



Texas Virtual Academy @ Southwest
Enrollment Processing Center
104 Industrial Blvd, B-2
Sugar Land, TX 77478

Ph. 866.360.0161
Fx. 281.313.1240
www.txva.org

Release of Student Records

Please accept this document as formal approval for the release of all official school records (including the record of transcripts, testing information, special education, health and immunization records).

Student Information

Student's Full Name: _____
first middle last

Student's Date of Birth: _____ Student's Social Security Number: _____

Student's Legal Address: _____
street apt #

_____ city county state zip

Home Phone: (_____) _____

Prior School Information

Name of School(s) attended in the 2007-2008 school year: _____

School's Address: _____
street

_____ city county state zip

School's Phone: (_____) _____ School's Fax: (_____) _____

Name of Parent or Legal Guardian: _____
first last

Parent/Guardian's Signature: _____ Date: _____

SCHOOL OFFICIALS ONLY:

Send student records to: Texas Virtual Academy @ Southwest
104 Industrial Blvd, B-2
Sugar Land, TX 77478

Student's Name: _____ Student's Home Phone: _____

MIGRANT STUDENT SURVEY

ENCUESTA PARA MIGRANTES

Dear Parent,

Your children may qualify for supplemental services at Southwest School if they meet certain qualifications. To help us, please answer the following questions.

Sus niños pueden ser elegibles para servicios educacionales suplementarios en su distrito escolar si tienen ciertos requisitos. Para ayudarnos, por favor, conteste las siguientes preguntas.

Student's Name: _____

1. Has your family moved any time during the last three years from one school district to another in Texas or across the state? Yes _____ No _____
¿ Ha cambiado de Distrito Escolar durante los años pasados?
2. Were any of these moves made to find temporary or seasonal work in agriculture related to a job in packing, processing, harvesting, cultivating of crops, food processing, dairy work, forestry, fishing, etc?
Yes _____ No _____

Estos cambios fueron para buscar trabajo temporal en cualquiera de las siguientes industrias como en agricultura, empaquera, procesando, cultivando, o levantando cosechas, etc. También procesando comida, trabajo de lechería, trabajo forestal, o trabajo de pesca? Yes _____ No _____

If you answered "yes" to question # 2, please complete the information below.

Name of parent or guardian: _____ Phone # _____

Address/ city/ zip _____

Si contesta sí a la pregunta # 2, por favor complete la información siguiente.

Nombre del padre o guardian: _____ Telefono: _____

Dirección: _____

Also list names and ages of children who are not enrolled in school.

Por favor escriba nombres y edades de su hijo/ a que no están en la escuela.

Age (Edad)	Last Name (Apellido)	First Name (Nombre)	Middle Name (Segundo nombre)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Thank you (Gracias)

PARENT'S SIGNATURE: _____ **DATE:** _____
(Firma de los padres) (fecha)