District

KEVIN HICKS, Executive Director

**Re-enrollment Letter**

School Year 2025-2026

Attention: **Parents/Guardians**

Subject: **Need to Know if Your Child is Returning to AIA**

Dear Parent/Guardian,

Part of our making adequate plans for school year 2025-2026 is the need to know if your child will be returning to Accelerated Interdisciplinary Intermediate Academy (AIA).

The services that AIA will be offering this year is much like last school year, specifically you will have the option to choose what transportation service you’ll have for your children as the school will not be offering any transportation or bus service.

Please complete the Re-enrollment Information Slip below and return it to us through your child’s homeroom teacher by Friday, March 21, 2025.

Thank you for your continued support.

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- AIA Administration

**Re-enrollment Information Slip**

School Year 2025-2026

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student: |  | Grade Level for SY2025-2026: |  |
| Name of Parent/Guardian: |  |

(Please check one of the boxes.)

 My child will return to AIA for school year 2025-2026. Please reserve a slot for my child.

  My child will **not** be returning to AIA for school year 2025-2026. We are transferring him/her to

 (please indicate name of school)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I understand that it is my responsibility to inform AIA of where my child will be attending school within the first three days of school year 2025-2026, and that AIA may file a truancy case against my child and/or me due to my failure to provide AIA this information.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Parent/Guardian |  |  | Date |

**Re-enrollment Application**

School Year 2025-2026

**Parent’s/Guardian’s Information Responsibility**

I hereby affirm that I will only provide true, correct and current information in all of the following forms, and that it is my responsibility to notify the school of any change to this set of information.

I am aware that it is my right to decline responding to questions that ask about my or my child’s ethnicity or race but I fully understand that if I do so, the school, as mandated by US Department of Education, will fill this information based on observations done by its enrolling officer.

Furthermore, I fully understand that any box that I will mark under **Contact Authorizations** signifies that I grant the contact person the corresponding authority.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of parent/guardian |  |  |  | Date |

**Student Information**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: | Middle Name: | Last Name: | Grade Level: |
|  |  |  |  |
| StateID/SSN: | Birth Date (mm/dd/yyyy): | Gender: | Ethnicity: |  |  |
|  |  |  ⬜ Male ⬜ Female |  ⬜ Hispanic/Latino ⬜ Not Hispanic/Latino |
| Race: |
| ⬜ Asian ⬜ Black African American ⬜ American Indian/Alaskan Native ⬜ Native Hawaiian/Pacific Island ⬜ White |

**Previous School Attendance**

|  |  |  |
| --- | --- | --- |
| Grade Level | Name of School | Date of Last Attendance |
|  |  |  |
| Address Street  | Phone Number: |
|  |  |
| City | State | Zip Code | Principal |
|  |  |  |  |
| Special Class/es: |
| ⬜ Bilingual | ⬜ ESL | ⬜ Gifted | ⬜ Title I | ⬜ Resource | ⬜ Speech |

**Parent’s/Guardian’s Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Prefix: | First Name: | Middle Name: | Last Name: |
|  |  |  |  |
| Employer | Birth Date (mm/dd/yyyy) | Driver’s License Number | Relation to the Student |  |
|  |  |  |  |
| Association with Student | Contact Authorizations |
| ⬜ Lives With?  | ⬜ Emergency Contact? ⬜ Receive Mail? ⬜ Release To? ⬜ Release Information To? |
| Primary Email Address | Alternate Email Address |
|  |  |
| Address Street  | Address Type |
|  |  ⬜ Permanent Home Address  ⬜ Other Home Address ⬜ Office/Work Address |
| City | State | Zip Code |
|  |  |  |
| Phone Number | Type |
|  | ⬜ Home Phone ⬜ Office/Work Phone ⬜ Personal Cell Phone |
| Alternate Phone Number | Type |
|  | ⬜ Home Phone ⬜ Office/Work Phone ⬜ Personal Cell Phone |

**Additional Contact Information**

**Additional Contact Information 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Prefix: | First Name: | Middle Name: | Last Name: |
|  |  |  |  |
| Employer | Birth Date (mm/dd/yyyy) | Driver’s License Number | Relation to the Student |  |
|  |  |  |  |
| Association with Student | Contact Authorizations |
| ⬜ Lives With?  | ⬜ Emergency Contact? ⬜ Receive Mail? ⬜ Release To? ⬜ Release Information To? |
| Primary Email Address | Alternate Email Address |
|  |  |
| Address Street  | Address Type |
|  |  ⬜ Permanent Home Address  ⬜ Other Home Address ⬜ Office/Work Address |
| City | State | Zip Code |
|  |  |  |
| Phone Number | Type |
|  | ⬜ Home Phone ⬜ Office/Work Phone ⬜ Personal Cell Phone |
| Alternate Phone Number | Type |
|  | ⬜ Home Phone ⬜ Office/Work Phone ⬜ Personal Cell Phone |

**Additional Contact Information 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Prefix: | First Name: | Middle Name: | Last Name: |
|  |  |  |  |
| Employer | Birth Date (mm/dd/yyyy) | Driver’s License Number | Relation to the Student |  |
|  |  |  |  |
| Association with Student | Contact Authorizations |
| ⬜ Lives With?  | ⬜ Emergency Contact? ⬜ Receive Mail? ⬜ Release To? ⬜ Release Information To? |
| Primary Email Address | Alternate Email Address |
|  |  |
| Address Street  | Address Type |
|  |  ⬜ Permanent Home Address  ⬜ Other Home Address ⬜ Office/Work Address |
| City | State | Zip Code |
|  |  |  |
| Phone Number | Type |
|  | ⬜ Home Phone ⬜ Office/Work Phone ⬜ Personal Cell Phone |
| Alternate Phone Number | Type |
|  | ⬜ Home Phone ⬜ Office/Work Phone ⬜ Personal Cell Phone |

**For Enrolling Officer’s Use Only**

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| --- |
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