

Date App. Recd. \_\_\_\_\_  
Fees Paid \_\_\_\_\_  
Date Paid \_\_\_\_\_  
Check No. \_\_\_\_\_  
Date of Entry \_\_\_\_\_  
Teacher \_\_\_\_\_

Interview \_\_\_\_\_  
Date \_\_\_\_\_  
SS. verified \_\_\_\_\_  
Birth Cert. \_\_\_\_\_  
Date of Withdrawal \_\_\_\_\_



## 2019 – 2020 APPLICATION FOR REGISTRATION

New Student

Name of Student \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth \_\_\_\_\_ Female \_\_\_ Male \_\_\_ Age on Sept. 1, 2019 \_\_\_\_\_  
(Month) (Day) (Year)

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell# \_\_\_\_\_ e-mail \_\_\_\_\_

Father's Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Father's Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_ e-mail \_\_\_\_\_

Mother's Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Person Responsible for Tuition Payments: Print \_\_\_\_\_ Signature \_\_\_\_\_

Address (if not stated above) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

How did you learn of Discovery School? \_\_\_\_\_

NAME OF STUDENT \_\_\_\_\_

Schools Previously Attended \_\_\_\_\_ Address: \_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Address: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for leaving previous school: \_\_\_\_\_

SCHOOL YEAR:        \_\_\_ 2019-2020        \_\_\_ 2020-2021

**TODDLER PROGRAM Ages 18 months - 3 years:** Indicate class choice

\_\_\_ 8:30 a.m. - 11:30 a.m.

\_\_\_ 8:30 a.m. - 3:00 p.m.

\_\_\_ 7:15 a.m. - 5:30 p.m.

Monday - Friday

Monday - Friday

Monday - Friday

*Half Day Class*

*Full Day Class*

*Extended Day Class*

**EARLY CHILDHOOD PROGRAM Ages 2 1/2 - 6 years:** Indicate class choice

\_\_\_ 8:15 a.m. - 11:30 a.m.

\_\_\_ 8:15 a.m. - 3:30 p.m.

\_\_\_ 7:15 a.m. - 5:30 p.m.

Monday - Friday

Monday - Friday

Monday - Friday

*Half Day Class Ages 2 1/2-4*

*Full Day Class: Ages 2 1/2 -6*

*Extended Day Class: Ages 2 1/2-6*

**LOWER ELEMENTARY AND UPPER ELEMENTARY:**

*Please submit school records (transcript, report cards, progress reports, test results,) for the last two years with applications for elementary.*

\_\_1st \_\_2nd \_\_3rd grades (ages 6-9)    \_\_\_ 8:15 a.m. - 3:40 p.m. Full Day    **or**    \_\_\_ 7:15 a.m. - 5:30 p.m. Extended Day

\_\_4th \_\_5th \_\_6th grades (ages 9-12)    \_\_\_ 8:15 a.m. - 3:40 p.m. Full Day    **or**    \_\_\_ 7:15 a.m. - 5:30 p.m. Extended Day

**(Please read and sign page 4; return with application)**

**The Discovery School  
Founded in 1974**

**Accredited By:**

Southern Association of Colleges and Schools (SACS)

American Montessori Society (AMS)

Associate Member School

International Montessori Council (IMC)

Member School

Texas Private School Accreditation Commission (TEPSAC)

Texas Private Schools Association (TPSA)

A Texas Non-profit Corporation

(I.R.C. Section 501 (c)(3) Organization)

All students regardless of color, creed and national or ethnic origin are eligible for enrollment at Discovery School.

**NAME OF STUDENT** \_\_\_\_\_

*(Please check all that apply)*

*Student lives with:*      Father\_\_ Mother\_\_ Stepfather\_\_ Stepmother\_\_ Guardian\_\_\_\_\_

*Release information to:*      Father\_\_ Mother\_\_ Stepfather\_\_ Stepmother\_\_ Guardian\_\_\_\_\_

<i>Siblings:</i>	<i>Name</i>	<i>Age</i>
	_____	_____
	_____	_____
	_____	_____
	_____	_____

**General Information**

General Health of Student\_\_\_\_\_

Physical Limitations\_\_\_\_\_

*Has your student ever been double promoted?*      No\_\_ Yes\_\_ What Grade?\_\_\_\_\_

*Has your student ever repeated a grade?*      No\_\_ Yes\_\_ What Grade?\_\_\_\_\_

*Has your student been in advanced classes?*      No\_\_ Yes\_\_ What Grades & Curriculums?\_\_\_\_\_

*Does your student have any academic challenges?*      No\_\_ Yes\_\_  
*What areas?*\_\_\_\_\_

*Has additional special testing or tutoring been indicated at any point in school?*      No\_\_ Yes\_\_ What Grade?\_\_\_\_\_  
*What areas?*\_\_\_\_\_

*Does your student have any clinically diagnosed learning differences?*      No\_\_ Yes\_\_  
*What diagnosis and when diagnosed?*\_\_\_\_\_

*Has your student ever been dismissed from school for any reason?*      No\_\_ Yes\_\_  
*If yes, please explain, including name of school and principal* \_\_\_\_\_

*Has your student ever had any psychological counseling?*      No\_\_ Yes\_\_  
*If yes, please explain on a separate sheet of paper, which will NOT become part of the student's permanent record.*

*Please use the space below for any other pertinent information about the student or family situation (optional)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_