

## 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

School Hours: Mon. thru Thurs. 8am-5pm, Fri 8 am -1:30 pm

District **KEVIN HICKS, Executive Director** 

# **Re-enrollment Letter**

School Year 2025-2026

Attention:	Parents/Guardians					
Subject:	Need to Know if Your Child is Returning	g 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.						
Re-enrollment Information Slip						
	School Year	2025-2026				
Name	e of Student:	Grade Level for SY2025-2026:				
Name of Parer	nt/Guardian:					
(Please check one of	of the haves					
•	,					
☐ My child will return to AIA for school year 2025-2026. Please reserve a slot for my child.						
☐ My child will <b>not</b> 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.

Date

Signature of Parent/Guardian



### ACCELERATED INTERDISCIPLINARY INTERMEDIATE ACADEMY

6 The school where every challenge becomes a mission accomplished. 22

P.O. Box 20589 Houston, TX 77225-0589 Telephone: (713) 283-6298 School Hours: Mon. thru Thurs. 8 am-4pm, Fri 8 am -1:30 pm

## **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.

Signatu	re of parent/gua	rdian	_				Date	
Student Inform	ation							
First Name: Middle			liddle Name:	e Name:				Grade Level:
StateID/SSN: Birth Date (mm/dd/yyyy):			Gender:		Ethnicity:			
Race:			☐ Male	☐ Female	∐ Hispai	nic/Latino 🛚	Not Hispanic	<u>Latino</u>
☐ Asian								
L Asian	L Diack Airica	II American	L American mai	an/Alaskan Nativ	e unauv	5 Hawaiian/i acii	ic isiana u	VVIIILG
Previous Schoo	l Attendance							
Grade Level	Name of School						Date of Last Atte	ndance
Address Street				Ph	one Number:			
City	ity State			Zip Code Prin		ipal		
Special Class/es:								
☐ Bilingual ☐ ESL ☐ Gifted ☐ Title I ☐ Resource				□ S	☐ Speech			
Parent's/Guard	lian's Informa	ation						
Prefix: First Name	2:		Middle Name	e:	Las	st Name:		
Employer				Birth Date (mm/dd/yyy	y) Driver's	License Number	Relation to the Stude	ent
Association with Student	Contact Author	zations						
Lives With?		nergency Co	ntact?     Re	eceive Mail?	∏ Release	To? 🛮 Relea	se Informatio	n To?
Primary Email Address		iergency co	mtact: Like	Alternate Email		TO: LINCICA	ise illioithatic	)II 10;
Address Street Address Type								
					☐ Permanent Home Address			
City	St	ate	Zip Code			me Address		
				☐ Office/Work Address				
Phone Number			pe	D Off: // /	l- Dl	П В 1.4	Call Diagram	
Alternate Phone Number	,		Home Phone	□ Office/W	ork Phone	Personal (	Leii Phone	
, accorded i none Number			Home Phone	☐ Office/W	ork Phone	☐ Personal (	Cell Phone	
				•				



## ACCELERATED INTERDISCIPLINARY INTERMEDIATE ACADEMY

44 The school where every challenge becomes a mission accomplished. 22

P.O. Box 20589 Houston, TX 77225-0589 Telephone: (713) 283-6298 School Hours: Mon. thru Thurs. 8 am-4pm, Fri 8 am -1:30 pm

# **Additional Contact Information**

Additional Contact Information 1										
Prefix:	First Name:		Mid	ldle Name:			Last Name:			
ļ <u></u>										
Employer	ſ			Bir	th Date (mm/dd/yy	уу) [	Driver's License Number	Relation to the Student		
Associatio	on with Student	Contact Authorizations								
_	es With?	☐ Emergency	Contact?	ПРОС	eive Mail?	ПРОИ	assa To2	se Information To?		
	Email Address	u Lineigency	Contact:	п кес	Alternate Email		case ro: Linelea	se information to:		
Address S	Address Street Address Type									
				☐ Permanent Home Address						
City State			Zip Cod	Zip Code Other Home Address						
						☐ Offic	e/Work Address			
Phone Nu	ımber		Туре							
			☐ Home Pl	none	☐ Office/W	ork Ph	one Personal C	Cell Phone		
Alternate	Phone Number		Type ☐ Home Pl	none	∏ Office/W	ork Ph	one    Personal C	`all Phone		
			В Попіс	10110	<u> попіссі і і</u>	OIK III	one breisona.	CIT HOTIC		
Additi	ional Contac	ct Information 2								
Prefix:	First Name:		Mic	idle Name:			Last Name:			
Employer	r			Bir	th Date (mm/dd/yy	ryy) [	Driver's License Number	Relation to the Student		
Association	on with Student	Contact Authorizations								
	es With?	☐ Emergency	Contact?	□ Rec	eive Mail?		ease To? 🛮 Relea	se Information To?		
Primary E	Email Address				Alternate Email	Address				
Address S	Charach					Address Typ				
Audress	street						e nanent Home Add	racc		
City		State	Zip Cod	Zip Code				1033		
C,				a other frome Address						
Phone Nu	umber		Туре			п Опт	e/Work Address			
			☐ Home Pl	none	∏ Office/W	ork Ph	one	`ell Phone		
Alternate	Phone Number		Туре	10110						
			☐ Home Pl	none	☐ Office/W	ork Ph	one 🛮 Personal C	Cell Phone		
			.l							
For Er	rolling Offic	cer's Use Only								