

ACADEMY OF CAREERS & TECHNOLOGIES CHARTER HIGH SCHOOL

Educating our students to reach their full potential

Prior Consent to Release Student Records & Private Data

Student's full name _____

Date of birth ____/____/____

School _____ Grade _____

Student's address _____

check as needed: to release the information specified below *to*:

to obtain the information specified below *from*:

I authorize:

Academy of Careers & Technologies Charter High School

Name, Title, Organization

Parent/guardian: This form allows information about your student to be exchanged. Please sign and return it to the school.

Purpose of request: _____

School records may be examined by student (age 18 or older). A copy of this consent form will be provided upon request. Information to be released:

Test results and other non-directory educational information in the cumulative folder

Chemical abuse/dependency report(s)

Health record

Teacher, counselor, staff observations (including related services)

Social work reports

Psychiatric reports

Medical report (including related services)

Psychological reports

Child study/special education records

Other (specify)

NOTICE: I understand this authorization takes effect the day I sign it. It expires on _____ (month, day, year) or no more than one year from the date of my signature. I also understand that I may revoke this authorization at any time by sending a written request to the school staff member identified above or the school principal. I may refuse to sign this authorization and it will not affect my child's ability to receive educational services. I understand that I am entitled to a copy of this authorization. I understand that the laws that protect the information disclosed may allow or require the re-disclosure of the information, but only as permitted by law.

HIPAA STATEMENT: If this consent form provides for the release of "protected health information" (PHI) as defined by the Health Insurance Portability and Accountability Act (HIPAA), I understand that re-disclosure of PHI by the recipient may no longer be protected by HIPAA. Treatment, payment, enrollment or eligibility of benefits from a health plan or health care provider may not be conditioned on obtaining this consent.

Signature _____

Student's name

Date _____

Photocopy valid as original **Copies:** Child Study File (if one exists) Cumulative Folder Other

ACADEMY OF CAREERS & TECHNOLOGIES CHARTER HIGH SCHOOL

HOME LANGUAGE SURVEY

Name of Student _____ Date of Birth _____ Grade _____

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

1. Which language did your son/daughter learn when he first began to talk?
2. Name the languages in the order most often used at home?
3. What language do you use most frequently to speak to your son/daughter?
4. What language does your child use in the home?
5. If born outside of the U.S, how many years has the student lived in the U.S?

Signature of Student

Date

ENCUESTA SOBRE CASERA LA LENGUA

Nombre de la fecha del _____ del estudiante de Birth _____ Grade _____

El código de la educación de Tejas requiere escuelas determinar las idiomas habladas en el país por cada estudiante. Esta información es esencial para que las escuelas proporcionar la instrucción significativa para todos los estudiantes.

1. ¿Qué lengua su hijo/hija aprendió cuando él primero comenzó a hablar?
2. ¿Nombre las idiomas en la orden más de uso frecuente en el país?
3. ¿Qué lengua usted utiliza lo más con frecuencia posible hablar a su hijo/hija?
4. ¿Qué lengua su niño utiliza en el hogar?
5. ¿Si exterior nato de los E.E.U.U., cómo muchos años el estudiante ha vivido en los E.E.U.U.?

Firma del padre o del guarda

Fecha

STUDENT HANDBOOK ACKNOWLEDGEMENT FORM

The Texas Education Code (TEC) §26.0081 amended by the 78th Legislature in 2003 requires the Texas Education Agency to provide school districts and charter schools a written statement of the options and requirements for providing assistance to students who have learning difficulties or who need, or may need, special education services.



***Please read the following information carefully.
Parents and student must sign this form.***

I understand and consent to the responsibilities outlined in The Academy of Careers & Technologies Charter High School 2010-2011 Student Handbook. I understand and agree that I will be held accountable for my behavior and consequences as outlined in this document. I will be held accountable at school, school-sponsored and school related activities, including school-sponsored travel. I understand that in any way that I violate the code of conduct I will be subject to disciplinary action as outlined in this Student Handbook and which may include referral for criminal prosecution. I further understand and consent to my responsibilities as outlined in this handbook.

Please note that there may be exceptions to the Code of Conduct for students with disabilities whose ARD committee determines that the code is inappropriate due to the specific disability or disabilities of the student.

Failure to sign this form does not remove my responsibility to abide by the stated policies.

I acknowledge that I received a copy of the Student Handbook & Code of Conduct, and that I have read, understood, discussed, and agree to comply with all rules and policies.

Printed Student Name: _____ Date: _____

Student Signature: _____ Date: _____

Uniform Agreement/PE Agreement



Uniform

Please keep the following in mind which has been taken from the Handbook:

Academy of Careers & Technologies High School recognizes the importance of encouraging a focus on academics and promoting a safe, secure learning environment. We believe it is the responsibility of the students to make sure they wear appropriate school uniformed clothing and groom themselves in the manner, which reflects good taste, does not violate the rules of decency, offend the standards of other students, or district from the educational program.

All regulation school uniform and physical education uniform is available from the registrar.

I _____ (student's name) have read and understand the uniform guidelines of Academy of Careers & Technologies Charter high School. I also agree to purchase my student's uniforms through the school. I understand that if at any time I am not in proper uniform, I will not be permitted to attend class.

Student's Signature: _____

Date: _____

P.E Uniform

(Only used if night school student will be attending a P.E course)

Academy of Careers & Technologies requires that students participating in physical education classes purchase and wear a uniform. Uniforms can be purchased at the High School Office or during Orientation and at Open House.

By the signing this agreement I, _____ the designated person has read and will follow the school's guidelines. (print student name)

Student's Signature: _____

Academy of Careers & Technologies
Release of Liability Form - Media/Field Trips/Physical
Fitness Activities/ Surveys

I, _____,
Student's Full Name

and resident of the City of _____, County of Leon Valley, State of Texas, do hereby authorize myself to participate in Academy of Careers & Technologies **Media Photos/ Field Trip/Physical Fitness Activities/Surveys**. I agree to release and discharge, its staff members, and all others who may be held liable from all claims, present and future, known or unknown, arising from my participation in school physical fitness and field trip activities.

I acknowledge that I have no medical limitations and am fully capable of participating in said activities. I appoint Academy of Careers & Technologies Charter High School to act on my behalf in the event that I should require emergency medical attention while participating in field trip or physical fitness activities. This appointment gives A.C.T the authority to sign releases to physicians who may render medical care if it becomes necessary in case of an emergency.

I agree to assume liability for payment of all professional services and to reimburse Academy of Careers & Technologies for any expense that it may incur resulting from any medical services that I receive. I hereby agree to hold A.C.T, A.C.T employees, and any other agent of A.C.T who may act on behalf of A.C.T, harmless of any decision and any injury resulting from such decisions concerning the care and treatment of myself.

I agree that if my behavior is such that it disrupts or endangers the welfare of others, Academy of Careers & Technologies may prohibit my participation in such activities. All rules and standards in the student Code of Conduct apply while on school sponsored activities.

Printed Name of Student

Date

Signature of Student



STUDENT USE OF TECHNOLOGY

ONLINE INTERNET SERVICES USER OBLIGATION

Students are authorized to use district equipment to access the Internet or other online services in accordance with Board policy, the user obligations and responsibilities specified below, and the district's Student Use of Technology Agreement.

1. The student in whose name an online services account is issued is responsible for its proper use at all times. Students shall keep personal account numbers and passwords private and shall only use the account to which they have been assigned.
2. Students shall use the district's system safely, responsibly, and primarily for educational purposes. The use of the district's system is a privilege not a right, and inappropriate use shall result in cancellation of those privileges.
3. Students are prohibited from accessing, posting, submitting, publishing, or displaying harmful or inappropriate matter that is threatening, obscene, disruptive, or sexually explicit, or that could be construed as harassment or disparagement of others based on their race/ethnicity, national origin, sex, gender, sexual orientation, age, disability, religion, or political beliefs. Harmful matter includes matter, taken as a whole, which to the average person, applying contemporary statewide standards, and appeals to the prurient interest and is matter which depicts or describes, in a patently offensive way, sexual conduct and which lacks serious literary, artistic, political, or scientific value for minors.
4. Students are prohibited from online cyber bullying. Also, shall not use the system to threaten, intimidate, harass, or ridicule other students or staff.
5. Students shall not use the system to encourage the use of drugs, alcohol, or tobacco, nor shall they promote unethical practices or any activity prohibited by law, Board policy, or administrative regulations.
6. Vandalism will result in the cancellation of user privileges. Vandalism includes the intentional uploading, downloading, or creating computer viruses and/or malicious attempt to harm or destroy district equipment or materials or data of any other user.
7. Copyrighted material may not be placed on the system without the author's permission. User may download copyrighted material for their own use only.
8. Students shall not intentionally upload, download, or create computer viruses and/or maliciously attempt to harm or destroy district equipment or materials or manipulate the data of any other user, including so-called "hacking."
9. Students shall not other users' files; they shall not attempt to interfere with other user's ability to send or receive electronic mail, nor shall they attempt to read, delete, copy, modify, or use another individual's identity.
10. Students shall report any security problem or misuse of the services to the teacher or principal.

The principal or designee shall make all decisions regarding whether or not a user has violated these regulations and may deny, revoke or suspend a user's access at any time. The decision may be appealed to the *School Board*.

Student's Signature

Date



Electronic User Agreement

Electronic devices must be used in a manner consistent with the mission of the Academy of Careers & Technologies compliance. The school reserves the right to limit use of electronic devices, especially when these devices are used to harass others, disrupt the learning environment, cheat, or provide unauthorized access to the district network. Academy of Careers & Technologies School District reserves the right to inspect the content on personal electronic devices used at school or school events if school personnel determine there may be cause to suspect that such devices are not being used in accordance with district rules. Students are expected to abide by school and classroom rules regarding appropriate times for use of personal as well as district-provided electronic devices. Inappropriate use may result in the electronic device being confiscated.

Failure to turn over the requested device will result in disciplinary action.

Personal electronic devices have educational and monetary value. Students who use these devices are prohibited from trading or selling these devices to other students on campus. Personal electronic devices are the sole responsibility of the student owner. The school or district assumes no responsibility for these personal devices if they are lost, loaned, or stolen and cannot guarantee time or resources will be spent trying to locate stolen or lost items. Disciplinary action for violations involving personal electronic technology shall be consistent with standard district and school policies and procedures. Violation of these guidelines can result in revoking a student's privileges to use portable electronic devices at school, suspension of access to A.C.T School District electronic equipment, or school disciplinary action and/or other appropriate legal or criminal action, including restitution, if appropriate.

The Electronic User Agreement covers the use of all electronic resources provided by the Academy of Careers & Technologies Charter High School, such as computers, televisions, DVD's, projectors, and etc... that belongs to the school district.

(student's signature)

(date)

Application For Free & Reduced Meals

Pending not updated for the 2010-2011 School Year

Instructions for Applying – 2010-11

Use a separate application for each foster child. List other children together.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: List the child's name, school and grade.

Part 2: List the child's personal use monthly income, if any.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

If your household receives Supplemental Nutrition Assistance Program (SNAP) Or Temporary Assistance For Needy Families (TANF), follow these instructions:

Part 1: List each child's name, school, grade and EDG# (Eligibility Group Number) for SNAP (formerly Food Stamp Program) or TANF.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

ALL OTHER HOUSEHOLDS, follow these instructions:

Part 1: List each child's name, school and grade. **Optional (Social Security Number, Student I.D. or Date of Birth)**

Part 2: Skip this part.

Part 3: Follow these instructions to report last month's household income.

Column 1 — Name: List the last, first and middle initial of **each** person living in your household, related or not (such as grandparents, other relatives or friends). You must include yourself and all children. Attach another sheet of paper if needed.

Column 2 — Income and how often it is received: For each person who receives income, write the amount received and how often it is received — weekly (W), every 2 weeks (E), twice a month (T) or monthly (M).

Employment Income: List the **gross income** for each person. It is not the same as take-home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub or your boss can tell you. Next to the amount, write how often you receive it — weekly (W), every 2 weeks (E), twice a month (T) or monthly (M).

Other Income: List the amount each person receives from **all other sources.** Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household and ANY OTHER INCOME. Report net income for self-owned business, farm or rental income. Next to the amount, write how often the person receives it.

Column 3 — Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and list his or her Social Security Number or mark the box if he or she doesn't have one.

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. In

accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Multi-Child Free and Reduced-Price School Meals Application for 2010-11

Local Educational Authority

Part 1. Children in School (Use a separate application for each foster child.)					
Names of all children in school (Last, First, Middle Initial)	School Name	Social Security #, Student I.D. or Date of Birth (OPTIONAL)	Grade	Eligibility Group # for SNAP or TANF (if any)	
1.					
2.					
3.					
4.					
5.					
6.					
If you listed an Eligibility Group # for SNAP/TANF, skip to Part 4.					
Part 2. Foster Child					
If this application is for a child who is the legal responsibility of a welfare agency or court, check box <input type="checkbox"/> and list the amount of the child's personal use monthly income: \$ _____. Skip to Part 4.					
Part 3. Household Members and Gross Income From Last Month (List each person in the household. For each person who receives income, write the amount received and how often it is received.)					
1. Name. (List everyone in household.)	2. Income and how often it is received. Weekly (W), Every 2 Weeks (E), Twice a Month (T), Monthly (M).				3. Check if NO Income.
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
Example: Smith, Jane B.	\$200/E	\$50/M			<input type="checkbox"/>
1.					<input type="checkbox"/>
2.					<input type="checkbox"/>
3.					<input type="checkbox"/>
4.					<input type="checkbox"/>
5.					<input type="checkbox"/>
6.					<input type="checkbox"/>
7.					<input type="checkbox"/>
8.					<input type="checkbox"/>
9.					<input type="checkbox"/>
Part 4. Signature and Social Security Number (Adult must sign.)					
An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the "Instructions for Applying" page.)					
<i>I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.</i>					
Sign here: _____			Date: _____		
Social Security Number: ____ - ____ - ____			<input type="checkbox"/> I do not have a Social Security Number.		
Printed Name: _____		Home Phone: _____		Work Phone: _____	
Mailing Address: _____		City: _____		State: ____ Zip: _____	
Do not fill out this part. For school use only.					
Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number.					
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12					
Household Income: _____		Household Size: _____		SNAP/TANF: _____ Date Withdrawn: _____	
Eligibility: Free: _____		Reduced: _____		Denied: _____ Reason: _____	
Temporary: Free: _____		Time Period: _____ (expires after ____ days)			
Reviewing Official's Signature: _____			Date: _____		
Confirming Official's Signature: _____		Follow-up Official's Signature: _____		Date: _____	

Multi-Child Free and Reduced-Price School Meals Application for 2010-11 – continuation sheet

Part 1. Children in School – continuation sheet				
Names of all children in school (Last, First, Middle Initial)	School Name	Social Security #, Student I.D. or Date of Birth (OPTIONAL)	Grade	Eligibility Group # for SNAP or TANF (if any)
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Part 3. Household Members and Gross Income From Last Month (List each person in the household. For each person who receives income, write the amount received and how often it is received.)

1. Name. (List everyone in household.)	2. Income and how often it is received. Weekly (W), Every 2 Weeks (E), Twice a Month (T), Monthly (M).				3. Check if NO Income.
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
10.					<input type="checkbox"/>
11.					<input type="checkbox"/>
12.					<input type="checkbox"/>
13.					<input type="checkbox"/>
14.					<input type="checkbox"/>
15.					<input type="checkbox"/>
16.					<input type="checkbox"/>
17.					<input type="checkbox"/>
18.					<input type="checkbox"/>
19.					<input type="checkbox"/>
20.					<input type="checkbox"/>
21.					<input type="checkbox"/>

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

**Academy of Careers & Technologies
Charter High School
6812 Bandera Road Suite 102
San Antonio, Texas 78238**

SY 2010-2011

Dear Parents and Guardians:

I am writing to inform you about new guidelines from the U. S. Department of Education (USDE) regarding the collection of data on race and ethnicity for public school students and staff.

The USDE requires all state and local education institutions to collect information 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).

The federal government has developed a new standard for collecting and reporting this data in order to provide a more accurate picture of the nation's ethnic and racial diversity. These reporting categories were used in the 2000 Census.

This new standard enables individuals to be identified in both ethnic and racial classifications and in more than one racial category if applicable. In the past, enrollment forms allowed individuals to be identified in only one category.

Beginning with the 2010 – 2011 school year, we will ask the families of newly enrolled students and all returning students to complete a brief form to collect information on the student's ethnicity and race using the new federal standard. For the first year only, this information will be collected using the current standard as well as the new standard. Beginning in 2010 – 2011, this information will be collected using the new reporting categories only.

Enclosed is the standard form required by the Texas Education Agency for collecting this information. Families will be asked to re-identify their students' information at the time of enrollment for the 2010 – 2011 school year.

Respectfully,

Angelique Murphy
PEIMS Coordinator

**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 both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

Part 2. Race: What is the person's race? (Choose one or more)

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian** - 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/Staff Name (please print)

(Parent/Guardian)/(Staff) Signature

Student/Staff Identification Number

Date

Agencia de Educación de Texas
Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de 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 de miembros de 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 le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación 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. Etnicidad: ¿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. ¿Cuál es la raza de la persona? (Escoja uno o más de uno)

- Indio Americano o Nativo de Alaska** – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo América Central), 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 Cambodia, 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 Hawái u otras islas del pacífico** – Una persona con orígenes o de personas originarias de Hawái, 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/Miembro de Personal
(por favor use letra de imprenta)

Firma (Padre/Representante legal)
/(Miembro de personal)

Número de Identificación del
Estudiante/Miembro del personal

Fecha

Heartbeats Assessment Test

The Heartbeats assessment is administered to the student after enrollment process.