



ACCELERATED INTERDISCIPLINARY INTERMEDIATE ACADEMY

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

P.O. Box 20589 Houston, TX 77225-0589
Telephone: (713) 283-6298 Fax: (713) 283-6190
School Hours: Mon. thru Thurs. 8am-5pm, Fri 8 am -2pm

Application for Admissions

School Year 2022-2023

Parent's/Guardian's Information Responsibility

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

Signature of parent/guardian

Date

Student Information

First Name:	Middle Name:	Last Name:	Grade Level:
Birth Date (mm/dd/yyyy)			
Does the student have a documented history of discipline, history of criminal offense, or have been adjudicated through the juvenile justice system? Please check Yes or No			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Parent's/Guardian's Information

Prefix:	First Name:	Middle Name:	Last Name:	
Address		City	State	Zip Code
Home Phone		Email Address		
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	
City		<input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Other Home Address <input type="checkbox"/> Office/Work Address	
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	
City		<input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Other Home Address <input type="checkbox"/> Office/Work Address	
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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