



TAOHS INHOUSE FINANCIAL AID ENROLLMENT APPLICATION

START DATE

Today's Date: / ___ / ___ / ___	Preferred Start Date: ___ / ___ / ___
Application to Grade: <input type="checkbox"/> Kindergarten <input type="checkbox"/> 4th <input type="checkbox"/> 8th <input type="checkbox"/> 12th <input type="checkbox"/> 1st <input type="checkbox"/> 5 th <input type="checkbox"/> 9th <input type="checkbox"/> 2nd <input type="checkbox"/> 6 th <input type="checkbox"/> 10th <input type="checkbox"/> 3 rd <input type="checkbox"/> 7 th <input type="checkbox"/> 11th	TAOHS Hours & Days of Operations: Mon thru Thurs <i>Regular Business Hrs. OPEN-24/5</i> Monthly Rate: \$ _____ Annual Rate: \$ _____

Child's Date of Withdrawal: (if applicable) _____ / _____ / _____

CHILD

Child's Last Name:	Child's First Name:	Child's Middle int.	Child's Nick Name:
Child's D.O.B.: ___ / ___ / ___	Child's Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Child's Current Age:	Child's Birthplace:
Child's Religion:	Language Spoken:	Last Schools Phone #:	School District:
PLEASE COMPLETE FOR SCHOOL AGE CHILDREN ONLY			
Current or most recent School	Grades Attended:	Principal or Head:	
School Address:			
Name of other Schools Attended:	Address:	Grades:	Date:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



TREZVANT ACADEMY ONLINE HOMESCHOOL

In which School District does student reside? _____

Has student been suspended or asked to leave any school? NO YES

If YES, please explain: _____

What type of evaluations has student undergone? None

┌ Behavioral Result: _____
 Evaluated By: _____ Date: _____

┌ Psychological Result: _____
 Evaluated By: _____ Date: _____

┌ Educational Result: _____
 Evaluated By: _____ Date: _____

Will copies of evaluation report be given to school? Yes No

Please describe any illnesses, diseases, or physical disabilities, which have affected or may affect student's general health, schoolwork, or participation in athletics:

What special abilities (athletic, artistic, musical, or academic, etc.) does student possess?



TREZVANT ACADEMY ONLINE HOMESCHOOL

EMERGENCY CONTACTS

The persons listed below may be contacted in the event of an emergency AND are also authorized to drop off and pick up this child. Please list at least 3 names, but all 5 are preferred for additional emergency back up.

Name	Address	Home Phone	Work Phone	Cell Phone	Relationship
1.					
2.					
3.					
4.					
5.					

PARENT/GUARDIAN INFORMATION

MOTHER	FATHER
Name: _____	Name: _____
Address: <input type="checkbox"/> check if same as child	Address: <input type="checkbox"/> check if same as child
Home Address: _____	Home Address: _____
City: _____ State _____ Zip _____	City: _____ State _____ Zip _____
Home Phone: () _____	Home Phone: () _____
Cell Phone: () _____	Cell Phone: () _____
E-mail: _____	E-mail: _____
Employer: _____	Employer: _____
Employer Address: _____	Employer Address: _____
City: _____ State: _____ Zip _____	City: _____ State: _____ Zip _____
Work Phone: () _____	Work Phone: () _____
Work Hours: _____	Work Hours: _____
Parent's Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single	
Child's Legal Guardian(s): <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	
Child's Living Arrangements: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	



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MEDICAL INFORMATION

There is no Liability Insurance coverage for injury to any child. All Parents are responsible for this.

Name of Physician:	Physician's Address:	Physician's Phone Number: ()
Health Insurance Policy Provider: Provider Phone: ()		Health Insurance Policy Number:
Does your child have allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____		
Are there any special procedures required in caring for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____ _____ _____		

Notice of Non-Discrimination Policy

Trezvant Academy Online Homeschool recognizes the value of a diverse educational community, and does not discriminate on the basis of race, gender, religion, or ethnic background in the administration of our education policies.

ACCEPTANCE in signing this application, I understand the following:
Every student must submit a completed and signed application, birth certificate, immunization record, report cards or transcripts of grades, test scores and two teacher evaluations.

APPLICATION DOES NOT GUARANTEE ENROLLMENT. The parent/guardian will assume full financial responsibility for annual tuition. This application will not be processed unless all forms have been completed, the application is signed, and required fees paid. Presentation of false information or omission of pertinent information on this application will constitute grounds for dismissal from TAOHS with no refunds or tuition or fees.

Parent(s) Signature: _____

Date: _____