



Re-Enrollment Form
Academic Year 2019-2020

DEAR PARENT(S) AND STUDENT: Thank you for continually choosing Harmony Public Schools. Due to limited space for the upcoming year, we ask each parent/guardian to fill out this re-enrollment form completely. This re-enrollment form is designed for currently enrolled students. The closing date for this form is **Friday, January 25th, 2019**. Re-enrollment forms received unsigned, incomplete, or after the closing date may not be considered for next year. Please submit a proof of residency with this form. Proof of Residency can be a utility bill, lease agreement, tax form, etc. P.O. Box addresses cannot be accepted.

FOR OFFICE USE ONLY	
Date Received	
Campus Name	
Proof of Residency	

Please, type or print clearly using black or blue ink.

STUDENT INFORMATION		
LAST NAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH	CURRENT GRADE/SECTION	
PARENT INFORMATION		
PARENT/GUARDIAN NAME	PARENT/GUARDIAN'S RELATIONSHIP TO STUDENT	
	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Other _____	
STUDENT LIVES WITH:	PARENT/GUARDIAN EMAIL ADDRESS	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Other _____		
PERMANENT ADDRESS (STREET & HOUSE/APT NO.)	CITY	ZIP
PHONE NUMBER (PRIMARY)	PHON NUMBER (SECONDARY)	
PARENT/GUARDIAN SIGNATURE	DATE	
I, the undersigned, hereby certify that, to the best of my knowledge and belief, the answers to the foregoing questions and statements made by me in this application are complete and accurate. I understand that any false information, omissions, or misrepresentations of facts may result in rejection of this re-enrollment or future dismissal of the student.		

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

<input type="checkbox"/> I DO NOT want my child enrolled in Harmony for 2019-2020 due to the following reason: <input type="checkbox"/> Transportation <input type="checkbox"/> Moving <input type="checkbox"/> Accepted to another school <input type="checkbox"/> Other Please explain: _____	
PARENT/GUARDIAN SIGNATURE	DATE

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.