

# Enrollment Packet



**2010-2011**



# San Antonio School for Inquiry and Creativity

4616 San Pedro Ave. Suite 104 San Antonio, TX 78212  
Office: 210-738-0020 Fax: 210-738-0033



Dr. Debbie De Leon, Superintendent/Principal

---

## ENROLLMENT PACKET

STUDENT'S NAME: \_\_\_\_\_

\_\_\_\_\_ Enrollment Packet

\_\_\_\_\_ Original Birth Certificate

\_\_\_\_\_ Original Social Security Card

\_\_\_\_\_ Original Immunizations Record

\_\_\_\_\_ Lunch Application

\_\_\_\_\_ Parent's Drivers License

\_\_\_\_\_ Utility Bill or Phone Bill (most recent month)

\_\_\_\_\_ TAAS and/or TAKS scores from any previous schools

\_\_\_\_\_ Public School student would attend: \_\_\_\_\_

\_\_\_\_\_ Resident School District: \_\_\_\_\_

\_\_\_\_\_ Special Education documents (if applicable)



# San Antonio School for Inquiry and Creativity



4616 San Pedro Ave. Suite 104 San Antonio, TX 78212  
Office: 210-738-0020 Fax: 210:738-0033

Dr. Debbie De Leon, Superintendent/Principal

## ENROLLMENT FORM 2010-2011

### Student Information:

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle: \_\_\_\_\_

Nickname: \_\_\_\_\_ SSN: \_\_\_\_\_ Sex: M or F

Birth Date: \_\_\_\_\_ Age as of September 1, 2010: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Ethnicity: (circle one) Native American, Asian/Pacific Islander, African American, Hispanic, White

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Parent/Guardian Information:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Size of Household:

Number of people residing at student's primary address: \_\_\_\_\_

### Income:

(Please circle which amount most closely represents your household yearly income)

\$ 17,705 // \$ 23,736 // \$ 29,767 // \$ 35,798 // \$ 41,829 // \$ 47,860

\$ 53,891 // \$ 59,922 // \$ 65,953 // \$ 71,984 // \$ 84,046

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



# San Antonio School for Inquiry and Creativity

4616 San Pedro Ave. Suite 104 San Antonio, TX 78212

Office: 210-738-0020 Fax: 210:738-0033



Dr. Debbie De Leon, Superintendent/Principal

---

## WE APPRECIATE YOUR FEEDBACK

**How did you hear about our school?**

\_\_\_\_\_ **From your friends**

\_\_\_\_\_ **From family members**

\_\_\_\_\_ **From your child's friend**

\_\_\_\_\_ **From driving by**

\_\_\_\_\_ **From our street banner**

\_\_\_\_\_ **From our TV commercials**

\_\_\_\_\_ **From our Website**

\_\_\_\_\_ **From another school**

\_\_\_\_\_ **From Other source:** \_\_\_\_\_



# San Antonio School for Inquiry and Creativity

4616 San Pedro Ave. Suite 104 San Antonio, TX 78212  
Office: 210-738-0020 Fax: 210:738-0033



Dr. Debbie De Leon, Superintendent/Principal

## STUDENT DEMOGRAPHIC INFORMATION SHEET SCHOOL YEAR 2010 – 2011

_____		_____		_____	
<b>Student's Name</b>		<b>Grade</b>		<b>Social Security Number</b>	
_____		_____	_____	_____	_____
<b>Street Address (P.O. Box)</b>		<b>Apt. #</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

**School District of Residency: (Which School district do you reside in?) please check one**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> San Antonio ISD       | <input type="checkbox"/> North East ISD      | <input type="checkbox"/> Medina Valley ISD  |
| <input type="checkbox"/> Harlandale ISD        | <input type="checkbox"/> Alamo Heights ISD   | <input type="checkbox"/> Schertz-Cibolo -   |
| <input type="checkbox"/> South Side ISD        | <input type="checkbox"/> Ft. Sam Houston ISD | <input type="checkbox"/> Universal City ISD |
| <input type="checkbox"/> Southwest ISD         | <input type="checkbox"/> Judson ISD          | <input type="checkbox"/> Somerset ISD       |
| <input type="checkbox"/> South San Antonio ISD | <input type="checkbox"/> East Central ISD    | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> Edgewood ISD          | <input type="checkbox"/> Comal ISD           |   |
| <input type="checkbox"/> Northside ISD         | <input type="checkbox"/> Boerne ISD          |   |

**What is the name of the public school your child would have attended in your home district?**

**Name of Public School:** \_\_\_\_\_

**Address of Public School:** \_\_\_\_\_

**Phone Number of Public School:** \_\_\_\_\_

San Antonio School for Inquiry and Creativity  
Student Residency Questionnaire

Note: This questionnaire is included in order to help identify the students who are homeless as required by the McKinney, Vento- Homeless Education Assistance Improvement Act, 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Presently, where is the student living? Check one.

<b>Section A</b>	<b>Section B</b>
<ul style="list-style-type: none"> <li><input type="radio"/> In a Shelter</li> <li><input type="radio"/> With more than one family in a house or apartment (other family rents or owns the house or apartment)</li> <li><input type="radio"/> In a motel, car or family members (other than parent/guardian)</li> </ul> <p><b>CONTINUE:</b> If you checked a box in Section A. complete #2 and remainder of this form.</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Choices in Section A do not apply</li> </ul> <p>STOP: If you checked this section, you do not need to complete the remainder of this form. Submit to the school personnel.</p>

2. The student lives with:

- 1 parent
- 2 parents
- 1 parent & another adult
- A relative, friend or other adult
- Alone with no friends
- An adult that is not the parent or the legal guardian

School: The San Antonio School for Inquiry and Creativity

Name of Student: \_\_\_\_\_ Male \_\_\_\_\_  
 Female \_\_\_\_\_

Last                      First                      Middle

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Social Security Number: \_\_\_\_\_

**Name of Parent(s)/ Legal Guardian**

Address \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

Presenting a false record or falsifying records is an offense under Section 37.10 Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs.

TEC 25.002 (3)(d).

School use only –

Student lives apart from parent or guardian for school purposes.

Student and parent live with another family- not homeless.

Student comes under McKinney Act.

You determine the most appropriate instructions for your campus/district

Instructions for registrars: 1. Mark as PEIMS appropriate 2. Send questionnaire to district or campus administrator

3. Keep in a file 4. Discard all non-homeless questionnaires 4. Contact District Homele



# San Antonio School for Inquiry and Creativity

4616 San Pedro Ave. Suite 104 San Antonio, TX 78212  
Office: 210-738-0020 Fax: 210:738-0033



Dr. Debbie De Leon, Superintendent/Principal

## Emergency Contact Information

This form will be reproduced and placed in the file of each student listed below. Please print legibly in ink.

Student 1:

Student's Name (Last, First, M.I.): \_\_\_\_\_

Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student 2:

Student's Name (Last, First, M.I.): \_\_\_\_\_

Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student 3:

Student's Name (Last, First, M.I.): \_\_\_\_\_

Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student 4:

Student's Name (Last, First, M.I.): \_\_\_\_\_

Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Primary Parent/Guardian Contact Information:

Does child reside with this person:    \_\_\_ yes    \_\_\_ no

Name (Last, First):

\_\_\_\_\_

Relationship to Student:    \_\_\_ mother    \_\_\_ father    \_\_\_ step-mother    \_\_\_ step-father    \_\_\_ other \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Please list contact phone numbers in order of contact preference. Circle the appropriate type of number:

\_\_\_\_\_ (Cell/Work/Home/Pager)    \_\_\_\_\_ (Cell/Work/Home/Pager)

\_\_\_\_\_ (Cell/Work/Home/Pager)    \_\_\_\_\_ (Cell/Work/Home/Pager)

**Secondary Parent/Guardian Contact Information:**

Does child reside with this person?    \_\_\_ yes            \_\_\_ no

Name (Last, First): \_\_\_\_\_

Relationship to Student:    \_\_\_ mother    \_\_\_ father    \_\_\_ step-mother    \_\_\_ step-father    \_\_\_ other \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Please list contact phone numbers in order of contact preference. Circle the appropriate type of number:

\_\_\_\_\_ (Cell/Work/Home/Pager)    \_\_\_\_\_ (Cell/Work/Home/Pager)

\_\_\_\_\_ (Cell/Work/Home/Pager)    \_\_\_\_\_ (Cell/Work/Home/Pager)

**In the event of an emergency and the school is unable to reach either parent or guardian indicated on this form, please list three (3) emergency contacts and phones numbers.**

Name: (Last, First) \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name: (Last, First) \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name: (Last, First) \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_



# San Antonio School for Inquiry and Creativity

4616 San Pedro Ave. Suite 104 San Antonio, TX 78212  
Office: 210-738-0020 Fax: 210-738-0033



Dr. Debbie De Leon, Superintendent/Principal

---

## REQUEST FOR SPECIAL EDUCATION RECORDS

To: \_\_\_\_\_  
(Previous School Name)

Fax: \_\_\_\_\_

To: \_\_\_\_\_  
(Previous School Name)

Fax: \_\_\_\_\_

Re: \_\_\_\_\_

Fax: \_\_\_\_\_

Re: \_\_\_\_\_

Fax: \_\_\_\_\_

**Dear School District and Designated Records Officer:**

**I request that all student records (including TAKS scores) for my child/ren be sent to the San Antonio School for Inquiry and Creativity, where my child is enrolling. Your prompt attention to this matter will be greatly appreciated.**

Sincerely,

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Please send official transcripts for the aforementioned student(s) to the following address:**

**San Antonio School for Inquiry and Creativity-Registrar's Office  
4616 San Pedro Ave, Suite 104  
San Antonio, TX 78212  
Fax: 210-738-0033**

**If you have any questions, please call us at 210-738-0020**



# San Antonio School for Inquiry and Creativity

4616 San Pedro Ave. Suite 104 San Antonio, TX 78212  
Office: 210-738-0020 Fax: 210:738-0033



Dr. Debbie De Leon, Superintendent/Principal

---

## FIELD TRIP PERMISSION 2010 - 2011

I, \_\_\_\_\_, the parent of \_\_\_\_\_ do  
Parent Name Child Name  
hereby give my permission to San Antonio School for Inquiry and Creativity to take  
\_\_\_\_\_ on field trips during school hours throughout the  
2009-2010 school years.

I, \_\_\_\_\_, the parent of \_\_\_\_\_ do  
Parent Name Child Name  
not hereby hold San Antonio School for Inquiry and Creativity harmless for any claims that  
might arise out of incident while transporting students of San Antonio School for Inquiry  
and Creativity on field trips in personal (privately owned) vehicles.

The parent understands that participation is purely voluntary and assumes the risk of any injury resulting from or connected to that participation in the trip will not be the responsibility of San Antonio School for Inquiry and Creativity. The parent hereby agrees to indemnify, defend and hold harmless San Antonio School for Inquiry and Creativity of its trustees, officers, employees and agents against any and all liabilities, losses, damages, claims, actions, or expenses, including reasonable attorney's fees arising out of any and all claims, demands, causes of action and suits of whatever nature, in law or equity, that arise out of or are connected with, or are based in whole or in part of any conduct, fact, matter, act or mission that relates to or is otherwise connected with transportation to the activity described above.

In the event that you plan on using your vehicle for school functions, you must provide a copy of your insurance card and a copy of your driver's license. Please complete the volunteer driver form if you intend to drive. You will need to notify San Antonio School for Inquiry and Creativity if your insurance is terminated or cancelled. Thank you.

Parent Signature: \_\_\_\_\_  
Date: \_\_\_\_\_



# San Antonio School for Inquiry and Creativity

4616 San Pedro Ave. Suite 104 San Antonio, TX 78212  
Office: 210-738-0020 Fax: 210:738-0033



Dr. Debbie De Leon, Superintendent/Principal

---

## TRANSPORTATION RELEASE AUTHORIZATION

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

San Antonio School for Inquiry and Creativity shall maintain a record of parents and other authorized persons to whom the child may be released. Each parent shall provide San Antonio School for Inquiry and Creativity with the final four digits of their social security number, for purpose of security in emergency conditions.

### NORMAL RELEASE PROCEDURES:

Children will be released only to authorize persons you list on this form. Please inform the school office in writing promptly of any changes.

### EMERGENCY PICK-UP PROCEDURES:

When emergency conditions require that a child be released to a person not identified in the release authorization records, the School shall require the parent's prior approval, which may be submitted by telephone. The parent, identified for security by the last four digits of the social security number, shall designate the person to whom the child may be released. The person to whom the child is to be released must in turn provide the parent's four digit number as identification, present their driver's license for the number to be recorded, and sign the "Child Pick-Up Authorization" form which shall be retained by the San Antonio School for Inquiry and Creativity.

If an individual whom you have not listed on this form is to pick up your child, you must:

1. Inform the school office and identify the authorized individual;
2. Provide this individual with the last four digits of your social security number and inform them that they must show their driver's license, and
3. Have this individual come into the office; provide a driver's license and the last four digits of your social security number.

Without this information your child will not be released.

**FOR PARENTS WHO ARE DIVORCED:**

**In the case of divorce, it shall be the responsibility of the one who is granted primary custody or possession of the child (being the one with whom the child primarily lives) to provide the San Antonio School for Inquiry and Creativity with a copy of the custody decree or agreement. It shall be the responsibility of a parent to notify the San Antonio for Inquiry and Creativity immediately if the parent or any other person has been placed under a protective order, restraining order, or other order of a court or agency, which order prohibits or restricts that parent's or other person's access to or possession of the child, and a copy of any such order should be provided to San Antonio School for Inquiry and Creativity immediately.**

**ACKNOWLEDGEMENT BY PARENT(S) (To be completed by all parents)**

**Each parent or guardian of the above named child, by his or her signature herein below, acknowledges and certifies that he/she has read and fully understands and agrees with the above and foregoing information and procedures concerning release of the child.**

**Name (Last, First) \_\_\_\_\_ SSN: \_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_**

**Relationship to Student: \_\_\_ mother \_\_\_ father \_\_\_ step-mother \_\_\_ step-father \_\_\_ other**

**The following people are authorized to transport my child to and from school:**

**Name: (Last, First) \_\_\_\_\_ Phone: \_\_\_\_\_**

**Name: (Last, First) \_\_\_\_\_ Phone: \_\_\_\_\_**

**Name: (Last, First) \_\_\_\_\_ Phone: \_\_\_\_\_**



# San Antonio School for Inquiry and Creativity



4616 San Pedro Ave. Suite 104 San Antonio, TX 78212  
Office: 210-738-0020 Fax: 210-738-0033

Dr. Debbie De Leon, Superintendent/Principal

## VOLUNTEER DRIVERS

San Antonio School for Inquiry and Creativity students take several field trips each year. In order to provide our children with these opportunities, we ask for volunteer drivers. Please attach the following two items to this completed form and return it to school with your child by September 1, 2009. One per family, please.

- A copy of your valid driver's license
- A copy of your insurance

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Type of Vehicle: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Number of passengers (must have seatbelts) \_\_\_\_\_

Passenger side airbag? \_\_\_\_\_ YES \_\_\_\_\_ NO

I am willing to drive for (circle all that apply) Elementary – Middle - High School

I will help coordinate drivers for (circle all that apply) Elementary – Middle - High School

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# San Antonio School for Inquiry and Creativity

4616 San Pedro Ave. Suite 104 San Antonio, TX 78212  
Office: 210-738-0020 Fax: 210:738-0033



Dr. Debbie De Leon, Superintendent/Principal

---

## Volunteer Application

It is our policy to provide equal employment opportunities to all qualified persons without regard to race, age, sex, religion, national origin, or handicap.

Position(s) applied for: \_\_\_\_\_

\_\_\_\_\_

Days of week available for volunteering: \_\_\_\_\_

Times of day available for volunteering: \_\_\_\_\_

Minimum and maximum hours per day: \_\_\_\_\_

Children enrolled and teacher's name: \_\_\_\_\_

\_\_\_\_\_

Do you wish to work in your child's classroom?    Yes    No

Special Request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

Long Range Technology Plan  
San Antonio School for Inquiry and Creativity  
San Antonio School of Inquiry and Creativity  
Telecommunications Network  
Student Acceptable Use Policy

**Guidelines and Prohibitions**

The Internet is a worldwide telecommunications network. There are hundreds of thousands of resources on the Internet. You will find libraries, government agencies, universities, discussion groups, software, technical information, as well as the 40 million people who are part of this global network. Your child's account will allow him/her to use these resources.

The purpose of the student account is to let your child use the Internet for curriculum activities and classroom projects. The use of the Internet is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. Students are expected to exercise responsible behavior when on the Internet. Responsible behavior includes, but is not limited to, the following:

- being courteous.
- following the rules set up by other groups on the Internet.
- using the Internet as a resource tool only.
- avoiding inappropriate language.
- staying on task.

The SASIC staff will monitor each student's use of network resources to ensure enforcement of this policy. Monitoring will include tracking the amount of time students spend using these resources and what resources are used.

SASIC uses a technology protection measure that blocks or filters Internet access to block access to some Internet sites that are not in accordance with the policy of SASIC. The technology protection measure that blocks or filters Internet access may be disabled by a SASIC staff member for bona fide research purposes by an adult.

A SASIC staff member may override the technology protection measure that blocks or filters Internet access for a student to access a site with legitimate educational value that is wrongly blocked by the technology protection measure that blocks or filters Internet access.

While working on the Internet, students are expected to follow general network etiquette as listed below:

- Be polite. Do not be abusive in messages to others.

---

Long Range Technology Plan  
San Antonio School for Inquiry and Creativity

- Use appropriate language. Do not swear, use vulgarities, or any other inappropriate language.
- Illegal activities (such as vandalism, theft of hardware or data either by transportation or electronic transfer, copyright infringement, and software piracy) are strictly forbidden.
- Do not access material that is obscene, pornographic, child pornography, "harmful to minors", or otherwise inappropriate for educational uses.
- Do not use school resources to engage in "hacking" or attempts to otherwise compromise system security.
- Do not reveal personal information including name, address or phone number.
- Do not use the network in such a way that would disrupt the use of the network by other users.
- Hate mail, harassment, discriminatory remarks, and other antisocial behaviors are prohibited on the network. Therefore, messages should not contain expressions of bigotry or hate, profanity, obscene comments, or sexually explicit material.
- The use of chat rooms is not permitted.
- Subscriptions to LISTSERVs must be approved by the technology director prior to subscribing.

Vandalism will result in the cancellation of privileges. Vandalism is defined as any malicious attempt to harm, modify, or destroy computer hardware, data of another user, Internet, or any of the other networks that are connected to the SASIC Internet backbone. This includes, but is not limited to, the uploading or creation of computer viruses.

The technology director will deem what is considered to be inappropriate use of the network and her decision is final. She may close an account at any time. In addition, the administration, faculty, and staff of SASIC may request that the technology director deny, revoke, or suspend any student's computer use.

### **Rules**

- Using someone else's account is not acceptable.
- Using the network account for non-school related activities is not acceptable.
- Using unauthorized copies of commercial software is not acceptable.
- Copying software provided by SASIC for student use is not acceptable.

Violating the above guidelines and prohibitions will result in the loss of the individual's network account.

---

Long Range Technology Plan  
San Antonio School for Inquiry and Creativity

## Student Acceptable Use Consent Form

Directions: After reading the terms and conditions for use of SASIC Internet accounts, please read and fill out the appropriate portions of the following completely and legibly. Return the contract to the sponsoring teacher.

I have read the terms and conditions for use of SASIC Internet access as stated in the Acceptable

Use Policy for Students. I understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may occur. My signature below means that I agree to follow the guidelines and prohibitions of the Acceptable Use Policy.

Sponsoring Teacher's Name (please print): \_\_\_\_\_

Student's Name (please print): \_\_\_\_\_

Student's Grade: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# San Antonio School for Inquiry and Creativity



4616 San Pedro Ave. Suite 104 San Antonio, TX 78212  
Office: 210-738-0020 Fax: 210:738-0033

Dr. Debbie De Leon, Superintendent/Principal

Parental involvement has been shown to enhance student achievement in school. When parents participate in their child's education, both parents and children benefit. Please complete this form indicating where you can use your talents and expertise and enhance our educational environment.

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child or Children's Name(s) and Grade(s) \_\_\_\_\_

Please check any interest or hobbies you might be will to share:

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Art          | <input type="checkbox"/> Dancing              |
| <input type="checkbox"/> Drama        | <input type="checkbox"/> Gymnastics           |
| <input type="checkbox"/> Music        | <input type="checkbox"/> Fishing              |
| <input type="checkbox"/> Poetry       | <input type="checkbox"/> Travel               |
| <input type="checkbox"/> Storytelling | <input type="checkbox"/> Science experiments  |
| <input type="checkbox"/> Gardening    | <input type="checkbox"/> Computers            |
| <input type="checkbox"/> Photography  | <input type="checkbox"/> Sports (which ones?) |

Check any of the following activities that interest you:

- Volunteering in a classroom
- Coordinating volunteers for school functions
- Tutoring a child or group of children
- Assisting with field trips
- Helping create a classroom newsletter
- Donating requested materials
- Training an academic team
- Sharing information on your culture or language
- Being a translator
- Discussing your occupation
- Coaching an athletic team
- Working on playground equipment
- Participating in fundraising
- Helping create a website or brochure
- Serving on an advisory site council
- Helping with grant proposals
- Being an officer in the parent-teacher organization
- Attending Board of Education meetings
- Representing the school to legislators
- Connecting with community members, resources and/or Services to further their commitment to quality schools
- Other (please describe):

**Parental Involvement**

**When are you available to participate?**

---

**What concerns to you have about your child or this school:**

---

**What needs do you have?**

---

**Additional comments:**

---

---



# San Antonio School for Inquiry and Creativity

4616 San Pedro Ave. Suite 104 San Antonio, TX 78212  
Office: 210-738-0020 Fax: 210-738-0033



Dr. Debbie De Leon, Superintendent/Principal

---

## Options and Requirements For Providing Assistance to Students Who Have Learning Difficulties Or Who Need or May Need Special Education

If a child is experiencing learning difficulties, the parent may contact the person listed below to learn about the district's overall general education referral or screening system for support services. This system links students to a variety of support options, including referral for a special education evaluation. Students having difficulty in the regular classroom should be considered for tutorial, compensatory, and other support services that are available to all students.

At any time, a parent is entitled to request an evaluation for special education services. Within a reasonable amount of time, the district must decide if the evaluation is needed. If evaluation is needed, the parent will be notified and asked to provide consent for the evaluation. The district must complete the evaluation and the report within 60 calendar days of the date the district receives the written consent. The district must give a copy of the report to the parent.

If the district determines that the evaluation is not needed, the district will provide the parent with a written notice that explains why the child will not be evaluated. This written notice will include a statement that informs the parent of their rights if they disagree with the district. Additionally, the notice must inform the parent how to obtain a copy of the *Notice of Procedural Safeguards – Rights of Parents of Students with Disabilities*.

The designated person to contact regarding options for a child experiencing learning difficulties or a referral for evaluation for special education is:

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_



# San Antonio School for Inquiry and Creativity

4616 San Pedro Ave. Suite 104 San Antonio, TX 78212  
Office: 210-738-0020 Fax: 210-738-0033



Dr. Debbie De Leon, Superintendent/Principal

---

## CONSENT TO ACCESS SHARS BENEFITS AND RELEASE RECORDS

Date:

Dear Parent/Guardian:

San Antonio School for Inquiry and Creativity participates in the Texas School Health & Related Service Program (SHARS). Under this program, the district is permitted to access the Medicaid programs in which a child participates to help pay for certain related services which are required under the Individuals and Disabilities Education Acts (IDEA).

The school district is required to notify you and obtain your consent each time access to public benefits or insurance is sought. The district must also notify you that your refusal to allow access to your public benefits does not relieve the district of its responsibility to ensure that all required services are provided at no cost to you.

The district may not:

- (1) Require parents to incur out-of-pocket expenses or sign up for public benefits in order for their child to receive services.
- (2) Use benefits that would decrease a child's lifetime coverage or result in the family paying for services that would otherwise be covered, or
- (3) Use benefits if that would increase premiums, lead to the discontinuation of benefits or risk loss of eligibility for home and community-based waivers based on aggregate health-related expenditures.

Under the SHARS program, to seek reimbursement for eligible services provided to your child pursuant to his/her Individual Education Plan (IEP), the district is required to release Provider Record Logs providing documentation required by Medicaid for eligible services provided to your child describing frequency and duration. The forms will be submitted for reimbursement under the SHARS program on 10 occasions during the school year.

Please complete the bottom portion of this form and return to the school district. If you have any questions concerning this information, please call the school district contact person listed below. Thank you for your interest in assisting the district to improve the quality of services to your child.

School Contact: Mr. Roger Sepulveda, phone: 210-738-0020

.....  
I understand that the San Antonio School for Inquiry and Creativity serves as a Medicaid Provider for the SHARS program and that the district or its billing agent will release Provider Record Logs to the Texas Medicaid Program in order to seek reimbursement for eligible services provided pursuant to my child's IEP.

**My signature below indicates that I have been fully informed of all information relevant to this activity and that I understand and agree to the release of the above described records.**

**Student's Name:** \_\_\_\_\_ **Student's Date of Birth:** \_\_\_\_\_

**Student's Medicaid Number:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# San Antonio School for Inquiry and Creativity

4616 San Pedro Ave. Suite 104 San Antonio, TX 78212  
Office: 210-738-0020 Fax: 210-738-0033



Dr. Debbie De Leon, Superintendent/Principal

## Student Health Information Form

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade on Sept. 1, 20\_\_ : \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female

Doctor's Name: \_\_\_\_\_ Doctor's Office Phone: \_\_\_\_\_

1. Does our child have any allergies?

To foods? No \_\_\_\_\_ Yes \_\_\_\_\_ Please list \_\_\_\_\_

To drugs? No \_\_\_\_\_ Yes \_\_\_\_\_ Please list \_\_\_\_\_

To be stings or other insects? No \_\_\_\_ Yes \_\_\_\_ Please list \_\_\_\_\_

Explain symptoms, severity of reaction, treatment, and need for EMERGENCY TREATMENT (Epi-pen, etc.) \_\_\_\_\_

2. Does your child have asthma? No \_\_\_\_\_ Yes \_\_\_\_\_ Treatment \_\_\_\_\_

3. Does your child take any daily medication at home? No \_\_\_\_\_ Yes \_\_\_\_\_

Name, dose, frequency \_\_\_\_\_

4. Does your child need any daily medication at school? No \_\_\_\_\_ Yes \_\_\_\_\_

Name, dose, frequency \_\_\_\_\_

5. Has your child ever had any of the following: **(CHECK OF THE ANSWER IS YES)**

<input type="checkbox"/>	Anorexia, bulimia	<input type="checkbox"/>	Hearing difficulty	<input type="checkbox"/>	Spinal curvature	<input type="checkbox"/>	Bone/nerve/muscle condition
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Blood problems	<input type="checkbox"/>	Kidney problems	<input type="checkbox"/>	
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	ADD/ADHD	<input type="checkbox"/>	Heart condition	<input type="checkbox"/>	Gastrointestinal Condition
<input type="checkbox"/>	Seizures	<input type="checkbox"/>	Vision correction	<input type="checkbox"/>	Over/underweight	<input type="checkbox"/>	
<input type="checkbox"/>	Severe injury	<input type="checkbox"/>	Surgeries	<input type="checkbox"/>	Severe headaches	<input type="checkbox"/>	Other
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Dental problems	<input type="checkbox"/>	Emotional problems	<input type="checkbox"/>	

If "yes" to any of the above problems, explain/give dates \_\_\_\_\_  
(Please use back of page for additional details. Attach any medical instructions or treatment plans from your physician.)

6. Does your child have any medical or physical restrictions? No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, please explain. A doctor's prescription is needed for restrictions.

**Immunizations:** A copy of the most recent immunization record must be in the nurse's office at the start of the school year. Please check with your doctor or health clinic for all requirements this year. Some students will need Tetanus boosters. Varicella (chicken pox) and Hepatitis B (series of 3) need to be completed by age 12. To omit the need for a chicken pox vaccine, a statement by a parent is required showing proof that the child(ren), born on or after September 9, 1998, did have chicken pox and on what date. Hepatitis A (series of 2) is required in selected counties for children born on or after September 2, 1992.

**In case of emergency, I give San Antonio School for Inquiry and Creativity personnel permission to obtain medical assistance and sign any papers necessary for emergency medical treatment for my child if I cannot be reached. I realize the school cannot assume responsibility for the payment of medical fees or expenses incurred.**

---

**Parent/Guardian Name**

---

**Parent/Guardian Signature**

---

**Date**



# San Antonio School for Inquiry and Creativity

4616 San Pedro Ave. Suite 104 San Antonio, TX 78212  
Office: 210-738-0020 Fax: 210:738-0033



Dr. Debbie De Leon, Superintendent/Principal

---

## Parent Validated History of Varicella Illness (Chicken Pox)

This is to confirm that my child \_\_\_\_\_  
Name of Child

has had Chicken Pox.

Date of Chicken Pox Illness: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE SCHOOL NURSE/SCHOOL OFFICE**

Effective August 1, 2000, children born between September 2, 1988 and September 1, 1994 (inclusive) must have parent documentation of Chicken Pox Illness or have received one dose of Varicella Vaccine on or after their 1<sup>st</sup> birthday and/or within 30 days of their 12<sup>th</sup> birthday.

# 2010 - 2011 Texas Minimum State Vaccine Requirements for Students Grades K - 12



This chart summarizes the vaccine requirements incorporated in Title 25 Health Services, §§97.61-97.72 of the Texas Administrative Code (TAC).

This chart is not intended as a substitute for consulting the TAC, which has other provisions and details. The Department of State Health Services is granted authority to set immunization requirements by the Education Code, Chapter 38, Health & Safety, Subchapter A, General Provisions.

## IMMUNIZATION REQUIREMENTS

A student shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a child-care facility or public or private elementary or secondary school in Texas.

Vaccines	Kindergarten	7 <sup>th</sup> Grade	8 <sup>th</sup> - 12 <sup>th</sup> Grade
Diphtheria, Tetanus, and Pertussis <sup>1</sup> (DTaP/DTP/DT/Td/Tdap)	5 doses or 4 doses <sup>2</sup>	3 doses <sup>3</sup> 1 Tdap/Td booster <sup>4</sup>	3 doses <sup>3</sup> 1 Tdap/Td booster within last 10 years <sup>5</sup>
Polio <sup>1, 6</sup>	4 doses or 3 doses	4 doses or 3 doses	4 doses or 3 doses
Measles, Mumps, and Rubella <sup>1, 7, 11</sup> (MMR)	2 doses	2 doses <sup>7</sup>	2 doses <sup>7</sup>
Hepatitis B <sup>1, 8, 11</sup>	3 doses	3 doses	3 doses
Varicella <sup>1, 9, 11, 12</sup>	2 doses	2 doses	1 dose <sup>9</sup>
Meningococcal <sup>1</sup>		1 dose	
Hepatitis A <sup>1, 10, 11</sup>	2 doses		

### Footnotes

- <sup>1</sup> Receipt of the dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.
- <sup>2</sup> Five doses of a diphtheria-tetanus-pertussis containing vaccine, one of which must have been received on or after the 4<sup>th</sup> birthday; however, 4 doses meet the requirement if the 4<sup>th</sup> dose was given on or after the 4<sup>th</sup> birthday.
- <sup>3</sup> Three doses, including one dose on or after the 4<sup>th</sup> birthday.
- <sup>4</sup> Students will be required to have a booster dose of Tdap only if it has been five years since their last dose of tetanus-containing vaccine. Td is acceptable in lieu of Tdap if a contraindication to pertussis exists.
- <sup>5</sup> Students will be required to have a booster dose of Tdap if it has been ten years since their previous dose of tetanus-containing vaccine. Td is acceptable in lieu of Tdap if a contraindication to pertussis exists.
- <sup>6</sup> Four doses of polio vaccine one of which must have been received on or after the 4<sup>th</sup> birthday; however, 3 doses meet the requirement if the 3<sup>rd</sup> dose was given on or after the 4<sup>th</sup> birthday.
- <sup>7</sup> Two doses of MMR vaccine with the 1<sup>st</sup> dose on or after the 1<sup>st</sup> birthday. For the 2009 - 2010 school year, 7<sup>th</sup> - 12<sup>th</sup> grade students are required to have two doses of a measles-containing vaccine, and one dose each of mumps and rubella vaccine. Refer to the phase-in schedule to determine when the 2-dose MMR requirement goes into effect for 7<sup>th</sup> - 12<sup>th</sup> grade.
- <sup>8</sup> Two doses of adult hepatitis B vaccine (Recombivax<sup>®</sup>) are acceptable for individuals 11 - 15 years of age. Dosage and type of vaccine **must** be clearly documented. (Two 10 mcg/1.0 ml of Recombivax<sup>®</sup>)
- <sup>9</sup> Two doses received on or after the 1<sup>st</sup> birthday. Refer to the phase-in schedule to determine when the 2-dose Varicella requirement goes into effect for 8<sup>th</sup>- 12<sup>th</sup> grade.
- <sup>10</sup> Two doses with the 1<sup>st</sup> dose received on or after the 1<sup>st</sup> birthday.
- <sup>11</sup> Serologic confirmation of immunity to measles, mumps, rubella, hepatitis B, hepatitis A, or varicella or serologic evidence of infection is acceptable in lieu of vaccine.
- <sup>12</sup> Previous illness may be documented with a written statement from a physician, school nurse, or the child's parent or guardian containing wording such as: "This is to verify that (name of student) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine."

## **Exemptions**

The law allows (a) physicians to write a statement stating that the vaccine(s) required is medically contraindicated or poses a significant risk to the health and well-being of the child or any member of the child's household, and (b) parents/guardians to choose an exemption from immunization requirements for reasons of conscience, including a religious belief. Schools and child-care facilities should maintain an up-to-date list of students with exemptions, so they can be excluded from attending school if an outbreak occurs.

**Instructions for the affidavit to be signed by parents/guardians choosing the exemption for reasons of conscience, including a religious belief can be found at [www.ImmunizeTexas.com](http://www.ImmunizeTexas.com).**

For children needing medical exemptions, a written statement by the physician should be submitted to the school or child-care facility.

## **Provisional Enrollment**

All immunizations should be completed by the first date of attendance. The law requires that students be fully vaccinated against the specified diseases. A student may be enrolled provisionally if the student has an immunization record that indicates the student has received at least one dose of each specified age-appropriate vaccine required by this rule. To remain enrolled, the student must complete the required subsequent doses in each vaccine series on schedule and as rapidly as is medically feasible and provide acceptable evidence of vaccination to the school. A school nurse or school administrator shall review the immunization status of a provisionally enrolled student every 30 days to ensure continued compliance in completing the required doses of vaccination. If, at the end of the 30-day period, a student has not received a subsequent dose of vaccine, the student is not in compliance and the school shall exclude the student from school attendance until the required dose is administered.

## **Documentation**

Since many types of personal immunization records are in use, any document will be acceptable provided a physician or public health personnel have validated it. The month, day, and year that the vaccination was received must be recorded on all school immunization records created or updated after September 1, 1991.



Texas Department of State Health Services • Immunization Branch • MC-1946 • P O Box 149347 • Austin, TX 78714-9347 • (800) 252-9152

# Requisitos estatales mínimos de vacunas para estudiantes de Texas de 2010 a 2011

## De kinder hasta el grado 12 (K-12)



Esta tabla es un resumen de los requisitos de vacunas incorporados en el Título 25 de Servicios de Salud, Secciones 97.61-97.72 del Código Administrativo de Texas (TAC).

Esta tabla no tiene como propósito sustituir la información del Código Administrativo de Texas, que ofrece otras disposiciones y detalles. El Capítulo 38, Salubridad y Seguridad, Subcapítulo A, Disposiciones Generales del Código Educativo autoriza al Departamento Estatal de Servicios de Salud a establecer los requisitos de inmunización.

### REQUISITOS DE INMUNIZACIÓN

El estudiante mostrará pruebas aceptables de vacunación antes de ingresar, asistir o transferirse a una guardería o una escuela primaria o secundaria, pública o privada, de Texas.

Vacunas	Kinder	Grado 7	Grados 8 - 12
Difteria, Tétanos y Pertusis <sup>1</sup> (DTap/DTP/DT/Td/Tdap)	5 dosis o 4 dosis <sup>2</sup>	3 dosis <sup>3</sup> 1 Tdap/Td dosis de refuerzo <sup>4</sup>	3 dosis <sup>3</sup> 1 Tdap/Td dosis de refuerzo en los últimos 10 años <sup>5</sup>
Polio <sup>1, 6</sup>	4 dosis o 3 dosis	4 dosis o 3 dosis	4 dosis o 3 dosis
Sarampión, paperas y rubéola <sup>1, 7, 11</sup> (MMR)	2 dosis	2 dosis <sup>7</sup>	2 dosis <sup>7</sup>
Hepatitis B <sup>1, 8, 11</sup>	3 dosis	3 dosis	3 dosis
Varicella <sup>1, 9, 11, 12</sup>	2 dosis	2 dosis	1 dosis <sup>9</sup>
Meningocócica <sup>1</sup>		1 dosis	
Hepatitis A <sup>1, 10, 11</sup>	2 dosis		

#### Notas de Pie

- <sup>1</sup> Se cumple con el requisito de inmunizaciones de admisión a la escuela si se recibe la dosis hasta cuatro días antes (incluyendo el cuarto día) del cumpleaños.
- <sup>2</sup> Cinco dosis de una vacuna contra la difteria, el tétanos, y la pertusis (tos ferina), una de la cual se tiene que haber recibido en el cuarto cumpleaños o después; pero, 4 dosis cumplen el requisito si una de estas se dio después del cuarto cumpleaños.
- <sup>3</sup> Tres dosis, inclusive una dosis en el cuarto cumpleaños o después.
- <sup>4</sup> Se requiere que los estudiantes reciban una dosis de refuerzo de la vacuna Tdap solamente si hace cinco años desde la última dosis de alguna vacuna contra el tétanos. La vacuna Td se acepta en vez de la vacuna Tdap si existe una contraindicación a la vacuna contra la pertusis (tos ferina).
- <sup>5</sup> Se requiere que los estudiantes reciban una dosis de refuerzo de la vacuna Tdap si hace diez años desde la última dosis de alguna vacuna contra el tétanos. La vacuna Td se acepta en vez de la vacuna Tdap si existe una contraindicación a la vacuna contra la pertusis (tos ferina).
- <sup>6</sup> Se requieren cuatro dosis de la vacuna contra el polio, una de la cual se tiene que haber recibido en el cuarto cumpleaños o después; pero, 3 dosis cumplen el requisito si la tercer dosis se dio después del cuarto cumpleaños.
- <sup>7</sup> Se requieren dos dosis de la vacuna MMR con la primera dosis recibida en el primer cumpleaños o después. Para el año escolar 2009 - 2010, a los estudiantes del 7 al 12 grado se les requiere 2 dosis de una vacuna que contiene sarampión, y una dosis de una vacuna contra la rubéola y una vacuna contra las paperas. Refierase al calendario de introducción para determinar cuándo toma efecto el requisito de la segunda dosis de MMR para los estudiantes de los grados 7 a 12.
- <sup>8</sup> Se aceptan dos dosis de la vacuna contra la hepatitis B para adultos (Recombivax<sup>®</sup>) en personas de 11 a 15 años de edad. Se **tiene** que documentar claramente la dosis y el tipo de vacuna. (Dos 10 mcg/1.0 ml de Recombivax<sup>®</sup>)
- <sup>9</sup> Se requieren dos dosis recibidas en el primer cumpleaños o después. Refierase al calendario de introducción para determinar cuándo toma efecto el requisito de las dos dosis de Varicella para los estudiantes de los grados 8 a 12.
- <sup>10</sup> Se requieren dos dosis, una dosis se tiene que haber recibido en el primer cumpleaños o después.
- <sup>11</sup> Una prueba serológica confirmando la inmunidad contra el sarampión, las paperas, la hepatitis B, la hepatitis A, o la varicela o prueba serologica de infección es aceptable en vez de la vacuna.
- <sup>12</sup> Se puede comprobar que ha tenido la enfermedad con una declaración por escrito de un médico, enfermera de la escuela o del padre, madre o tutor del niño que diga algo como: "Esto es para verificar que (nombre del estudiante) tuvo la enfermedad de varicela en (fecha) o alrededor de esa fecha y no necesita la vacuna contra la varicela".

## **Exenciones**

La ley permite (a) a los médicos escribir una declaración que diga que la vacuna requerida tiene un efecto contraindicado médicamente o representa un riesgo significativo en la salud y bienestar del niño o cualquier persona de la casa del niño, y (b) a los padres o tutores escoger una exención de los requisitos de inmunización por razones de conciencia, incluso por creencia religiosa. Las escuelas y guarderías deben llevar un registro al corriente de los estudiantes con exenciones, para que puedan quedar exentos de asistir a la escuela si ocurre un brote.

**Las instrucciones para la declaración jurada firmada por los padres o tutores para escoger la exención por motivo de conciencia incluyendo una creencia religiosa, se pueden encontrar en [www.ImmunizeTexas.com](http://www.ImmunizeTexas.com).**

Para los niños que necesiten exenciones médicas, se debe entregar a la escuela o guardería una declaración por escrito del médico.

## **Inscripción provisional**

Todas las vacunas deben haberse administrado para el primer día de clases del estudiante. La ley exige que los estudiantes tengan todas las vacunas contra las enfermedades especificadas. Un estudiante puede ser inscrito provisionalmente si tiene una tarjeta de vacunas que indique que ha recibido por lo menos una dosis de cada vacuna especificada según la edad como lo exige esta regla. Para seguir inscrito, el estudiante tiene que completar las dosis exigidas subsiguientes de cada serie de vacunas, cuando estén programadas y tan pronto como sea médicamente posible, y debe presentar a la escuela pruebas aceptables de haberse las aplicado. Una enfermera o administrador escolar revisará el estado de inmunizaciones de un estudiante inscrito provisionalmente cada 30 días para asegurar el cumplimiento continuo de las dosis requeridas de las vacunas. Si al final del periodo de 30 días un estudiante no ha recibido la siguiente dosis de la vacuna, el estudiante no está en cumplimiento y la escuela le prohibirá asistir a clases hasta que se administre la dosis necesaria.

## **Documentación**

Puesto que se usan muchos tipos de tarjetas personales de vacunación, se aceptará cualquier documento siempre y cuando un médico o un trabajador de salud pública lo hayan validado. El mes, día y año en que se administró la vacuna tienen que anotarse en todos los registros de vacunas de la escuela creados o actualizados después del primero de septiembre de 1991.





# San Antonio School for Inquiry and Creativity

4616 San Pedro Ave. Suite 104 San Antonio, TX 78212  
Office: 210-738-0020 Fax: 210-738-0033



Dr. Debbie De Leon, Superintendent/Principal

## HOME LANGUAGE SURVEY

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_

1. What language is spoken in your home most of the time?

\_\_\_\_\_ English      \_\_\_\_\_ Spanish      \_\_\_\_\_ Other (Specify)  
\_\_\_\_\_

2. What language does your child speak most of the time?

\_\_\_\_\_ English      \_\_\_\_\_ Spanish      \_\_\_\_\_ Other (Specify)  
\_\_\_\_\_

Signature of Parent/Guardian:

\_\_\_\_\_

.....

Nombre Del Alumino: \_\_\_\_\_ : Fecha: \_\_\_\_\_

Grado: \_\_\_\_\_

1. Cual idioma se habla en su hogar casi siempre?

\_\_\_\_\_ Ingles      \_\_\_\_\_ Espanol      \_\_\_\_\_ Otro (favor de especificar)

2. Cual idioma habla su hijo casi siempre?

\_\_\_\_\_ Ingles      \_\_\_\_\_ Espanol      \_\_\_\_\_ Otro (favor de especificar)

Firma de padres(s) o guardian: \_\_\_\_\_



# San Antonio School for Inquiry and Creativity

4616 San Pedro Ave. Suite 104 San Antonio, TX 78212  
Office: 210-738-0020 Fax: 210:738-0033



Dr. Debbie De Leon, Superintendent/Principal

---

## MIGRANT PROGRAM SERVICE

Please Print Legibly In Black Ink

Dear Parents:

San Antonio School for Inquiry and Creativity is helping the State of Texas identify students who may qualify for migrant program services that provide extra help in academics.

Please answer the following questions and return this form to the school.

Please list the ages and names of children enrolled in San Antonio School for Inquiry and Creativity:

Age: \_\_\_\_\_ Name (Last, First, M.I.) \_\_\_\_\_

Age: \_\_\_\_\_ Name (Last, First, M.I.) \_\_\_\_\_

Age: \_\_\_\_\_ Name (Last, First, M.I.) \_\_\_\_\_

Age: \_\_\_\_\_ Name (Last, First, M.I.) \_\_\_\_\_

1. Has your family moved any time during the last three years from one school district to another in Texas or to another state? \_\_\_\_\_ YES \_\_\_\_\_ NO

2. Were any of these moves made to find temporary or seasonal work in agriculture related to packing, processing, harvesting, cultivating of crops, food procession, dairy work, forestry, fishing, etc.? \_\_\_\_\_ YES \_\_\_\_\_ NO

If you answered "YES" to question 2, please complete the following information:

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Please list the names and ages of children who are not enrolled in school:**

**Age:** \_\_\_\_\_ **Name (Last, First, M.I.)** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Name (Last, First, M.I.)** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Name (Last, First, M.I.)** \_\_\_\_\_



# San Antonio School for Inquiry and Creativity

4616 San Pedro Ave. Suite 104 San Antonio, TX 78212  
Office: 210-738-0020 Fax: 210:738-0033



Dr. Debbie De Leon, Superintendent/Principal

---

## STUDENT RECORD RELEASE AUTHORIZATION

Date: \_\_\_\_\_

Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ has my consent to release the  
following  
(Name of Previous School)

Information on the above named student to the San Antonio School for Inquiry and Creativity.

- \_\_\_\_\_ Grades, including withdrawal grades
- \_\_\_\_\_ Date of entry/withdrawal from your school
- \_\_\_\_\_ Test records/achievement scores
- \_\_\_\_\_ Key to grading system
- \_\_\_\_\_ Home language survey
- \_\_\_\_\_ Health data/immunization records
- \_\_\_\_\_ Other information that would be helpful in working with this student

Signature: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Date Enrolled: \_\_\_\_\_

Name and Address of Previous School: \_\_\_\_\_

---

---

**NOTE TO SENDING SCHOOL: PLEASE FORWARD RECORDS TO ABOVE ADDRESS TO THE ATTENTION OF THE SCHOOL COUNSELOR.**



# San Antonio School for Inquiry and Creativity

4616 San Pedro Ave. Suite 104 San Antonio, TX 78212  
Office: 210-738-0020 Fax: 210-738-0033



Dr. Debbie De Leon, Superintendent/Principal

---

## REQUEST FOR RECORDS

To: \_\_\_\_\_

Fax: \_\_\_\_\_

To: \_\_\_\_\_

Fax: \_\_\_\_\_

Re: \_\_\_\_\_

Student ID# \_\_\_\_\_

Re: \_\_\_\_\_

Student ID# \_\_\_\_\_

**Dear School District and Designated Records Officer:**

**I request that all student records (including TAKS scores) for my child/ren be sent to the San Antonio School for Inquiry and Creativity, where my child is enrolling. Your prompt attention to this matter will be greatly appreciated.**

Sincerely,

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

**Please send official transcripts for the aforementioned student(s) to the following address:**

**San Antonio School for Inquiry and Creativity Registrar's Office  
4616 San Pedro Avenue, Suite 104  
San Antonio, TX 78212  
Fax: 210-738-003**

**If you have any questions, please call us at 210-738-0020**