

Houston Gateway Academy, Inc. Re-Enrollment Form for School Year 2024 - 2025

Please complete one form per child

* *

For more information, call: (832) 649-2700

STUDENT INFORMATION

Student Name _____

Grade Level _____

SSN _____

Gender _____

Date of Birth _____

Home Phone _____

Address: _____

Will your child be using bus transportation to get to school? Yes No If so, Bus Company: _____

PARENT INFORMATION

1. Guardian: _____

2. Guardian: _____

Relation: _____

Relation: _____

Address: _____

Address: _____

City, St, Zip: _____

City, St, Zip: _____

Employer: _____

Employer: _____

Cell Ph: _____ Work Ph: _____

Cell Ph: _____ Work Ph: _____

Language Pref: English Spanish

Language Pref: English Spanish

Guardian Email: _____

Guardian Email: _____

EMERGENCY CONTACT INFORMATION (Other than Parent/Guardian)

1. Name: _____ Relation: _____ Cell Ph: _____ Other Ph: _____

2. Name: _____ Relation: _____ Cell Ph: _____ Other Ph: _____

3. Name: _____ Relation: _____ Cell Ph: _____ Other Ph: _____

ALL SIBLING INFORMATION

Brothers/Sisters

Grade

School

Brothers/Sisters

Grade

School

By signing below, parent acknowledges that they have read and understand all current and any updated policies such as the Attendance Policy, Opt-Out Form, Promotion/Retention Policy, Drug Policy and Enforcement, and Behavior and Discipline Policy.

The above information is required for a permanent school record of your child and will be used by school personnel. I certify that the information given above is correct. I authorize the school to contact the person named on this form to render such treatment as may be necessary in an emergency of said child. In the event parents or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.

Parent or Guardian Signature _____

_____ Date

* *