

# APPLICATION FORM (PLEASE PRINT)

APPLICATION WILL ONLY BE ACCEPTED IF FILLED OUT COMPLETELY

NISD ID#	Social Security	Date of Birth	Age

Last Name	First Name	MI	Gender: Male/Female

Street Address	Apt. #	City	State	Zip

Current /Last School	Counselor's Name Printed	Counselor's Signature

Parent Cell	Student Cell	Phone Home

Parent/ Guardian's Email Address	Parent/Guardian's Work Email Address

1st Student's Email	2nd Student's Email

Explain why you need to attend Chavez Excel Academy: \_\_\_\_\_

Parent/Guardian Signature	Student Signature	Date

Office Use Only		
Date Received	Special Ed	DNQ
Approved By:	Yes or No	Age:
Orientation Date:	Sent Email By On	TAKS:
Contacted:	Approved? Yes___ No___	Not enough Credits:

