



## STUDENT ENROLLMENT INFORMATION

Today's Date \_\_\_\_\_

For Grade \_\_\_\_\_

FOR OFFICE USE

School Year 2018 – 2019

Texas School of the Arts will not discriminate in admission on the basis of sex, national origin, ethnicity, religion, disability, academic, artistic, or athletic ability, or the district the child would otherwise attend.

### Student Information *(To be completed by Parent or Guardian)*

Information you provide will be kept confidential. Providing incomplete or false information may result in termination of enrollment.

Student's Legal Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Preferred First Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Student Email \_\_\_\_\_ Sex  Male  Female

Neighborhood Public School the child would attend \_\_\_\_\_

Home School District \_\_\_\_\_

### Family Information

#### Parent /Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_

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

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

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

#### Parent/Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_

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

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

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

*Knowing families' employers helps us develop business partnerships which increase student opportunities in the classroom.*

Check if appropriate  Father Deceased  Mother Deceased  Parents Divorced  Parents Separated

Student Lives with  Both Parents  Mother  Father  Female Guardian  Male Guardian  
 Stepmother  Stepfather  Other

Please list other children in your family:

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**Schools Attended**

Current School \_\_\_\_\_ Principal/Director \_\_\_\_\_  
Grade Attended \_\_\_\_\_ Dates Attended \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Schools (*Lists most recent first*):

School \_\_\_\_\_ City, State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
School \_\_\_\_\_ City, State \_\_\_\_\_ Dates Attended \_\_\_\_\_

Has the student ever been retained? If yes, what grade(s)? \_\_\_\_\_

Has your child ever been assigned:

- ISS (In-School-Suspension)
- OSS (Out-of-School Suspension)
- DAEP (Disciplinary Alternative Education Placement)
- Expulsion
- None of the above

Is your child receiving or has your child received Special Education/504 services: If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Is your child receiving or has our child received Speech services? \_\_\_\_\_

Has your son/daughter ever been identified Gifted and Talented? If so, which school district?

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any current medical issue or medication needs about which Texas School of the Arts should be aware? If yes, please explain.

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List the medication(s) and dosage(s). (Please include all medications taken at home and the reason for the prescription.)

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Describe your son's/daughter's special dietary requirements, including religious observations, medical restrictions, food allergies, and other special diets (e.g., vegetarian)

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Does your son/daughter have any allergies to medications or anything else we should be aware of? (bee stings, peanuts, dust, animals, smoke, etc)?

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Signature of Parent or Guardian

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Date

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Signature of Student

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Date