--------------|-------------------------------------|
| Responsible<br>Party #1 |           |                            |              |                                     |
| Responsible<br>Party #2 |           |                            |              |                                     |



## PYSCH-SOCIAL HISTORY

Parent/guardian **and** student may need to collaborate while filling out this portion of the packet

We understand that families are unique. We use "Mother" and "Father" as titles to help organize information, but feel free to write in additional information or replacement titles.

---

Student Name

Current Date

### FAMILY

Which of the following best describes the student's relationship with their Mother:

☐ Very Good   ☐ Good   ☐ Acceptable   ☐ Poor   ☐ Very Poor   ☐ N/A

Which of the following best describes the student's relationship with their Father:

☐ Very Good   ☐ Good   ☐ Acceptable   ☐ Poor   ☐ Very Poor   ☐ N/A

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

Is the Student  
Adopted?

☐ YES

☐ NO

If YES, at  
what Age?

year's old

Are parents / guardians  
divorced / separated?

☐ YES

☐ NO

If so, how old was the student  
when this happened?

years old

How has the divorce/separation affected the student?

Has the mother remarried  
/ re-partnered?

☐ YES

☐ NO

Has the father remarried /  
re-partnered?

☐ YES

☐ NO

Any important information regarding the student's  
relationship with step-parents or parental figures?



Any History of Family Abuse? ☐ YES ☐ NO

Involvement with CPS or Foster Care? ☐ YES ☐ NO

Please Elaborate:

|  |
|--|
|  |
|--|

Understanding the family's history with mental health is important. Please list the mental health challenges other family members have experienced (biological parent, adopted parent, grandparents, etc.)

| Family Member | Disorder(s) | Family Member | Disorder(s) |
|---------------|-------------|---------------|-------------|
|               |             |               |             |
|               |             |               |             |
|               |             |               |             |

| Sibling's Name and Relationship to Student | Age | Comments and important information regarding their relationship (supportive, tense, distant, etc.) |
|--|-----|--|
|  |     |  |
|  |     |  |
|  |     |  |
|  |     |  |

## SOCIAL

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

☐ Very Good ☐ Good ☐ Acceptable ☐ Very Poor ☐ N/A

Does the student feel accepted in their peer group? ☐ YES ☐ NO

Please provide important information regarding the student's friendships:

|  |
|--|
|  |
|--|

List three adjectives that describe the student's performance in school:

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Any important information regarding the student's relationship with step-parents or parental figures?

|  |
|--|
|  |
|--|



## EDUCATION

Ever failed or repeated a grade? ☐ YES ☐ NO

If YES, please elaborate:

Ever been suspended or expelled? ☐ YES ☐ NO

If YES, please elaborate:

Does the student have a learning disability? ☐ YES ☐ NO

If YES, please elaborate:

Does the student receive 504 services? ☐ YES ☐ NO

If YES, please elaborate:

Does the student receive SPED services? ☐ YES ☐ NO

If YES, please elaborate:

Does the student have an IEP? ☐ YES ☐ NO

If YES, please elaborate:

How does the student usually perform in school?

☐ Very Good ☐ Good ☐ Acceptable ☐ Very Poor ☐ N/A

How often does the student arrive late to school?

☐ Rarely ☐ 1-2 times/wk ☐ 3-4 times/wk ☐ Everyday

How often does the student miss an entire day of school?

☐ Never ☐ Rarely ☐ Often ☐ It's a Major Problem

## SEXUALITY

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

(please circle all that apply)

Heterosexual Lesbian Gay Bisexual

Other: \_\_\_\_\_

Transgender Queer Intersexual Asexual

Please share important information regarding the affect the student's sexuality has had on their life? (examples: family is supportive or there is conflict; bullying; trauma with peers; etc.)

Has the student ever experienced sexual trauma (abuse, rape, or sexual violence)? ☐ YES ☐ NO

If YES, please elaborate



## PHYSICAL

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

☐ Very Good    ☐ Good    ☐ Acceptable    ☐ Poor    ☐ Very Poor

Please list significant information regarding health history, concerns, physical limitations, and disabilities:

|  |
|--|
|  |
|  |

## PERSONAL GRIEF

Has anyone close to the student died?

☐ YES    ☐ NO

If YES, when did it happen? Please elaborate:

|  |
|--|
|  |
|--|

What other kinds of loss has the student experienced? (pets, siblings moving out, etc)

|  |
|--|
|  |
|--|

Any history of miscarriages or abortions - self or partner?

☐ YES    ☐ NO

If YES, what age(s)

|  |
|--|
|  |
|--|

## LEGAL

Has the student ever been arrested? ☐ YES    ☐ NO

If YES, please elaborate:

|  |
|--|
|  |
|--|

Has the student ever been involved with probation? ☐ YES    ☐ NO

If YES, please elaborate:

|  |
|--|
|  |
|--|

Has the student ever been a victim of violent behavior? ☐ YES    ☐ NO

If YES, please elaborate:

|  |
|--|
|  |
|--|

Has the student ever been violent toward others? ☐ YES    ☐ NO

If YES, please elaborate:

|  |
|--|
|  |
|--|

### EMOTIONAL / PSYCHIATRIC HISTORY

Does the student have any current psychiatric diagnosis? ☐ YES ☐ NO

If YES, please list them:

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

Aside from diagnosed disorders, what other challenges does the student have if any? (anxiousness, depression, lack of focus, etc.)

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Please list all medications the student is currently prescribed:

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

Any past suicide attempts? ☐ YES ☐ NO If YES, please elaborate:

|  |
|--|
|  |
|--|

Please check all of the following that apply to the student:

|                                    |                                 |  |  |
|------------------------------------|---------------------------------|--|--|
| Shy <input type="checkbox"/>       | Angry <input type="checkbox"/>  | Unmotivated <input type="checkbox"/>         | Acts Without Thinking <input type="checkbox"/>   |
| Dishonest <input type="checkbox"/> | Lonely <input type="checkbox"/> | People Dislike Them <input type="checkbox"/> | Student Dislikes People <input type="checkbox"/> |
| Awkward <input type="checkbox"/>   | Tired <input type="checkbox"/>  | Lacks Friends <input type="checkbox"/>       | Lacks Self-Confidence <input type="checkbox"/>   |

### BEHAVIORAL / PROCESS DISORDERS

History of self-harm? ☐ YES ☐ NO

If YES, please elaborate:

|  |
|--|
|  |
|--|

History of disordered eating? ☐ YES ☐ NO

If YES, please elaborate:

|  |
|--|
|  |
|--|

Any compulsive behavior around any of the following areas?

☐ Social Media   ☐ Gaming   ☐ Sex/Love   ☐ Gambling  
☐ Pornography   ☐ Internet   ☐ Spending   ☐ Stealing

☐ \_\_\_\_\_  
(other)



CONSENT TO OBTAIN / RELEASE INFORMATION

**Alternative Peer Group (APG)**

Student Name (printed)  
I, , authorize Archway Academy to  
release and/or receive the following information:

Alcohol/Drug Screening Results    Treatment Information    Follow-up Information  
Assessment Results    Program Participation    Billing/Financial Info

The Purpose of this disclosure is to allow Archway Academy to collaborate and share information with other important treatment providers.

Name of APG    Name of APG Counselor  
   

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 at the beginning of the new school year.

Student Signature:

Date:

Parent/Guardian Signature:

Date:



CONSENT TO OBTAIN / RELEASE INFORMATION

**PREVIOUS TREATMENT PROVIDER  
(RESIDENTIAL, PHP, IOP)**

Student Name (printed)  
I, , authorize Archway Academy to  
release and/or receive the following information:

Alcohol/Drug Screening Results    Treatment Information    Follow-up Information  
Assessment Results    Program Participation    Billing/Financial Info

The Purpose of this disclosure is to allow Archway Academy to  
collaborate and share information with other important treatment  
providers.

| Name of Treatment Facility | Name of Counselor/Therapist | Counselor/Therapist Contact Information |
|----------------------------|-----------------------------|---|
| <input type="text"/>       | <input type="text"/>        | <input type="text"/>                    |

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 at the  
beginning of the new school year.

Student Signature:

Date:

Parent/Guardian Signature:

Date:



**CONSENT TO OBTAIN / RELEASE INFORMATION**

**PROBATION OFFICER**

Student Name (printed)  
I, , authorize Archway Academy to release  
and/or receive the following information:

Alcohol/Drug Screening Results    Treatment Information    Follow-up Information  
Assessment Results    Program Participation    Billing/Financial Info

The Purpose of this disclosure is to allow Archway Academy to collaborate and share information with other important treatment providers.

| Name of Probation Officer | Probation Officer's Contact Information |
|---------------------------|---|
| <input type="text"/>      | <input type="text"/>                    |

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 at the beginning of the new school year.

|                            |                      |       |                      |
|----------------------------|----------------------|-------|----------------------|
| Student Signature:         | <input type="text"/> | Date: | <input type="text"/> |
| Parent/Guardian Signature: | <input type="text"/> | Date: | <input type="text"/> |



CONSENT TO OBTAIN / RELEASE INFORMATION

**THERAPIST**  
**(OUTSIDE OF YOUR APG)**

Student Name (printed)  
I, , authorize Archway Academy to release  
and/or receive the following information:

Alcohol/Drug Screening Results    Treatment Information    Follow-up Information  
Assessment Results    Program Participation    Billing/Financial Info

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

| Name of Therapist    | Therapist's Contact Information |
|----------------------|---------------------------------|
| <input type="text"/> | <input type="text"/>            |

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 at the beginning of the new school year.

|                            |                      |       |                      |
|----------------------------|----------------------|-------|----------------------|
| Student Signature:         | <input type="text"/> | Date: | <input type="text"/> |
| Parent/Guardian Signature: | <input type="text"/> | Date: | <input type="text"/> |



**CONSENT TO OBTAIN / RELEASE INFORMATION**

**PSYCHIATRIST**

Student Name (printed)  
I, , authorize Archway Academy to release  
and/or receive the following information:

Alcohol/Drug Screening Results    Treatment Information    Follow-up Information  
Assessment Results    Program Participation    Billing/Financial Info

The Purpose of this disclosure is to allow Archway Academy to collaborate and share information with other important treatment providers.

| Name of Psychiatrist | Psychiatrist's Contact Information |
|----------------------|------------------------------------|
| <input type="text"/> | <input type="text"/>               |

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 at the beginning of the new school year.

|                            |                      |       |                      |
|----------------------------|----------------------|-------|----------------------|
| Student Signature:         | <input type="text"/> | Date: | <input type="text"/> |
| Parent/Guardian Signature: | <input type="text"/> | Date: | <input type="text"/> |



## ATTENDANCE POLICY AND PROCEDURES

Please email Cryslin Ward at [cryslin.ward@archwayacademy.org](mailto:cryslin.ward@archwayacademy.org) or call us at 713-328-0780 if your student will not be at school.

Attendance at school is a vital element of enrollment at Archway. School is your full-time job and therefore attendance should be a high priority. You will find a large section in our Student 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, college visits, and funerals are appropriate reasons to miss school. We do not accept tired, mild headache, cramps, allergies, staying up too late with a sponsor, or “not feeling it” as valid excuses. We would not miss work for those reasons, so you should not miss school.
- 2) We must receive confirmation via phone or email from a parent/guardian if you are absent. If we do not hear from a parent/guardian by 8:50am, we will call to check in.
- 3) Your attendance is directly tied to your success at school and to our success as an organization.

Archway 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 buy back hours.

### DOCUMENTING EXCUSED ABSENCES

Every time a student is absent, a parent/guardian must email with an excuse note. Excuse notes from doctors, court, etc. can be delivered on the day of return. Each note should contain the current date; date of absence; student’s full name; reason for absence; and parent signature.

*I have read and understand the policy above:*

Student Signature:

Date:

Parent/Guardian Signature:

Date:



## **PARKING POLICY**

Parking in the Medical Center area is 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 garages.

*I have read and understand the policy above:*

Student Signature:

Date:

Parent/Guardian Signature:

Date:

---

## **RECEIPT OF STUDENT HANDBOOK**

The Student Handbook is posted on Archway's website at [www.archwayacademy.org](http://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.

*I have read and understand the policy above:*

Student Signature:

Date:

Parent/Guardian Signature:

Date:



## CONSENT FOR DRUG TESTING AND SEARCHES

Student Name (printed)

I, , 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 school by trained staff. Students must comply with all procedures and protocols. 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 disciplinary action, up to and including expulsion. It is important to remember that a positive test result does NOT automatically signify relapse. Some medications may create false-positives. 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. Students will not be touched as part of the search or detained without their 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.

*I have read and understand the policy above:*

Student Signature:

Date:

Parent/Guardian Signature:

Date:



## PUBLIC RELATIONS RELEASE

Student Name (printed)

I, ,

understand that Archway Academy is a private, non-profit organization. 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.

☐

I CONSENT

☐

I DO NOT CONSENT

*I have read and understand the policy above:*

Student Signature:

Date:

Parent/Guardian Signature:

Date:

---

## CONSENT FOR STUDENT TO VOLUNTEER

Student Name (printed)

I, ,

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 understand that this authorization can be revoked at any time by providing written request for such action to the Executive Director.

*I have read and understand the policy above:*

Student Signature:

Date:

Parent/Guardian Signature:

Date:



## FIELD TRIP PERMISSION SLIP

Parent/Guardian name Printed

Student Name (printed)

I, , give permission for , to participate in any Archway Academy/Southwest Schools 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:          |
|-------|-----------------|
|       | (      )      - |
|       | (      )      - |
|       | (      )      - |

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 in a field trip.

I understand that if my child's behavior is deemed inappropriate while participating or they are 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.

*I have read and understand the policy above:*

Student Signature:

Date:

Parent/Guardian Signature:

Date:

## Metro Q® Fare Card

Southwest Schools has a grant that allows families in need to receive Metro Q-Cards. If your child will be using public transportation **and** you need financial assistance with the cost of transportation, please fill out this form.

*If you do not need financial assistance with transportation, you may skip this page.*

**Q-Cards:** Southwest Schools provides Q-cards to eligible students. Cards are updated by the district each month with \$1 per school day.

**Eligibility requirements:** A student is considered eligible for a Q-card through Southwest Schools if he/she resides two or more miles from the school or in a board designated hazardous traffic area if less than two miles from the school.

**How to use the card:** Each card comes preloaded. This means students can use their card the same day it's given to them. Simply scan the card on the scanner upon entering the bus, or at the Kiosk on the platform if you're riding the rail.

**Reloading procedures:** Q-cards are reloaded by Southwest Schools each month. If a student exceeds the funds provided, he/she is responsible for loading private funds. *Cards cannot be reloaded online.* However, they can be reloaded at the Kiosk directly across the street from Archway on the METROrail platform. Funds can also be reloaded at Park and Ride locations or on select busses that have a CVM system.

**Lost or Stolen cards:** Students must report lost or stolen cards to the school immediately so that the card can be cancelled. Lost or stolen cards may be replaced for a fee of \$10 (cash or check made out to Southwest Schools).

**Unauthorized use:** The cards are nontransferable and must only be used by the person to whom it was issued. If the card is used for anything other than authorized use (rides to and from school, Monday-Friday), the equivalent dollar value for that number of rides will not be added to the card for the upcoming school month.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Q-Card ID#**

(office use only)

# Elective Selection Sheet

Student:

Choose four of the following elective courses in order of preference. Your academic records will be reviewed to ensure you are in the appropriate classes to satisfy graduation requirements. We will do our best to get you into your selected elective classes. Elective courses are online unless otherwise specified.

## Tech

Information Technology  
Digital Media  
Keyboarding  
Computer Science

## Business/Law

Law (*in-person*)  
Business, Marketing & Finance  
Business Computer Info. Systems  
Introduction to Cosmetology  
Accounting  
Travel and Tourism Management  
Hospitality and Tourism  
Personal Financial Literacy  
Money Matters

## Foreign Language

Spanish 1-3  
French 1-2

## Arts

Music Appreciation  
Art History  
Journalism

## Social Sciences

Psychology (*in-person*)  
Sociology (*in-person*)

## Health and Wellness

Counseling and Mental Health  
Child Development  
Human Growth and Development  
Health  
Personal Family Living  
Nutrition and Wellness

Elective #1

Elective #3

Elective #2

Elective #4



# Southwest Schools Enrollment Packet 2023-2024

## **CERTIFICATION (Required):**

By typing **YES** below, I certify to the best of my knowledge and belief that the information in this packet is complete and accurate, I am the legal guardian of the child listed below, and I understand that any false information, omission, or misrepresentation of facts may result in future dismissal of the student. My electronic signature is the legal equivalent of my manual signature.

Type **YES** to agree \_\_\_\_\_

## **CERTIFICACION (Requerida):**

Al escribir **SI** a continuación, certifico a mi leal saber y entender que la información en este paquete es completa y precisa, soy el tutor legal del niño/a mencionado a continuación y entiendo que cualquier información falsa, omisión o tergiversación de los hechos puede resultar en futuro despido del estudiante. Mi firma electrónica es el equivalente legal a mi firma manual.

Escriba **SI** para aceptar \_\_\_\_\_

**OFFICE USE ONLY****Enrollment Date:**

\_\_\_\_\_

**Student ID #** \_\_\_\_\_**Enrollment Form 2023-2024****(Formulario de Inscripción 2023-2024)****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 (Ambos Padres)☐ Guardian (Guardián) ☐ Other (Otro) \_\_\_\_\_**Parent/Guardian Information (Información del Padre/Tutor)****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)Translator Needed? (¿Necesita Interprete?): ☐ Yes (Si) ☐ No (No)

## Enrollment Form 2023-2024

### (Formulario de Inscripción 2023-2024)

**Name of Parent/Guardian #2** (Nombre del Padre/Tutor #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)

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

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

- ☐ School bus rider - Only Mangum, Discovery, and Empowerment (Será recogido por el bus escolar - Solo las escuelas M, Discovery y Empowerment)
- ☐ Car rider (Será recogido en carro particular)
- ☐ Walk to and from school by themselves -Registrar Approval Needed (Estudiante caminará solo a casa -Solo si lo aprueba la Registradora)
- ☐ Will walk to and from school with parent or other person (Caminará con los padres u otra persona a casa) \_\_\_\_\_
- ☐ Picked up by daycare or private bus. Name of service. \_\_\_\_\_  
 (Será 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)s 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) _____ |

*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 right 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: \_\_\_\_\_

## **Military and Foster Care Questionnaire 2023-2024**

### **(Cuestionario Militar y de Cuidado de Crianza 2023-2024)**

Student Name (Nombre del Estudiante) \_\_\_\_\_

Due to recent House Bill 525 and Senate Bill 833, it has become necessary for Southwest Schools to collect the status of students in regard 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

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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)

## Student Residency Questionnaire 2023-2024

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. 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 or economic hardship? \_\_\_\_ Yes \_\_\_\_ No

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

**If you answered YES to the above questions, please complete the remainder of this form. If you 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.

## Student Wellness Inventory 2023-2024 (Inventario de Bienestar Estudiantil 2023-2024)

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): <input type="checkbox"/> Female (Femenino) <input type="checkbox"/> 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<br>(Asma)                                | Blood Disorder<br>(Desorden Sanguíneo)                   | Cancer<br>(Cáncer)                         |
| Diabetes<br>(Diabetes)                          | Bowel problems<br>(Problemas Intestinales)               | Rheumatic Fever<br>(Fiebre Reumática)      |
| Epilepsy/Seizures<br>(Epilepsia / Convulsiones) | Heart Disease<br>(Enfermedades del Corazón)              | Surgery/Fractures<br>(Cirugía / Fracturas) |
| Bladder Problems<br>(Problemas de la Vejiga)    | Eating Disorders/Problems<br>(Problemas de Alimentación) | Hearing Loss<br>(Pérdida de la Audición)   |
| Kidney Problems<br>(Problemas de Riñones)       | Allergy - Specify<br>(Alergias - Especifique)            | Vision Loss<br>(Pérdida de la Vision)      |

**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 the physician and signed by our parents. (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 de Médico) : \_\_\_\_\_

Physician Phone (Teléfono de 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 pueda ser localizado, 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 contactados, 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)

# MIGRANT EDUCATION PROGRAM SURVEY

District Name: \_\_\_\_\_ Date: \_\_\_\_\_

School Name: \_\_\_\_\_

Dear Parents,

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 twenty-two 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.* \_\_\_\_\_

## Truancy and Attendance Policy Notice 2023-2024

Student attendance is vital to the Southwest Schools Charter since it directly impacts student achievement as well as generates revenue from the state, therefore we will enforce the Texas truancy and attendance law. A student must be in attendance for at least two hours to be considered present for one-half day and for at least four hours to be considered present for one full day. These time limits refer to instructional time, not including lunch, homeroom, passing periods, or other non-instructional time.

### What to do if your child is absent or tardy?

Students who have been absent or tardy must present a written excuse from the parents or guardian when they return to school. Excuses for absences and tardies are personal illness, sickness or death in the family, quarantine, weather, or road conditions making travel dangerous, participation in school activities with permission of the principal, juvenile court proceeding documented by a probation officer, approved college visitation, emergencies, or "any other cause acceptable to superintendent designee."

Written excuses should be in the school's possession no later than three school days after the date of the absence or tardy. The three- day period begins with the day the student returns to school.

### Are tardies considered absences?

Students must be present at least 35 minutes of the class period (or 60 minutes of a 90-minute class period) to be considered in attendance unless they are participating in a field trip or other activity approved by the principal. Unexcused tardies are **not** converted to unexcused absences. Tardies are a disciplinary issue.

### Making up work after being absent

Students **must** be given the opportunity to make up for the work missed due to all absences. Reasonable time frames for the completion of assignments must be established. Please contact your child's school for more information.

### Daily absence exemptions

A student not actually on campus at the time of attendance is taken maybe considered in attendance for FSP purposes if the student:

- Is participating in an activity that is approved by the school board and is under the direction of a professional staff member, an adjunct staff member, or a paraprofessional staff member of the school district. The adjunct staff member must have a minimum of a bachelor's degree and be eligible for participation in the Teacher Retirement System of Texas.
- Is a Medicaid eligible child participating in the Early and Periodic Screening, Diagnosis, and Treatment Services. Students may be excused for up to one day at a time without loss of daily attendance.
- Miss's school for the purpose of observing religious holy days, including traveling for that purpose. Travel days for which the student is considered in attendance are limited to not more than one day for travel to and one day for travel from the site where the student will observe the holy days. The school district may elect to excuse additional travel days; however, the student would be considered absent for the additional travel days for attendance accounting purposes.
- Is temporarily absent because of a documented appointment for the student or the student's child that is with a health care professional licensed, certified, or registered to practice in the United States. The appointment must be supported by a document, such as a note, from the health care professional.
- The student is participating in mentorship approved by district personnel to serve as one or more of the advanced measures needed to complete the Distinguished Achievement Program.

**Students leaving campus.**

No student under 18 years of age may leave campus during school hours for any reason without prior approval in writing or by documented phone call from the student's parent or guardian. This applies to lunch, extracurricular activities, field trips, and any other activity supervised by campus or district personnel. Such excuses must be approved by the principal or principal's designee.

**Texas Truancy and Attendance Laws**

It is each parent's duty to require his or her school-aged children to attend school, monitor the students' attendance, and request a conference with school officials to discuss any attendance concerns. In Southwest Schools, a student must attend at least 90 percent of the days the course meets during the school year in order to receive credit. If too many classes are missed, an "NG" is entered instead of a grade, and parents must contact the school to see what corrective steps must be taken. State law (**Texas Education Code Section 25.085**) provides that if a student is absent from school without parental consent for any portion of the school day for three days in a four-week period or for ten or more days in a six-month period, the student and/or the student's parent or legal guardian are subject to civil prosecution by the truancy court. In the event the student fails to obey the order issued by the civil courts, the student may also be referred to a juvenile court, which will determine whether the students should be adjudicated delinquent and referred for supervision by the juvenile probation authorities. Principals may excuse absences for personal illness, death in the family, or other legitimate reasons. Teachers will give students an opportunity to make up work for all absences.

**New Truancy Law**

**Due to the new Truancy Law effective September 1, 2015, the following information is critical to the success of effectively implementing a campus-wide strategy to address daily attendance.**

**TEC Sec.25.085. Compulsory School Attendance**

- (a) A child who is required to attend school under this Section shall attend school each school day for the entire period the program of instruction is provided
- (b) Unless specifically exempted by Section 25.086., a child who is at least six (6) years of age, or who is younger than six (6) years of age and has previously enrolled in first (1st) grade, and who has not yet reached the child's 19th birthday shall attend school
- (c) On enrollment in prekindergarten or kindergarten, a child shall attend school
- (d) Unless specifically exempted by Section 25.086., a student enrolled in a school district must attend an extended year program for which the student is eligible that is provided by the district for students identified as likely not to be promoted to the next grade level or tutorial classes required by the district under Section 29.084

**(e) A person who is 19 years old is required to attend each school day for the entire period the program of instruction for which the student is enrolled is offered. However, if the person has more than five unexcused absences in a semester, the school district may revoke the person's enrollment for the remainder of the school year. A person whose enrollment is revoked under subsection may be considered an unauthorized person on a school district grounds for purposes of Sec. 37.107.**

**Juvenile Curfew Ordinance Directory**

On Wednesday, May 9, 2007, the Houston City Council enacted changes to Juvenile Curfew ordinance. Effective immediately, it is unlawful for any minor under the age of 17 years to remain, walk, run, drive or ride about, in or upon any public place in the city between the hours of 11 p.m. on any Sunday, Monday, Tuesday, Wednesday or Thursday and 6 a.m. of the following day, or between the hours of 12 a.m. (midnight) and 6 a.m. on any Saturday or Friday, or between the hours of 9 a.m. and 2:30 p.m. on Monday, Tuesday, Wednesday, Thursday, or Friday. It is also unlawful for the parent or guardian having legal custody of a Minor under the age of 17 years of to knowingly allow the minor to be in violation of these curfew hours.

Reference: <http://www.houstontx.gov/police/juvenile/>

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

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

(Firma de Padre/Tutor)

(Fecha)

## 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:**

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**Who has Educational Rights for this student?** \_\_\_\_\_

**Estimated Length of Stay:**

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**For Juvenile Justice Placement:**

Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Probation Officer: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**For DFPS Placement:**

Caseworker: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Educational Liason: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Additional Information:**

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**Media Release 2023-2024**  
**(Comunicado de Prensa 2023-2024)****Photography and Videotaping for School Publicity and/or District Web Pages**  
**(Fotografías y videgrabación 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 2023-2024 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.

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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 2023-2024, yo, \_\_\_\_\_ padre/guardián 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/Tutor)

(Fecha)

## **Network/Internet Agreement 2023-2024**

### **(Acuerdo Sobre el Uso de la Red/Internet 2023-2024)**

It 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. Changing of any computer 'settings' is strictly prohibited.

A student suspecting computer security has been compromised will 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.

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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)

## PRIVACY CODE: STUDENT RECORDS, RIGHTS, AND RESPONSIBILITIES 2023-2024

**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 right 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 eighteen 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 eighteen 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](http://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 eighteen 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 2023-2024**

**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.**

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**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:

(Firma de Padre/Tutor)

(Fecha)

**Special Programs Questionnaire 2023-2024**  
**(Cuestionario de Programas Especiales 2023-2024)**

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 / Classes (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 agree that your electronic signature is the legal equivalent of your manual signature on this Application Form. (Al escribir si, estará aceptando que su firma electrónica es el equivalente legal a su firma manual en esta forma).

Type YES to agree \_\_\_\_\_

Escriba SI para aceptar \_\_\_\_\_

**HOME LANGUAGE SURVEY**

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

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

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

Dear Parent or Guardian:

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

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

For more information on the process that must be followed, please visit the following website:

<https://projects.esc20.net/upload/page/0081/docs/JuneUpdates/EnglishLearnerIdentification-ReclassificationFlowchart.pdf>

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

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

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

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

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

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

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**NOTE:** If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if:

- 1) your child has not yet been assessed for English proficiency; and
- 2) your written correction request is made within two calendar weeks of your child's enrollment date.

## Texas Education Agency Texas Public School Student/Staff Ethnicity and Race Data Questionnaire

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race.  
*United States Federal Register (71 FR 44866)*

**Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)**

- ☐ **Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **Not Hispanic/Latino**

**Part 2. Race: What is the person's race? (Choose one or more)**

- ☐ **American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- ☐ **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Black or African American** - A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_  
Student/Staff Name (please print)

\_\_\_\_\_  
(Parent/Guardian)/(Staff) Signature

\_\_\_\_\_  
Student/Staff Identification Number

\_\_\_\_\_  
Date

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

\_\_\_\_\_ White

Observer signature:

Campus and Date:

**Texas Education Agency – March 2018**



## SOCIOECONOMIC INFORMATION FORM

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

**\*CONFIDENTIAL\***

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

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

### STEP 1 (List all Southwest Charter School students in the household)

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

For office use only

| Student ID<br>(office use only) | First Name | Last Name | MI | Date of Birth | School Name | Grade Level |
|---------------------------------|------------|-----------|----|---------------|-------------|-------------|
|                                 |            |           |    |               |             |             |
|                                 |            |           |    |               |             |             |
|                                 |            |           |    |               |             |             |
|                                 |            |           |    |               |             |             |
|                                 |            |           |    |               |             |             |

### STEP 2

Do you receive Supplemental Nutrition Assistance (SNAP)? ☐ YES ☐ NO ☐

Do you receive Temporary Assistance to Needy Families (TANF)? ☐ YES ☐ NO ☐

**If you answered YES on either of the above, skip Step 3 and continue to Step 4. If you answered NO on both of the above, you must complete Steps 3 and 4.**

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_  
Date

**Title I School-(School Name)****School Parent Compact**

June 13, 2023

**PARENT/GUARDIAN AGREEMENT**

I want my child to be successful. I will encourage him/her by doing the following:

- See that my child is punctual and attends school regularly
- Establish a time to review weekly work sent home and discuss with my child their conduct and progress to academic goals
- Provide a quiet, well-lighted place for reading, studying, and homework
- Read with my child and let my child see me read daily. Then, we will discuss what we read and how it relates to my child's experiences

**Parent Signature** \_\_\_\_\_**STUDENT AGREEMENT**

It is important that I work to the best of my ability. I shall strive to do the following:

- Attend school regularly and on time
- Create and set annual reading and math goals
- Complete and return classroom assignments and homework
- Observe classroom Essential Agreements

**Student Signature** \_\_\_\_\_**TEACHER AGREEMENT**

It is important that the student is successful. I shall strive to do the following:

- Provide necessary school and parent communication through parent-teacher conferences, responding to parent emails and providing student progress reports to parents.
- Develop a timely system to send home student work and post grades regularly on Ascender to keep parents notified of student progress.
- Create student learning objectives with the student.

**Teacher Signature** \_\_\_\_\_**PRINCIPAL AGREEMENT**

I support parent involvement. I shall strive to do the following:

- Provide an environment that welcomes volunteers, allows for observation requests, and encourages positive communication between the teacher, parent, and student.
- Establish regular parent meetings that focus on developing relationships with families. such as monthly coffee with the principal, multilingual chats, open house, academic informational nights, and parent engagement activities.
- Focus on Campus Improvement Plan Goals.

**Principal Signature** \_\_\_\_\_