

OPEN-ENROLLMENT CHARTER CONTRACT RENEWAL APPLICATION

Section I. Current Information in Charter School Tracking System

Charter Holder Name: ACADEMY OF ACCELERATED LEARNING, INC

Charter School Name: ACADEMY OF ACCELERATED LEARNING, INC

Charter School County/District #: 101-810

Generation: 02

Maximum Approved Enrollment: 750

Grades Approved: PK,3,PK4,K,1,2,3,4,5

Campuses:

101810002 ACADEMY OF ACCELERATED LEARNING, INC 671 JULLIEN ST HOUSTON, TX 77087 Grade Levels Currently Served: PK,KG,01,02,03,04,05	101810002 ACADEMY OF ACCELERATED LEARNING, INC 8925 Chimney Rock Houston, TX 77081 Grade Levels Currently Served: PK,KG,01,02,03,04,05
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Geographical Boundary:

The original charter application and amendment history reflects that the following district(s) comprise the charter school's geographic boundary:

- A. DINEY ISD
- ALDIE ISD
- CLEAR CREEK ISD
- CROSBY ISD
- CYPRESS-FAIRBANKS ISD
- DELR PARK ISD
- FORT BEND ISD
- GALFENA PARK ISD
- HOCKESSON ISD
- HEAVEN ISD
- PASADENA ISD
- PLARLAND ISD

TEXAS EDUCATION AGENCY
CHARTER DETAIL INFORMATION

ACADEMY OF ACCELERATED LEARNING, INC
101810

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CHARTER INFORMATION

Generation 02	Date Approved By SBOE 03/06/1998	Type of Charter Open enrollment charter	Approved Grade Levels Prekindergarten 3 Prekindergarten 4 Kindergarten Grade 1 Grade 2 Grade 3 Grade 4 Grade 5	Superintendent Name MR. JAMES BULLOCK
ESC Region 04	Effective Date 05/01/1998	Type of School Start-up		
Number of Approved Sites 2	Projected Start Date 09/01/1999	Maximum Enrollment 750		
	Contract End Date 07/31/2013			

Section II. Contact Information

The persons listed below will be contacted by agency staff if there are issues to be resolved in any of the sections.

Superintendent Contact Information:

Superintendent's Name:	Dr. James Bullock
Telephone Number:	(713) 773-4766
Fax Number:	(713) 666-2532
E-mail Address:	jbullock@aalinc.org

Charter Holder Board Chair Contact Information:

Charter Holder Board Chair's Name:	Mr. Percy Creuzot
Telephone Number:	(713) 862-2299
Fax Number:	(713) 862-6464
E-mail Address:	fsc420@aol.com

Application Preparer's Contact Information:

Contact Name:	Mrs. Doris Robins
Telephone Number:	(713) 773-4766
Fax Number:	(713) 666-2532
E-mail Address:	drobins@aalinc.org

Charter School Website:

Web address:	www.aalinc.org
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Section III. Posting of Adopted Budget

Chapter 12 of the Texas Education Code (TEC), specifically §12.104(b)(2)(L), makes explicit that open-enrollment charters are required to comply with TEC Chapter 39, Subchapter D, Financial Accountability. TEC §39.084, titled *Posting of Adopted Budget*, states the following:

- (a) On final approval of the budget by the board of trustees, the school district shall post on the district's Internet website a copy of the budget adopted by the board of trustees. The district's Internet website must prominently display the electronic link to the adopted budget.
- (b) The district shall maintain the adopted budget on the district's Internet website until the third anniversary of the date the budget was adopted.

Provide the web address of the adopted budgets:

www.aalinc.org

Section V. Admissio...

A. Specify the period during which applications for admission are accepted. *TEC, §12.117, requires that a charter school establish a reasonable application deadline for the submission of applications for admission.*

Beginning of Period
(Month/Day)

End of Period
(Month/Day)

March 10	May 31
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B. If the school admits students by lottery when the number of admissions applications received exceeds the number of available spaces, describe the procedures followed in conducting the lottery.

Type Below:

A lottery process is used when the number of admissions application received exceeds the number of available spaces. If there are more eligible applicants than available slots in a class, then a lottery is conducted. A name is drawn for each vacancy that exists and placed on the wait list in the order they were drawn. If a vacancy arises before the start of the school year or during the year, the individual on the wait list with the lowest number will be offered admission and then removed from the wait list.

C. If the school utilizes a lottery when oversubscribed, are any categories of applicants exempted from the lottery?

Check One:

- Yes
- No
- Not applicable (because lotteries are not utilized)

If "Yes" was indicated in C above, state the categories of applicants that are exempted.

Type Below:

Siblings of current students enrolled are exempted from the lottery.

D. If the school utilizes a lottery when oversubscribed, specify the approximate date on which a lottery will be conducted.

Approximate Date of Lottery
(Month/Day)

June 10

E. If the school does not utilize a lottery when oversubscribed, but rather fills the available positions in the order in which applications were received before the expiration of the application deadline (i.e., a "first-come, first-served" admission process), describe the manner in which the school notifies the community of the opportunity to apply for admission. *TEC, §12.117, requires a charter school that uses a first-come, first-served admission process when oversubscribed to publish a notice in a newspaper of general circulation not later than the seventh day before the application deadline.*

Type Below:

Non-applicable because the school utilize a lottery process.

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Section V. Admission Policy

A. Specify the period during which applications for admission are accepted. *TEC, §12.117, requires that a charter school establish a reasonable application deadline for the submission of applications for admission.*

Beginning of Period
(Month/Day)

End of Period
(Month/Day)

March 10

May 31

B. If the school admits students by lottery when the number of admissions applications received exceeds the number of available spaces, describe the procedures followed in conducting the lottery.

Type Below:

A lottery process is used when the number of admissions application received exceeds the number of available spaces. If there are more eligible applicants than available slots in a class, then a lottery is conducted. A name is drawn for each vacancy that exists and placed on the wait list in the order they were drawn. If a vacancy arises before the start of the school year or during the year, the individual on the wait list with the lowest number will be offered admission and then removed from the wait list.

C. If the school utilizes a lottery when oversubscribed, are any categories of applicants exempted from the lottery?

Check One:

Yes

No

Not applicable (because lotteries are not utilized)

If "Yes" was indicated in C above, state the categories of applicants that are exempted.

Type Below:

Currently enrolled students and siblings are exempted from the lottery.

D. If the school utilizes a lottery when oversubscribed, specify the approximate date on which a lottery will be conducted.

Approximate Date of Lottery
(Month/Day)

June 10

E. If the school does not utilize a lottery when oversubscribed, but rather fills the available positions in the order in which applications were received before the expiration of the application deadline (i.e., a "first-come, first-served" admission process), describe the manner in which the school notifies the community of the opportunity to apply for admission. *TEC, §12.117, requires a charter school that uses a first-come, first-served admission process when oversubscribed to publish a notice in a newspaper of general circulation not later than the seventh day before the application deadline.*

Type Below:

Non-applicable because the school utilize a lottery process.

F. If the school has a separate process for re-enrollment, state the process and the timeline to be used.

Type Below:

Current students receive Notice of Intent to Re-Enroll Form, beginning January 5. The form asks parents to state whether they intend to return the following school year to place holder their slot. This form must be returned by January 31. Currently students who indicate the intent to return are automatically roll forward for the upcoming school year. Siblings of the current students are automatically enrolled for the upcoming school year. Vacancies in each class/grade level are determined for new students to the school.

G. State the procedures for processing applications received once the application deadline has passed.

Type Below:

If an application is received after the re-enrollment period the student's name is added to the wait list.

H. Describe the information that an applicant must provide in order to be considered for admission. *Applicants may not be required to provide copies of transcripts or other academic records until after they are offered admission and are enrolling. Furthermore, a student may not be precluded from enrolling due to the charter school's failure to receive information required for enrollment from the student's parent or guardian or previous school. See TEC, §25.002.*

Type Below:

The parent/guardian is required to provide the following: an original copy of the birth certificate, social security card, health immunization record, proof of residence (utility bill or lease agreement), parent/legal guardian identification with photo.

I. The charter holder certifies that the non-discrimination statement required by TEC, §12.111(a)(6) is printed in the school's admission policy. *TEC, §12.111(6) requires that a charter school's admission policy include a statement that the school will not discriminate in admissions based on gender, national origin, ethnicity, religion, disability, academic, artistic, or athletic ability, or the district the child would otherwise attend.*

Check One: Yes
 No

J. Does the admission policy either require or permit the school to exclude from admission all students with documented histories of a criminal offense, a juvenile court adjudication, or discipline problems under TEC Chapter 37, Subchapter A as authorized by TEC, § 12.111(a)(6)?

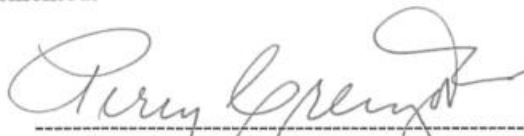
Check One: Yes (The school excludes such students or reserves the right to exclude such students from admissions.)
 No (The school does not deny admission to such students based on their documented histories of misconduct.)

Submit

- as **Attachment 3**, a current copy of the admission policy that incorporates the information provided in the above answers to questions A through H and any other relevant information;
- as **Attachment 4**, a blank copy of the current admission application (i.e., the information requested when the student first seeks admission); and
- as **Attachment 5**, a blank copy of the current enrollment form(s) (i.e., the information required once an applicant has been offered admission and is registering for enrollment)

Section VI. Special Education Assurances

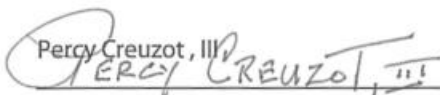
The charter holder certifies that it has policies and procedures in place that ensure implementation of all federal laws and regulations, Texas laws, State Board of Education (SBOE) and commissioner of education rules related to students with disabilities and further certifies that any future amendments to the laws, regulations, and rules will be incorporated and implemented.



Signature of Charter Holder Board Chair
(Must sign in blue ink)

3/19/13

Date

Percy Creuzot, III


Printed Name of Charter Holder Board Chair

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**Section VII. (Continued) Assurances Regarding Charter Schools Serving
Students at Residential Facilities**

The charter holder assures that this assurance document has been shared with, and understood by, the RF board and that the RF board has acknowledged its understanding of all federal laws and regulations, Texas laws, State Board of Education (SBOE) and commissioner of education rules related to charter schools serving students at residential facilities and further certifies that any future amendments to the laws, regulations, and rules will be incorporated and implemented.

N/A

Signature of Charter Holder Board Chair
(Must sign in blue ink)

3/19/13

Date

PERCY CRENZOT, III

Printed Name of Charter Holder Board Chair

Please write N/A in the signature line if the charter does not serve students at residential facilities.

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Section VIII. Bilingual/ESL, Section 504, and Dyslexia Assurances

TEC, Chapter 29, Subchapter B, TEC §12.104(b)(2)(G), and 19 TAC §§89.1201-.1265 require charter schools to identify limited English proficient students based on state criteria and to provide an appropriate bilingual education or English as a second language program conducted by teachers certified for such courses.

A. The charter holder certifies that it has policies and procedures in place that ensure that it complies with the legal and regulatory requirements concerning identifying and providing appropriate educational services to limited English proficient students.

Check One:

Yes

No

Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §794, prohibits discrimination on the basis of disability in any program receiving federal financial assistance. A recipient that operates a public education program or activity shall provide a free, appropriate public education to qualified individuals.

B. The charter holder certifies that it has policies and procedures in place that ensure that it complies with the legal and regulatory requirements concerning identifying and providing appropriate educational services to students protected by Section 504.

Check One:

Yes

No

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TEC §38.003, TEC §12.104(b)(2)(K), 19 TAC §74.28 and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §794, require charter schools to identify students with dyslexia or related disorders and to provide appropriate educational services.

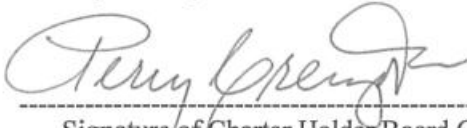
C. The charter holder certifies that it has policies and procedures in place that ensure that it complies with the legal and regulatory requirements concerning identifying and providing appropriate educational services to students with dyslexia or related disorders.

Check One:

Yes

No

I further certify that any future amendments to the laws, regulations, and rules will be incorporated and implemented.



Signature of Charter Holder Board Chair
(Must sign in blue ink)

3/19/13

Date

Percy Creuzot, III

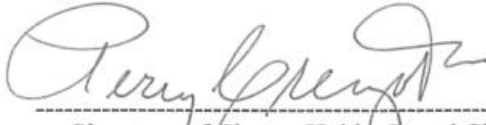


Printed Name of Charter Holder Board Chair

Section IX. Fingerprinting and Criminal Record Check Assurance

The charter holder certifies that it is in compliance with TEC §12.120, and confirms that no individual is serving in any capacity if he or she has been convicted of a misdemeanor involving moral turpitude; a felony; an offense listed in TEC §37.007(a); or an offense listed in Article 62.001(5) Code of Criminal Procedures.

Additionally, the charter holder confirms that all current fingerprinting and criminal record checks are available for all employees, including contract employees; volunteers who indicated in writing their intention to serve; board members; and officers of the charter holder who are not on the board, in compliance with TEC §§12.1059, 22.0832-22.0835.



Signature of Charter Holder Board Chair
(Must sign in blue ink)



Date

Percy Creuzot, III



Printed Name of Charter Holder Board Chair

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Section X. Certificate of Acknowledgement

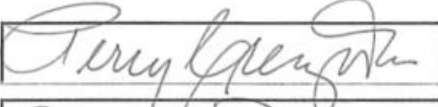
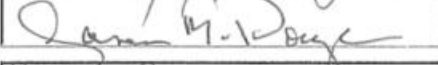


This section requires at least a majority of the governing body of the charter holder to certify that it has had an opportunity to review the completed renewal application and has authorized, during an open meeting, submission of the application to the commissioner of education for consideration of renewal of the charter.

CERTIFICATE OF ACKNOWLEDGEMENT

The undersigned members of the governing body of the charter holder hereby acknowledge that they have had an opportunity to review the completed renewal application and have authorized its submission, during an open meeting, to the commissioner of education for consideration of the renewal of the charter:

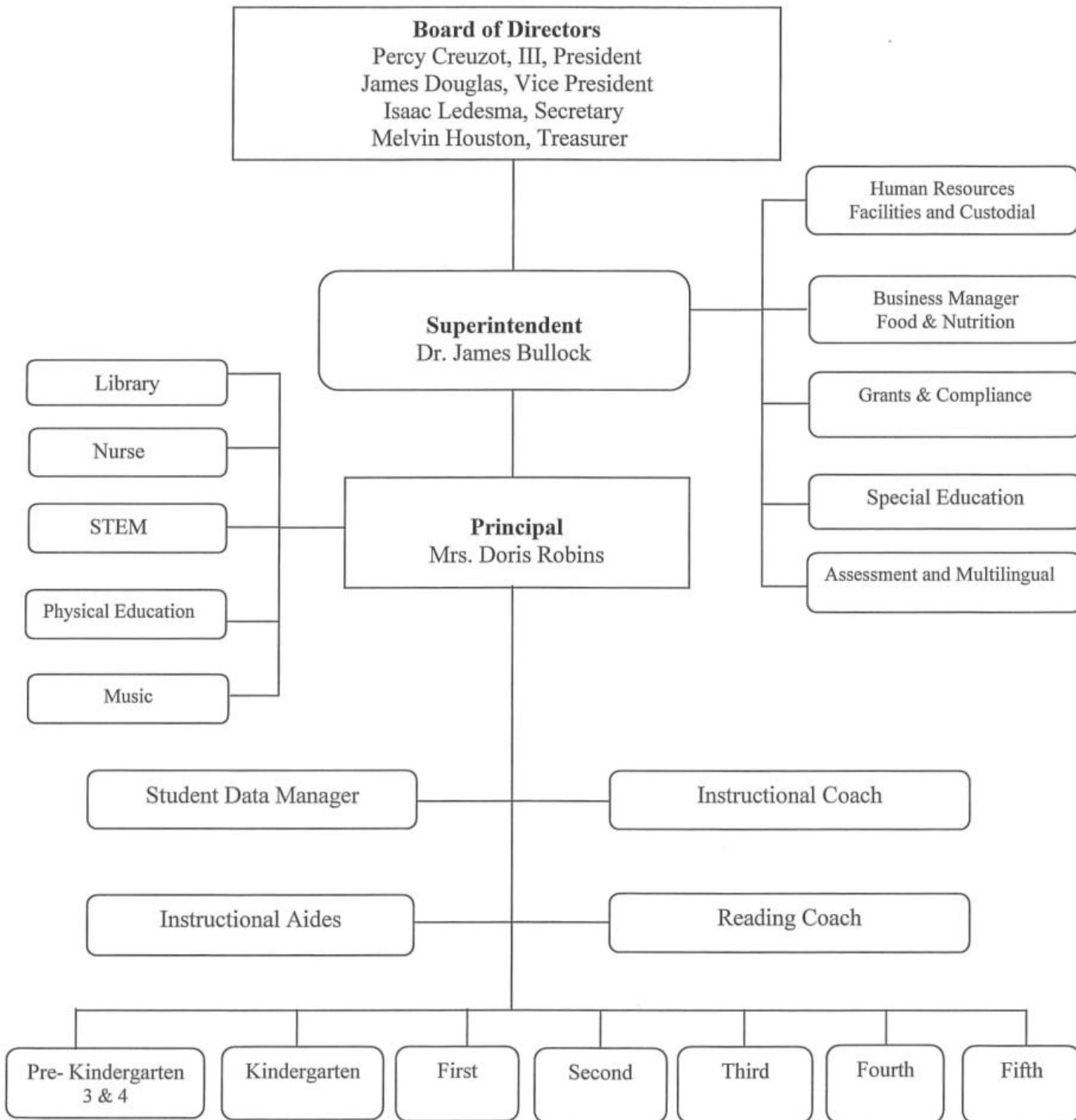
**Members are to sign the acknowledgement during an open meeting; therefore, the date next to each signature must be the same.*

RECEIVED 1000 3/19/13

Typed Name (Type name next to corresponding signature)	Signature (Must sign in blue ink)	Date*
Percy Creuzot , III		3/19/13
James Douglas		3/19/13
Melvin Houston		3/19/13
Isaac Ledesma		03/19/2013

Attachment 1: Organizational Chart of the Charter School

Academy of Accelerated Learning, Inc. Organizational Chart



Attachment 2: Chart Showing Additional Involvement by Charter Holder

This charter holder does not govern/manage any other entities in addition to this charter school.

Attachment 3: Admission Policy

Academy of Accelerated Learning, Inc.

Admission Policy:

Applications for new students are accepted from March 10 through May 31. A lottery is held June 10 to determine the incoming students and the order for the wait list for all grades. If the number of eligible applicants does not exceed the number of vacancies, then all applicants who timely applied are offered admission. If there are more eligible applicants than available slots in a class, then a name is drawn for each vacancy that exists, and each applicant whose name is drawn is offered admission. The remaining names are then drawn and placed on a wait list in the order they were drawn. If a vacancy arises before the commencement of the school year or during the school year, the individual on the wait list with the lowest number assignment will be offered admission and then removed from the wait list.

Currently enrolled students receive a Notice of Intent to Return form the first week of January. The form asks students to state whether they intend to return the following school year and to identify if any siblings wish to attend the school the following school year. This form must be returned by January 31. Currently enrolled students expressing a desire to return are automatically enrolled for the following school year upon timely receipt of the Notice of Intent to Return form. Vacancies in each class are then determined, and the siblings of returning of students are given priority in admission.

Applicants *are/are not* required to provide academic records prior to enrollment. In addition, a student will not be precluded from enrolling due to Academy of Accelerated Learning, Inc. failure to receive the information required for enrollment from the student's parents and/or previous school.

Academy of Accelerated Learning, Inc. does not discriminate in admissions based on gender, national origin, ethnicity, religion, disability, academic, artistic, or athletic ability or the district the child would otherwise attend.

Academy of Accelerated Learning, Inc. will not enroll any student with documented histories of a criminal offense, juvenile court adjudication, or discipline problems under TEC Chapter 37, Subchapter A.

Attachment 4: Admission Application

Academy of Accelerated Learning Inc.

A Texas Open Enrollment Charter School

since 1998

Chimney Rock Campus * 6025 Chimney Rock Rd * Houston, Texas * 77081 * Phone 713.773.4766 * Fax 713.666.2532

Bellfort Campus * 6711 Bellfort * Houston, Texas 77087 * Phone 713.645.0336 * Fax 713.640.2435

INTENT TO RE-ENROLL FORM 2013-2014

Application for Grade: Pre-K 4 KG 1st 2nd 3rd 4th 5th

Campus: Chimney Rock Bellfort

Student School ID: _____

Approved By: _____

Date: _____

Dear Parents,

Thank you for your support in the Academy of Accelerated Learning, Inc. Due to limited space for the upcoming school year, we ask each parent/guardian to fill out this intent to re-enroll form completely. This application is designed for currently enrolled students*. The closing date for this application is January 31, 2013. Applications received unsigned, incomplete, or after closing date may not be considered for next year. An application is required for each student in the family that intends to re-enroll.

PK-3 and PK-4 Re- students MUST be re-verified and must meet all T.E.A. requirements. Income verification and proper documentation must be reviewed and approved prior to the student being allowed to return to the Academy of Accelerated Learning, Inc.

* Students who have been expelled from Academy of Accelerated Learning will not be permitted to re-enroll until one (1) full academic year after the expulsion date has passed. Students who have not met Academy of Accelerated Learning district standards will not be permitted to re-enroll until (1) full academic year after denial. Parents/guardians reserve the right to appeal the denial.

Student's Name: _____
(Last) (First) (Middle)

Sex: Male Female Age: _____ Date of Birth: _____

FULL Address: _____
Street Address Apt. # City/Zip Code

Home Telephone: _____ Cellular: _____ Emergency Tel. _____

List other siblings that will attend Academy of Accelerated Learning Inc.

1. _____ 2. _____
3. _____ 4. _____

Mother's Name: _____ Father's Name: _____

Name of Person Re-Enrolling Student: _____ Relation: _____

Principal/Site Coordinator Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

If you do not want your child enrolled in our school, please check the box below and sign.

Transportation Moving Accepted at another school Other

Principal/Site Coordinator _____ Date _____

Parent / Guardian Signature _____ Date _____

Academy of Accelerated Learning Inc.

A Texas Open Enrollment Charter School

since 1998

Campus Chimney Rock * 6025 Chimney Rock Rd * Houston, Texas * 77081 * Teléfono 713.773.4766 * Fax 713.666.2532

Campus Bellfort * 6711 Bellfort * Houston, Texas 77087 * Teléfono 713.645.0336 * Fax 713.640.2435

PLANILLA DE INTENCIÓN DE RE-INSCRIPCIÓN 2013-2014

Grado para el que aplica: Pre-K 4 KG 1^{ro} 2^{do} 3^{ro} 4^{to} 5^{to}

Campus: Chimney Rock Bellfort

ID del estudiante: _____ Aprobado por: _____ Fecha: _____

Estimados padres de familia,

Gracias por su apoyo a Academy of Accelerated Learning, Inc. Debido al espacio limitado para el próximo año escolar, le pedimos a cada representante / tutor completar totalmente esta planilla de intención de re-inscripción. Esta aplicación es para los estudiantes que actualmente están inscritos en la escuela*. La fecha límite para esta solicitud es 31 de enero 2013. Las solicitudes recibidas sin firmar, incompletas o después de la fecha de cierre no podrán ser consideradas para el próximo año escolar. Se requiere llenar una aplicación por cada estudiante en la familia que desee volver a inscribirse.

La re-inscripción de los estudiantes de PK-3 y PK 4 **DEBEN ser de nuevo verificadas** y deben cumplir con todos los requisitos exigidos por T.E.A (Agencia de Educación de Texas). La verificación de todos los ingresos y la documentación requerida deben ser revisadas y aprobadas antes de que el estudiante se le permita regresar a Academy of Accelerated Learning, Inc.

* A los estudiantes que han sido expulsados de Academy of Accelerated Learning, Inc. no les será permitido re-inscribirse hasta un (1) año académico después de la fecha de la expulsión. Los estudiantes que no cumplan con los estándares del distrito escolar Academy of Accelerated Learning, no les será permitido re-inscribirse hasta un (1) año académico después de la fecha de la negación. Padres/representantes tiene el derecho de apelar esta decisión.

Nombre del estudiante: _____
(Apellido) (Primer nombre) (Segundo nombre)

Sexo: Masculino Femenino Edad: _____ Fecha de Nacimiento: _____

Dirección COMPLETA: _____
Calle Apt. # Ciudad/Código Postal

Teléfono: _____ Celular: _____ Tel. de Emergencia _____

Liste otros(as) hermanos(nas) que también asistirán a Academy of Accelerated Learning Inc.

1. _____ 2. _____

3. _____ 4. _____

Nombre de la Madre: _____ Nombre del Padre: _____

Persona que re-inscribe al estudiante: _____ Parentesco: _____

Firma del Director(a)/Coordinador _____ Fecha _____

Firma del Representante / Guardián _____ Fecha _____

Si Usted no desea inscribir a su hijo(a) en nuestra escuela, por favor marque el motivo de acuerdo a las siguientes opciones y firme.

Transporte Mudanza Aceptado en otra escuela Otro

Director(a)/ Coordinador _____ Fecha _____

Firma de Representante / Guardián _____ Fecha _____

Registration Form
School Year: 2013 - 2014

Track: _____

<p align="center">Academy of Accelerated Learning</p> <hr/> <p align="center">Campus Name</p> <p>(713) 773-4766 (713) 666-2532</p> <p>Campus Phone Campus Fax</p>	<p align="center">Student Name _____</p> <p align="right">Gum _____</p> <hr/> <p>Date of Birth _____ Birth Place _____</p> <hr/> <p align="center">Age _____ Gender _____</p>	<p>Local ID _____ SSN _____</p> <p>Hispanic <input type="checkbox"/> Grade Level _____</p> <p>White <input type="checkbox"/> Black <input type="checkbox"/></p> <p>Asian <input type="checkbox"/> American Indian <input type="checkbox"/></p> <p>Pacific Islander <input type="checkbox"/></p>
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Address: _____ **Phone:** _____

Mailing Address: _____

PARENT INFORMATION

1. Guardian: _____	Relation: _____	2. Guardian: _____	Relation: _____
Address: _____		Address: _____	
City, St. Zip: _____		City, St. Zip: _____	
Employer: _____		Employer: _____	
Ph: _____ Wk: _____ Alt: _____		Ph: _____ Wk: _____ Alt: _____	
Email: _____		Email: _____	
Svc Branch: _____ Rank: _____ Enrolling Person: _____		Svc Branch: _____ Rank: _____ Enrolling Person: _____	

ENROLLING PERSON

Name: _____ DOB: _____ Relation: _____ Phone: _____ Work: _____

EMERGENCY CONTACT INFORMATION

1. Name: _____	Relation: _____	Phone: _____	Work Phone: _____
2. Name: _____	Relation: _____	Phone: _____	Work Phone: _____
Doctor Preference: _____	Phone: _____		
Hospital Preference: _____	Phone: _____		
Dentist Preference: _____	Phone: _____		
Other: _____	Phone: _____		

BUS TRANSPORTATION INFORMATION

Will your child be using bus transportation to get to school? (Yes or No)

Is your child transferring from another school district? (Yes or No)

If yes, from what district? _____

Previous school(s) attended: _____

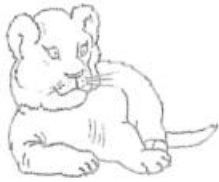
To the parent: The information asked above is needed as a permanent school record of your child and will be used by school personnel. This is to certify the above information is correct. I, the undersigned, do hereby authorize officials of this school to contact directly the person named on this form,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

Parent or Guardian Signature _____ Date _____

(For Office Use Only)

Original Entry Date: _____ Control No.: _____ Eligibility Code: _____ At Risk: _____

Attachment 5: Enrollment Form(s)



Academy of Accelerated Learning, Inc.
Texas Open-Enrollment Charter School
ENROLLMENT APPLICATION
Solicitud de Matricula
2013- 2014

Application Period: March 1, 2013 through May 30, 2013
Lottery if needed: June 10, 2013

BRING COPIES OF THE FOLLOWING DOCUMENTS / COPIAS DE LOS SIGUIENTES DOCUMENTOS:

- Birth Certificate; Acta de Nacimiento
- Social Security Card; Tarjeta de Numero Seguro Social
- Immunization Record; Tarjeta de Vacunas
- Parent/Legal Guardian Identification ;Licencia o Credencial de ambos Padres del niño/niña
- Proof of Address (utility bill - lease agreement, mortgage payment, etc.);Comprobante de Residencia (recibo de luz, agua, teléfono)
- Picture of Student (within the last 3 months – picture will NOT be returned) foto reciente (*La foto debe haber sido tomada dentro de los últimos 3 meses y no será regresada*)
- Last Report Card (*Transfer Students*);Copia de Ultima tarjeta de calificaciones de su escuela antepasada (Estudiantes que se estén cambiando de escuela)
- Official Student Withdrawal Form (*Transfer Students*) ;Copia Oficial de Retiro de Escuela (*si el estudiante se está cambiando de escuela*)
- Food Stamp Number / AFDC / TANF Case Number (*if applicable*); Copia de Aprobación de Estampillas, Numero de AFDC / TANF(si aplica)
- Income Verificaiton : Check stub, W-2 form, Tax Return ;Verificación de Ingresos (Comprobante de salario, Forma W-2, reembolso de Impuesto)

DO NOT UNSTAPLE THE APPLICATION ~ PLEASE KEEP DOCUMENTS IN ORDER

FAVOR DE NO DESPEGAR LA APLICACION ~ MANTENGA EL ORDEN DE LOS DOCUMENTOS

Chimney Rock Campus
6025 Chimney Rock
Houston, Texas 77081
Tel. 713.773.4766
Fax 713.666.2532

Bellfort Campus
6711 Bellfort
Houston, Texas 77087
Tel. 713.645.0336
Fax 713.640.2435

**INCOMPLETE applications will NOT be accepted. ALL information must be completed.
NO SE ACEPTA aplicaciones INCOMPLETAS. Todas las preguntas deben ser contestadas.**

FOR OFFICE USE ONLY / Sólo para uso de la Oficina

Application #	Date Received:	Received by Whom:	Approved:	Reason for Denial:	Waiting List #
Entry Date:	Withdrawal Date:	Reason for Withdrawal:	Denied: New School of Enrollment:	Other Notes:	

REGISTRATION FORM / Matricula de Inscripcion

2013-2014

<input type="checkbox"/> Pre-K 3 (AM) <input type="checkbox"/> Pre-K 3 (PM) <input type="checkbox"/> Pre-K 4 <input type="checkbox"/> KG <input type="checkbox"/> 1st Grade <input type="checkbox"/> 2nd Grade <input type="checkbox"/> 3rd Grade <input type="checkbox"/> 4th Grade <input type="checkbox"/> 5th Grade	<input type="checkbox"/> NEW STUDENT / Estudiante Nuevo <input type="checkbox"/> RETURNING STUDENT / Estudiante que regresa <input type="checkbox"/> TRANSFER STUDENT / Estudiante transferido de otra escuela	Campus: <input type="checkbox"/> Chimney Rock <input type="checkbox"/> Bellfort
---	--	---

STUDENT DEMOGRAPHICS / Información del Estudiante	Social Security Number / Numero del Seguro Social:
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LAST NAME / Apellido del Estudiante	FIRST NAME / Primer Nombre del Estudiante	MIDDLE NAME / Segundo Nombre
-------------------------------------	---	------------------------------

DATE OF BIRTH / Fecha de Nacimiento	Sex / Sexo <input type="checkbox"/> Male/Masculino <input type="checkbox"/> Female/Femenino	Country of Birth / País de Nacimiento
-------------------------------------	--	---------------------------------------

HOME ADDRESS / Dirección	CITY / Ciudad	STATE / Estado	ZIP CODE / Código Postal	COUNTY / Condado
Texas				

Who does the student live with? / ¿Con quién vive el estudiante?	<input type="checkbox"/> Both Parents / Ambos Padres <input type="checkbox"/> Mother / Madre <input type="checkbox"/> Father / Padre <input type="checkbox"/> other / otro
--	--

PARENTS INFORMATION / Información de los Padres

MOTHER / MADRE Last Name / Apellido	First Name / Primer Nombre	FATHER / PADRE Last Name / Apellido	First Name / Primer Nombre
Home Phone / Número de Casa	Cellular Phone / Celular	Home Phone / Número de Casa	Cellular Phone / Celular

Home Address / Dirección <input type="checkbox"/> Same as Above / Misma Dirección de Arriba	Home Address / Dirección <input type="checkbox"/> Same as Above / Misma Dirección de Arriba
---	---

Employment Location & Telephone / Lugar de Trabajo y Teléfono	Employment Location & Telephone / Lugar de Trabajo y Teléfono
---	---

LEGAL GUARDIAN / Tutor Legal

Last Name / Apellido	First Name / Primer Nombre
Home Phone / Número de Casa	Cellular Phone / Celular
Home Address / Dirección	

Employment Location & Telephone / Lugar de Trabajo y Teléfono

Guardianship granted as of date / ¿Custodia declarada desde que fecha?

Awarded custody by whom? / ¿Custodia entregada por quien?

The student is OR has ever been: <input type="checkbox"/> Under CPS custody <input type="checkbox"/> Homeless <input type="checkbox"/> Adopted <input type="checkbox"/> Under your temporary Guardianship <input type="checkbox"/> Child of an active Military serviceman <input type="checkbox"/> None of the above	El estudiante es o ha estado: <input type="checkbox"/> en custodia del Servicio de Protector del Menor (CPS) <input type="checkbox"/> Sin Hogar <input type="checkbox"/> Adoptado <input type="checkbox"/> Bajo su custodia temporalmente <input type="checkbox"/> es hijo(a) de un miembro del servicio militar <input type="checkbox"/> Ninguno de los indicados arriba
---	--

Is the student a child of Divorced parents? / ¿El estudiante es un niño(a) de padres divorciados?

Yes / SI No/NO YES - Please supply the main office with a copy of the legal court documentation of who is the legal parent of custody.
 SI - Favor de entregar en la oficina una copia del documento legal informando de quien tiene la custodia legal del niño(a).

Is your child fully and completely potty trained?
 [] Yes / Si [] No / No

¿Su hijo(a) está entrenado para usar el baño solo?

- Your child must be completely potty trained and able to use the bathroom facilities on his/her own and perform personal hygiene necessities by their own actions. Teachers or Paraprofessionals will not attempt to groom your child including combing their hair, utilizing restroom facilities, personal hygiene and all areas of the restroom facilities.

- Su hijo(a) debe estar completamente capacitado(a) para utilizar el baño solo(a). Esto incluye pedir permiso, utilizar el baño y saber tener higiene personal cada vez que use el baño. Los maestros o asistentes en ningún momento ayudarán en el cuidado o higiene para limpiar a su hijo(a)

Does your child use a "sippy/training" cup or pacifier?
 [] Yes / Si [] No / No

¿Su hijo(a) utiliza un "vaso infantil," "vaso de chupón" o "chupón"?

Does your child wear "pull-ups, training pants/diapers"?
 [] Yes / Si [] No / No

¿Su hijo(a) utiliza calzón de entrenamiento / pañales?

Does your child urinate while taking a nap?
 [] Yes / Si [] No / No

¿Su hijo(a) se orina mientras duerme?

HOUSEHOLD MEMBERS / Miembros en el Hogar

Name / Nombre	Relationship / Parentesco	Age / Edad	Employed / Trabaja
1.			[] Yes/Si [] No/No
2.			[] Yes/Si [] No/No
3.			[] Yes/Si [] No/No
4.			[] Yes/Si [] No/No
5.			[] Yes/Si [] No/No
6.			[] Yes/Si [] No/No

EDUCATION HISTORY / Anteriores Escuelas del estudiante

GRADE / Grado	Year(s) in Attendance Año(s) de asistencia	NAME OF SCHOOL (complete name) Escuela (nombre completo)	PROMOTED / RETAINED Pasó de Grado / Reprobado
PRE- K			[] Yes/Si [] No/No
Kindergarten			[] Yes/Si [] No/No
1st Grade / Grado			[] Yes/Si [] No/No
2nd Grade / Grado			[] Yes/Si [] No/No
3rd Grade / Grado			[] Yes/Si [] No/No
4th Grade / Grado			[] Yes/Si [] No/No
5th Grade / Grado			[] Yes/Si [] No/No

SCHOOL ZONE / Zona Escolar

What school **DISTRICT** are you zoned to?
 ¿A que **DISTRITO ESCOLAR** pertenece su dirección de casa?
 (Ex: HISD, Ft Bend, Spring, Alief, Spring, etc)

What **SCHOOL** are you zoned to?
 ¿A que **ESCUELA** pertenece su dirección de casa?

TRANSFERING STUDENTS / Estudiantes que cambian de Escuela

Name of School / Nombre de Escuela:

ADDRESS / Dirección	CITY / Ciudad	STATE / Estado	ZIP CODE / Código Postal	COUNTY / Condado
School Telephone / Teléfono de Escuela	Teacher Name / Nombre de Maestro(a)		Date of Withdrawal / Fecha de Retiro	

Please **READ** and **INITIAL** all statements below: (En español en la página de atrás)

I, the parent/guardian of the applicant am aware that this is a **PRE-QUALIFICATION** process and *does not guarantee admission* into the Academy of Accelerated Learning for the 2013-2014 academic school year.

For Pre-K 3 and/or Pre-K 4 my child must meet the requirements listed below:

- a. Child must be 3 years of age before September 1 of the upcoming school year;
- b. Child is a resident of the Greater Houston Metropolitan area;
- c. Child meets immunization requirements and also meets at least one of the following conditions:
 - Child is unable to speak and comprehend the English language (Home Language Survey must be completed), or
 - Child is homeless, as defined by [42 USC 11302], or
 - Child is economically disadvantaged (See chart below, documented foster child, or food stamp case number), or
 - Child is active duty member of the armed forces; including the state military forces or a reserve component of the United States, or the child of an armed forces member who was injured, killed, or missing in action while serving on active duty, (refer to Article 6 of House Bill 1).

_____ I understand that if accepted into the Academy of Accelerated Learning, based upon the PRE-QUALIFICATION requirements of the S. 29.153 of the Texas Education Code lists of qualifications of children for pre-kindergarten programs, ALL accepted applicants will have to **REQUALIFY** after the following: (if applicable)

1. State Law requires that the **Pre-Qualification** form be completed with the initial pre-registration process (this form must be completed **within 60 days** of the first day of school).
 - o If **Pre-Qualification** form is completed **more than 60 days from the start of the current school year**, a **NEW Pre-Qualification** application must be completed within the first 30 days of the start of school.
2. Once a new **Pre-Qualification** application is completed, a review process will take place and depending on the information provided, if your child does not meet the requirements set forth, your child may be withdrawn from enrollment of the Pre-Kindergarten program.

_____ I understand that all PreK-3 students will need to re-apply for the following school year of 2014-2015. I understand that there is no automatic rollover for any student in the PreK-3 Grade into the PreK-4 Grade.

ACKNOWLEDGMENT

I certify that the information provided in this application is true to the best of my knowledge. The attached documents are originals or copies of original documents and are not altered in any form. I further acknowledge that any information being presented for enrollment if found to be altered, falsified or consciously intended to mislead the Academy of Accelerated Learning Inc., will result in termination/forfeit of application submission. I am aware that the school reserves the right to refuse my application for enrollment and/or expel my child from the Academy if already enrolled due to falsification of application and/or documents.

The enrolling parent of the child will be the only authorized person to formally withdraw the student during his/her enrollment at The Academy of Accelerated Learning, Inc.

Mother / Madre: _____
(Signature of enrolling parent / Firma de Madre)

Date / Fecha: _____

Father / Padre: _____
(Signature of enrolling parent / Firma de Padre)

Date / Fecha: _____

Guardian: _____
(Signature of enrolling parent / Firma de Padre)

Date / Fecha: _____

The Academy of Accelerated Learning, Inc., does not discriminate on the basis of race, religion, color, sex, age, non disqualifying physical or mental disability, national origin, sexual orientation, or any other basis covered by local law. All qualifying enrollment applications are based on pre-qualifications guidelines provided by the Texas Education Agency (T.E.A.) for all Pre-Kindergarten Programs.

Lea los siguientes datos y marque con sus iniciales:

..... Yo, como padre/guardián del niño(a) nombrado en esta solicitud, entiendo que esta solicitud es una petición para matricular y **no garantiza de la admisión** en la escuela Academy of Accelerated Learning para el año escolar 2013-2014.

..... Para PreK3 y PreK4 mi niño(a) de cumplir los requisitos siguientes:

- i. El niño debe haber cumplido 3 años de edad antes del 1 de septiembre del 2013;
- ii. El niño debe residir dentro de la área Metropolitana de la ciudad de Houston;
- iii. El niño satisface los requisitos de vacunas y al menos una de las siguientes condiciones:
 - a. El niño no es proclive en inglés según el "Home Language Survey"), o
 - b. El niño no tiene casa, ni hogar conforme al [42 USC 11302], o
 - c. La familia del niño es bajos recursos económicos (Ver la tabla abajo, documentación de adopción temporal (Foster care) o número de case del programa de "Food Stamps").
- iv. Hijo(a) de un miembro de las fuerzas armadas, en actividad; incluyendo las fuerzas armadas estatales, los reservistas de Los Estados Unidos de América o el hijo de un miembro de las fuerzas armadas que haya sufrido una lesión, fallecido O desaparecido en acción mientras cumplía servicio militar (referirse al artículo 6 de House Bill 1)

..... Yo entiendo que si mi hijo(a) es aceptado a esta escuela bajo los requisitos del código S. 29.153 del Estado de Texas, mi hijo(a) tendrá que RE-CALIFICAR bajos los siguientes requisitos:

1. Bajo la Ley de Texas, el formulario de Pre-calificación del programa de PRE-Kindergarten, tiene que ser completado durante la solicitud de pre-inscripción a la escuela. *(Este formulario debe ser completado entre los primeros 60 días del inicio del año escolar del año presente)*. Si este formulario es completado *después de los 60 días del inicio de la escuela, un formulario nuevo tiene que ser completado dentro de los primeros 30 días del inicio de la escuela del presente año.*
2. Una vez que la aplicación de Pre-Calificación sea completada, se llevará a cabo la revisión y dependiendo de la información proveida, si su hijo(a) no califica para el programa, su hijo(a) tendrá que ser retirado de la escuela.

..... Yo, entiendo que todos los estudiantes del grado PK-3 tendrán que re-aplicar para el siguiente año escolar 2014-2015. Ningún estudiante de PreK-3 será reinscrito automáticamente si no aplican para el grado siguiente de PK4.

RECONOCIMIENTO

Por la presente, yo certifico y afirmo que la información proveida es correcta y bajo ninguna circunstancia intento falsificar o defraudar a la escuela Academy of Accelerated Learning, Inc. Todos los documentos adjuntos son originales y/o copias de originales y afirmo que no hay ningún intento de falsificar o alterar. Entiendo que la información adjunta es correcta y en caso que se encuentra falsa, la escuela está autorizada de rechazar y/o anular cualquier solicitud por intento de falsificación.

La persona quien inscriba el niño(a) en la escuela será la única persona que podrá dar de baja al estudiante cuando sea tiempo de cambiar escuelas.

Madre: _____ Date / Fecha: _____
Firma de Padres

Padre: _____ Date / Fecha: _____
Firma de Padres

Guardian: _____ Date / Fecha: _____
Firma de Padres

La escuela Academy of Accelerated Learning, Inc., no discrimina en base a la religión, etnicidad, color, sexo, edad o discapacidades físicas o mentales, origen natal, ni orientación sexual.

Academy of Accelerated Learning, Inc.

PRE-REGISTRATION ONLY

PK3 ONLY

§. 29.153 of the Texas Education Code lists qualifications of children for pre-kindergarten programs. The child whose name appears below is applying to be considered for entry into the Academy of Accelerated Learning, Inc. pre-kindergarten program. Pre-kindergarten classroom assignments will be based on the child's home language. **This form DOES NOT guarantee admission into the Pre-Kindergarten program.**

Criteria for Admittance:

- a. Child must be 3 or 4 years of age on or before September 1, 2013 of the current school year;
- b. Child is a resident of the Greater Houston Metropolitan area;
- c. Child meets immunization requirements, and **also meets at least (1) of the following conditions:**
 - ◆ Child is unable to speak and comprehend the English language (Home Language Survey must be completed), **OR**
 - ◆ Child is homeless, as defined by [42 USC 11434a], **OR**
 - ◆ Child is economically disadvantaged (see chart below, documented foster child or food stamp case number), **OR**
 - ◆ Child is active duty member of the armed forces; including the state military forces or a reserve component of the United States, or the child of an armed forces member who was injured, killed, or missing in action while serving on active duty, (refer to Article 6 of House Bill 1), **OR**
 - ◆ Child is or ever has been in the conservatorship of Department of Family and Protective Services following an adversary hearing held as provided by Section 262.201, Family Code. **OR**
 - ◆ NSLP to include all children who meet any eligibility criteria for Head Start, not only those who meet the low-income eligibility criteria for Head Start. The TEC §5.001(e), defines *educationally disadvantaged* as "eligible to participate in the national free or reduced-price lunch program." Consequently, all children who are eligible for Head Start are eligible for free Pre-kindergarten, based on their eligibility for the NSLP. [1] Public Law 110-134, which amended 42 USC, §1758. **OR**

Child's Name	Child's SSN	Child's Birth Date	Child's Age as of September 1	Total in Household
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Enrolling Parent's Name	Address	City/State/ Zip Code	Phone Number
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<u>Household Member Name</u>	<u>Job Income</u>	<u>How are you Paid</u>	<u>Other Income</u>	<u>How are you Paid?</u>
1. _____	\$ _____	YR /MTH/WK/Bi-wk	\$ _____	YR /MTH/WK/Bi-wk
2. _____	\$ _____	YR /MTH/WK/Bi-wk	\$ _____	YR /MTH/WK/Bi-wk

I understand that school officials may verify the information on this application. If an investigation indicates false information has been provided and the child is not eligible to participate in the program at the time of this application, the child will be withdrawn from the program. I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for their receipt of funds; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state laws.

Parent or Legal Guardian Signature

Date

**** NOTE:** Should this form be completed more than 60 days prior to the start of the current school year, a new Verification form will need to be completed in order to confirm qualification.

Academy of Accelerated Learning, Inc.

Verificación de Ingresos

PRE-INSCRIPCION SOLAMENTE

PK3 y PK4 Solamente

Se presenta la siguiente información conforme al § 29.153 del Código de Educación del Estado de Texas. El niño(a) cuyo nombre aparece esta solicitando admisión al programa de PRE-jardín de infancia de la escuela Academy of Accelerated Learning, Inc., según los criterios indicados a continuación. El niño(a) será asignado a un programa apropiado en base al idioma de su hogar. **Esta PRE-Inscripción "no garantiza" la admisión en la escuela.**

Criterios de admisión: Grado: Pre-K 3 Pre-K 4

- a. El niño cumplirá 3 o 4 años de edad **antes o para el** 1 de septiembre del 2013;
- b. El niño debe residir dentro de la área Metropolitana de la ciudad de Houston;
- c. El niño satisface los requisitos de vacunas y **al menos una de las siguientes condiciones:**
 - ◆ El niño(a) no es capaz de hablar y comprender inglés) según el "Home Language Survey"); **O;**
 - ◆ El niño(a) no tiene casa, ni hogar conforme al [42 USC 11302] **O;**
 - ◆ La familia del niño(a) es económicamente marginada (Vea tabla abajo, documentación de adopción temporal (fostercare) o numero de caso del programa de "Food Stamps") **O;**
 - ◆ El niño(a) es hijo(a) de un miembro de las fuerzas armadas, en actividad; incluyendo las fuerzas armadas estatales, los reservistas de Los Estados Unidos de América o el hijo de un miembro de las fuerzas armadas que haya sufrido una lesión, fallecido o desaparecido en acción mientras cumplía servicio militar (referirse al artículo 6 de House Hill 1).
 - ◆ El niño(a) esta o ha estado bajo el Programa de Servicios de Protección al Menor y la familia después de una audiencia adversa como es provisto en la Sección 262.201 del Código de Familia.
 - ◆ NSLP para incluir a todos los niños que cumplan con el criterio de elegibilidad para el programa Head Start y no solamente para los que cumplen con el criterio de bajos ingresos para Head Start. El Código de Education de Texas (TEC) §5.001(4), indica que quines tienen Desventajas económicas, económicas califican para acceder al programa nacional de comidas gratuitas o a precio reducido. Consecuentemente, todos los niños que califican para el programa de Head Start también califican al programa gratuito de pre-jardín de infancia, basándose en su elegibilidad por NSLP [1] Ley Publica 110-134 en enmienda la ley 42 USC §1758.

Nombre del niño	No. de Seguro Social	Fecha de Nacimiento	Cantidad de personas en el hogar	
Nombre de uno de los padres	Dirección de Domicilio	Ciudad/Estado/ Código Postal	Teléfono	
Miembro del hogar que trabaja	Ingresos	¿Cómo es su pago?	Otros Ingresos	¿Cómo es su pago?
1. _____	\$ _____	Anual/Mensual/Semanal/Quincenal	\$ _____	Anual/Mensual/Semanal/Quincenal
2. _____	\$ _____	Anual/Mensual/Semanal/Quincenal	\$ _____	Anual/Mensual/Semanal/Quincenal

Los oficiales de la escuela tienen el derecho de comprobar la información proporcionada en esta solicitud. Si tal información resulta falsa y el niño(a) no resulta elegible a la fecha de esta solicitud, el niño puede ser expulsado del programa. Declaro que toda la información de arriba es correcta y que todos los ingresos familiares han sido reportados. Entiendo que esta información se presenta con el fin de obtener fondos y que cualquier representación falsa intencional podría estar sujeta a las leyes aplicables de estado.

Firma de Padre/Guardián Legal

Fecha

**** NOTA – Si este documento es completado antes de 60 días del inicio del primer día de escuela, Agosto 2013, una revisión nueva tendrá que hacerse para confirmar la calificación.**

FOR OFFICE USE ONLY / SOLO PARA USO DE OFICINA		
<input type="checkbox"/> Limited English Proficient - Home Language Survey must indicate child hears/speaks a language other than English at home; - Child has been tested with oral English assessment (Attach proof of assessment and scores).	<input type="checkbox"/> Birth Certificate (proof of age required) <input type="checkbox"/> Proof of Address (Utility bill, mortgage statement etc. required unless homeless)	<input type="checkbox"/> Immunization Records (Clinic records, doctors statement, or proof of exempt status required)
A score Of Non-English Speaking OR Limited English Speaking indicates eligibility as LEP; - Parent must sign Notification of Enrollment in Bilingual/ESL Program	<input type="checkbox"/> Military member's child	<input type="checkbox"/> Income Eligibility <input type="checkbox"/> Approved <input type="checkbox"/> Rejected
<input type="checkbox"/> Homeless - Child lacks a fixed, regular, and adequate residence; - Primary nighttime residence is a supervised public or private shelter designed to provide temporary living accommodations, or an institution that provides temporary residence for individuals intended to be institutionalized	Household Income Total \$ _____	

Academy of Accelerated Learning, Inc.

A Texas Open-Enrollment Charter School

ATTENDANCE POLICY

2013-2014

State law does not require parents to enroll a child in a school until the child is age six or is entering the first grade. However, once a child is enrolled into a school system, whether a regular school district or charter school, either in a Pre-Kindergarten, Kindergarten or upper grade level class, the attendance policy is the same for all school children enrolled in school. Pre-Kindergarten student must follow the same State rules as those that govern the required attendance of children in a regular elementary school program.

The Academy of Accelerated Learning, Inc. enforces laws relating to school attendance listed below, which are taken directly from the Texas Education Code. This notice is to make it clear to parents/guardians of Pre-Kindergarten and Kindergarten students that as parents you are responsible to ensure that your child attends school each day. If a child is enrolled in a pre-kindergarten or kindergarten program, he or she must attend school each school day for the entire period the program of instruction is provided.

COMPULSORY SCHOOL ATTENDANCE (SEC. 25.085, Texas Education Code) *A child who is required to attend school under this section shall attend school each day for the entire period the program of instruction is provided.*

EXCUSED ABSENCE (SEC. 25.087, Texas Education Code) *A school district shall excuse a student from attending school for the purpose of observing religious holy days, including traveling for that purpose. A school district shall excuse a student from temporary absence resulting from health care professional if that student commences classes or returns to school on the same day of the appointment.*

WARNING NOTICES (SEC. 25.095, Texas Education Code) *A school district shall notify a students' parents in writing at the beginning of the school year that if a student is absent from school on 10 or more days or party of days within a six month period in the same year or on three or more days within a four-week period the student's parent will be subject to prosecution.*

Based upon these guidelines all parents and guardians fully understand the laws governed by The State of Texas and will be expected to adhere to these guidelines while enrolled at The Academy of Accelerated Learning, Inc. Parents and students who are in violation of these guidelines are subject to immediate expulsion/withdrawal from enrollment.

My signature indicates that I have read and understood all the above information.

Parent Signature

Date

Student's Name

Grade

Academy of Accelerated Learning, Inc.

A Texas Open-Enrollment Charter School

Reglamentos de Asistencia

2013-2014

En ocasiones padres de familias han estado un poco confundidos de los reglamentos de asistencia de estudiantes en los programas del pre-jardín y kínder. Bajo las leyes del Estado de Texas a los estudiantes matriculados en estos programas se les requiere seguir las mismas reglas y procedimientos que rigen la asistencia de un estudiante de escuela regular. Por ley a los padres de familia no se les requiere de matricular a sus hijos en la escuela hasta que tengan seis (6) años de edad o hasta que entren al primer grado de escuela. Sin embargo, una vez que un niño(a) entre al sistema escolar de cualquier distrito escolar en el estado de Texas, sea del programa pre-jardín, kínder, o del primer grado en adelante, el estudiante está obligado de cumplir con los mismos requisitos de asistencia.

La Escuela Academy of Accelerated Learning, Inc., hace cumplir estos reglamentos del estado con respecto asistencia indicadas en este documento cuya información es directamente obtenida del Código de Educación de Texas.

Asistencia Mandatorio Escolar (SEC. 25.085, Texas Education Code) – Bajo este reglamento, se requiere que el niño asista a la escuela diariamente todo el día durante toda la temporada de instrucción del programa.

Ausencias con Excusa (SEC. 25.087, Texas Education Code) El distrito escolar dará permiso a un estudiante de estar ausente con el propósito de observar un día sagrado/religioso, esto incluye un día de viaje hacia el lugar y un día de regreso. El distrito escolar dará de permiso a un estudiante de una ausencia temporal debido a una consulta médica con un médico profesional siempre y cuando el niño(a) comienza la escuela en ese día o regresa a la escuela en el mismo día de la consulta.

Notificaciones de Aviso (SEC. 25.095, Texas Education Code) – El distrito escolar notificara a los padres de los estudiantes por escrito al inicio del año escolar las reglas de asistencia. Los estudiantes que se ausenten de las escuela 10 días o más o tiempo parcial durante un tiempo de seis meses en el mismo año o tres o más días en mismo periodo de cuatro semanas es obligación de la escuela de notificar a las autoridades y posiblemente los padres sean sujeto de acusaciones legales.

Basándose en estas reglas, todos los padres y guardianes de familia reciben estos reglamentos y están en conforme con las leyes del estado. Padres de familia y estudiantes que violen estos reglamentos están sujetos a ser expulsados/retirados de la escuela.

Yo, entiendo y recibo estos reglamentos de asistencia a la Escuela Academy of Accelerated Learning y del Estado de Texas.

Firma de Padre

Fecha

Nombre de estudiante

Fecha

Academy of Accelerated Learning, Inc.

A Texas Open-Enrollment Charter School

Multilingual Programs
Migrant Education Program
2013-2014
Employment Survey

Dear Parents,

The Academy of Accelerated Learning, Inc is assisting the State of Texas in identifying students who may qualify for the Migrant Education Programs Services that includes extra help in academics.

Please answer the following questions and return this form to your child's school.

Student's Name: _____ Grade: _____

School Name: ACADEMY OF ACCELERATED LEARNING, INC.

1. Has your family moved anytime during the last three years from one school district to another in Texas or across state? Yes No

2. Were any of these moves made to find temporary or seasonal work in agriculture related to job packing, processing, harvesting cultivating of crops food processing, dairy work, forestry, fishing, etc?
 Yes No

If you answered "Yes" to question #2, please complete the following information below:

Name of Parent/Guardian: _____

Address: _____

Telephone: _____ Cellular: _____

List the names and ages of children who are not enrolled at the Academy of Accelerated Learning, Inc.

Age	Last Name	First Name	Middle Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Academy of Accelerated Learning, Inc.

A Texas Open-Enrollment Charter School

Programas Multilingües
Programa de Educación para Migrantes
2013-2014
Encuesta Laboral

Estimados Padres/Tutores

El Distrito Escolar de Academy of Accelerated Learning, Inc. le asiste al estado de Texas en la identificación de los estudiantes que pueden calificar para los servicios del Programa de Educación para Migrantes (Migrant Education Program). Este programa incluye asistencia académica adicional.

Favor de responder a las siguientes preguntas y envíen este formulario de regreso a la escuela de su hijo(a).

Nombre de estudiante _____ Grade: _____

Escuela: ACADEMY OF ACCELERATED LEARNING, INC.

1. ¿Se ha mudado su familia de un distrito escolar a otro, dentro del Estado de Texas o a otro estado durante los últimos tres años? Si No
2. ¿Fue alguna de las mudanzas porque debieron buscar un trabajo provisorio o un empleo por temporada relacionado con la agricultura, por ejemplo recoger o sembrar cosechas, procesamiento de alimentos, atrabajo con productos Lácteos tareas forestales, pesca, etc? Si No

Si su respuesta es "SI" en la pregunta #2, por favor complete la información siguiente:

Nombre de Padre/Guardián: _____

Dirección: _____

Teléfono: _____ Celular: _____

Por favor escriba los nombres y edades de sus otros hijos quienes no están en la escuela.

Edad	Apellido	Primer Nombre	Segundo Nombre
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Agencia de Educación de Texas

Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Personal de las Escuelas Públicas de Texas

El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y del personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).

Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se les requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación como último recurso para obtener estos datos utilizados para reportes federales.

Favor de contestar AMBAS partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. *Registro Federal de Estados Unidos (71 FR 44866).*

PARTE 1: ETHNICIDAD

Marque con una "X" en su respuesta

¿Es la persona Hispana/Latina?

(Escoja **SOLO UNA** respuesta)

- Hispano/Latino** – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.
- No Hispano/Latino**

Parte 2: RAZA

Marque con una "X" en sus respuestas

¿Cuál es la raza de la persona?

(Marque todos los que aplique)

- Indio Americano o Nativo de Alaska** – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo Centro America), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.
- Asiático** – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Camboya, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.
- Negro o Africano-Americano** – Una persona con orígenes de cualquier grupo racial negro de África.
- Nativo de Hawai u otras islas del pacífico** – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.
- Blanco** – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

Nombre del Estudiante
(por favor use letra de imprenta)

Firma de Padre o Tutor Legal

Número de Seguro Social del Estudiante

Fecha

Texas Education Agency

Texas Public School Student/Staff Ethnicity and Race Data Questionnaire

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer PART I and PART II of the following questions on the student's or staff members' ethnicity and race. *United States Federal Register (71 FR 44866)*

PART I: ETHNICITY:

Place an "X" on your response

Is the person Hispanic/Latino?

(Choose ONLY one)

Hispanic/Latino - A person of Cuban, Mexican, Puerto Rican, South American, Central American, or other Spanish culture or origin, regardless of race.

Not Hispanic/Latino

PART II: RACE:

Place an "X" on your responses

What is the person's race?

(Choose ALL that apply)

American Indian or Alaska Native – A person having origins in any of the original peoples of North or South America (including Central America).

Asia – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black or African American - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Student Name

Parent/Legal Guardian

Student (S.S. #)

Date

ACADEMY OF ACCELERATED LEARNING, INC.

A Texas Open-Enrollment Charter School

Yearly Permission Form 2013 - 2014

A field trip for your campus:

- Burnett Bayland Community Center * 6200 Chimney Rock * Ph. (713) 668-4516 (park across the street from AAL)

This Permission Slip form is in EFFECT for the entire duration that The Academy of Accelerated Learning, Inc. is in session during the academic school year of 2013-2014.

Effective Dates: Entire School Year

Time: 8:00 am to 3:30 pm

Effective Event(s): Christmas Program, Black History, Cinco de Mayo, Field Days, Fun Day in the Park, Health Awareness or any other event that can be scheduled and is currently not listed above.

Parents who do not wish for their child(ren) to participate in an activity at the at the Burnett Bayland Community Center (park across the street from AAL) on any given date, please forward a formal notice to the office prior to the scheduled date of event(s). Should a notice not be on file for any event, it is assumed that the parent has no conflicts with the scheduled event(s) on any scheduled date. NO phone calls will be accepted.

I do hereby understand that this is a Year-Long Standing Permission Form for my child to attend any and all activities scheduled at the Burnett Bayland Community Center (Park located across the street from AAL). I understand should I not wish for my child to participate in a certain event, I must inform the school *in writing* before the scheduled event.

I do hereby certify that _____, has my permission to attend the scheduled
Student Name

with The Academy of Accelerated Learning, Inc. In case of an emergency, I may be reached at the following telephone numbers:

Student Name	Parent Signature	Date
Teacher	Telephone Number	
Emergency Contact	Telephone	
Known Allergies (Food, Liquids)	Medications	

ACADEMY OF ACCELERATED LEARNING, INC.

A Texas Open-Enrollment Charter School

PERMISO ANUAL 2013-2014

Una excursión ha sido programada para el:

- Burnett Bayland Community Center * 6200 Chimney Rock * Ph. (713) 668-4516 (parque al cruzar la calle de la escuela)

Este permiso es para la escuela Academy of Accelerated Learning, Inc. y estará vigente durante todo el año escolar de 2013-2014.

Permiso Vigente: Todo el año escolar 2013-2014

Horario 8:00 am - 3:30 pm

Eventos: Programa de Navidad, Programa de Historia Afro-Americana, Cinco de Mayo, Días de Campo, Día de la Salud, y cual quier otro evento que sea programado y no esté mencione arriba.

Padres de familia quien no extiendan permiso para que su hijo(s) participe en eventos en el parque al cruzar la calle, Burnett Bayland Community Center en cualquier día de eventos programados, favor de mandar por escrito una notificación a la oficina principal informando que su hijo(s) no deberían de participar. Se entiende antemano, si no hay una notificación entregada a la oficina, que los padres de familia no se oponen a la participación de los niños en las actividades programados. NO se acepta llamadas por teléfono.

Yo, como padre del estudiante nombrado, entiendo que este permiso será vigente durante **TODO EL AÑO ESCOLAR** y será utilizado para participar en eventos en el Parque Burnett Bayland Community Center(parque al cruzar la calle de la escuela). Yo entiendo que si como padre no doy permiso para que mi hijo(a) participe en eventos, será mi responsabilidad de notificar a la oficina por escrito de mi decisión. *Se entiende antemano, que si no hay una notificación entregada a la oficina, los padres de familia no se oponen a la participación de los niños en las actividades programadas.*

Yo como padre de _____, doy mi permiso para que mi
Nombre

hijo(a) participe en excursiones al Parque Burnett Bayland Community Center(parque al cruzar la calle de la escuela) con la escuela Academy of Accelerated Learning, Inc. En caso de emergencias favor de llamar al número:

Nombre de Estudiante	Firma de Padre	Fecha
Maestro(a)	Número de Teléfono	
Contacto por Emergencias	Teléfono	
Alergias (comida, líquidos)	Medicamentos	

ACADEMY OF ACCELERATED LEARNING INC.

School Health Department Inventory - Inventario del Departamento de Salud de la Escuela

The information on this form will enable the school's staff to have a better understanding of your child's health status. / Esta información proveída en este documento será utilizada para que el personal de la escuela esté mejor informado de la salud de su hijo(a).

STUDENT DEMOGRAPHICS / Información de Estudiante					
LAST NAME / Apellido de Estudiante		FIRST NAME / Primer Nombre de Estudiante			MIDDLE NAME / Segundo Nombre
DATE OF BIRTH / Fecha de Nacimiento		Gender / Sexo <input type="checkbox"/> Male/Masculino <input type="checkbox"/> Female/Femenino		HOME ADDRESS / Dirección City, State, Zip Code	
Has your child ever suffered from any of the following illnesses? / ¿Su hijo(a) a tenido alguna de las enfermedades siguientes?					
Asthma / Asma		<input type="checkbox"/> Y <input type="checkbox"/> N		Orthopedic Disorders / Desorden Ortopedico	
Allergies / Alergias		<input type="checkbox"/> Y <input type="checkbox"/> N		Poliomielitis / Poliomieltis	
Blood Disorder / Enfermedad de Sangre		<input type="checkbox"/> Y <input type="checkbox"/> N		Rheumatic Fever / Fiebre reumática	
Diabetes / Diabetes		<input type="checkbox"/> Y <input type="checkbox"/> N		Serious Accident / Accidente severo	
Epilepsy / Epilepsia		<input type="checkbox"/> Y <input type="checkbox"/> N		Surgery / Fractures Cirugías / Fracturas	
Heart Disease / Enfermedad Cardíaca		<input type="checkbox"/> Y <input type="checkbox"/> N		Tuberculosis / Tuberculosis	
Kidney Disorder / Desorden de Riñón		<input type="checkbox"/> Y <input type="checkbox"/> N		Hearing Loss / Perdida de Audición	
Premature Birth / Nacimiento Prematuro		<input type="checkbox"/> Y <input type="checkbox"/> N		Vision Loss / Perdida de Vista	
Tires easily / Se Cansa fácil		<input type="checkbox"/> Y <input type="checkbox"/> N		Frequent sore throat / Dolor de garganta	
Frequent Nose Bleeds / Sangrado de Nariz		<input type="checkbox"/> Y <input type="checkbox"/> N		Restlessness / Inquieto	
Underweight / Bajo Peso		<input type="checkbox"/> Y <input type="checkbox"/> N		Earaches / Dolor de oídos	
Shyness / Timidez		<input type="checkbox"/> Y <input type="checkbox"/> N		Frequent headaches / Dolor de Cabeza	
Does not like school / No le gusta la escuela		<input type="checkbox"/> Y <input type="checkbox"/> N		Frequent urinating / Orina Frecuente	
				Nail biting / Se Muerde la uñas	
				Overweight / Sobre peso	
				Frequent colds / Resfriados	
				Stomachaches / Dolor de estomago	
				Dizziness / Mareos	
				Fainting / Desmayos	
				Frequent bowel movements / Evacuaciones Frecuentes	
				Does not get along with others / No se lleva bien con otros	
				Other illness not mentioned above -	

1. Does your child wear physician prescribed prescription glasses? / ¿Su hijo(a) utiliza anteojos recetados por un médico?	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No/No	Explain/Explicar:
2. Does your child have any medically diagnosed hearing problems? / ¿Su hijo(a) ha sido diagnosticado de tener problemas auditivos?	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No/No	Explain/Explicar:
3. Does your child have any physical restraints? / ¿Su hijo(a) tiene alguntipo de restricciones físicas?	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No/No	Explain/Explicar:
4. Does your child suffer from any asthma symptoms? / ¿Su hijo(a) tienesintomas de asma?	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No/No	Explain/Explicar:
5. If your child has had any of the above conditions did he/she receive medical care? / ¿Si su hijo(a) ha tenido alguna de las condiciones antes mencionadas, recibió el/ella cuidado médico?	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No/No	Explain/Explicar:
6. Is your child under medical treatment now? / ¿Esta bajo tratamiento medico en estos momentos?	<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No/No	Explain/Explicar:

❖ My child may receive the following medication(s) if necessary / Mi hijo(a) puede recibir las siguientes medicinas si es necesario:

- ACETAMINOPHEN (generic Tylenol) – for fever and/or pain / Para fiebre y/o calentura [] Yes / Si [] No / No
- ANTIBIOTIC OINTMENT to minor cuts and scrapes / Ungüento antibiótico para raspaduras [] Yes / Si [] No / No
- HYDROCORTIZONE / Hidrocortisona [] Yes / Si [] No / No

Please list all known allergies (food, liquids, medicine, seasonal allergies, etc). Favor de listar todas las alergias conocidas: (comida, líquidos, medicamentos, alergias del cambio de las temporadas).

1 _____

2 _____

3 _____

4 _____

Child's Health Insurance Form
Información de Seguro Médico del Niño

Teacher/Maestro _____

Grade/Grado: _____

STUDENT DEMOGRAPHICS / Información de Estudiante			
LAST NAME / Apellido	FIRST NAME / Primer Nombre	MIDDLE NAME / Segundo Nombre	DATE OF BIRTH/ Fecha de Nacimiento

I do not have any medical insurance for my child / No mantengo un seguro médico para mi hijo(a).

I have Medicaid for my child / Mantengo el seguro de Medicaid para mi hijo(a).

Family Healthcare Provider / Médico/Clínica de la Familia:

Address / Dirección _____ City / Ciudad _____ State / Estado _____ Zip Code / Código Postal _____ Telephone / Teléfono _____

Insurance Company/ Compañía de Seguro: _____

Primary Cardholder / Asegurado Principal: _____

▪ Policy Number / Número de Póliza: _____

▪ Effective Date / Fecha de Inscripción: _____

▪ Group #: _____ Telephone / Teléfono: _____

PARENT / GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES
Consentimiento de Servicio Médico durante Emergencias

As the parent / legal guardian, I give my consent for my child to receive first aid by the facility staff (AAL) and if necessary, be transported to receive emergency medical attention at a qualified hospital of my choice. It is understood that a conscientious effort will be made to notify my spouse or myself if such an emergency should arise. If it is impossible to locate my spouse or myself, I hereby consent and accept all responsibility of all the medical expenses / transportation fees that will be incurred during the medical attention of my child. I understand that I will be responsible for all charges not covered by my insurance company. I give my consent for the emergency contact persons listed to act on my behalf. I agree to review and update this information immediately if there are changes or at least every three (3) months. I hereby authorize the bearer of this document to authorize medical treatment for my child by a qualified emergency room physician or AAL Staff when deemed necessary for my child whether on school grounds or elsewhere.

Yo, como padre legal / guardián legal, doy mi consentimiento para que mi hijo(a) reciba ayuda medica de parte del personal de la escuela Academy of Accelerated Learning, Inc., y si necesario sea transportado(a) por una ambulancia a un hospital por atención medica. Entiendo que se intentará notificar o comunicarse con ambos padres del niño(a) si alguna emergencia sucediera. En cualquier circunstancia que no se puede comunicar con los padres, Yo, por la presente, doy mi consentimiento y reconozco que yo como padre del niño(a) seria totalmente responsable por todos los gastos médicos que se le administre a mi hijo(a) durante sus atención medica en el hospital de servicio. Entiendo que seria responsable por todos los gastos que no sean garantizados por mi compañía de seguros médicos. Al igual doy me consentimiento que mi hijo/hija participe en todas las actividades de la escuela, incluyendo eventos dentro y fuera de la escuela. Yo, por la presente, doy mi permiso a la persona autorizada de este documento de entregar permiso al medico designado del hospital de atender y entregar tratamiento a mi hijo/hija en caso de emergencia. Yo aclaro que haré todo lo posible de actualizar mi información de seguro medico o al menos cada tres (3) meses.

This Agreement will remain in effect during the students' enrollment at AAL.
Este documento estará vigente durante cada año que el estudiante este inscrito en la escuela AAL.

EMERGENCY TRANSPORTATION SERVICES / Servicio de Transporte en caso de Emergencias

No Preference; Any available service

No tengo preferencia; cualquier transporte disponible

• Ambulance Service / Servicio de Ambulancia: _____ Telephone / Telefono _____

• Hospital of Choice / Hospital de preferencia: _____ Telephone / Teléfono _____

Parent / Legal Guardian Signature/ Firma del Padre o Representante: _____

EMERGENCY CONTACTS /STUDENT PICK-UP AUTHORIZATION
Contactos en Caso de Emergencia/Autorización para recoger al estudiante

I hereby give the following Relative(s) and or family Friend(s) permission to pick up _____

from school. Identification will be requested at the school's main office. NO phone calls will be accepted as notification for pick-up of your child, ONLY in PERSON & in WRITING will be accepted.

Por la presente, yo como padre del estudiante nombrado, doy me permiso a las personas (amigo/parientes) siguientes para que levanten a mi hijo(a) en ocasiones que yo no podré. Yo afirmo que solamente las personas que aparecen en esta lista serán permitidos de levantar a mi hijo(a). Reconozco que se le va a exigir identificación a estas personas antes de pasar al salón del alumno. No se permite llamadas telefónicas para dar permiso, solamente EN PERSONA o POR ESCRITO.

LIST NAMES IN ORDER OF IMPORTANCE
LISTE LOS NOMBRES EN ORDEN DE IMPORTANCIA

1. Name / Nombre: _____

Telephone / Teléfono: _____

Relation / Parentesco: _____

Alternate / Alternativo: _____

Date Added _____ Removed _____

2. Name / Nombre: _____

Telephone / Teléfono: _____

Relation / Parentesco: _____

Alternate / Alternativo: _____

Date Added _____ Removed _____

3. Name / Nombre: _____

Telephone / Teléfono: _____

Relation / Parentesco: _____

Alternate / Alternativo: _____

Date Added _____ Removed _____

4. Name / Nombre: _____

Telephone / Teléfono: _____

Relation / Parentesco: _____

Alternate / Alternativo: _____

Date Added _____ Removed _____

5. Name / Nombre: _____

Telephone / Teléfono: _____

Relation / Parentesco: _____

Alternate / Alternativo: _____

Date Added _____ Removed _____

ACADEMY OF ACCELERATED LEARNING, INC.

Home Language Survey / Cuestionario de Lenguaje
(PRE-K3 thru 12 Grades) / (PRE-K3 hasta 12 Grado)

STUDENT DEMOGRAPHICS / Información de Estudiante		
LAST NAME / Apellido de Estudiante	FIRST NAME / Primer Nombre de Estudiante	MIDDLE NAME / Segundo Nombre
DATE OF BIRTH / Fecha de Nacimiento	Gender / Sexo <input type="checkbox"/> Male/Masculino <input type="checkbox"/> Female/Femenino	
STUDENT RACE / Raza del Estudiante: (SELCECT ALL THAT APPLY / marquee todos los que apliquen) <input type="checkbox"/> American Indian or Alaska Native / <input type="checkbox"/> Indio Americano/Nativo de Alaska <input type="checkbox"/> Asian / <input type="checkbox"/> Asiático <input type="checkbox"/> White, Not Hispanic / <input type="checkbox"/> Blanco <input type="checkbox"/> Black or African American / <input type="checkbox"/> Negro o Africo <input type="checkbox"/> Native Hawaiian/ Pacific Islander / <input type="checkbox"/> Nativo de Hawai / Islas del Pacifico		STUDENT ETHNICITY / Etnicidad del Estudiante (SELCECT ONE ONLY / marquee sólo UNO) <input type="checkbox"/> Hispanic/Hispano <input type="checkbox"/> Not Hispanic / No Hispano

The Texas Education Code requires all schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction to all students.

El Codigo de Education del Estado de Texas requiere que las escuelas determinen el idioma que se habla en el hogar de cada estudiante. Esta información es esencial para que las escuelas puedan proporcionar instrucción significativa a todos los estudiantes.

PART A:

(1) Place of Birth (Country) / Lugar de Nacimiento (País): _____ City / Ciudad: _____

(1) First initial entry date into the U.S. Schools / Fecha de inicio a las escuelas de Los Estados Unidos: _____

 completed academic years in U.S. schools (child)? _____
 ¿Numero de años escolares completados en las escuelas de los Estados Unidos? _____

(1) When your child lived outside of the U.S., did he/she attend school regularly (Check only one) – ¿Cuándo su hijo(a) vivió fuera de los E.E.U.U., el niño(a) asistió a la escuela regularmente?
 _____ Not Applicable / No aplica
 _____ Yes, my child attended school regularly in all previous grades outside the U.S. / Si, mi hijo asistió regularmente todos los años a la escuela
 _____ No, my child missed significant portions of one or more school years, as specified / No, mi hijo(a) perdió un tiempo significativo fuera de la escuela
 Specify grade and time period, including month and year DO NOT include periods of absences that lasted less than one month. Do not include regularly scheduled school holidays or vacations). Especifique el tiempo durante cuando el niño(a) estuvo fuera de la escuela.
 Grade missed _____ Duration of Missed School: _____ Year(s) _____
 Grado perdido _____ Tiempo sin estar en la escuela _____ Año(s) _____

(M) Has your family ever worked in the agricultural or fishing industry? / ¿Ha trabajado usted o un miembro de su familia en la AGRICULTURA o en la INDUSTRIA PESQUERA? [] Yes / Si [] No / No

PART B: Please specify only one language (Mark ONLY ONE) Solamente marque un idioma (Marque solo UNA RESPUESTA)

1. What language is spoken in your home **MOST** of the time? ¿Que idioma se habla la **MAYORIA** del tiempo en su casa?
 [] English / Ingles [] Spanish / Español [] Vietnamese / Vietnamés [] Other / Otro _____

2. What language does **your CHILD** speak **MOST** of the time? ¿Que idioma habla la **MAYORIA** del tiempo su **HIJO(a)**?
 [] English / Ingles [] Spanish / Español [] Vietnamese / Vietnamés [] Other / Otro _____

Grades/Grados PreK – 8

Grades/Grados 9 - 12

Parents Signature / Firma de Padres _____

Date/Fecha _____

Parents Signature / Firma de Padres _____

Date/Fecha _____

Note to school personnel:

- A signed copy of the Home Language Survey (HLS) must be in each student's permanent record folder.
- In Part A, items marked with an (1) are required for identification of immigrant students. (Refer to Bilingual/ESL Program Guidelines for identification procedures). *An immigrant student is one who was born outside of the United States and has been attending school in the United States for less than three complete academic years.* Item marked with (M) is required for identification of migrant students.
- In Part B, an answer other than English to either question # 1 or # 2, identifies student for language proficiency assessment. (OLPT)
 YES, Needs OLPT Testing (Grades PK-12) YES, Needs ENG. NRT Testing (Grades 2-12)
 (Student must be test, identified and placed in an appropriate program within 4 weeks of their enrollment.)



TEXAS EDUCATION AGENCY

1701 North Congress Ave. • Austin, Texas 78701-1494 • 512 463-9734 • 512 463-9838 FAX • www.tea.state.tx.us

Michael L. Williams
Commissioner

Charter Renewal Contract

April 2, 2014

Mr. Percy Creuzot, Board Chair
Academy of Accelerated Learning, Inc.
2025 McDuffie
Houston, Texas 77019

Re: Charter Renewal Contract for Academy of Accelerated Learning, Inc. (CDN 101810)

Dear Mr. Creuzot:

I am pleased to inform you that the charter renewal is approved for Academy of Accelerated Learning, Inc. with a contract ending date of July 31, 2023. After renewal, the charter contract shall consist of the following:

- the representations and assurances made by the charter holder in the original request for application under the standard application system, including all revisions made during the contingency process;
- the original contract for charter, as signed by the charter holder and the State Board of Education;
- any condition, amendment, modification, revision, or other change to the charter approved by the State Board of Education or the commissioner of education, including any prior renewal documents with revisions based on contingency responses;
- the final renewal application received in spring 2013, on file with the Division of Charter School Administration, including any revisions required by the agency and any amendments to the charter made through the renewal application; and
- all statements, assurances, commitments, and representations made by the charter holder in its application for charter renewal and its attachments or related documents, to the extent that these documents are consistent with those listed above.

By accepting these renewal terms, the charter holder represents that it understands that the charter holder, including any and all governance, at whatever level whether appointed or elected, employees, agents, and volunteers, shall fully cooperate with every Texas Education Agency investigation and/or sanction deemed necessary by the commissioner based on the authority and responsibility granted to the commissioner in state or federal law. This means that Texas Education Agency staff may conduct confidential interviews of charter school personnel and contractors outside the presence of representatives of the charter school's administration and board and that failure to timely reply with reasonable requests for access to site, personnel, documents, or other materials and/or items is a material violation of the contract for charter.

RECEIVED MAY - 8 2014

Mr. Percy Creuzot, Board Chair
Academy of Accelerated Learning, Inc.
Charter Contract Renewal
Page 2 of 2

By accepting these renewal terms, the charter holder represents that it is understood by all parties that, if the charter holder loses its 501(c)(3) tax exempt status for any period of time, through action of the Internal Revenue Service or any other action which renders the charter holder no longer an "eligible entity" within the meaning of TEC §12.101(a), the charter contract shall be rendered void, and it shall automatically return to the commissioner of education (COE) without any further action.

Note that this contract is contingent upon legislative authorization and that the contract and the funding under state and federal law may be modified or even terminated by future legislative acts. Furthermore, state and federal laws and rules may periodically be adopted, amended, or repealed, and all such changes applicable to the charter holder or its charter school(s) may modify this contract, as of the effective date provided in the law or rule. Nothing in the charter contract shall be construed to entitle the charter holder to any privilege or benefit, including any funding, but in accordance with state and federal laws in effect and as they may in the future be amended. A contract term that conflicts with any state or federal law or rule is superseded by the law or rule to the extent that the law or rule conflicts with the contract term.

To acknowledge acceptance of this renewed contract, and to finalize the contract renewal, the chair of the charter holder board **must sign below and return** the entire original document to:

**Texas Education Agency
Division of Charter School Administration
William B. Travis Building, Room 5-107
1701 North Congress Avenue
Austin, Texas 78701-1494**

The charter holder should keep a copy of this document for its files. Please contact the Division of Charter School Administration at (512) 463-9575 with any questions.

Sincerely,



Michael Williams
Commissioner of Education

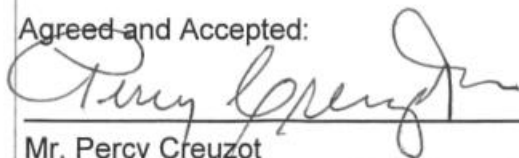
RECEIVED MAY - 8 2014

MW/mg

cc: Mr. James Bullock, Superintendent

I, the undersigned, hereby certify that the governing body of the charter holder has accepted and agreed to the charter renewal agreement for Academy of Accelerated Learning, Inc. as outlined in the foregoing letter and has authorized me to sign below.

Agreed and Accepted:



Mr. Percy Creuzot
Board Chair, Academy of Accelerated Learning, Inc.

4/29/14

Date