Photo 3x4

Admission Application Form

| Please Answer A | Ill Ques | tions coi | mpletely and Acc | curately | | | L | |
|---|-------------------------|----------------------------|------------------------------------|-------------------------------------|-----------------|-------------------------------|---------------------------------------|------------|
| STUDENT'S PERS | | | | | | | | |
| Name (Last, First, Middle initial): | | Date of Birt Age: | th: | Number of Siblings: □1□2□3 More | | | : 1 □ F | |
| Present address(str | eet, City, | State, Zip | Code): | | 2. | | * | |
| Current School's Name: | | | | | Grade: | | Health | Condition: |
| Nationality: | | | | | | | l: | |
| FAMILY INFORM | IATION | (PARENT | /GUARDIAN #1) | | | | | |
| ☐ Parent ☐ Guardian Relations ☐ Male ☐ Female | | Relationship to the child: | | | Title: | Full Nam | e: | |
| | | | | ☐ Mrs. ☐ Ms. | | | | |
| Profession: | | | | Contact I Home: | nformation | | | |
| Address: | | | | | | Work Pho Email: | one: | |
| FAMILY INFORM | MATION | (PARENT | /GUARDIAN #2) | | | | | |
| ☐ Parent ☐ Guardian Relations | | ship to the child: | | Title: ☐ Mr. | Full Nam | ie: | | |
| ☐ Male ☐ Fe | male | -3* | | | ☐ Mrs. ☐ Ms. | Control | - G | |
| Profession: | | | | | Home: | nformation | | |
| Address: | | | | | | Work Pho Email: | one: | |
| Prefer to be Contac | eted by: | Phon | e Number |] Email [| Mail | | | |
| EMERGENCY CO | ONTACT | _ | | | | , | | |
| Full Name: Relationsl | | ship to the child: | | Primary Phone: Secondary Phone: | | | | |
| Address: | | | | | | | | |
| Name of Parent/Guardian: | | | | Current Da | | ate: | | |
| Signature: | | | | | | | | |
| | | то в | BE COMPLETED | BY ADMINIST | TRATION | ONLY | | |
| Grade Level: | □ Nun □ Pre □ Pre | -School | ☐ Kindergarten ☐ Grade 1 ☐ Grade 2 | ☐ Grade 3 ☐ Grade 4 ☐ Grade 5 | | Frade 6 Frade 7 Frade 8 | ☐ Grade 9 ☐ Grade 10 ☐ Grade 11 | ☐ Grade 12 |
| Attendance Status: | | Full Time | e 🔲 I | Part Time | | Morning | □A | fternoon |
| Admission Status: | | | □ACCEPTED | □RE | FUSED | | ☐ PENDING | |
| Comments: | | | | | | | | |

Permission Form for Basic Field Trip and Other Activities

| I hereby authorize T.I.A and its staff to include my child (name) |
|---|
| on basic field trips and other activites organized by the school for the purposes that the School deems |
| as relating to my child's academic development. I am ready to pay for any necessary cost with an |
| advance notice of my acknowledgment. |
| Please tick below boxes as appropriate: |
| rease tien seren senes us appropriate. |
| ☐ I authorize T.I.A to include my child in photo-taking, audio-recording and video-filming of school |
| activities and use for your organization's brochures, promotion and media purpose. |
| ☐ I don't authorize T.I.A to include my child in photo-taking audio-recording and video-filming of |
| |
| school activities and use for your organization's brochures, promotion and media purpose. |
| |
| Parent/Guardian's full name: |
| |
| Parent/Guardian's Signature: |
| |
| Date |

Pick-up Authorization Form

I hereby give authorization to the following people to pick-up my child from Texas Internation! Academy

| N° | Full Name | Passport/Identify Card N° | Contact Information | Photo 3x4 |
|---|----------------------------------|---------------------------|---------------------|-----------|
| 1 | Name: Relationship to the child: | | | |
| 2 | Name: Relationship to the child: | | | |
| 3 | Name: Relationship to the child: | | | |
| 4 | Name: | | | |
| To: Parents Please note that our school will not accept verbal authorization for the safety of your child. In order to release your child, authorized person must always bring along his/her passport or identity card with him/her for verification upon request. Child's Name: | | | | |
| Parent's Name : | | | | |
| Parent's Signature: Date: | | | | |

Lunch and Snacks Order Form

| Student's Full Name: | |
|---|-------------------|
| Please tick below boxes as appropriate: | |
| Snack Options: | |
| ☐ Yes school snacks | |
| Please list below any food prohibited: | |
| | |
| | |
| | |
| | |
| Lunch Options: | |
| ☐ Yes school lunch | ☐ No school lunch |
| Please list below any food prohibited: | |
| | |
| | |
| | |
| Parent/Guardian's Full Name: | |
| Parent/Guardian's Signature: | Date |

Declaration of Good Faith

| I declare that all of the information I have provided in this application and in any other |
|--|
| documentation which accompanies this application is complete and true in every respect. |
| Furthermore, I understand that, if there is any failure to respond completely and truthfully, or any |
| deliberate misrepresentation of information provided by me, that upon discovery by the school board |
| of any such falsehoods, this will constitute sufficient grounds for the school board to reassess the |
| application and revoke the current placement of my child. |
| |
| |
| |
| |
| Parent/Guardian's full name: |
| Parent/Guardian's Signature: Date |
| |
| |