## FOR OFFICE USE ONLY:

Date App. Recd	Interview
Fees Paid	Date
Date Paid	SS. verified
Check No	Birth Cert
Date of Entry	Date of Withdrawal
Teacher	



2020 - 2021 APPLICATION FOR REGISTRATION New Student				
Name of Student:	(Last)	(First)	(Middle)	(Preferred)
Date of Birth:,	// M/DD/YY			,
Home Address:				
	(Street)	(City)	(State)	(Zip)
Primary Phone:		Primary Email:		
(Please check all that ap Student lives with:		other Stepfather Ste	pmother Guardian_	
What is the primary la	anguage spoken in th	e home?		
Is there any other lan	guage spoken in the l	nome, and to what extent?_		
		PARENT/GUARDIAN INFORMATION		
Name:		Relat	ionship to Child:	
Address (if different):				
Cell Phone:	(Street)	(City) Work Phone	(State) e:	(Zip)
Occupation:		Employer:		
Email:				
Name:		Relati	ionship to Child:	
Address (if different):				
Cell Phone:	(Street)	(City)	(State)	(Zip)
Occupation:		Employer:		
Email:				

	Student's Name:				
		SIBLING INFORM	ATION		
Siblings:	Name	Age	Grade	Present School	
	Al	DDITIONAL INFOR	MATION		
How did you hea	ar about Discovery Sch	ool?			
Person(s) Resp	onsible for Tuition P	ayments:			
NAME (Print):					
	(First)		(Last)		
	(Signature)			(Date)	
Information sha (check those tha	all be released to: t apply)				
Father/s	Mother/s				
Stepfather 1	Name:	Stepm	other Name: _		
Guardian/s	Name:				<del></del>
Physician Infor	mation:				
Physician's Nam	e:				
Physician's Addr	ress: (Street)	(City)	(Sta	ate) (	Zip)
Physician's Phor	ne:				
	sical:				
Date of last visio	te of last vision exam: Date of last dental exam:				
General Health o	of Child:				

nt's Name:
If so, please explain:
ION
ess:Dates: Dates:
? NoYes
? NoYes Please elaborate:
nes? NoYes If so, explain
type of therapy and how often?
s? NoYes
_ Yes If yes, please explain on a nt's permanent record.
ut the child or family situation
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## 2020-2021 SCHOOL YEAR PROGRAM REQUEST

CHOOSE PROGRAM DESIRED: TODDLER PROGRAM Ages 18 mor	nths - 3 years: Indicate choic	e		
8:30 a.m 11:30 a.m8:30 a.m 3:00  Monday – Friday				
EARLY CHILDHOOD PROGRAM Ag	es 2 1/2 - 6 years: Indicate	choice		
8:15 a.m 11:30 a.m. Monday – Friday Half Day Class Ages 2 ½-4	8:15 a.m 3:30 p.m. Monday – Friday Full Day Class: Ages 2 ½ -6			
<b>ELEMENTARY:</b> Indicate choice Please submit school records (transcript, report c	ards, 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.			
_4th _5th _6th grades (ages 9-12)	8:15 a.m 3:40 p.m.			
<b>EXTENDED DAY:</b> Indicate choice These options are for those parents/guardians th	at need before and after school care.			
1 hour a.m. or p.m.				
2 hours 7:15 a.m. – 8:00 a.m. and	3:00/3:30 p.m. – 4:00/4:30 p.m	. or 3:00/3:30 p.m5:00/5:30 p.m.		
3 hours 7:15 a.m. – 5:30 p.m.				
	ACKNOWLEDGEMENT			
By submitting this application, I cert best of my knowledge. I confirm that Discovery School.		rovided is complete and accurate to the child who is applying to attend the		
Parent/Guardian (Print Name)	Signature	Date		
Parent/Guardian (Print Name)	Signature	 Date		

## The Discovery School Founded in 1974 **Accredited By:**

Southern Association of Colleges and Schools (SACS) American Montessori Society (AMS) Full 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.S. Section 501 (c)(3) Organization)

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