

Date received _____

For Office Use Only

WASHINGTON ACADEMY Charter School



The Perfect Fit!

1900 Marietta Street ~ Texarkana, Arkansas 71854
Phone: 870.772.4792 ~ Fax: 870.774.2185
Website: www.tasd7.net

Application for Admission

Please complete each section using **black ink**

Section 1: STUDENT'S PERSONAL DETAILS

Last Name		First Name	
Date of Birth		Place of Birth	
Ethnicity		Gender (Circle one) Male Female	
Address			
Social Security Number			
Parent's Telephone Numbers	Home	Mobile	Work

I would like to attend Washington Academy Charter School because of:

Please circle all that apply

Early Graduation • Credit Recovery • Smaller Environment • Flexible Hours • Referral • At Risk

In what areas do you feel you can be more successful in school than you have been in the past?

Grade in which student is seeking admission: _____

Student ID number (if applicable) _____

Section 2: ACADEMIC DETAILS

Name(s) of school(s) attended in the past and dates of attendance:

Name of School	City, State	Grade Level(s)	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 3: PERSONALITY

Please provide details of any special aspects of your child's personality.

Section 4: PARENT / GUARDIAN DATA

Father's Name	<input type="text"/>		
Employer	<input type="text"/>		
Work Address	<input type="text"/>		
Work Telephone	Cell Number	<input type="text"/>	
Email	<input type="text"/>		
Are you willing to be involved in the parent group at Washington Academy?			
			Yes No
Mother's Name	<input type="text"/>		
Employer	<input type="text"/>		
Work Address	<input type="text"/>		
Work Telephone	Cell Number	<input type="text"/>	
Email	<input type="text"/>		
Are you willing to be involved in the parent group at Washington Academy?			
			Yes No

Section 5: DECLARATION

I confirm that to the best of my knowledge the information provided in this form is correct. I understand and agree to abide by all school rules including school academic standards, attendance policies, and discipline procedures.

Signature of Parent/ Guardian

Date

Printed Name of Parent/Guardian

Signature of Student

Date

Section 6: ADMISSION PROCEDURE

1. Submit completed application form along with a copy of social security card, birth certificate, shot record, proof of residency, high school transcript(s), most recent report card and proof of guardianship(only if living with noncustodial parent).
2. After admission application is processed, a date will be given for applicant's interview.
3. If a place is offered, the student's admission/enrollment must be confirmed within ten days or the student's place will be offered to another candidate.
4. Parent and student must attend mandatory Charter School orientation meeting before admission to Washington Academy is complete.

My child receives the following services:

_____SpEd (IEP)

_____504

_____ESL

_____Speech

_____GT

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Form checked by: _____

Birth Certificate Provided: Yes No

Mandatory Orientation: Yes No

Transcripts from former and/or current high schools: Yes No

Most recent report card: Yes No

Student and parent interviewed: _____

Date

Accepted / Denied: A D

Reason for admission denial (If applicable):