



Van Houston Academy

Application for Summer School

9531 Eldridge Pkwy, Houston, TX 77083

Tel# 281-235-0521

Email: admin@vanhoustonacademy.com

STUDENT PERSONAL INFORMATION

ENROLLMENT YEAR: _____

(1) Student Legal First Name: _____ Middle Name: _____ Last Name: _____

Gender (M/F): _____ Date of Birth (MM/DD/YYYY): _____ Current Grade Level: _____

Enrollment Grade Level: _____ Previous School Attending: _____

(2) Student Legal First Name: _____ Middle Name: _____ Last Name: _____

Gender (M/F): _____ Date of Birth (MM/DD/YYYY): _____ Current Grade Level: _____

Enrollment Grade Level: _____ Previous School Attending: _____

PARENT/GUARDIAN INFORMATION

(1) First Name: _____ Last Name: _____

Phone # _____ Email: _____ Relationship to Student: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

(2) First Name: _____ Last Name: _____

Phone # _____ Email: _____ Relationship to Student: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

EMERGENCY CONTACT INFORMATION- (Different from both Parent/Guardian Information)

First Name: _____ Last Name: _____

Phone # _____ Relationship to Student: _____

PARENT AGREEMENT

*Tuition must be paid at the beginning of each course. We accept cash, checks, and zelle.

* Tuition fee is **NONREFUNDABLE for any reason.**

Credits can be held for 1 full year and only applied towards the next year's school session.

*VAN HOUSTON ACADEMY understands that emergencies may occur, which may cause the student to be absent.

However, we will **NOT refund** for any day that the student is absent.

*VAN HOUSTON ACADEMY is not responsible for any injuries or accidents that occur to the student on our premises.

*VAN HOUSTON ACADEMY is not responsible for any lost/stolen items.

Students will be responsible for their own belongings.

Summer _____ **Week(s)** **SAT Prep Course** **College Prep Course**

Cash _____ **Zelle** _____ **Check: #** _____

PARENT/GUARDIAN NAME: _____ DATE: _____

SIGNATURE: _____