

STUDENT INFORMATION		
Last Name	First Name	Middle Name
Date of Birth	17-18 Grade Level	Home school district (ex: Weatherford ISD)
Preferred Session: ____ a.m. ____ p.m. I can attend either session: ____ Yes ____ No Reason you need the session time listed above:		
Mailing Address	City/Zip Code	Home Phone
Physical Address (if different from above)	City/Zip Code	Student Cell #

PARENT/GUARDIAN INFORMATION			
Father's Name:		Mother's Name:	
Address:		Address:	
Cell Phone #		Cell Phone #	
Email address:		Email address:	

Student Lives With: ____ Mother ____ Father ____ Both Parents (If other than that please fill out section below):	
Name	Address
Cell Phone #	Relationship to student

Does the applicant have a sibling applying to this school or a sibling who has attended before? ____ yes ____ no

If yes, Name of Sibling: _____

Notice of Non-Discrimination: CTA will prohibit discrimination in admission policy on the basis of sex, national origin, ethnicity, religion, disability, academic, artistic, or athletic ability, or the district the child would otherwise attend in accordance with this code, although the charter may provide for the exclusion of a student who has a documented history of a criminal offense, a juvenile court adjudication, or discipline problems under Subchapter A, Chapter 37. TEC § 12.111(6).

Parent/Guardian Signature _____ Today's Date _____

(Lottery Number, If Applicable: _____)