Van Houston Academy
Application for Private School

9531 Eldridge Pkwy, Houston, TX 77083 Tel# 281-235-0521
Email: admin@vanhoustonacademy.com

STUDENT PERSONAL INFORMATION **ENROLLMENT YEAR:** _____

Student Legal First Name:_____

Student Legal Middle Name (If Applicable):_____

Student Legal Last Name:_____Gender (M/F):_____

Date of Birth (MM/DD/YYYY):_____Current Grade Level:_____

Enrollment Grade Level:_____Previous School Attending:_____

(1)PARENT/GUARDIAN INFORMATION- Relationship to Student:_____

First Name:_____Last Name:_____

Street Address:_____City:_____State:_____Zip Code:_____

Phone #_____Email:_____

(2)PARENT/GUARDIAN INFORMATION- Relationship to Student:_____

First Name:_____Last Name:_____

Street Address:_____City:_____State:_____Zip Code:_____

Phone #_____Email:_____

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, check, 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.

PARENT/GUARDIAN NAME:_____DATE:_____

SIGNATURE:_____