

STUDENT INFORMATION			__ new student __ returning student
Last Name	First Name	Middle Name	
Date of Birth	Current Grade Level	I can attend either session.	
		__ yes __ no	
Preferred Session: __ a.m. __ p.m.			
Mailing Address	City/Zip Code	Home Phone	
Home Address (if different from mailing)	City/Zip Code	Student Cell #	

In what school district do you live? (ex: Weatherford ISD)	
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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 __ other (if other, please fill out section below)			
Name		Address	
Cell Phone #		Relationship to student	

Does the applicant have a sibling who is applying to CTA, or has previously attended CTA? __ 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).

Student Signature _____ Today's Date _____

Parent/Guardian Signature _____ Today's Date _____

(CTA use: Lottery Number, If Applicable: _____)