

Please complete all sections of this form. Print clearly in blue or black ink. Return completed forms to Flight Academy. Fields marked with an asterisk (\*) are required.

## STUDENT INFORMATION

LAST NAME \*

FIRST NAME \*

Middle Name

DATE OF BIRTH (MM/DD/YYYY) \*

Age at  
Enrollment

GENDER

Male  Female  Other

GRADE APPLYING FOR \*

Pre-K 4  Kindergarten  1st Grade

2nd Grade

PREVIOUS SCHOOL / PROGRAM ATTENDED

HOME ADDRESS \*

CITY \*

State \*

ZIP Code \*

## PARENT / GUARDIAN #1 (PRIMARY CONTACT)

LAST NAME \*

FIRST NAME \*

RELATIONSHIP TO STUDENT \*

EMAIL ADDRESS \*

CELL PHONE \*

WORK PHONE

HOME PHONE

EMPLOYER / OCCUPATION

ADDRESS (IF DIFFERENT FROM STUDENT)

## PARENT / GUARDIAN #2

LAST NAME

FIRST NAME

RELATIONSHIP TO STUDENT

EMAIL ADDRESS

CELL PHONE

WORK PHONE

HOME PHONE

EMPLOYER / OCCUPATION

ADDRESS (IF DIFFERENT FROM STUDENT)

## SIBLINGS

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List any siblings who will also attend or currently attend Flight Academy.

SIBLING NAME

Age

GRADE

\_\_\_\_\_

SIBLING NAME

Age

GRADE

\_\_\_\_\_

## ADDITIONAL INFORMATION

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HOW DID YOU HEAR ABOUT FLIGHT ACADEMY?

\_\_\_\_\_

IS YOUR FAMILY APPLYING FOR TEFA (TEXAS EDUCATION FREEDOM ACCOUNTS)?

Yes    No    Not Sure – Need More Info

ANY SPECIAL NEEDS, LEARNING DIFFERENCES, OR ADDITIONAL INFORMATION WE SHOULD KNOW?

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I certify that the information provided is true and correct to the best of my knowledge. I understand that enrollment is subject to availability and approval by Flight Academy.

PARENT/GUARDIAN SIGNATURE

Date

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