

FORT WORTH ACADEMY OF FINE ARTS

ENROLLMENT FORM FOR RETURNING STUDENTS

Due: February 15, 2019

Today's Date: _____

For Grade _____

School Year 2019-2020

Fort Worth Academy of Fine Arts admits boys and girls of any race, color, national and ethnic origin to all rights, privileges, programs, and activities, generally accorded or made available to the students of the school. It does not discriminate on the basis of color, race, national and ethnic origin in the administration of its educational policies or other school administered programs.

Student Information (To be completed by Parent or Guardian)

Be assured that the information you provide will be kept confidential and will not be used inappropriately.

Student's Full Name _____ Age _____ Birth date _____

Preferred First Name _____

CHECK IF STUDENT WILL NOT BE RETURNING THE NEXT SCHOOL YEAR _____

CHECK IF STUDENT WILL BE RETURNING THE NEXT SCHOOL YEAR _____

PLEASE CHECK IF HOME ADDRESS HAS CHANGED FROM LAST YEAR _____

Home Address _____

_____ Telephone (_____) _____ - _____
City State Zip Please include area code with all phone numbers

County _____ Ethnicity _____ Sex: _____ Male _____ Female

Home School District _____

Neighborhood Public School child would attend _____

Family

Mother

Father

Name _____

Name _____

Address _____

Address _____

Home Telephone (_____) _____

Home Telephone (_____) _____

Work Telephone (_____) _____

Work Telephone (_____) _____

Please circle one below

Please circle one below

Pager/Cellular Phone (_____) _____

Pager/Cellular Phone (_____) _____

Fax _____ Email _____

Fax _____ Email _____

Parent Signature _____ Date _____