



## ENROLLMENT APPLICATION

### START DATE

<b>Today's Date:</b> ___/___/___	<b>Preferred Start Date:</b> ___/___/___
<b>Application to Grade:</b> <input type="checkbox"/> Kindergarten <input type="checkbox"/> 4th <input type="checkbox"/> 8th <input type="checkbox"/> 12th <input type="checkbox"/> 1st <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 9th <input type="checkbox"/> 2nd <input type="checkbox"/> 6 <sup>th</sup> <input type="checkbox"/> 10th <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 11th	<b>TAOHS Hours &amp; Days of Operations: Mon thru Fri</b>  <b>Regular Business Hrs. 24/5</b>  <b>Monthly Rate:</b> \$ _____  <b>Annual Rate:</b> \$ _____

**Child's Date of Withdrawal: (if applicable)** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### CHILD

<b>Child's Last Name:</b>	<b>Child's First Name:</b>	<b>Child's Middle int.</b>	<b>Child's Nick Name:</b>
<b>Child's D.O.B.:</b> ___/___/___	<b>Child's Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Child's Current Age:</b>	<b>Child's Birthplace:</b>
<b>Child's Religion:</b>	<b>Language Spoken:</b>	<b>Last Schools Phone #:</b>	<b>School District:</b>
<b>PLEASE COMPLETE FOR SCHOOL AGE CHILDREN ONLY</b>			
<b>Current or most recent School</b>	<b>Grades Attended:</b>	<b>Principal or Head:</b>	
<b>School Address:</b>			
<b>Name of other Schools Attended:</b>	<b>Address:</b>	<b>Grades:</b>	<b>Date:</b>
_____			
_____			
_____			
_____			



**TREZVANT ACADEMY ONLINE HOMESCHOOL**

**In which School District does student Reside?** \_\_\_\_\_

**Has student been suspended or asked to leave any school?**     NO         YES

**If YES, please explain:** \_\_\_\_\_

**What type of evaluations has student undergone?**     None

Behavioral    **Result:** \_\_\_\_\_  
**Evaluated By:** \_\_\_\_\_    **Date:** \_\_\_\_\_

Psychological    **Result:** \_\_\_\_\_  
**Evaluated By:** \_\_\_\_\_    **Date:** \_\_\_\_\_

Educational    **Result:** \_\_\_\_\_  
**Evaluated By:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**Will copies of evaluation report be given to school?**     Yes         No

**Please describe any illnesses, diseases , or physical disabilities, which have affected or may affect student's general health, schoolwork, or participation in athletics:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What special abilities (athletic, artistic, musical, or academic, etc.) does student possess?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**TREZVANT ACADEMY ONLINE HOMESCHOOL**

"SOAR LIKE AN EAGLE!"

<b>EMERGENCY CONTACTS</b>					
The persons listed below may be contacted in the event of an emergency AND are also authorized to drop off and pick up this child. Please list at least 3 names, but all 5 are preferred for additional emergency back up.					
Name	Address	Home Phone	Work Phone	Cell Phone	Relationship
1.					
2.					
3.					
4.					
5.					

**PARENT/GUARDIAN INFORMATION**

<b>MOTHER</b>	<b>FATHER</b>
Name: _____	Name: _____
Address: <input type="checkbox"/> check if same as child	Address: <input type="checkbox"/> check if same as child
Home Address: _____	Home Address: _____
City: _____ State _____ Zip _____	City: _____ State _____ Zip _____
Home Phone: (    )	Home Phone: (    )
Cell Phone: (    )	Cell Phone: (    )
E-mail: _____	E-mail: _____
Employer: _____	Employer: _____
Employer Address: _____	Employer Address: _____
City: _____ State: _____ Zip _____	City: _____ State: _____ Zip _____
Work Phone: (    )	Work Phone: (    )
Work Hours: _____	Work Hours: _____
Parent's Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single	
Child's Legal Guardian(s): <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	
Child's Living Arrangements: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	

TAOHS- Enrollment Application    PH: 281.858-4300    FX: 281.858.4400    Email: [info@trezvantacademyhomeschool.com](mailto:info@trezvantacademyhomeschool.com)



# TREZVANT ACADEMY ONLINE HOMESCHOOL

## MEDICAL INFORMATION

There is no Liability Insurance coverage for injury to any child. All Parents are responsible for this.

Name of Physician:	Physician's Address:	Physician's Phone Number: ( )
Health Insurance Policy Provider:  Provider Phone: ( )	Health Insurance Policy Number:	
Does your child have allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____		
Are there any special procedures required in caring for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____ _____ _____		

### Notice of Non-Discrimination Policy

Trezvant Academy Online Homeschool recognizes the value of a diverse educational community and does not discriminate on the basis of race, gender, religion, or ethnic background in the administration of our education policies.

**ACCEPTANCE** in signing this application, I understand the following:  
Every student must submit a completed and signed application, birth certificate, immunization record, report cards or transcripts of grades, test scores and two teacher evaluations.

**APPLICATION DOES NOT GUARANTEE ENROLLMENT.** The parent/guardian will assume full financial responsibility for annual tuition. This application will not be processed unless all forms have been completed, the application is signed, and required fees paid. Presentation of false information or omission of pertinent information on this application will constitute grounds for dismissal from TAOHS with no refunds or tuition or fees.

Parent(s) Signature: \_\_\_\_\_

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