



## ACCELERATED INTERDISCIPLINARY INTERMEDIATE ACADEMY

“ The school where every challenge becomes a mission accomplished. ”

P.O. Box 20589 Houston, TX 77225-0589

Telephone: (713) 728-9330 Email: aiadistrict@aiacharterschools.com

School Hours: Mon. thru Thurs. 8:00 AM-4:00 PM, Fri 8 AM -1:30 PM

District

KEVIN HICKS, Executive Director

## Enrollment Information Checklist

School Year 2025-2026

### Completed AIA Forms

- ☐ Enrollment Application
- ☐ Additional Contact Information
- ☐ Family Profile and Migrant Survey
- ☐ Home Language Survey
- ☐ Parent Authorizations
- ☐ Health Requirements and History

### Standard Agency Forms

- ☐ School Meals Application

### Submitted Document Copies

- ☐ Birth Certificate
- ☐ Social Security Card
- ☐ Immunization Record
- ☐ Driver's License of Parent/Guardian
- ☐ Proof of Residency (Any utility bill or Apartment Contract)
- ☐ TB Test Result (If required by Texas Department of Health)

If child is a former student of another school:

- ☐ Transcript/Report Card  
STAAR Scores/TELPAS
- ☐ Withdrawal Form from Previous School (if Applicable)
- ☐ Other Requested Information:

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Please feel free to contact the School Registrar for related inquiry.



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# 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:
State ID/SSN:	Birth Date (mm/dd/yyyy):	Gender:	Ethnicity:
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
Race:			
<input type="checkbox"/> Asian <input type="checkbox"/> Black African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Island <input type="checkbox"/> 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:		
<input type="checkbox"/> Bilingual <input type="checkbox"/> ESL <input type="checkbox"/> Gifted <input type="checkbox"/> Title I <input type="checkbox"/> Resource <input type="checkbox"/> 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		
<input type="checkbox"/> Lives With?	<input type="checkbox"/> Emergency Contact? <input type="checkbox"/> Receive Mail? <input type="checkbox"/> Release To? <input type="checkbox"/> Release Information To?		
Primary Email Address		Alternate Email Address	
Address Street		Address Type	
		<input type="checkbox"/> Permanent Home Address	
		<input type="checkbox"/> Other Home Address	
		<input type="checkbox"/> Office/Work Address	
City	State	Zip Code	
Phone Number	Type		
	<input type="checkbox"/> Home Phone <input type="checkbox"/> Office/Work Phone <input type="checkbox"/> Personal Cell Phone		
Alternate Phone Number	Type		
	<input type="checkbox"/> Home Phone <input type="checkbox"/> Office/Work Phone <input type="checkbox"/> Personal Cell Phone		



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### 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		
<input type="checkbox"/> Lives With?	<input type="checkbox"/> Emergency Contact? <input type="checkbox"/> Receive Mail? <input type="checkbox"/> Release To? <input type="checkbox"/> Release Information To?		
Primary Email Address		Alternate Email Address	
Address Street		Address Type	
		<input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Other Home Address <input type="checkbox"/> Office/Work Address	
City	State	Zip Code	
Phone Number	Type		
	<input type="checkbox"/> Home Phone <input type="checkbox"/> Office/Work Phone <input type="checkbox"/> Personal Cell Phone		
Alternate Phone Number	Type		
	<input type="checkbox"/> Home Phone <input type="checkbox"/> Office/Work Phone <input type="checkbox"/> 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		
<input type="checkbox"/> Lives With?	<input type="checkbox"/> Emergency Contact? <input type="checkbox"/> Receive Mail? <input type="checkbox"/> Release To? <input type="checkbox"/> Release Information To?		
Primary Email Address		Alternate Email Address	
Address Street		Address Type	
		<input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Other Home Address <input type="checkbox"/> Office/Work Address	
City	State	Zip Code	
Phone Number	Type		
	<input type="checkbox"/> Home Phone <input type="checkbox"/> Office/Work Phone <input type="checkbox"/> Personal Cell Phone		
Alternate Phone Number	Type		
	<input type="checkbox"/> Home Phone <input type="checkbox"/> Office/Work Phone <input type="checkbox"/> Personal Cell Phone		

#### For Enrolling Officer's Use Only

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### Family Profile and Migrant Survey

#### Parents'/Guardian's Ethnicity and Level of Education

Ethnicity:

☐ Hispanic/Latino ☐ Asian ☐ Black African American ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Pacific Island ☐ White

Level of Education:

☐ Elementary ☐ High School ☐ College ☐ Other (Specify):  
☐ Middle School ☐ College ☐ Post Graduate \_\_\_\_\_

#### Geographical Location

What Part of the City is the family residing?

☐ North ☐ South ☐ Southwest ☐ East ☐ Other (Specify) \_\_\_\_\_

#### Family's Average Annual Income

What is your family's average annual income?

☐ \$0 to \$10,000 ☐ \$21,000 to \$40,000 ☐ \$61,000 to \$70,000 ☐ Other (Specify):  
☐ \$11,000 to \$20,000 ☐ \$41,000 to \$60,000 ☐ \$71,000 to \$90,000 \_\_\_\_\_

#### Other Children in the Family (Siblings of the Student)

Name	Age	Grade	Name	Age	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

#### Migrant Survey

These questions are necessary to identify children who may be eligible for specific federal funding. The information gathered may enable the district to provide more funding to the school and enhance its services.

In the past three (3) years,

1. have you or your family moved from one town or school district? ☐ Yes ☐ No

2. have you or your family gone to another place to work, even for a short period, and then returned? ☐ Yes ☐ No

3. have you or anyone in the family had a job doing a kind of work listed below?

☐ farming ☐ dairying ☐ cleaning land ☐ cotton farming/ginning ☐ tree growing/harvesting  
☐ ranching ☐ fishing ☐ picking nuts ☐ combining/harvesting grain ☐ picking fruits/vegetables  
☐ fencing ☐ plant nursery ☐ cutting wood ☐ driving tractors/machinery ☐ poultry production/ meat processing

4. Do you know anyone in this school district with children (including preschoolers) who may be able to answer yes to any of the above questions?

☐ Yes Name: \_\_\_\_\_  
☐ No



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### Home Language Survey

The Texas Education Code requires schools to determine the language/s spoken at home by each student. This information is essential in order for the school to provide meaningful instruction to all students.

First Name (Primer Nombre):	Middle Initial:	Last Name (Apellido):	Grade Level (Grado):
Date of Birth (Fecha de Nacimiento) (mm/dd/yyyy):		Home Address – Street Number, Street (Direccion- Numero del Calle, Calle):	Home Phone Number (Telepono dela Casa):
Parent's/Guardian's Name (Nombre del Padre):	State (Estado):	City (Ciudad):	Zip Code (Codigo Postal):
		Personal Cell Phone Number (Telepono Celular):	

1. Where is the student's place of birth? ¿Dónde está el lugar de nacimiento del estudiante?	City:	Country:
2. When is the student's first entry into a U.S. school? (mm/dd/yyyy) ¿Cuándo es la primera entrada del estudiante en una escuela de E. U.?		
3. How many years have your child been studying in a U.S. School? (Please specify): ¿Cuántos años ha sido su hijo estudiando en una escuela de E. U.? (Especifique):		
4. What language is spoken in your home most of the time? ¿Que idioma se habla en su casa la mayoría del tiempo?		
<input type="checkbox"/> English / Ingles <input type="checkbox"/> Spanish / Español <input type="checkbox"/> Other (Specify) / Otro (Especifique) _____		
5. What language does your child/do you speak most of the time? ¿Qué idioma habla su hijo/hija la mayoría del tiempo?		
<input type="checkbox"/> English / Ingles <input type="checkbox"/> Spanish / Español <input type="checkbox"/> Other (Specify) / Otro (Especifique) _____		
6. Has your family ever worked in either the AGRICULTURE or FISHING industry? ¿ A trabajado su familia en la industria de pesca o agriculture?	<input type="checkbox"/> Yes / Si <input type="checkbox"/> No / No	

Signature of parent/guardian (Firma del padre/representante)

Date (Fecha)



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### Parent Authorizations

#### Photograph Release Authorization

I hereby give permission for the school to take photographs of my child and use these photographs in publications like newsletters or advertisements.

\_\_\_\_\_  
Signature of parent/guardian above printed name

\_\_\_\_\_  
Date

#### Field Trip and Bus Release Authorization

I hereby give permission for my child to join Field Trips or out-of-school activities planned by the school as part of their educational program. I authorize the school to transport my child from/to the school to/from the out-of-school activity location by bus or van officially designated by the school for said activity.

\_\_\_\_\_  
Signature of parent/guardian above printed name

\_\_\_\_\_  
Date

#### Authorization for Emergency Medical Attention

Name of Licensed Physician:	Clinic/Hospital Address:	Phone Number:
Clinic/Hospital Name:		Fax Number:

In case of emergency that I cannot be reached to make arrangements for needed medical attention, I authorize the person in charge to take my child to the clinic/hospital and care of the licensed physician I indicated above. I give my consent for the emergency treatment needed by my child under the care of same physician and/or clinic/hospital. My signature below indicates my understanding of these statements and confirmation of this authorization.

\_\_\_\_\_  
Signature of parent/guardian above printed name

\_\_\_\_\_  
Date

#### AIA Students Emergency and Health Care Policy

1. The school will provide your child with immediate and appropriate care.
2. When your child is seriously injured, appropriate emergency decisions for your child's care will be made based on the authorizations you have provided.
3. If no Emergency Medical Attention authorization was provided above, and in case of medical emergency, the school will call the nearest clinic/hospital to arrange the medical treatment. Ambulance service will be provided if the situation warrants.
4. The school will notify the parent/guardian of the emergency. If the school encounters difficulty reaching the parent/guardian, then the additional contact persons indicated as emergency contact will be notified.
5. The school will not administer any medication without written consent from the parent/guardian.
6. If the parent/guardian authorizes the school to administer medication to the child, the medicine must be in original container and labeled with the child's name, name of medication, dosage, and instructions from the physician or person dispensing the medication.

My signature below indicates my understanding of and conformity to this policy.

\_\_\_\_\_  
Signature of parent/guardian above printed name

\_\_\_\_\_  
Date



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## Health Requirements and Information

### Student Information

First Name:	Middle Initial:	Last Name:	Grade Level
Parent's/Guardian's Name	Home Address:	Home Phone Number:	
		Personal Cell Phone Number:	

### Health Requirements

1. Student's immunization record must be submitted to the school not later one month after the student's first day of school.
2. If recommended by the Texas Department of Health, TB test results must also be submitted on or before same deadline.
3. If medical treatments, immunizations or tests:
  - a. conflict with the parent and child's religious beliefs, then a supporting affidavit must be submitted.
  - b. will be injurious to your child's or family's health, then a physician's certification must be submitted.

### Medical History

1. Please check from the following all applicable medical conditions affecting your child.

- |                                       |                                     |  |  |   |  |
|---------------------------------------|-------------------------------------|--|--|---|--|
| <input type="checkbox"/> Asthma       | <input type="checkbox"/> Allergy    | <input type="checkbox"/> Ulcers        | <input type="checkbox"/> Blood Disease   | <input type="checkbox"/> Hearing Loss   | <input type="checkbox"/> Emotional Problems  |
| <input type="checkbox"/> Hepatitis    | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Seizures      | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Skin Disease | <input type="checkbox"/> Arthritis  | <input type="checkbox"/> Poliomyelitis | <input type="checkbox"/> Weight Problems | <input type="checkbox"/> Ear Problems   | <input type="checkbox"/> Serious Accident    |
| <input type="checkbox"/> Diabetes     | <input type="checkbox"/> Polio      | <input type="checkbox"/> TB Contact    | <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Surgery/Fractures   |

2. If the student has any of the above conditions, did he/she receive medical care?

☐ Yes ☐ No

3. Is he/she currently under treatment?

☐ Yes ☐ No

4. If you have checked Allergy above, list the allergy or allergies that affect your child.

5. Indicate any health condition your child has which the school should know about including those that require special attention from the school.

### Signs and Symptoms

1. Aside from signs and symptoms related to the medical conditions you already indicated in the Medical History section above, please check from the following all applicable ones you have recently observed about your child.

- |                                       |  |   |                                      |   |
|---------------------------------------|--|---|--------------------------------------|---|
| <input type="checkbox"/> Tires easily | <input type="checkbox"/> Frequent headaches    | <input type="checkbox"/> Frequent nose bleeding | <input type="checkbox"/> Earaches    | <input type="checkbox"/> Restlessness                   |
| <input type="checkbox"/> Underweight  | <input type="checkbox"/> Frequent colds        | <input type="checkbox"/> Frequent stomach aches | <input type="checkbox"/> Nail biting | <input type="checkbox"/> Does not like school           |
| <input type="checkbox"/> Overweight   | <input type="checkbox"/> Frequent sore throats | <input type="checkbox"/> Fainting               | <input type="checkbox"/> Shyness     | <input type="checkbox"/> Does not get along with others |

2. Has the student been examined by a physician about it?

☐ Yes ☐ No

3. Has the student had a complete physical (test?) in the past year?

☐ Yes ☐ No

4. If so, please describe it, and for what condition it is?

5. Is the student currently under medical care for this?

☐ Yes ☐ No

6. If yes, please indicate the name of the physician and/or clinic:

### Notes:



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## Truancy Policy

Dear Parent/Guardian:

The Texas Education Code requires a child enrolled in pre-kindergarten or kindergarten, or who is at least 6 years of age, or younger than 6 years of age and has previously been enrolled in first grade, and who has not yet reached the 18th birthday to attend school [§25.085].

It further indicates that if a student is absent, three (3) or more days or parts of days within a four-week period or ten (10) or more days or parts of days in a six-month period without an official excuse, you, being contributory to the child's non-attendance, and your child herself/himself may be subject to truancy filing with the possibility of state prosecution due to "Failure to Attend School" offense, which is considered a Class C Misdemeanor, punishable by a fine not to exceed \$510.00 for each offense and/or community service.

A student's absence can be considered excused if the absence was due to medical reason, court appointment, bereavement of a family member, or observance of religious holidays. Other circumstances are subject to the discretion of the school if they can be considered excused. For the student to be recorded excused, corresponding official documents, such as doctor's certificate, court summon or appointment document, or funeral rites schedule, proving the circumstance should be immediately submitted to the school. Notes from parents alone are not considered as valid excuse documents.

The school shall regularly monitor the number of absences a student incurs. When your child incurs two (2) or more absences during a four-week period, or nine (9) or more absences in a six-month period, the school will send you a "Truancy Reminder", a notification reminding you of the Truancy Policy, listing the days your child has been absent, and requesting you to submit as soon as possible available official excuse documents.

If no official excuse documents were received by the school and your child continues to be absent thus reaching the maximum number of absences, the school will finally send you a "Truancy Warning" notification indicating the school's action to file a truancy complaint against you and/or your child pending your submission of official excuse documents on or before the deadline given in the said notification.

We believe that, like us, your main priority is to provide your child the education he needs that he may be a successful person in the future. Please let us work together as partners to ensure that your child is able to attend school every day. Please accomplish the Truancy Policy Compliance below to signify your understanding and compliance to this policy.

- AIA Administration

## Truancy Policy Compliance

My signature below certifies that I fully understand all the statements of the Truancy Policy. I shall comply with its requirements and I take full responsibility of consequences resulting from my non-compliance to the school's Truancy Policy.

\_\_\_\_\_  
Signature of parent/guardian above printed name

\_\_\_\_\_  
Date





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### Principal-Teacher-Parent-Student Compact

#### School

At Accelerated Interdisciplinary Intermediate Academy (AIA), we shall provide students with the necessary tools to guide them into becoming productive citizens through a stimulating and challenging curriculum. Through problem solving instruction presented in a multi-cultural environment, students will become literate, self-disciplined, and confident citizens within their school and community. We are committed to the overall success of the student.

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

#### Teacher

I shall be responsible for sending frequent reports to parents concerning their child's progress, and offering reasonable opportunities for parents to volunteer, observe classroom activities, and participate in conferences. I shall be committed to the overall success of the student.

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

#### Parent/Guardian

I shall be responsible for monitoring my child's attendance, homework assignments, signing all progress reports, picking up report cards, and television watching. I shall attend teacher conferences, parent meetings and be supportive and involved in my child's education. I shall be committed to the overall success of my child.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

#### Student

I shall be responsible for doing my best work being prepared for class, completing homework assignments and attending school regularly. I shall ask my parents and teachers for help when needed. I shall follow the schools Code of Conduct to promote good citizenship.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date