

# THE HOUSTON HEIGHTS LEARNING ACADEMY

902 West 8<sup>th</sup> Street • Houston, TX 77007 • (713) 869-9453 Phone • (713) 869-0785 Fax

## STUDENT ENROLLMENT DATA 2011-2012 School Year

Thank you for your interest in The Houston Heights Learning Academy! In order to initiate the enrollment process for your child, please provide the school with the information requested below. Additional records and forms may be requested from the parent/guardian to complete the enrollment process, such as a copy of the child's birth certificate, social security card, home language survey, current immunization records and or previous school records.

Today's Date: \_\_\_\_\_ Grade for 2011-2012 \_\_\_\_\_  Retained  Promoted

Student's Legal Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Student's Address: \_\_\_\_\_ / \_\_\_\_\_  
Street City State Zip Home phone

Mother's Name: \_\_\_\_\_ Student resides with Mother?  Yes  No  
Last First

Mother's Address: \_\_\_\_\_ / \_\_\_\_\_  
Street City State Zip Mother's phone

Father's Name: \_\_\_\_\_ Student resides with Father?  Yes  No  
Last First

Father's Address: \_\_\_\_\_ / \_\_\_\_\_  
Street City State Zip Father's phone

Name of Legal Guardian who resides with the student other than the parents: (You must provide the school with a copy of authorized guardianship)

Legal Guardian: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_ / \_\_\_\_\_  
Street City State Zip Home phone

Relationship to student: \_\_\_\_\_  
Number of years student has resided with you

### HEALTH INFORMATION

Does the student have any chronic health conditions/problems such as **food allergies, asthma, nosebleeds, or other conditions, sensitivities or phobias?**  Yes  No If so, please explain the condition in detail and procedures that should be followed and how the staff may assist: \_\_\_\_\_

Does the student take any medication a regular basis?  Yes  No If so, please explain in detail the procedures that should be taken: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Emergency contact person: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Cell phone Work phone Home phone

Address: \_\_\_\_\_  
Street City State Zip

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Physician's address: \_\_\_\_\_ / \_\_\_\_\_  
Street City State Zip Emergency Room Hospital

How will your child arrive/depart from school? \_\_\_\_\_

**PARENT AUTHORIZATION FOR CHILD PICK UP**

Please list the full name of each individual who are authorized to bring/pick-up your child from school

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to The Houston Heights Learning Academy administration office as soon as possible.

**FOR OFFICE USE ONLY**

Date received: \_\_\_\_\_ by: \_\_\_\_\_

Complete: \_\_\_\_\_ Incomplete \_\_\_\_\_