

Children's University Application for Enrollment 2010-2011

Please Print

STUDENT INFORMATION

Full name of Student _____

Preferred First Name _____ Grade in 2010-2011 _____

Date of Birth ____/____/____ Gender: Female Male

Race & Ethnicity Group: African American Asian Caucasian Hispanic Native American

PARENT/GUARDIAN INFORMATION

Dr. Mr. Mrs. Ms. _____ Home Phone #(____) ____ - ____

Home Address _____

Street

City

Zip

Occupation _____ Work Phone #(____) ____ - ____

Company Name _____ Cell Phone #(____) ____ - ____

Company Address _____

Street

City

Zip

Email Address _____

PARENT/GUARDIAN INFORMATION

Dr. Mr. Mrs. Ms. _____ Home Phone #(____) ____ - ____

Home Address _____

Street

City

Zip

Occupation _____ Work Phone #(____) ____ - ____

Company Name _____ Cell Phone #(____) ____ - ____

Company Address _____

Street

City

Zip

Email Address _____

Parent/Guardian: Divorced Married Separated Unmarried Widowed

Who has legal custody of the applicant? _____

Other Children:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

STUDENT HEALTH INFORMATION

Describe the applicant's health (including allergies, physical and/or medical considerations, recent illnesses that might affect the applicant's performance at school, etc.)

4621 Park Spring Boulevard Arlington, Texas 76017 ● 817 784-6655 ● Fax 817 784-1650

(OVER)

SCHOOL INFORMATION

Last school attended _____ Principal _____ Teacher _____

School Address _____
Street City Zip

Dates attended _____ Grades attended _____

Has the student ever skipped or repeated a grade? Explain. _____

Describe any special circumstances that have affected the applicant’s performance in school.

Has your child been tested/diagnosed with a learning disability or behavioral difference? If yes, please explain.

(Copies of any diagnostic/psychological test must be submitted with this application.)

REMEMBER: Certain items must accompany this application:

- ✓ **Registration Fee \$70**
- ✓ **Copy of the applicant’s birth certificate**
- ✓ **Copy of the applicant’s Immunization Records**
- ✓ **Copy of the applicant’s latest Report Card (First Grade – Sixth Grade)**

I have carefully reviewed the questions on this application and have answered them fully and to the best of my knowledge.

Parent/Guardian Signature Date

Children’s University admits qualified student of any gender, race, color, nationality or ethnic origin.

For the use of Children’s University’s Office	
<input type="checkbox"/>	Date Received _____
<input type="checkbox"/>	Registration Fee _____
<input type="checkbox"/>	Copy of Birth Certificate _____
<input type="checkbox"/>	Immunization Records _____
<input type="checkbox"/>	Report Card _____
<input type="checkbox"/>	Visitation scheduled for _____
<input type="checkbox"/>	Assessment scheduled for _____