

CHARTER STUDENT ADMISSION APPLICATION

Please complete the following information. Be sure to fill in all blanks (entering N/A where applicable).

(Por favor complete la siguiente información. Asegúrese de completar todos los espacios en blanco (ingresando N/A donde corresponda).)

Charter School Campus Name/Charter School Name
(Nombre del campus de la escuela charter / Nombre de la escuela charter)
Houston Heights High School

School Year
(Año escolar)
2025-2026

Student Information (Información estudiantil)

Please enter the student's full legal name as shown on birth certificate.

(Por favor ingrese el nombre como se muestra en el certificado de nacimiento.)

*Required Information
(Información requerida)

First Name (Primer nombre)* Middle Name (Nombre del segundo)* Last Name (Apellido)* Suffix (Sufijo)*

Ethnicity (Etnia)*

- ☐ Hispanic/Latino
☐ Non-Hispanic/Latino

Race (Raza)*

- ☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian / Other Pacific Islander
☐ White

Gender (Género)*

- ☐ Female
☐ Male

Date of Birth (Fecha de nacimiento)*

Grade Applying For
(Grado que solicita)*

School District of Residence
(Distrito escolar de residencia)

☐ 9 ☐ 10 ☐ 11 ☐ 12

Student Identification (Identificación del estudiante)

The Texas Student Data System matches students to their existing school records using one of the following identifiers. You may access your child's S-number or Texas Student Unique Identification on previous school records or by contacting the child's previous school.

(El Sistema de Datos Estudiantiles de Texas relaciona a los estudiantes con sus registros escolares existentes utilizando uno de los siguientes identificadores. Puede acceder al número S de su hijo oa la identificación única de estudiante de Texas en los registros escolares anteriores o comunicándose con la escuela anterior del niño.)

Please provide one of the following identifiers. (Proporcione uno de los siguientes identificadores.)

Social Security Number (SSN)*
(Número de Seguro Social)

S-Number
(Número S)

Texas Student Unique Identification
(Identificación única de estudiante de Texas)

☐ My child has never been enrolled in Texas public schools. (Mi hijo nunca ha estado inscrito en las escuelas públicas de Texas.)

*Providing a SSN is voluntary and used to match a student's Unique ID through the Texas Student Data System. If you do not wish to supply the SSN, please supply the S-number or Texas UID. If no S-number or Texas UID exists, one will be generated.

(Proporcionar un SSN es voluntario y se usa para hacer coincidir la identificación única de un estudiante a través del Sistema de datos de estudiantes de Texas. Si no desea proporcionar el SSN, proporcione el número S o el UID de Texas. Si no existe un número S o UID de Texas, se generará uno.)

CHARTER STUDENT ADMISSION APPLICATION

Additional Information (Información adicional)

If Yes is selected, please enter the name of the person.
(Si selecciona Sí, ingrese el nombre de la persona.)

Sibling, Staff, or Board Member Name
(Nombre del hermano o miembro del personal o de la junta.)

I have another child applying to this charter school.
(Tengo otro hijo que solicita ingreso a esta escuela charter.) ☐ Yes (Sí) ☐ No

I have another child attending this charter school.
(Tengo otro hijo que asiste a esta escuela charter.) ☐ Yes (Sí) ☐ No

This is a child of a staff or board member.
(Este es un hijo de un miembro del personal o de la junta.) ☐ Yes (Sí) ☐ No

Primary Guardian Information (Tutor legal información)

Last Name (Apellido)*

First Name (Primer nombre)*

Street Address of Primary Residence
(Dirección de la residencia principal)*

City
(Ciudad)*

State
(Estado)*

Zip Code
(Código postal)*

Contact Phone Number (Teléfono de contacto)*

Email Address (Correo electrónico)

() -

Preferred contact (Contacto preferido) ☐ Phone (Teléfono) ☐ Text Message (Mensaje de texto) ☐ Email (Correo electrónico)

☐ CERTIFICATION (Required): By checking this box, I certify to the best of my knowledge and belief that the information in this application is complete and accurate, I am the legal guardian of the child listed above, and I understand that any false information, omission, or misrepresentation of facts may result in the rejection of this application or future dismissal of the applicant.

CERTIFICACION (Requerida): Al marcar esta casilla, certifico a mi leal saber y entender que la información en esta solicitud es completa y precisa, soy el tutor legal del niño mencionado anteriormente, y entiendo que cualquier información falsa, omisión, o la tergiversación de los hechos puede resultar en el rechazo de esta solicitud o en el futuro despido del solicitante.

Houston Heights High School

2025-2026

Student Enrollment Information

Name (last, first, middle)

apellido / last

nombre / first

segundo nombre/ middle

Home Address

Street, Apt/Suite

calle / street

apt/suite

City, State, Zip

ciudad /city

estado /state

código postal /zip

Zoned Home School

escuela zonificada

Last School Attended

ultima escuela que asistió

Grade currently enrolled (circle) 8 9 10 11 12

How did you hear about Houston Heights High School?

Does the applicant have any documented history of criminal offences, juvenile court adjudication, or discipline problems?

If yes, please explain below. ☐ Yes ☐ No

Date of Birth

mm/

dd /

yyyy

Student's

Social Security #

Guardian Information - Does the student live with

☐ Both Parents ☐ Mother ☐ Father

☐ Other (if other, fill in guardian contact info)

Houston Heights High School may exclude a student who has a documented history of a criminal offence, juvenile court adjudication, or discipline problems under TEC Chapter 37, Subchapter A.

Home Telephone

() -

Guardian's Name

Student's Cell Phone

() -

Guardian's Phone

() -

Student's Email

Guardian's Email

Mother's Name

Guardian Relationship

Mother's Cell Phone

() -

Emergency Contact

Mother's Home Phone

() -

Emergency Phone

() -

Mother's Email

Additional Guardian / Emergency Information:

Father's Name

Father's Cell Phone

() -

Father's Home Phone

() -

Father's Email

FOR OFFICE USE ONLY

Date Application Received _____

Application Number _____

Houston Heights High School

HEALTH INVENTORY

STUDENT NAME: _____ SEX _____ DOB _____

BIRTH WEIGHT: _____ PREMATURE?: NO / YES: How many weeks? _____
(Circle one)

DISEASE HISTORY	AGE	DISEASE HISTORY	AGE	DISEASE HISTORY	AGE
Asthma		Heart Disorder		Surgery/Fractures	
Allergy		Kidney Disorder		T. B. Contract	
Blood Disorder		Orthopedic		Hearing Loss	
Convulsions		Poliomyelitis		Vision Loss	
Diabetes		Rheumatic Fever		Other	
Epilepsy		Serious Accident		Other	
If this Student has had any of the above conditions, did he/she receive medical care?				NO / YES	
Is the student under treatment now?				NO / YES	

Please check any of the signs or symptoms listed below you have recently observed:					
Tires Easily		Frequent sore throats		Nail Biting	
Underweight		Frequent nose bleeds		Restlessness	
Overweight		Earaches		Shyness	
Frequent headaches		Fainting		Does not like school	
Frequent colds		Frequent stomach aches		Does not get along with others	
Has the student consulted a physician about the above symptoms?				NO / YES	

Has the student had a complete physical exam?	NO	YES: when?
Is the student on any kind of medication?	NO	YES: what?
For what condition(s):		
Is the student under medical care at this time?	NO	YES
Name of doctor:	Phone:	
Please list special needs or abnormalities:		
Please list known allergies:		
Further comments:		

SIGNATURE OF PARENT OR GUARDIAN _____

DATE _____

Houston Heights High School
Student Survey and Graduation Plans

Name: _____

Date: _____

1. What are your plans after you graduate?

- ____ Community College
- ____ 4 year college
- ____ Trade School - type of training?
- ____ Military - which branch?
- ____ Work

2. What type of jobs or careers interest you?

3. What are some things you like to do when not in school?

4. What are your favorite subjects or favorite things about school?

5. What are your least favorite subjects or least favorite things about school?

6. Who do you live with most of the time? _____

7. Do you have a job? _____ Name of employer or company _____

8. If yes, what days and how many hours do you usually work per week? _____

9. Do you have internet/wifi access at home? _____ Cell phone, tablet, laptop? _____

10. How will you get to school? _____ How will you get home? _____

11. What is the Make, Model, Color and Year of your car? _____

12. Child care responsibilities? _____ If yes please explain _____

13. Name of Health Insurance/Medicaid? _____

14. What language/s do you speak at home? _____

15. Have you repeated any grade/s? _____ If yes what grade/s? _____

16. Which STAAR tests have you passed?

____ Algebra ____ Biology ____ U.S> History ____ English I ____ English II

Houston Heights High School Rules
(see Code of Conduct for complete rules and discipline procedures)

- **School day: 8:00 to 3:20** - 8:00 am free breakfast.
- **Dress code: No hoods on**, no underwear visible, no tops/dresses see-through, strapless, or belly-showing, no catsuits or see-through leggings. Shorts, skirts, dresses are 2 inches above knee. No gang, drug/alcohol on clothing. No PJ's or house shoes. **Any clothing/shoes/headwear** that staff feel is not appropriate.
- **Clear or mesh backpacks /small purses or totes only.**
- **No open containers, empty water bottles only.**
- **Late to school/class, skipping class:** Detention or in-school suspension.
Too many absences = class being dropped and summer school.
- **Cell phones/ electronic devices/earbuds** are locked in pouch or kept in front office.
- **Open pouch:** Phone picked up and \$10 fine. 3rd time loss of phone/pouch
- **Broken phone pouch:** \$30 for new pouch -must pay or cannot attend any field trips or use phone to pay for lunch.
- **Lunch:** Bring or buy at school. Students may not leave campus. With school permission, parents may drop off food at start of lunch.
- **No food deliveries** (Uber, Doordash, etc) allowed, even if ordered by parents.
- **Fighting:** School will decide to expel, suspend, and/or call HPD.
- **Suspected Under the Influence:** Parent contacted.
School will make decision to expel, suspend and/or call HPD.
- **Possession of a Controlled Substance:** HPD is called. Parent meeting before student returns. If charged with intent to sell, student referred for expulsion.
- **Searches:** Students are subject to reasonable search and seizure at any time.
- **"Tagging":** Writing on school property is a felony. HPD called or student cleans, replaces, or pays for defaced or damaged item.
- **Signing out:** Parent must enter school to sign out student
- **Report cards** - Sent home every 3 weeks or check PowerSchool app or www.heightshs.org each week

Parent signature

Date

Student signature

Date

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.

PHOTO / VIDEO RELEASE PERMISSION

I give Houston Heights High School permission to publish photos and/or videos of my child _____. I understand that photos and/or videos may be published in materials such as the school year book, the school Website, local newspapers, or materials promoting school programs.

Signature of Parent or Guardian

Date

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 HIGH SCHOOL

Military Connected Families Survey

All information **MUST** be completed by parent, school personnel or community liaison.

School _____ Date _____

Student Name _____ ID# _____

Dear Parent or Guardian,

The State of Texas requires schools to collect data relating to the enrollment of military-connected students. This collection is done to allow educational institutions the ability to monitor critical elements of education success for children who are dependents of military personnel, and show the state's commitment to military personnel and their children.

For students in grades Kindergarten through 12:

1. The student is a dependent of an active duty member of the United States Army, Navy, Air Force, Marine Corps, or Coast Guard

☐ Yes ☐ No

2. The student is a dependent of a member of the Texas National Guard (Army, Air Guard, or State Guard)

☐ Yes ☐ No

3. The student is a dependent of a member of a reserve force in the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard)

☐ Yes ☐ No

HOUSTON HEIGHTS HIGH SCHOOL

STUDENT ASSISTANCE QUESTIONNAIRE (SAQ)

For Students in Transitional Housing

All information **MUST be completed by parent, school personnel or community liaison.**

School _____ Date _____

Student Name _____ Date of Birth _____ HISD ID _____

Current Address _____ Grade _____ ☐ Male ☐ Female

Lives with: ☐ Both Parents, ☐ Mother, ☐ Father, ☐ Legal Guardian, ☐ Caretaker/Relative without legal guardianship, ☐ Other _____
relation

Is the student currently in the conservatorship of the Department of Family & Protective Services (Foster Care)? ☐ Yes ☐ No

If Yes – name of DFPS Case Manager: _____ Contact information: _____

Was the student previously in the conservatorship of the Department of Family & Protective Services (Foster Care)? ☐ Yes ☐ No

Please complete the Current Housing Situation AND Background Situation sections below to determine McKinney-Vento eligibility:

Part A: CURRENT HOUSING SITUATION – Check either the student is in (1) stable housing OR (2) transitional situation

1. **STABLE:** ☐ Student lives in a house/apartment owned or rented by their parent/legal guardian. **(If checking “stable” do not check any other situation in #2.)** Does the house/apartment have electricity and running water? ☐ Yes ☐ No

2. **TRANSITIONAL HOUSING SITUATIONS**

- ☐ Living in a shelter ☐ Living in a motel or hotel
☐ Living with more than one family in a house or apartment (Doubled-up)

Unsheltered

- ☐ Moving from place to place ☐ Living in a structure not usually used for housing
☐ Living in a car, park, campsite, or outside ☐ Housing lacks running water and/or electricity
☐ Living in a camper ☐ Scattered Site Housing (HUD supplemented)

UNACCOMPANIED YOUTH - ☐ Yes ☐ No (An unaccompanied youth is a student who is not in the physical custody of a parent or legal guardian. This would include students living with non-custodial relatives or friends without a parent or legal guardian.)

Part B: BACKGROUND SITUATION (If a Transitional Housing Situation (2) is checked above - please Check ANY below that apply)

- | | |
|---|---|
| <input type="checkbox"/> Catastrophic illness / medical expenses / disability | <input type="checkbox"/> Natural disaster / evacuation |
| <input type="checkbox"/> New to Town | <input type="checkbox"/> Domestic Issue |
| <input type="checkbox"/> Loss of Employment | <input type="checkbox"/> Migrant work in fishing or agriculture |
| <input type="checkbox"/> Economic hardship/low earnings | <input type="checkbox"/> Awaiting placement in foster care / CPS custody |
| <input type="checkbox"/> Evicted/kicked out | <input type="checkbox"/> Parent(s) involved in military deployment |
| <input type="checkbox"/> House fire or other destruction | <input type="checkbox"/> Parent Incarcerated/Recently released from incarceration |

Part C: NEEDED SERVICES – based on availability (Check services needed and call 713-556-7237 to speak to an Outreach Worker)

- | | | |
|---|---|--|
| <input type="checkbox"/> Enrollment Assistance | <input type="checkbox"/> Transportation | <input type="checkbox"/> Emergency Clothing, Uniforms |
| <input type="checkbox"/> Free Lunch/Breakfast (Child Nutrition) | <input type="checkbox"/> School Supplies | <input type="checkbox"/> Personal Hygiene Items |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Medicaid/CHIP Assistance | <input type="checkbox"/> Food Stamps (SNAP) Assistance |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Other _____ | |

To the best of my knowledge this information is true and correct.

Name (PLEASE PRINT): _____ Signature _____ Phone #'s _____

HOUSTON HEIGHTS HIGH SCHOOL
Family Educational Rights and Privacy Act (FERPA)
and Access to Student Information by Military or College Recruiters

Annual Notice for Disclosure of School Directory Information

Dear Parent/Guardian:

The Family Educational Rights and Privacy Act (FERPA) is a federal law that requires the school, 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 school to the contrary in accordance with school procedures.

The primary use for Directory Information by the school 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 basketball, which may include height and weight of team members.
- School 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 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	

In addition, two federal laws require schools that receive assistance under the No Child Left Behind Act of 2001 to provide military recruiters, colleges, and universities, upon request, access to the names, addresses and telephone listings of secondary students 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 school to disclose Directory Information about your child without your prior written consent, you must notify the school in writing. 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.

Parent: Complete and return this form if you DO NOT give your consent for release of Directory Information (separate form for each child).

General Student Directory Information Requests (please check one):

- ☐ 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.

Military Recruiters (please check one):

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

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

- ☐ Do not release my secondary student's directory information to colleges, universities or other institutions of higher learning at any time.
- ☐ Do not release my secondary student's directory information to colleges, universities or other institutions of higher learning without my prior written consent.

Name of Student: _____ Date: _____

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

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

Telephone Number: _____ Email Address: _____

**Confidential
Information**

**Confidential
Information**

Houston Heights High School

Form for Compensatory Education Funding Qualification

School Year 2025-2026

Please fill out one form for each child attending school, sign each form, and return it to Rose Ann Garza. Instructions for filling out the form are attached. If you need help, please call Rose Ann Garza at (713) 868-9797.

[illegible]

2. Is the child a foster child? If this is a foster child, check here [☐] and list the child's monthly personal use income:
\$ _____. SKIP sections #3 and #4 and GO TO section #5.

3. Are you receiving food stamps or TANF benefits for your child? If you are receiving food stamps or TANF benefits for this child, check here [☐], list the case number, and then SKIP section #4 and GO TO section #5.
Food stamp case number: _____ TANF case number: _____

4. All other households. Complete this section if the child is not a foster child and you are not receiving food stamps or TANF benefits for the child (you did not complete sections #2 or #3). (If you have more than one child attending school and you are completing a separate form for each, you may complete this section only once.)

List all household members including the child listed above. Show all income. Then GO TO section #5.

NAMES	CURRENT MONTHLY INCOME				
Name of household members (include the child listed above)	Check if \$0 income	Monthly earnings (before deductions) Job #1	Monthly welfare, child support, alimony	Monthly payments from pensions, retirement, social security	Monthly earnings from job #2 or any other monthly income
1.		\$	\$	\$	\$
2.		\$	\$	\$	\$
3.		\$	\$	\$	\$
4.		\$	\$	\$	\$
5.		\$	\$	\$	\$
6.		\$	\$	\$	\$
7.		\$	\$	\$	\$
8.		\$	\$	\$	\$
9.		\$	\$	\$	\$
10		\$	\$	\$	\$

5. Signature and social security number. *I certify that all of the above information is true and correct and that the food stamp or TANF case number is current and correct or that all income is reported. I understand that this information is being given in order for the school to receive additional state funding and that school officials may verify the information.*

Signature of adult _____ Social security number _____ - _____ - _____

Printed name _____ Home phone _____ Work phone _____
Mailing address _____ City _____ State _____ TX Zip _____ Date _____

6. Consent for release of information to Texas Education Agency for program audit purposes. *I consent to the release of the above information by the _____ school district/charter school to the Texas Education Agency for the purposes of auditing compensatory education funding reports. I understand that the Texas Education Agency will not share the information with any other entity or program. I also understand that the failure to sign this consent does not affect my child's eligibility for free or reduced price meals or free milk.*

Signature of adult _____ Date _____

HB 4545/1416 Supplemental Instruction

Tutorial Group Size Waiver

In accordance with HB 4545 & HB1416, Houston Heights High School will provide supplemental accelerated instruction (tutoring) to all students who did not pass the any STAAR test administered in the 3rd, 4th, 5th, 6th, 7th, or 8th grade or high school EOC exams (may include the Math, Reading, Writing, Social Studies, or Science portions of the STAAR exam). These tutorial sessions will be provided at no charge to parents and must meet the following requirements:

1. Include targeted instruction in the essential knowledge and skills for the applicable grade levels and subject area;
2. Be provided in addition to instruction normally provided to students in the grade level in which the student is enrolled.
3. Be provided for no less than 15-30 total hours during the subsequent summer or school year and, unless the instruction is provided fully during summer, include instruction no less than once per week during the school week.
4. Be designed to assist the student in achieving satisfactory performance in the applicable grade level and subject area.
5. Include effective instructional materials designed for supplemental instruction;
6. Be provided to the student individually or in a group of no more than three students, unless the parent or guardian of each student in the group authorizes a larger group;
7. Be provided by a person with training in the applicable instructional materials for the supplemental instruction and under the oversight of Houston Heights High School; and
8. To the extent possible, be provided by one person for the entirety of the student's supplemental instruction period.

We have designed our master schedule to include time in the regular school day so that your child will not be pulled from any regular classes or activities and will receive high-quality tutoring for at least 15-30 hours during the school year in the respective subject matter. However, due to operational needs, scheduling concerns, and our intent to host tutoring during the school day instead of before or after school, we are asking your permission to waive the small group size of three students per tutoring group. While we will make every effort to keep the tutoring groups as small as possible, we cannot guarantee that we can always keep them at three students per group.

Your signature below is your consent to waive the small group size of three students while still allowing us to provide high-quality supplemental tutoring for your child. This waiver applies for the 2024-2025 school year.

_____ Student's Name _____ Grade Level

_____ Parent's Signature

_____ Date

MIGRANT EDUCATION PROGRAM SURVEY

District Name: _____ Date: _____

School Name: _____

Dear Parents,

In order to better serve your children, the school district would like to identify families and out-of-school youth who are agricultural or fishing workers and who may qualify to receive additional educational services. The information provided will be kept confidential. Please answer the following questions and return this survey form to your child's school.

1. Have you done seasonal or temporary agricultural or fishing-related work (e.g., field work, canneries, lumbering, dairy work, or meat processing) during the last 3 years?

Yes _____ No _____

2. Have you moved between school districts and/or states during the last 3 years due to economic necessity?

Yes _____ No _____

3. Do you have a child under the age of 22 who lacks a U.S. -issued high school diploma or Certificate of High School Equivalency (HSE/GED) and is currently not enrolled in school?

Yes _____ No _____

The Migrant Education Program offers a variety of supplemental academic and support services to all identified migrant children and out-of-school youth who move with their families to harvest the fruits and vegetables that help feed our nation. Services are provided by school districts and the community and vary by district regardless of immigration status.

Make sure you complete and return this survey to your child's school. An education representative may contact you to provide additional information and see if your child is eligible for the Migrant Education Program. Please provide the following information:

Name of the Child _____ D.O.B. _____ Age _____ Grade _____

Parent or Guardian Name _____

Telephone Number _____

Best time to contact you _____

If you would like more information, call _____