



TEXAS EMPOWERMENT ACADEMY

EDUCATION . CHARACTER . LEADERSHIP

REGISTRATION APPLICATION

2009-10

Please complete this form and return via fax to:
512.494.1009

Or via U.S. Mail to:
Texas Empower Academy
3613 Bluestein Dr.
Austin, Tx 78721

STUDENT'S INFORMATION

Last First Middle D.O.B.

Street Address Apt# City Zip Code

Home Phone Number *Soc. Sec. No.

Last Grade Completed Gender M F

Ethnicity: African-American Asian Hispanic Native American White Other

What language is normally used by the student in the home or learning environment?

Name and address of last school attended

Phone number of last school attended

Please indicate any of the following programs/services in which the student has participated or has ever received:

- Special Education Bilingual Education Free/Reduced Meals
- Resource Instruction Content Mastery

PARENT'S INFORMATION

Father's Name	eMail Address
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Work Ph	Cell Ph	Home Ph
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Mailing Address Check here if same as student's

Mother's Name	eMail Address
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Work Ph	Cell Ph	Home Ph
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Mailing Address Check here if same as student's

EMERGENCY CONTACTS

Name	Relationship to Student	Day Time Ph
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Name	Relationship to Student	Day Time Ph
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Please list the names of any person/s other than parents and emergency contacts that may pick up your child.

Name	Relationship to Student	Day Time Ph
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Name	Relationship to Student	Day Time Ph
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**Student Information must be reported to the Texas Education Agency by using the student's social security number or a substitute number which will be assigned.*

Admissions to the Texas Empowerment Academy will not be based on gender, national origin, ethnicity, religion, disability, academic, artistic, or athletic ability, or the district the child would otherwise attend.