

## STUDENT INFORMATION

Last Name	First Name	Middle Name
Date of Birth	18-19 Grade Level	In what school district do you live? (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
Home Address (if different from mailing)	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 who is applying to or has attended this school? \_\_\_  
 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 \_\_\_\_\_ Date \_\_\_\_\_

(CTA USE: Lottery Number, If Applicable: \_\_\_\_\_)