



TEXAS INTERNATIONAL ACADEMY

KINDERGARTEN AND ELEMENTARY SCHOOL

Photo
3x4

Admission Application Form

Please Answer All Questions Completely and Accurately

STUDENT'S PERSONAL INFORMATION

| | | | |
|---|--|---|--|
| Name (Last ,First, Middle initial): | Date of Birth: Age: | Number of Siblings: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 More..... | Gender: <input type="checkbox"/> M <input type="checkbox"/> F |
| Present address(Street, City, State, Zip Code): | | | |
| Current School Name: | Grade: | Health Condition : | |
| Nationality: | Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other | | |

FAMILY INFORMATION (PARENT/GUARDIAN #1)

| | | | |
|---|----------------------------|---|------------|
| <input type="checkbox"/> Parent <input type="checkbox"/> Guardian | Relationship to the child: | Title: | Full name: |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. | |
| Profession: | | <u>Contact Information</u> | |
| Address: | | Home Phone: Work Phone: Email: | |

FAMILY INFORMATION (PARENT/GUARDIAN #2)

| | | | |
|--|----------------------------|---|------------|
| <input type="checkbox"/> Parent <input type="checkbox"/> Guardian | Relationship to the child: | Title: | Full name: |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. | |
| Profession: | | <u>Contact Information</u> | |
| Address: | | Home Phone: Work Phone: Email: | |
| Prefer to be Contacted by: <input type="checkbox"/> Phone Number <input type="checkbox"/> Email <input type="checkbox"/> Mail | | | |

EMERGENCY CONTACT INFORMATION

| | | |
|--|----------------------------|------------------------------------|
| Full Name: | Relationship to the child: | Primary Phone: Secondary Phone: |
| Address: | | |
| Name of Parent/Guardian: Signature : | | Current Date: |

TO BE COMPLETED BY ADMINISTRATION ONLY

| | | | | |
|--------------------|---|---|--|----------------------------------|
| Grade Level: | <input type="checkbox"/> Nursery <input type="checkbox"/> Pre-School <input type="checkbox"/> Pre-K | <input type="checkbox"/> Kindergarten <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 | <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4 <input type="checkbox"/> Grade 5 | <input type="checkbox"/> Grade 6 |
| Attendance Status: | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | | <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon | |
| Admission Status: | <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REFUSED | | <input type="checkbox"/> PENDING | |
| Comment: | | | | |



TEXAS INTERNATIONAL ACADEMY

KINDERGARTEN AND ELEMENTARY SCHOOL

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 activities 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 advance notice of my
acknowledgment.

Please tick below boxes as 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.....

TO : TEXAS INTERNATIONAL ACADEMY

Pick-up Authorization Form

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

| N° | Full Name | Passport/Identity card N° | Contact Information | Photo 3×4 |
|----|--|---------------------------|---------------------|-----------|
| 1 | Name: Relationship to the child: | | | |
| 2 | Name: Relationship to the child: | | | |
| 3 | Name: Relationship to the child: | | | |
| 4 | Name: Relationship to the child: | | | |

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: _____

TO : TEXAS INTERNATIONAL ACADEMY

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.....



TEXAS INTERNATIONAL ACADEMY
KINDERGARTEN AND ELEMENTARY SCHOOL

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:**.....