

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

NAD ID# \_\_\_\_\_ (office use only)



**APPLICATION**

1635 Fox Lane, Burleson TX 76028  
Ph. 817.295.6812

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**STUDENT INFORMATION**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Nickname \_\_\_\_\_

**Residential Address**

Street \_\_\_\_\_ Apt./Lot \_\_\_\_\_

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

Male  Female DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*Month / Day / Year*

Place of Birth: \_\_\_\_\_ First Language: \_\_\_\_\_ Date of SDA Baptism(if applicable): \_\_\_\_\_

Grade entering: **PK K 1 2 3 4 5 6 7 8 9 10** (Students applying for PreK/ Kinder must be 4/5 years by Sept 1)

**FAMILY INFORMATION**

Relationship	<input type="checkbox"/> Father <input type="checkbox"/> Step-Father	<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother	Other Parent/Guardian
Name			
Home Address			
City, State and Zip			
Home Phone			
Cell Phone			
Work Phone			
Email			
Occupation			
Church Membership			

Applicant lives with?  Father  Mother  Both  Other: \_\_\_\_\_

Where should bills be sent?  Father  Mother  Both  Other: \_\_\_\_\_

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**INFORMATION ABOUT SIBLING(S):**

1. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  M  F Lives at Home:  Yes  No
2. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  M  F Lives at Home:  Yes  No
3. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  M  F Lives at Home:  Yes  No
4. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  M  F Lives at Home:  Yes  No
5. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  M  F Lives at Home:  Yes  No

**EDUCATION**

**Last School Attended**

School Name	Start Date
School Address	End Date
City/State	
Zip	
Phone	

Has the applicant ever been suspended/expelled?  Yes  No

If yes, please explain reason:

\_\_\_\_\_

\_\_\_\_\_

Has the applicant ever received help for a reading or learning difficulty?  Yes  No

If yes, please explain frequency, type and/or diagnosis:

\_\_\_\_\_

\_\_\_\_\_

Has the applicant ever been diagnosed with any Learning Disability?  Yes  No

(Attach related testing data or reports)

**FOR OFFICE USE ONLY**

Grade enrolled: \_\_\_\_\_ Date enrolled: \_\_\_\_\_ Date withdrawn: \_\_\_\_\_

Immunizations received:  Yes  No Birth certificate received:  Yes  No

Verified by: \_\_\_\_\_ (School Official)