



## Student Intent to Return Form

Due Date: \_\_\_\_\_

Fort Worth Academy of Fine Arts will not discriminate in admissions based on gender, national origin, ethnicity, religion, disability, academic ability, athletic ability or artistic ability or the district the child would otherwise attend.

### Student Information (Completed by Parent or Guardian)

Be assured the information you provide is kept confidential.

Student's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender:  Male  Female Grade This School Year: \_\_\_\_\_

My student **WILL NOT** return next school year. (Stop here. Sign & date below.)

My student **WILL** return next school year. (ONLY complete information below that has changed. Sign & date.)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

Neighborhood Public School Child Would Attend: \_\_\_\_\_

#### Mother's Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

#### Father's Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_