

KEYS Academy

2809 North Seventh
Harlingen, TX 78550
(956) 427-3220
Fax (956) 427-3223

APPLICATION FOR ADMISSION

To be completed and returned to KEYS Academy. An admissions interview will be scheduled for the student and his/her parent/guardian.

ATTACH TO APPLICATION:

1. Transcript
2. **TAKS** Confidential Student Report
3. Immunization Records (Students New to District)
4. Health Problem Card

PROGRAMS:

- _____ Accelerated Middle School
_____ 9th/10th Grade Program
_____ Upperclass Program

STUDENT INFORMATION

Name _____ School ID # _____
Last First M (Maiden)

Date of Birth _____ Age _____ Sex: M ___ F ___

Mailing Address _____
Street City Zip Code

Street Address _____
(If different from above) City Zip Code

Home Phone # _____ Mother/Guardian Cell Phone # _____ Father/Guardian Cell # _____

I am / am not currently enrolled at _____ School. In _____ grade.

Home Campus _____ Last school attended _____ Total credits earned: _____

Do you work? _____ Place of work _____

Business Phone _____ Work Supervisor _____

Migrant: YES ___ NO ___ Lunch: Free ___ Reduced ___ Regular ___

Married: YES ___ NO ___ Name of Spouse: _____

Children: YES ___ NO ___ How many: _____ Ages: _____

Will you need childcare? YES ___ NO ___

PARENTAL INFORMATION

Father's/Guardian's Name _____

Address (If different from student's) _____ Home Phone # _____

Home Phone _____

Name of Business _____ Business Phone # _____

Mother's Name _____ Home Phone _____

Address (If different from student's) _____

Name of Business _____ Business Phone _____

Student lives with (Name) _____ Relationship _____

Emergency Contact Person _____ Phone _____ Relationship to student _____



Why do you want to attend KEYS Academy?

I understand that enrollment at KEYS Academy is by selection only. I have a strong desire to further my education and to complete the program I have selected. I carefully reviewed and understand the school's application form. **If accepted, I will study, have a positive attitude, be a responsible student, and maintain good attendance and punctuality.**

Student's Signature

Date

I understand that this application is for **consideration only**, and if approved, I grant permission for my son/daughter to enter **KEYS** Academy.

Parent's Signature

Date

Harlingen CISD does not discriminate on the basis of race, color, national origin, sex, or handicap in providing educational services, activities, and programs including vocational programs in accordance with Title VI of the Civil Rights act of 1964, as amended. Title IX of the Educational Amendments of 1972: Sections 504 the Rehabilitation Act of 1973, as amended.

Revised 4/09

FOR OFFICE USE ONLY Date submitted: _____ Notification Date: _____
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