



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 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 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



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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.

Signature of parent/guardian

Date

Student Information

First Name:	Middle Name:	Last Name:	Grade Level:
StateID/SSN:	Birth Date (mm/dd/yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <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	
City		<input type="checkbox"/> Permanent Home Address	
State		<input type="checkbox"/> Other Home Address	
Zip Code		<input type="checkbox"/> Office/Work Address	
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	
State		<input type="checkbox"/> Other Home Address	
Zip Code		<input type="checkbox"/> Office/Work Address	
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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