



## Application for Re-Enrollment Academic Year 2017-2018

**DEAR PARENT(S) AND APPLICANT:** Thank you for your interest in our school. Due to limited space for the upcoming year, we ask each parent/guardian to fill out this re-enrollment form completely. This application form is designed for currently enrolled students. The closing date for this application is **Friday, January 13<sup>th</sup>, 2017**. Applications received unsigned, incomplete, or after the closing date may not be considered for next year. Please submit a current proof of residency with this form (utility bill, lease agreement, tax document, etc.).

For office use only	
Date Application Received	
Proof of Residency (Type)	
Feeder Campus (If Applicable)	

STUDENT INFORMATION		
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Date of Birth (MM/DD/YYYY)</b>	<b>Current Grade /Section</b>	
<b>Current Campus (2016-2017)</b>	<b>Campus for 2017-2018</b>	

PARENT INFORMATION			
<b>Parent Or Guardian Name</b>		<b>Parent Or Guardian Email Address</b>	
<b>Guardian's relationship to student</b>		<b>Student lives with:</b>	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Other _____		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other _____	
<b>Permanent address (Street &amp; House/Apt No.)</b>		<b>City</b>	<b>Zip</b>
<b>Home Phone Number xxx-xx-xxxx</b>		<b>Cell Phone Number xxx-xx-xxxx</b>	
<b>Parent Or Guardian Signature</b>		<b>Date (MM/DD/YYYY)</b>	

We/I, the undersigned, hereby certify that, to the best of our/my knowledge and belief, the answers to the foregoing questions and statements made by Us/me in this application are complete and accurate. We/I understand that any false information, omissions, or misrepresentations of facts may result in rejection of this application or future dismissal of the applicant.

**If you do not want your child enrolled in our school, please check boxes and sign below again, otherwise leave them all blank.**

**I DO NOT** want my child enrolled in the school for 2017-2018 due to the following reason:  
 Transportation    Moving    Accepted to another school  
 Other. Please, explain: \_\_\_\_\_

<b>Parent/Guardian Initials</b>	<b>Please mail this application/notice to the School office to:</b>
	<b>Address:</b> _____
	<b>Website:</b> _____
	<b>Email:</b> _____ <b>Fax #:</b> _____

It is the policy of HPS not to discriminate on the basis of race, color, national origin, sex, or disability in its programs, services, or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended. For inquiries regarding non-discrimination policies, please contact Section 504/ADA Coordinator at 713 343 3333 located at 9321 W. Sam Houston Pkwy S. Houston, TX 77099.