



Grosstimbers Academy

T I M B E R W O L V E S

2024-2025

Student Admission Application

ctacharter.com

817-594-6220

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) _____

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: _____)