

Blanco River Academy



Application for Admission

Date: _____

Applicant Name: _____

Last

First

Middle

Nickname

_____ Male _____ Female Current Grade: _____ Race: _____

The school is occasionally required to submit demographic information and would like to use classification preferred by family.

Date of Birth: _____ / _____ / _____ Age _____ yrs. _____ months Birthplace: _____

Class Applying For: *(Please Circle One)* **4th Grade** **5th Grade** **6th Grade** **7th Grade** **8th Grade**

Present Address: _____

Street

City

County

State

Zip

Mailing Address: _____

Street

City

State

Zip

Home Phone: _____ Family e-mail: _____ Religion: _____

Father's Information:

Name: _____ Single Married Separated
Last *First* *MI* Divorced Remarried Deceased

Address: _____

Street

City

State

Zip

Home Phone: _____

Place of Employment: _____

Work Phone: _____

Occupation: _____

Education Level: High School College Other

Cell Phone: _____

e-mail: _____

Mother's Information:

Name: _____ Single Married Separated
Last *First* *MI* Divorced Remarried Deceased

Address: _____

Street

City

State

Zip

Home Phone: _____

Place of Employment: _____

Work Phone: _____

Occupation: _____

Education Level: High School College Other

Cell Phone: _____

e-mail: _____

Guardian Information (if different than parents):

Name: _____
Last First MI

Address: _____
Street City State Zip

Home Phone: _____ Relationship to Student: _____

Cell/Business Phone: _____ e-mail: _____

With whom does the student reside with? Mother Father Mother & Father Father & Step Mother
(Please circle all that apply) Mother & Step Father Grandparents Guardian(s)
Other: _____

Applicant/Family Information:

How did you hear about Blanco River Academy? _____ Personal Reference from _____

Brochure/Flyer seen at/received from _____ Church(*name, please*): _____

Newspaper/Other Print Publication (*name, please*): _____ *circle if applicable:* Internet Phone Book

Please state your reasons for wishing to enroll your child in Blanco River Academy:

Please list the names and ages of other children in the family:

_____ <i>Name</i>	_____ <i>Age</i>	_____ <i>Name</i>	_____ <i>Age</i>
_____ <i>Name</i>	_____ <i>Age</i>	_____ <i>Name</i>	_____ <i>Age</i>

What is the applicant's sibling rank? _____

We strive to surround each child with a proper balance of high expectations, tolerance, hope, and values. In order for us to provide the best possible experience for your child, we need to know as much about your child as possible. Please check the following characteristics that BEST describe your child:

- | | | | | |
|---------------------------------------|---|--|--|---|
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Attentive | <input type="checkbox"/> Self-Conscious | <input type="checkbox"/> Temper Outburst | <input type="checkbox"/> Short Attention Span |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Generous | <input type="checkbox"/> Easily Frustrated | <input type="checkbox"/> Picky Eater | |
| <input type="checkbox"/> Easy Going | <input type="checkbox"/> Moody | <input type="checkbox"/> Selfish | <input type="checkbox"/> Outgoing | |
| <input type="checkbox"/> Indifferent | <input type="checkbox"/> Self-Confident | <input type="checkbox"/> Carefree | <input type="checkbox"/> Introspective | |

Please indicate your child's general health: _____ Excellent _____ Good _____ Fair _____ Seasonal

Does your child take any medications on daily basis? _____ Yes _____ No
If yes, please explain: _____

Does your child wear glasses? _____ Yes _____ No When? _____

Has your child been assessed or referred for any of the following (if yes, please list and/or attach results):

Vision Assessment	Yes	No	Allergy Testing	Yes	No	Occupational Therapy	Yes	No
Hearing Assessment	Yes	No	Scoliosis Assessment	Yes	No	Physical Therapy	Yes	No
Hyperactive Assessment	Yes	No	Attention Deficit Disorder	Yes	No	Counseling	Yes	No
Gifted & Talented	Yes	No	Academic Skills Testing	Yes	No	Diabetic Screening	Yes	No
I.Q. Assessment	Yes	No	Speech-Language Therapy	Yes	No			

Results: _____

Does your child frequently suffer from any of the following:

Colds	Yes	No	Nose Bleeds	Yes	No	Heat Exhaustion	Yes	No
Headaches	Yes	No	Stomachaches	Yes	No	Sinus Infections	Yes	No
Ear Infections	Yes	No	High Fevers	Yes	No	Respiratory Infections	Yes	No
Seasonal Allergies	Yes	No	Asthma	Yes	No			

Is your child highly reactive to sugar, food coloring, have food allergies or allergies to medication? ____ Yes ____ No

If yes, please list: _____

Are there any physical issues which would limit your child's participation in school or school related activities?

____ Yes ____ No If yes, please explain: _____

Has he/she had any serious illnesses or surgery? ____ Yes ____ No

If yes, please explain: _____

Has there been any recent experience which may have affected your child (i.e. illness, death, divorce, etc.)? ____ Yes ____ No

If yes, please explain: _____

How many hours a week is your child and/or family involved in extracurricular activities (i.e. sports, private lessons, church, etc.)?

Nondiscriminatory Policy

Blanco River Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions, scholarship and loan program, and athletic and other school-administered programs.

Previously Attended Schools and/or Daycare(s)

Class/Grade	Name of School and Address	Teacher's Name	Years Attended
Daycare	_____	_____	_____
Pre-School	_____	_____	_____
Kindergarten	_____	_____	_____
First	_____	_____	_____
Second	_____	_____	_____
Third	_____	_____	_____
Fourth	_____	_____	_____
Fifth	_____	_____	_____
Sixth	_____	_____	_____

If you or your child has experienced any previous difficulty in school and/or daycare programs, please note the nature of that difficulty: _____

To the best of my knowledge all the information contained on this form is accurate.

Signature of parent/guardian

Date

Please return this completed application to:

**Blanco River Academy
501 Old Kyle Rd, Bldg 2, Ste F
Wimberley, Texas 78676
512-842-9222**

Please make check payable to: Blanco River Academy

*The information contained in this application will be made available only to the Admissions Committee,
Blanco River Academy, Wimberley, Texas.*

TO: Administrative Office
FROM: Admissions Office, Blanco River Academy

DATE: _____

Please accept this authorization to have the following student's records sent to Blanco River Academy.

AUTHORIZATION FOR RELEASE OF RECORDS

Student's Name: _____

Date of Birth: _____ Present Grade: _____

Name of School(s) from which Student is transferring:

Name Address

City State Zip Phone FAX

Name Address

City State Zip Phone FAX

This will serve as notification of the transfer of records from the above named school(s) as indicated. I, the undersigned, authorize Blanco River Academy to secure all school related records including achievement test scores, grades, IQ scores, and health records on the above named student.

Name of parent or guardian

Date

Signature of parent or guardian

Date

