



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. 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 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

Please call our Clinical Director, Andrew Warren on his cell at 713-992-0969 if you have questions or need clarification. We look forward to seeing you soon.

Archway Academy
6221 Main Street
Houston, Texas 77030
Phone: (713) 328-0780
Fax: (713) 328-0781

www.archwayacademy.org

*Honesty. Accountability. Recovery. Education
Hope. Learning. Fellowship. Sobriety. Love.*

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

Student Cell Number () -	Student Email Address

APG or IOP	APG or IOP Counselor

How did you hear about Archway?

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

1)	2)	3)	4)

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

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

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 \$1250 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/auto-drafted during the first week 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):

1st Week	<i>\$1,250</i>	2nd Week	<i>\$938</i>	3rd Week	<i>\$625</i>	4th Week	<i>\$313</i>
-----------------	----------------	-----------------	--------------	-----------------	--------------	-----------------	--------------

REFUNDS:

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

ADDITIONAL FEES:

Miscellaneous expenses may be incurred during 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

Date:

Responsible Party #2 Signature

Date:

FORMS OF PAYMENT

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

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

Student Name: Cardholder's Name:

Billing Address

Expiration Date ^M / ^Y

Card Number: Card Type:

OR

**I DO NOT WISH TO BE BILLED
AUTOMATICALLY**

I would prefer to pay monthly by
check, money order, or other
discussed method.

Who is responsible for paying program fees?

	Full Name	Relationship to Student	Phone Number	Percent of fees responsible for:
Responsible Party #1				
Responsible Party #2				

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

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:

--

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

History of disordered eating? YES NO

If YES, please elaborate:

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
<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

**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 <input type="text"/>	Probation Officer's Contact Information <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 Madison James at madison.james@archwayacademy.org 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. 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:	<input style="width: 95%; height: 30px; border: 1px solid black;" type="text"/>	Date:	<input style="width: 95%; height: 30px; border: 1px solid black;" type="text"/>
Parent/Guardian Signature:	<input style="width: 95%; height: 30px; border: 1px solid black;" type="text"/>	Date:	<input style="width: 95%; height: 30px; border: 1px solid black;" type="text"/>

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:	<input style="width: 95%; height: 30px; border: 1px solid black;" type="text"/>	Date:	<input style="width: 95%; height: 30px; border: 1px solid black;" type="text"/>
Parent/Guardian Signature:	<input style="width: 95%; height: 30px; border: 1px solid black;" type="text"/>	Date:	<input style="width: 95%; height: 30px; border: 1px solid black;" type="text"/>

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:



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 Interprete?): 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: _____

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 _____

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

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.

Cuestionario Sobre la Residencia del Estudiante 2023-2024

La información en este formulario se requiere para cumplir con los requisitos establecidos con la ley conocida como **McKinney-Vento Act 42 U.S.C. 11434a (2)**, la cual también se conoce como Título X, Parte C, del Acto No Child Left Behind. El acto fue promulgado para asegurar que los niños sin hogar entre la juventud puedan disfrutar y tener acceso a las mismas oportunidades educativas públicas al igual a estudiantes que si tienen un hogar. Las respuestas que usted proporcionara ayudarán a que el personal de la escuela identifique los servicios que su hijo(a) puede recibir.

Para servir mejor las necesidades de nuestros estudiantes y sus familias, Southwest Schools trabaja en identificar a niños sin hogar y a la juventud dentro de nuestros límites, pidiéndole a las familias que contesten las preguntas siguientes. Contestando las preguntas podremos proporcionar los servicios apropiados a aquellas familias en necesidad de ayuda.

Es un delito reportar información falsa o falsificar documentos. Estos delitos son penalizados bajo la Sección 37.10 del Código Penal. Al inscribir a un niño con documentos falsos la persona responsable está obligada a cubrir el pago de colegiatura o cualquier otro costo relacionado. TEC Sec. 25.002 (3)(d).

Nombre del Estudiante: _____ Sexo: Masculino Femenino
Apellido Nombre(s)

Fecha de Nacimiento ____/____/____ Grado: _____ Nombre de Escuela: _____
Mes Día Año

Nombre de la persona con quien vive el estudiante: _____ Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Teléfono de Casa: _____ Celular: _____ Teléfono de Emergencia: _____

Tiempo de vivir en esta dirección: _____

1. Es su dirección ahora un arreglo de vivienda temporal? ____ Sí ____ No

2. Es este arreglo de vivienda temporal debido a la pérdida de alojamiento o privación económica? ____ Sí ____ No

Parent/Guardian Signature: _____ Date: _____

(Firma de Padre/Tutor) _____ (Fecha) _____

Si usted contestó SI a las preguntas anteriormente, por favor de completar el resto de esta forma. Si usted contestó NO, puede parar aquí.

Por favor escoja la caja que MAS describe en donde el estudiante vive actualmente:

- En la casa de un amigo o pariente porque perdí mi alojamiento (Ex: el fuego, la inundación, perdió el trabajo, el divorcio, la violencia doméstica, etc.)
- En un refugio porque no tengo el alojamiento permanente (Ex: privación económica, refugio, alojamiento de transición)
- En un hotel o motel (Ex: privación económica, desahucio, inundación, fuego, huracán)
- En una tienda de campaña, el coche, la furgoneta, abandonó el edificio, en las calles, en un parque u otra posición no abrigada sin electricidad o agua corriente.

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

ENCUESTA DEL PROGRAMA DE EDUCACIÓN MIGRANTE

Distrito escolar _____ **Fecha:** _____

Escuela: _____

Estimados padres,

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

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

Si ____ No ____

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

Si ____ No ____

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

Si ____ No ____

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

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

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

Nombre del Padre o Guardián _____

Número de Teléfono _____

La Mejor Hora para localizarlo _____

Si desea obtener más información, llame a _____.

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 (~~Tex~~**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)

Aviso de Procedimiento de Absentismo a la Escuela 2023-2024

La asistencia de los estudiantes es vital para el distrito de Southwest Schools ya que afecta directamente los logros de los estudiantes y también genera ingresos del estado, por lo tanto, haremos cumplir la ley de absentismo y asistencia de Texas. Un estudiante debe estar presente mínimo dos horas para ser considerado presente medio día y mínimo cuatro horas para ser considerado presente un día completo. Los límites de tiempo se refieren al tiempo de instrucción, sin incluir el almuerzo, clases principiantes, viajes escolares, u otro tipo de periodo que no incluye clases instructivas.

¿Qué hacer si su hijo está ausente o llega tarde?

Los estudiantes que han estado ausentes o tardes a la escuela deben presentar una excusa escrita por los padres o tutor al regresar a la escuela. Las excusas por ausencias y tardanzas son las siguientes:

Enfermedad personal, enfermedad o muerte en la familia, cuarentena, condiciones meteorológicas o de carretera que hacen peligroso el transporte, participación en actividades escolares con permiso del director, procedimiento judicial de menores documentado por un oficial de libertad condicional, visitas aprobadas a la universidad, emergencias, o cualquier otra causa aceptable por el superintendente.

Las excusas escritas deben estar en posesión de la escuela a más tardar tres días escolares después de la fecha de ausencia o tardanza. El período de tres días comienza con el día en cual el estudiante regresa a la escuela.

¿Las tardanzas se consideran estar ausente?

Los estudiantes deben estar presentes por lo menos 35 minutos del período de clase (o 60 minutos de un período de clase de 90 minutos) para ser considerados en la asistencia a menos que estén participando en un viaje escolar u otra actividad aprobada por el director. Las tardanzas sin excusa no se convierten en ausencias. Las tardanzas son una cuestión disciplinaria.

Completar el trabajo después de estar ausente

Los estudiantes deben tener la oportunidad de compensar el trabajo perdido debido a todas las ausencias. Deben establecerse plazos razonables para la finalización de las asignaciones. Comuníquese con la escuela de su hijo para obtener más información.

Exenciones de Ausencia

Un estudiante se considera ausente si no está realmente en la escuela en el momento en que se toma la asistencia diaria. Esto incluye a estudiantes que realizan trabajo escolar desde sus hogares, a menos que el estudiante califique para una de las siguientes exenciones:

- El estudiante está participando en una actividad que es aprobada por la junta directiva escolar y está bajo la dirección de un miembro del distrito escolar o un miembro adjunto del personal que tiene un mínimo de una licenciatura; o es elegible para participar en el Sistema de Retiro de Maestros de Texas.
- El estudiante es un niño elegible de Medicaid que participa en los Programas de Exámenes Precoz y Periódico, Diagnósticos y Tratamiento (EPSDT). El estudiante puede ser excusado un día a la vez sin pérdida de asistencia diaria.
- El estudiante está observando días religiosos y sagrados que requiere de su fe por lo mismo tendrán que estar ausentes de la escuela. No se requiere de antemano una solicitud por escrito por la ausencia, pero se recomienda. Un distrito escolar debe excusar una ausencia para observar días religiosos y sagrados. Los días excusados para el viaje se limitarán a no más de un día para el viaje y un día para el regreso del viaje desde el sitio donde el estudiante observará los días sagrados. El director puede elegir excusar días adicionales ausentes, pero el estudiante se considerará ausente por todos los días adicionales para contabilidad de asistencia. Los distritos escolares están obligados a proporcionar trabajo que el estudiante no pudo realizar en su ausencia, y darle tiempo suficiente para completar el trabajo. Esto le aplica a todo estudiante que ha sido excusado para observar días religiosos y sagrados.
- El estudiante está temporalmente ausente debido a una cita con un profesional de la salud. Se requiere una nota del profesional de salud para excusar la ausencia.
- El estudiante está participando en una mentoría aprobada por el personal del distrito para servir como una o más de las medidas avanzadas necesarias para completar el Programa de Logros Distinguidos.

Los estudiantes que salen del plantel escolar

Ningún estudiante menor de 18 años puede salir del plantel escolar durante las horas escolares por cualquier razón sin la autorización previa por escrito o por una llamada telefónica documentada del padre o tutor del estudiante. Esto se aplica a la hora de almuerzo, actividades extracurriculares, viajes escolares o cualquier otra actividad supervisada por el personal de la escuela o del distrito. Tal excusa debe ser aprobada por el director o alguien designado por el director(a).

Leyes de Asistencia y Absentismo de Texas

Es deber de cada padre exigir que sus hijos en edad escolar asistan a la escuela, supervisar la asistencia de sus hijos y solicitar una conferencia con los administradores de la escuela para discutir cualquier preocupación de asistencia. En el distrito Southwest Schools, un estudiante debe asistir mínimo el 90 por ciento de los días que el curso se reúne durante el año escolar para recibir crédito. Al perder mucho tiempo de clases, se ingresa un "NG" en lugar de una calificación, y los padres deben comunicarse con la escuela para ver qué pasos correctivos deben tomar. La ley estatal (Sección 25.085 del Código de Educación de Texas) establece que, si un estudiante está ausente de la escuela sin el consentimiento de los padres durante cualquier parte del día escolar durante tres días en un período de cuatro semanas o durante diez o más en un período de seis meses, el estudiante y / o el padre o tutor legal del estudiante están sujetos a procesamiento civil por el tribunal de absentismo escolar. En caso de que el estudiante no obedezca la orden emitida por los tribunales civiles, el estudiante también puede ser referido a un tribunal de menores, que determinará si los estudiantes deben ser adjudicados delincuentes y remitidos a la supervisión de las autoridades de libertad condicional juvenil. Los directores pueden excusar ausencias por enfermedad personal, muerte en la familia u otras razones legítimas. Los maestros les darán a los estudiantes la oportunidad de completar el trabajo perdido durante ausencias.

Nueva Ley de Absentismo Escolar

La nueva Ley de Absentismo Escolar dice que, a partir del 1 de septiembre de 2015, la siguiente información es crítica para la implementación de estrategias efectivas para la asistencia diaria.

TEC Sec.25.085. Asistencia Obligatoria a la Escuela

- (A) El estudiante tiene que asistir a la escuela bajo esta Sección, asistirá a la escuela cada día escolar durante todo el período en que se provea el programa de instrucción.
- (B) A menos que esté específicamente exentado por la Sección 25.086., Un niño de seis (6) años, que sea menor de seis (6) años y ha sido matriculado anteriormente en primer grado, aún no ha cumplido 19 años, el estudiante asistirá a la escuela
- (C) Al inscribirse en pre-kindergarten o kindergarten, el estudiante asistirá a la escuela
- (D) A menos que sea exentado específicamente por la Sección 25.086., Un estudiante matriculado en un distrito escolar debe asistir un programa de año extendido para el cual el estudiante sea elegible y que sea proporcionado por el distrito. Este programa es para estudiantes identificados de no ser promovidos al siguiente grado o también asistir clases tutoriales requeridas por el distrito bajo la Sección 29.084
- (E) Estudiantes que tienen 19 años y que están matriculados en un programa de instrucción deben asistir cada día escolar durante el período en que se ofrece el programa. Sin embargo, si el estudiante tiene más de cinco ausencias injustificadas en un semestre, el distrito escolar puede revocar la inscripción del estudiante por el resto del año escolar. Una persona cuya inscripción es revocada bajo la subsección puede ser considerada una persona que no esté autorizada en los planteles del distrito escolar por los propósitos y motivos de la Sec. 37.107.

Orden de Toque de Queda

El miércoles 9 de mayo de 2007, el Consejo de Houston promulgó cambios en la ordenanza del toque de queda para menores. A partir de ahora, es contra la ley que un menor de 17 años permanezca, camine, corra, maneje o maneje alrededor, en cualquier lugar público de la ciudad entre las 11:00 pm y 6:00 am cualquier domingo, lunes, martes, miércoles o jueves; de 12:00 am y 6:00 am cualquier sábado o viernes; de 9:00 am y 2:30 pm cualquier lunes, martes, miércoles, jueves o viernes. También es contra la ley que el padre o tutor legal de un menor de 17 años de edad permita y este conscientemente que el menor esté en violación de estas horas de toque de queda.

Página Web de Referencia: <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:

Who has Educational Rights for this student? _____

Estimated Length of Stay:

For Juvenile Justice Placement:

Contact Person: _____ Contact Number: _____

Probation Officer: _____ Contact Number: _____

For DFPS Placement:

Caseworker: _____ Contact Number: _____

Supervisor: _____ Contact Number: _____

Educational Liason: _____ Contact Number: _____

Additional Information:

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:

- IDO** 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.

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

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

Durante el año escolar 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.

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 autorizay 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)

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) 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.

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

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

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

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

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

Privacy Code Form

Please check all boxes below that apply.

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

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

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

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

Students' School _____ Student's Grade _____

Name of Parent/Guardian _____

Parent/Guardian Signature:

Date:

(Firma de Padre/Tutor)

(Fecha)

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

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

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

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

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

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

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

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

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

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

Home Language Surveys

Student Name: _____ District Name: _____
Student ID#: _____ Campus Name: _____

HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey only administered during **initial** enrollment in Texas public schools)

To be completed by Parent or Guardian for students enrolling in Prekindergarten* through grade 8 (or by students in grades 9-12).

* Prekindergarten includes any student enrolling in a 3- or 4-year-old school program.

Part One:

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:

Please answer the questions below about the languages your child or family uses. If your responses indicate the use of a language other than English, the school will conduct a language proficiency assessment to determine how well your child communicates in English. This information will be used to determine any appropriate linguistic supports and inform instructional 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.

This survey shall be kept in each student's permanent record folder. A copy of this survey shall follow the student while enrolled in any public or open enrolled charter school in Texas.

Part Two:

Please answer the questions to the best of your ability.

- 1. What language(s) is/are used in the child’s home most of the time? _____
- 2. What language(s) does the child use most of the time? _____
- 3. If the child had a previous home setting, what language(s) was/were used for communication in that home setting? If no, previous home setting, answer Not Applicable (N/A). _____

By checking this box, I understand a request to correct an error to this Home Language Survey can only happen if:

- 1) my child has not yet been assessed for English proficiency; and
- 2) corrections are made within two calendar weeks of my child’s enrollment date.

Note: Please contact your school about the benefits of bilingual education services. The following resources may also provide information on program services that foster bilingualism.

- [Parent/ Guardian Rights](#)
- [Bilingual Education Program](#)
- [Program Information Videos](#)

Please visit the Emergent Bilingual Support Portal (txel.org) for additional information.

Signature of Parent/Guardian _____ Date _____

Signature of Student if Grades 9-12 _____ Date _____

Nombre del Estudiante: _____

Distrito: _____

#ID del Estudiante: _____

Escuela: _____

CUESTIONARIO SOBRE EL IDIOMA USADO EN EL HOGAR

19 TAC Chapter 89, Subchapter BB, §89.1215

(El cuestionario sobre el idioma usado en el hogar administrado solamente durante la matriculación inicial en escuelas públicas en Texas)

Este cuestionario debe de completarse por el padre o tutor para estudiantes que cursen desde Prekínder* hasta el octavo grado (o por el estudiante si cursa grados del 9-12)

*Prekínder incluye cualquier estudiante matriculado en programas para niños de 3 o 4 años de edad.

Primera Parte:

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

Estimado padre o tutor:

Por favor, responda las siguientes preguntas sobre los idiomas que usa su hijo(a) o su familia. Si sus respuestas indican el uso de un idioma que no sea inglés, la escuela llevará a cabo una evaluación de dominio del idioma para determinar qué tan bien se comunica su hijo(a) en inglés. Esta información se utilizará para determinar cualquier apoyo lingüístico apropiado e informar las recomendaciones de instrucción. Si tiene preguntas sobre el propósito y el uso del cuestionario sobre el idioma del hogar, o si desea ayuda para completar el formulario, comuníquese con el personal de su escuela/distrito.

Este cuestionario se mantendrá en la carpeta de registro permanente de cada estudiante. Una copia de este cuestionario seguirá al estudiante mientras esté matriculado en cualquier escuela pública o una escuela autónoma de inscripción abierta de Texas.

Segunda Parte:

Por favor, responda a las preguntas lo mejor que pueda.

1. ¿Qué idioma(s) se usa/usan en el hogar del estudiante la mayor parte del tiempo?

2. ¿Qué idioma(s) usa el estudiante la mayor parte del tiempo? _____

3. Si el estudiante tenía un entorno familiar anterior, ¿qué idioma(s) se utilizaba(n) para la comunicación en ese entorno familiar? Si no tenía un entorno familiar anterior, responda No aplicable (N/A). _____

Al marcar este casillero, yo entiendo que una corrección a este cuestionario solo puede suceder si:

- 1) mi hijo/(a) aún no ha sido evaluado para el dominio del inglés; y
- 2) las correcciones se realizan en un plazo de dos semanas naturales a partir de la fecha de matriculación de mi hijo(a).

Nota: Por favor, póngase en contacto con su escuela para informarse sobre los beneficios de los servicios de la educación bilingüe. Los siguientes recursos también pueden proporcionarle información sobre los servicios del programa que fomentan el bilingüismo.

- [Derechos de los padres/tutores](#)
- [Educación bilingüe](#)
- [Videos informativos para padres](#)

Por favor, visite el portal Apoyando a estudiantes bilingües emergentes en Texas (txel.org) para obtener información adicional.

Firma del padre/tutor _____ Fecha _____

Firma del estudiante si está en los grados 9-12 _____ Fecha _____

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

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

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

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

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

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

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

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

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

Nombre del estudiante _____ Fecha de nacimiento _____

Nombre de la escuela _____ Grado _____

Nombre del padre/tutor _____

Parent/Guardian Signature:

Date:

(Firma de Padre/Tutor)

(Fecha)

CUESTIONARIO SOBRE EL IDIOMA QUE SE HABLA EN EL HOGAR

19 TAC Chapter 89, Subchapter BB, §89.1215

(SOLO para estudiantes que se inscriban en la escuela, prekínder a 12° grado)

PARA LOS ESTUDIANTES DE PREKÍNDER A OCTAVO GRADO, ESTE CUESTIONARIO DEBE LLENARLO EL PADRE O TUTOR. LOS ESTUDIANTES DE 9° A 12° GRADO PUEDEN LLENARLO ELLOS MISMOS. El estado de Texas requiere que la siguiente información se obtenga para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Es responsabilidad del padre o tutor, no de la escuela, proporcionar la información requerida en las siguientes preguntas sobre el idioma de la familia.

Estimado padre o tutor:

Para determinar si su hijo podría beneficiarse de los servicios de los programas bilingües o de inglés como segundo idioma, por favor conteste las dos preguntas planteadas abajo.

Si alguna de sus respuestas indica el uso de un idioma diferente del inglés, el distrito escolar deberá realizar una evaluación para determinar hasta qué punto su hijo se comunica bien en inglés. El resultado de la evaluación se usará para determinar si es apropiado proveer a su hijo servicios de programas bilingües o de inglés como segundo idioma, y para guiar las recomendaciones sobre la instrucción y la asignación a un programa escolar adecuado. Si tiene preguntas sobre el propósito y el uso de este cuestionario, o si necesita ayuda para completarlo, por favor comuníquese con el personal del distrito escolar.

Para ver más información sobre el proceso requerido, por favor visite el siguiente sitio web:

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

Esta encuesta debe permanecer archivada en el expediente permanente del estudiante.

NOMBRE DEL ESTUDIANTE: _____ NÚM. DE ID: _____

DIRECCIÓN: _____ TELÉFONO: _____

ESCUELA: _____

NOTA: INDIQUE SÓLO UN IDIOMA EN CADA RESPUESTA.

1. ¿Qué idioma usa en la casa del estudiante **la mayor parte del tiempo**?

2. ¿Qué idioma usa su hijo **la mayor parte del tiempo**?

Firma del padre o tutor

Fecha

Firma del estudiante, si cursa un grado entre 9° y 12°

Fecha

AVISO: Si cree que cometió un error cuando completó esta encuesta sobre el idioma que se habla en el hogar, podrá solicitar una corrección, por escrito, solamente si:

- 1) todavía no se le ha administrado a su hijo la evaluación de dominio del inglés; y
- 2) se presenta la solicitud escrita de corrección en el lapso de las dos semanas calendario siguientes a la inscripción.

**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.
- NotHispanic/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 _____ NotHispanic/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:

Agencia de Educación de Texas

Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal de las Escuelas Públicas de Texas

El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales, así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).

Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.

Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante, así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).

Parte 1. Etnicidad: ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)

- Hispano/Latino** – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza
- No Hispano/Latino**

Parte 2. Raza. ¿Cuál es la raza de la persona? (Escoja uno o más de uno)

- Indio Americano o Nativo de Alaska** – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo América Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.
- Asiático** – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.
- Negro o África-Americano** – Una persona con orígenes de cualquier grupo racial negro de África.
- Nativo de Hawái u otras Islas del Pacífico** – Una persona con orígenes o de personas originarias de Hawái, Guam, Samoa u otras Islas del Pacífico.
- Blanco** – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

Nombre del Estudiante/Miembro de Personal legal (por favor use letra de imprenta)

Firma (Padre/Representante/Miembro de Personal legal)

Número de Identificación del Estudiante/Miembro del personal

Fecha

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: <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic / Latino	Race – choose one or more: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
--	---

Observer signature: _____ Campus and Date: _____

Agencia de Educación de Texas – Marzo 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 (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

FORMULARIO DE INFORMACIÓN SOCIOECONÓMICA

Llene el formulario y entregue una copia en cada escuela donde tenga inscrito un hijo. Escriba con tinta en letra de molde.

CONFIDENCIAL

Southwest Schools debe cumplir con el requisito de reunir datos de la situación socioeconómica de cada estudiante como indicador del desempeño en relación con el rendimiento estudiantil (TEC 39, requisitos estatales de Texas, y las Secciones 1111 y 1116 de ESEA, requisitos del Departamento de Educación de EE. UU.) y para usarlos en la asignación de fondos federales (ESEA, Sección 1113). Esta información no se comparte con agencias externas.

Es muy importante que las familias llenen este formulario para que las escuelas reciban fondos de Título I y del fondo *State Compensatory Education*. Los fondos benefician directamente a la escuela de su hijo, y se pueden usar para contratar personal, ofrecer servicios de tutoría, adquirir tecnología y brindar capacitación profesional a los maestros. Queremos seguir brindando estos apoyos necesarios para el aprendizaje, pero sin su ayuda, podría no ser posible.

PASO 1 (Estudiantes de Southwest Schools que viven en el hogar).

Campus ECO Code: _____

ID del estudiante (uso de La oficina)	Nombre	Apellido	Inicial	Fecha de nacimiento	Nombre de la escuela	Grado

PASO 2

¿Recibe usted beneficios de Asistencia Nutricional Suplementaria (SNAP)? SI NO

¿Recibe usted beneficios de Asistencia Temporal para Familias Necesitadas (TANF)? SI NO

Si contestó SÍ a una de las preguntas anteriores, puede saltar el PASO 3 y pasar al PASO 4. Si contestó NO a ambas, deberá completar los PASOS 3 y 4.

PASO 3 (Llene esta sección solamente si contestó NO a las dos preguntas del PASO 2).

¿Cuántas personas hay en su hogar en total? (Incluya a todos los adultos y a los niños). _____ INGRESO ANUAL

TOTAL DE **TODOS** LOS ADULTOS (ANTES DE LAS DEDUCCIONES) _____

Incluya sueldos, salarios, prestaciones sociales, pensión alimenticia, manutención, pensiones, Seguro Social, indemnización laboral, desempleo y todas las otras fuentes de ingresos (**antes de todo tipo de deducciones**).

PASO 4 (Marque una de las dos casillas siguientes según corresponda y firme al pie de la página donde se indica).

En conformidad con lo dispuesto en la Enmienda de Protección de Derechos del Estudiante (PPRA) no se le requerirá a ningún estudiante, como parte de un programa financiado en su totalidad o en parte por el Departamento de Educación de EE. UU., que participe en una encuesta, análisis o evaluación que revele información relativa a los ingresos (aparte de lo requerido por ley para determinar que el estudiante puede participar en un programa, o para recibir ayuda financiera de ese programa), sin el consentimiento previo escrito del estudiante adulto o del padre o tutor.

Certifico que toda la información brindada en este formulario es verdadera. Entiendo que la escuela recibirá fondos federales y será calificada en el sistema de rendición de cuentas con base en la información que yo proporcione.

Elijo no proporcionar esta información. Entiendo que el desembolso de fondos federales para la escuela y la calificación de la escuela en el sistema pueden ser afectados por mi elección.

Nombre del padre/tutor (molde)

Firma del padre/tutor

Fecha

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 _____

Escuela de Título I

Pacto de los padres de la escuela-Mangum Elementary

June 13, 2023

ACUERDO DE LOS PADRES/TUTORES

Quiero que mi hijo/a tenga éxito. Lo/la animaré haciendo lo siguiente:

- Ver que mi hijo/a sea puntual y asista a la escuela regularmente
- Establecer un tiempo para revisar el trabajo semanal enviado a casa y discutir con mi hijo/a su conducta y progreso hacia las metas académicas
- Proporcionar un lugar tranquilo y bien iluminado para leer, estudiar y hacer los deberes
- Leer con mi hijo y dejar que mi hijo me vea leer diariamente. Luego, discutiremos lo que leemos y cómo se relaciona con las experiencias de mi hijo.

Firma de los padres _____

ACUERDO DEL ALUMNO

Es importante que trabaje al máximo de mi capacidad. Me esforzaré por hacer lo siguiente

- Asistir a la escuela regularmente y a tiempo
- Crear y establecer metas anuales de lectura y matemáticas
- Completar y devolver las tareas de la clase y los deberes
- Observar la clase Acuerdos esenciales

Firma del alumno _____

ACUERDO DEL PROFESOR

Es importante que el alumno tenga éxito. Me esforzaré por hacer lo siguiente

- Proporcionar la comunicación necesaria entre la escuela y los padres a través de conferencias de padres y maestros, respondiendo a los correos electrónicos de los padres y proporcionando informes de progreso del alumno a los padres.
- Desarrollar un sistema oportuno para enviar el trabajo del alumno a casa y publicar las calificaciones regularmente en Ascender para mantener a los padres notificados del progreso del alumno.
- Crear objetivos de aprendizaje con el alumno.

Firma del profesor _____

ACUERDO DEL DIRECTOR

Apoyo la participación de los padres. Me esforzaré por hacer lo siguiente:

- Proporcionar un entorno que dé la bienvenida a los voluntarios, permita las solicitudes de observación y fomente la comunicación positiva entre el profesor, los padres y el alumno.
- Establecer reuniones periódicas con los padres que se centren en el desarrollo de las relaciones con las familias. como el café mensual con el director, las charlas multilingües, las jornadas de puertas abiertas, las noches de información académica y las actividades de participación de los padres.
- Centrarse en los objetivos del plan de mejora del campus.

Firma del director _____

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