



## Focus Academy New Student Checklist

*Return with Application Documents*

<i>STUDENTS NAME</i>	<i>GRADE ENTERING</i>	<b>THIS COLUMN FOR OFFICE USE ONLY</b>
Parent Tour Meeting		<b>DATE ATTENDED</b>
Family Interview With Client (If applicable)		<b>DATE ATTENDED</b>
Assesment/Trial Day		<b>DATE</b>
Acceptance Letter Emailed		<b>DATE</b>
Complete Contract		<b>DATE</b>
Complete Parent Goal Setting Survey		<b>DATE</b>
<b>Applications will not be dated as complete until all of the documents below are received.</b>		<b>DATE COMPLETED</b>
Application Documents –	<b>Must be complete or will be returned</b>	
Birth Certificate.....		<input type="checkbox"/> <b>Office use only</b>
Student and Teacher References.....		<input type="checkbox"/> <b>Office use only</b>
Signed Agreement to Statements and Positions .....		<input type="checkbox"/> <b>Office use only</b>
Report Card/ Transcript .....		<input type="checkbox"/> <b>Office use only</b>
School Records Release .....		<input type="checkbox"/> <b>Office use only</b>
Shot Records/Immunizations .....		<input type="checkbox"/> <b>Office use only</b>
Please mail or deliver with <b>COMPLETED</b> Application Documents to the appropriate location below		
Focus Academy 5400 Fellowship Lane Spring, TX 77379		
<b>Incomplete applications will be returned</b>		
For questions, please email <a href="mailto:admin@focusacademyhouston.org">admin@focusacademyhouston.org</a>		

# STUDENT APPLICATION 2023-2024

(One application per student)

Date of Application \_\_\_\_\_

Initial Meeting Attendance Date \_\_\_\_\_

**\*instructions: complete each session for primary, secondary, and emergency**

## STUDENT INFORMATION

Student's Full Name	Gender Assigned at Birth	Date of Birth	
_____	_____	_____	
Preferred Name	Student Phone Number	Grade Entering 2023-24 School Year	
_____	_____	_____	
Current Address	City	State	Zip
_____	_____	_____	_____

## CONTACT INFORMATION

PRIMARY

Contact Name	Relationship		
_____	_____		
Preferred Phone	Type	Secondary Phone	Type
_____	_____	_____	_____
Preferred Email Address	_____		
Primary Contact Occupation	Primary Contact Employer		
_____	_____		

SECONDARY

Contact Name	Relationship		
_____	_____		
Preferred Phone	Type	Secondary Phone	Type
_____	_____	_____	_____
Secondary Contact Preferred Email Address	_____		
Secondary Contact Employer	Secondary Contact Occupation		
_____	_____		

EMERGENCY

Emergency Contact (other than parent)	Relationship		
_____	_____		
Preferred Phone	Type	Secondary Phone	Type
_____	_____	_____	_____
Emergency Contact (other than parent)	Relationship		
_____	_____		
Preferred Phone And Type	Secondary Phone And Type		
_____	_____		

## RELEASE AUTHORIZATIONS

*Additional people authorized to pick up your child - Do not list emergency contact again*

NAME _____	RELATIONSHIP _____
PRIMARY PHONE: _____ TYPE: _____	SECONDARY PHONE: _____ TYPE: _____

  

NAME _____	RELATIONSHIP _____
PRIMARY PHONE: _____ TYPE: _____	SECONDARY PHONE: _____ TYPE: _____

  

NAME _____	RELATIONSHIP _____
PRIMARY PHONE: _____ TYPE: _____	SECONDARY PHONE: _____ TYPE: _____

## STUDENT'S ACADEMIC INFORMATION

Academic Strengths \_\_\_\_\_

Academic Weakness \_\_\_\_\_

In your opinion, how does your child learn best?



Kinesthetic/Tactile

*(hands on/ movement/ touching)*



Auditory

*(listening, being read to, music, etc.)*



Visual

*(reading, video, writing, etc.)*

\* Has the student ever been referred for testing or placed in a special program? \_\_\_\_\_YES \_\_\_\_\_NO

If yes, explain.

\_\_\_\_\_

\* Has the student required any other special help or tutoring? \_\_\_\_\_YES \_\_\_\_\_NO

If yes, explain.

\_\_\_\_\_

\* Has the student ever repeated a grade for any reason? \_\_\_\_\_YES \_\_\_\_\_NO

If yes, explain.

\_\_\_\_\_

\* Has the student ever been suspended or expelled from a previous school? \_\_\_\_\_YES \_\_\_\_\_NO

If yes, explain.

\_\_\_\_\_

## EDUCATION HISTORY

Type of Education (Homeschool, Private, or Public)	Name and Location of School	Grades Attended

\* If you have been homeschooling, please provide a transcript of the curriculum used, grades received, and outside classes taken so we may transfer in coursework if possible. Please attach additional page if necessary.

## STUDENT REFERENCES

*(Character References for this Student)*

Please provide three written references for your student. Examples of possible reference sources would be the following areas of the applicant's life. These references should be returned to you in sealed envelopes and included with all other application documents or emailed directly to registrar at [admissions@focusacademyhouston.org](mailto:admissions@focusacademyhouston.org)

- ◆ Educational (An instructor of the student. If homeschooled previously, parent may serve as educational referrer.)
- ◆ Character (mentor, counselor, pastor)
- ◆ A personal family friend of the student

## STUDENT'S MEDICAL INFORMATION

*(Attach additional pages if necessary)*

Health Professional \_\_\_\_\_  
 Type Of Health Professional \_\_\_\_\_  
 Contact Number \_\_\_\_\_  
 Diagnosis If Any \_\_\_\_\_

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 Type Of Health Professional \_\_\_\_\_  
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Medication Prescribed	Dosage	Time Taken
_____	_____	_____
_____	_____	_____

Medication Prescribed	Dosage	Time Taken
_____	_____	_____
_____	_____	_____

*If there is more medical information needed (doctors, medications, diagnosis) please write them down and give to the school.*

### Past Medical History

Does your child have any food allergies or any other allergies?  Yes  No Explain \_\_\_\_\_

Has your child ever had any seizures?  Yes  No Explain \_\_\_\_\_

Has your child ever had any signs of asthma?  Yes  No Explain \_\_\_\_\_

Does your child experience motion sickness?  Yes  No Explain \_\_\_\_\_

Is your child current on required immunizations?

Yes  No

If no, please explain:

Copy of Immunization Record Attached or Affidavit for Exclusions for Immunizations

Yes  No

***If you choose not to immunize, you must provide Focus Academy with a notarized Affidavit for Exclusions from Immunizations available at [www.immunizetexas.com](http://www.immunizetexas.com).***



# Focus Academy

## Records Transfer Request

Date: \_\_\_\_\_

To: (name and address of previous school, or Fax)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child registering at Focus Academy:

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

I am requesting that all pertinent school and medical records to include copies of birth certificate, social security card, attendance records, health and immunization records, standardized test scores, grades and or test scores, final transcript, notice of any testing for G/T or special education and confidential information for my child stated above be sent to:

Focus Academy Registrar  
5400 Fellowship Lane  
Spring, TX 77379

OR

Focus Academy  
Email:  
admin@focusacademyhouston.org

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date