

Blanco River Academy

Application for Admission



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 the classification preferred by the family.

Date of Birth ____/____/____ Age ____yrs. ____ months Birthplace: _____

Class applying for (please circle one): **6th grade 7th grade 8th grade**

Present address: _____
Street City County State Zip

Mailing address: _____
Street City State Zip

Home Phone: _____ Family Email: _____

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

Address: _____
Street City State Zip

Home Phone: _____

Place of Employment: _____ Work Phone: _____

Occupation: _____ Education Level: High School College Other

Cell Phone: _____ Email: _____

Mother's Information:

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

Address: _____
Street City State Zip

Home Phone: _____

Place of Employment: _____ Work Phone: _____

Occupation: _____ Education Level: High School College Other

Cell Phone: _____ Email: _____

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 suffer frequently from any of the following:

Colds	Yes	No	Nosebleeds	Yes	No	Heat Exhaustion	Yes	No
Headaches	Yes	No	Stomachaches	Yes	No	Sinus Infection	Yes	No
Ear Infections	Yes	No	High Fevers	Yes	No	Respiratory Infections	Yes	No
Seasonal Allergies	Yes	No	Asthma	Yes	No		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 handicaps 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	_____	_____	_____
Preschool	_____	_____	_____
Kindergarten	_____	_____	_____
First	_____	_____	_____
Second	_____	_____	_____
Third	_____	_____	_____
Fourth	_____	_____	_____
Fifth	_____	_____	_____
Sixth	_____	_____	_____
Seventh	_____	_____	_____
Eighth	_____	_____	_____

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 Road, Suite 101
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