

DEAR PARENT(S) AND APPLICANT: Thank you for your interest in our school. Due to limited space for the upcoming year, we ask each parent/guardian to fill out this re-enrollment form completely. This application form is designed for currently enrolled students. The closing date for this application is **Friday, January 12th, 2018**. Applications received unsigned, incomplete, or after the closing date may not be considered for next year. Please submit a proof of residency with this form. Proof of Residency can be a utility bill, lease agreement, tax form, etc. P.O. Box addresses cannot be accepted.

For office use only	
Date Application Received	
Application #	
Campus Name	

Please, type or print clearly using black or blue ink.

STUDENT INFORMATION		
Last Name	First Name	Middle Name
Date of Birth (MM/DD/YYYY)	Current Grade /Section	

PARENT INFORMATION			
Parent Or Guardian Name		Parent Or Guardian Email Address	
Guardian's Relationship to Student		Student lives with:	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Other _____		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other _____	
Permanent Address (Street & House/Apt No.)		City	Zip
Phone Number (primary) xxx-xx-xxxx		Phone Number (secondary) xxx-xx-xxxx	
Parent Or Guardian Signature		Date (MM/DD/YYYY)	
We/I, the undersigned, hereby certify that, to the best of our/my knowledge and belief, the answers to the foregoing questions and statements made by Us/me in this application are complete and accurate. We/I understand that any false information, omissions, or misrepresentations of facts may result in rejection of this application or future dismissal of the applicant.			
If you do not want your child enrolled in our school, please check boxes and sign below again, otherwise leave them all blank.			
<input type="checkbox"/> I DO NOT want my child enrolled in Campus School for 2018-2019 due to the following reason: <input type="checkbox"/> Transportation <input type="checkbox"/> Moving <input type="checkbox"/> Accepted to another school <input type="checkbox"/> Other. Please, explain: _____			
Parent/Guardian Signature		Please mail this application/notice to the School office to:	
		Address: _____ Website: _____ Email: _____ Fax #: _____	
<small>It is the policy of HPS not to discriminate on the basis of race, color, national origin, sex, or disability in its programs, services, or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended. For inquiries regarding non-discrimination policies, please contact Section 504/ADA Coordinator at 713 343 3333 located at 9321 W. Sam Houston Pkwy S. Houston, TX 77099.</small>			