



STUDENT ENROLLMENT INFORMATION

Today's Date: _____ School Year: _____
Grade Enrolling In: _____

For Office Use

Fort Worth Academy of Fine 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 is kept confidential. Providing incomplete or false information may result in termination of enrollment.

Student's Legal Name: _____ Preferred First Name: _____

Birthdate: _____ Age: _____ Social Security Number: _____ Sex: Male Female

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Student Email: _____

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 _____

School 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)? Yes No

Has your child ever been assigned the following? Check those that apply:

- 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? Yes No

If yes, explain:

Is your child receiving or has our child received Speech services? Yes No

Has your child ever been identified Gifted and Talented? Yes No

If yes, which school district?

List all your child's current medical issues or medication needs about which we should be aware.

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

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

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

Family Information

Parent/Guardian

Parent/Guardian

Name: _____

Name: _____

Address: _____

Address: _____

Email: _____

Email: _____

Home Phone: (____) _____

Home Phone: (____) _____

Cell Phone: (____) _____

Cell Phone: (____) _____

Work Phone: (____) _____

Work Phone: (____) _____

Employer: _____

Employer: _____

Occupation: _____

Occupation: _____

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

Please list other children in your family:

Name: _____ Age: _____ School: _____ Grade: _____

Name: _____ Age: _____ School: _____ Grade: _____

Name: _____ Age: _____ School: _____ Grade: _____

Name: _____ Age: _____ School: _____ Grade: _____

Signature of Parent/Guardian

Date

Signature of Student

Date