IRENE L. CHAVEZ EXCEL ACADEMY APPLICATION

11937 IH10 West, San Antonio, TX 78230

210-397-8120/FAX: 210-706-8953/registration.excel@nisd.net

2022 -2023

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!

ADMISSIONS CRITERIA (Counselor– please initial after each criteria):

- ☐ Student lives in Northside ISD and can provide Proof of Residency____
- ☐ Student is 17 years of age or older_____
- ☐ Student has a minimum of 17 credits at the time of applying _____
- ☐ Student has passed STAAR (Eng 1, Eng 2, Algebra I, Biology, and U.S. History) _____
- ☐ Contacted ICEA Counselor for special situations_____

**********Please Print Your Responses Legibly**********

Student's Legal Name:_____ **NISD ID#**:_____

Last **First** **Middle**

Current Address:_____

Student Phone:_____ **Student Personal Email**:_____

Age: _____ **Date of Birth**:_____ **Student currently lives with:** _____

Last school attended: _____

Is student receiving Special Education Services ☐ **Yes** ☐ **No**

Is student receiving 504 services ☐ **Yes** ☐ **No**

Parent/Legal Guardian: _____ **Parent/Guardian Relationship:** _____

Parent/Guardian Email:_____**Parent/Guardian Phone**: _____

_____ _____

Student's Signature **Date** **Parent /Legal Guardian's Signature** **Date**

ICEA Admissions Criteria has been reviewed with student and/or parent/guardian, and all required documentation is attached to this application.

_____ _____

PRINT Counselor's Name and Extension **Counselor's Signature** **Date**

Office Use Only

Approved: Yes_____ No_____	**SE: YES or NO**	**Age: STAAR:**
Approved by:	**504: Yes_____ No_____**	**Not enough credits :**
Orientation Date:	**Email Sent to: On**	**Contacted:**