



# ADMISSIONS APPLICATION

Attach Recent Photo

**Please Print All Information**

For office use	
Date Received:	_____
Grade:	_____
<input type="checkbox"/> Application Fee	_____
<input type="checkbox"/> Shot Records	_____
<input type="checkbox"/> Birth Certificate	_____
<input type="checkbox"/> Report Card	_____
<input type="checkbox"/> Social Security Card	_____
<input type="checkbox"/> Financial Info. Form	_____
<input type="checkbox"/> Record Request Form	_____
<input type="checkbox"/> Parent-School Agreement	_____
<input type="checkbox"/> Financial Policies Form	_____
<input type="checkbox"/> Academic References (2)	_____
Acceptance	<input type="checkbox"/> Y <input type="checkbox"/> N

Date of Application: \_\_\_\_\_

Gender: **Male / Female**

Applicant's Name: \_\_\_\_\_ Name Used: \_\_\_\_\_  
Last First

Home Address: \_\_\_\_\_ SSN: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Ethnicity of Student:  African American  Anglo  Hispanic  Other \_\_\_\_\_

Age on September First: \_\_\_\_\_ First Language Spoken at Home: \_\_\_\_\_

Grade Applying For: \_\_\_\_\_ Semester:  Fall  Spring Year: \_\_\_\_\_

## RELATIONS

Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ SSN: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Contact Information (include cell, additional telephone numbers and e-mail): \_\_\_\_\_

Marital Status: \_\_\_\_\_ Legal Custody: \_\_\_\_\_

Religious Preference: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_ SSN: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Contact Information (include cell, additional telephone numbers and e-mail): \_\_\_\_\_

Marital Status: \_\_\_\_\_ Legal Custody: \_\_\_\_\_

Religious Preference: \_\_\_\_\_

**Step-Parent/Guardian Information:**

**Full Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_ SSN: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Contact Information (include cell, additional telephone numbers and e-mail): \_\_\_\_\_

Religious Preference: \_\_\_\_\_

Does the student live at home?  Yes  No If not, where? \_\_\_\_\_

Applicant lives with (check all that apply):  
 Father  Stepfather  Legal Guardian  
 Mother  Stepmother  Other

Applicant's (check any that apply):  
 Father is deceased  Parents are divorced  
 Mother is deceased  Parents are separated

If parents are divorced, to whom should correspondence and billing be sent? Name: \_\_\_\_\_

**LAST SCHOOL ATTENDED:** \_\_\_\_\_ District (if applicable): \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Principal or Head of School: \_\_\_\_\_ Telephone: \_\_\_\_\_

Describe any special circumstances that have affected candidate's performance in school. (i.e. illness, physical requirement): \_\_\_\_\_

Has candidate ever consulted with a professional for testing or guidance?  Yes  No If yes, specifics: \_\_\_\_\_

**Other Schools attended:**

NAME OF SCHOOL	LOCATION	GRADES	DATES

What special abilities does your child have (i.e. athletic, musical, or academic, etc.)? \_\_\_\_\_

Check special program(s) your child was enrolled in:  Bilingual  Gifted and Talented

English Second Language  Special Education  Chapter I  Migrant  Speech Therapy

**Other person(s) who may pick up your child, or to notify in case of emergency:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please list other adults and children living in the household, indicate the relationship to the enrolling student.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ School Attending: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ School Attending: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ School Attending: \_\_\_\_\_

**MEDICAL INFORMATION**

In case of emergency, the school is authorized to seek medical attention:  yes  no

Physician Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

(Please check any of the following conditions that apply to your child.)

\_\_\_\_\_ Convulsive Disorder      \_\_\_\_\_ Diabetes      \_\_\_\_\_ Visual Problem      \_\_\_\_\_ Hearing Problem  
\_\_\_\_\_ Orthopedic Disability      \_\_\_\_\_ Asthma      \_\_\_\_\_ Attention Deficit Disorder

Has the candidate had other health problems:  Physical  Emotional If yes, comment: \_\_\_\_\_

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My child is allergic to: \_\_\_\_\_ What type of reaction? \_\_\_\_\_

Does your child take medication on a regular basis?  Yes  No If yes, explain:

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**I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE. I AM ENCLOSING THE NON-REFUNDABLE APPLICATION FEE OF \$30.00.**

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**SIGNATURE**

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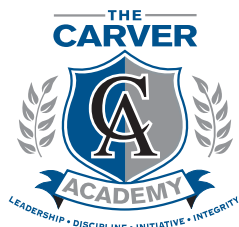
**DATE**

*Please attach the following information to complete this application:*

- \_\_\_\_\_ *Release of Records (to last school) signed by parent*
- \_\_\_\_\_ *Shot Records*
- \_\_\_\_\_ *Birth Certificate*
- \_\_\_\_\_ *Last Report Card*
- \_\_\_\_\_ *Academic Reference Form (2)*
- \_\_\_\_\_ *\$30 Non-refundable Application Fee*
- \_\_\_\_\_ *Financial Information Form*
- \_\_\_\_\_ *Copy of Child's Social Security Card*
- \_\_\_\_\_ *Parent-School Agreement*
- \_\_\_\_\_ *Financial Policies Form*

**\*\*\* IF SEEKING SCHOLARSHIP:**

- \_\_\_\_\_ *Most Recent Copy of 1040 Tax Return Forms*
- \_\_\_\_\_ *Copy of W-2*



**Please Return Application to:  
The Carver Academy  
Office of Admissions  
217 Robinson Place  
San Antonio, Texas 78202  
Office (210) 277-6754**