

HOUSTON HEIGHTS HIGH SCHOOL

ENROLLMENT INFORMATION

School Year: 2011-2012

Enrollment Date _____

Grade _____

Student Name: _____ Date of Birth: _____

Social Security # _____ Sex: Male or Female

Ethnicity: Hispanic _____ Black _____ White _____ Asian _____ Native Indian _____ Other: _____

Birthplace: City _____ State _____ Country _____
 Nacimiento Ciudad Estado Paiz

With whom does the student live with? _ Relation
 Con quien vivie el estudiante? Name/Nombre Relacion

How long? _____ Home Number () _____ Emergency Number () _____
 Que tanto tiempo? Numero de Casa Numero de emergencia

Student's Address _____ City _____ State TX Zip Code _____
 Direccion del Estudiante Ciudad Zona Postal

Father _____ Cell/Work # () _____ e-mail _____

Mother _____ Cell/Work # () _____ e-mail _____

NAME OF ALL BROTHERS AND SISTERS UNDER 18 YEARS OF AGE

Name	Date of Birth	Sex	Grade	School	Address

Total Monthly Income _____ Total in Household _____

Signature of Parent or Legal Guardian _____
 Firma

Student Contract for Computer Systems Use & Individual Access to the World Wide Web at Houston Heights High School

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____ - _____ Grade: _____

E-Mail Address _____

I understand and will abide by the responsibilities, behaviors and consequences defined in the Acceptable Use Policy (AUP) for Houston Heights High School (HHCS) Computer Systems, HHHS Network and Internet access provided by HHHS. I further understand that any violation of the regulations (HHHS AUP, federal and state law) is a breach of this contract, unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked; school disciplinary action and/or appropriate legal action(s) may also be taken. Furthermore, any violations which result in damage to HHHS systems may result in financial liabilities for the student (and to the parent/guardian if the student defaults on their legal obligation).

Student Signature: _____ Date: _____

The student's parent/guardian must also read the Acceptable Use Policy and sign this agreement.

As the parent or guardian of this student, I signify that I have read the Acceptable Use Policy (AUP) for HHHS Computer Systems, HHHS Network and Internet access provided by HHHS. I understand that this access is designed for educational purposes and HHHS has taken appropriate precautions to eliminate controversial material. However, I also recognize it is impossible to restrict access to all controversial materials and I will not hold HHHS responsible for materials acquired on the network. I am also aware of, and agree to the legal obligations which are enumerated in the AUP – including the liabilities associated with inappropriate action or physical damage which may be caused by my child. I hereby give permission to allow individual access to the HHHS Computer Systems, HHHS Network and the Internet for my child and certify that the information contained on this form is correct.

Parent/Guardian's Name (please print): _____

Parent's E-Mail Address: _____

Parent Signature: _____ Date: _____

Houston Heights HS

HOME LANGUAGE SURVEY

The Texas Education Code requires schools to report the language(s) spoken at home for each student. This information is essential in order for schools to provide meaningful instruction to all students. Please answer the following questions:

Student's Name: _____

Date of Birth: _____ Grade: _____

Place of Birth: _____
City Country

What language is spoken in your home most of the time? _____

Qual idioma se habla en su hogar casi siempre ? _____

What language does your child (do you) speak most of the time ? _____

Cual idioma habla(s) su hijo/a (tu) casi siempre ? _____

Date of initial entry into U.S. schools: _____

Fecha inicial de matricula en escuelas Estado Unidences? _____

Has your family ever worked either in the Agriculture or Fishing industries? _____

Ha trabajado su familia en la industria pesquera o en la agricultura? _____

Signature of parent or guardian

Firma

Date

Fecha

For office use only –If language is other than English: For non-LEP classification

PASSED TAAS _____ ABOVE 40th PERCENTILE ON STAN 9 _____ WOODCOCK JOHNSON _____

If not PASSED L.A.S.-O. _____ NON-LEP _____ LEP _____

Houston Heights High School

MEDICAL RELEASE

As the parent or legal guardian of _____, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent named above. _____ *(Initial)*

In, for, and on behalf of myself, my minor child, my heirs, executors, administrators and assigns, I hereby do further agree to indemnify, defend, and hold harmless the Foundation for Recovering Youth, dba, Houston Heights HS including its elected and appointed officials, employees, volunteers and all affiliated persons and entities, from and against any and all claims including claims of subrogation, losses, damages, causes of action suits and liability of every kind (including all expenses for litigation, costs and attorney's fees) for bodily injury, including death at any time resulting there from, sustained by any person or on account of damage to property, including loss of use thereof, arising out of or in consequence of the above named student participating in school activities, whether such injuries are due to or claimed to be due to the sole or concurrent negligence of the Foundation for Recovering Youth, dba, Houston Heights HS, its elected and appointed officials, employees, volunteers and all affiliated persons and entities.
_____ *(Initial)*

Signature of Parent or Guardian: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Name of Doctor: _____ **Phone:** _____

FIELD TRIP PERMISSION

Throughout the school year, Houston Heights HS students will have several opportunities to leave campus for field trips, i.e. museums, libraries, universities, fine arts events, sporting events, governmental offices, etc. Please complete the following information giving permission for your child to participate in a field trip.

My child, _____, has permission to attend field trips sponsored by Houston Heights HS. I understand that transportation may be provided by a contracted bus service, volunteer parents, or by licensed students. My signature below indicates that I am giving permission for my child to go on school-sponsored field trips.

Signature of Parent or Guardian

Date

**HOUSTON HEIGHTS HIGH SCHOOL ANNUAL PARENT NOTICE
RIGHT TO REQUEST TEACHER QUALIFICATIONS**

Date: June 1, 2010

Dear Parent or Guardian:

Our school receives federal funds for Title I programs that are part of the *No Child Left Behind Act of 2001*. Throughout the school year, we will continue to provide you with important information about this law and your child's education.

You have the right to request information regarding professional qualifications of your child's classroom teacher(s). If you request this information, Houston Heights HS will provide you with the following as soon as possible.

- a. if the teacher has met state licensing requirements for the grade level and subjects in which the teacher is providing instruction;
- b. if the teacher is teaching under an emergency status for which state licensing requirements have been waived;
- c. the type of college degree major of the teacher and the field of discipline for any graduate degree or certificate; and
- d. if your child is receiving Title I services from paraprofessionals, his/her qualifications.

If you would like to request this information, please contact Houston Heights HS.

Thank you for your interest and involvement in your child's education.

Sincerely,

Richard Mik

Richard Mik, Superintendent

Parent/Guardian Signature

Student Signature

Telephone Number

Email Address

HOUSTON HEIGHTS HIGH SCHOOL
FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)
Annual Notice for Disclosure of School Directory Information
High School

Dear Parent/Guardian:

The Family Educational Rights and Privacy Act (FERPA) is a federal law that requires the school district, with certain exceptions, to obtain your written consent prior to the disclosure of personally identifiable information from your child's educational records. However, the school may disclose some student information without written consent when the information is designated "Directory Information" unless you have advised the district to the contrary in accordance with district procedures.

The primary use for Directory Information by the district is to include this type of information in certain school publications. It is generally not considered harmful or an invasion of privacy if released. Examples of school publications are:

- A playbill or program, showing your child's role in a drama or music production
- The annual yearbook
- Honor roll or other recognition lists published at school or in newspapers
- Graduation programs
- Sports statistics listed in programs, such as football which may include height and weight of team members.
- School or district website

Directory Information can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to:

- Other schools the student is seeking to attend (transcripts, etc.)
- Class ring manufacturers
- State or federal authorities auditing, evaluating programs or enforcing state or federal laws
- A court by order of a subpoena

The school district has designated the following as directory Information:

Student Name	Degrees, honors and awards received	Major field of study	Grade Level
Address	Most recent educational agency or institution attended	Dates of Attendance	
Telephone number	Participation in school-sponsored activities and sports	Photograph	
Email Address	Weight and height of members of athletic teams	Date and place of birth	

Two federal laws require school districts that receive assistance under the No Child Left Behind Act of 2001 to provide military recruiters, upon request, with three Directory Information categories- names, addresses, and telephone listings- unless parents have notified the district that they do not want their child's information disclosed without their prior written consent.

If you do not want the district to disclose Directory Information about your child without your prior written consent, you must notify the district in writing by _____. Please complete the lower portion of this form and return the entire form to your child's school if you do not want your child's directory information disclosed.

Sincerely,

Richard Mik
 Superintendent
 (713) 868-9797
 rmik@heightshs.org

Parent: ONLY complete and return this entire form IF you DO NOT give your consent for release of School Directory Information. Use a separate form for each child and return it to their school.

I **do not** want my child's Directory Information disclosed and request one of the following:

- Do not release my secondary student's directory information at any time.
- Do not release my secondary student's directory information without my prior written consent.

Name of Student: _____ School: _____ Date: _____

Name of Parent/Guardian: _____ Signature of Parent/Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Email Address: _____

Houston Heights High School
Access to Student Information
by
Military or College Recruiters

Date: June 1, 2010

Dear Parent/Guardian and Secondary Students:

Houston Heights HS receives funds from the federal government under the *No Child Left Behind Act of 2001*. These funds are used in a variety of ways to provide additional help to students in greatest academic need. The law also requires that Houston Heights HS must, upon request, provide to military recruiters, colleges and universities, access to the names, addresses and telephone listings of secondary students.

It is important for you to know that a secondary school student or his/her parent or guardian may request that the student's name, address, and telephone number **NOT** be released by the district *without prior written parental consent*. If you would like to make such a request, please complete the following and return it to your child's school.

Parent or Guardian: Please complete this section and return the entire form to your child's school. Use a separate form for each child.

I am aware the district must provide access to military recruiters and colleges or universities of student names, addresses and telephone listings. I am aware the district will provide this information upon request, unless I require that such information not be given to the following groups *without prior written parental consent*:

Military Recruiters (please check one):

- Do not release my secondary student's information to military recruiters at any time.
- Do not release my secondary student's information to military recruiters until you have first obtained *my prior written parental consent* before doing so.

Colleges, Universities, or Institutions of Higher Learning (please check one):

- Do not release my secondary student's information to colleges, universities or other institutions of higher learning at any time.
- Do not release my secondary student's information to colleges, universities or institutions of higher learning until you have first obtained my *prior written parental consent* before doing so.

Name of Student: _____ Name of Parent/Guardian: _____

Parent Signature: _____ Date: _____

Adult Student Signature: _____ Date: _____

Houston Heights High School 2011-2012 Parent & Student Contract

I am the parent/guardian of a Houston Heights High School student. I agree to require and support my child's attendance and participation in any tutoring program the school deems necessary. Tutoring programs may require attendance after school, on Saturdays, and on holidays such as spring break. I agree to withdraw my child from school if their attendance at tutoring sessions falls below 95%. If I do not withdraw my child, I give Houston Heights High School staff permission to withdraw my child and inform me of the withdrawal by certified mail. As a student at Houston Heights High School, I agree to attend any tutoring program the school deems necessary as described above.

Student _____ Date _____

Parent _____ Date _____

Parent **Circle and complete the best way to contact you:**

Email Address _____

Cell Phone Number _____

Home Phone Number _____

Mail Address _____

**HOUSTON HEIGHTS HIGH SCHOOL
CODE OF STUDENT CONDUCT**

The purpose of the Code of Student Conduct is to inform all students, parents and teachers of the Houston Heights High School's expectations regarding behavior and conduct. Please sign and date in the space provided verifying that you either received a copy of the Code of Student Conduct or agreed to read Code of Student Conduct on line at www.heightshs.org.

This form is kept in your child's school record folder. Your signature indicates that you will follow the Code of Student Conduct.

**Student's
Name:**

**Student's
Signature:**

Date: _____

**Parent's
Signature:**

Date: _____