



Attach a current photo here.

# Admission Application

*Include the non-refundable registration fee with this application found on Tuition & Fees page.*

## Student Information

Full Legal Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: \_\_\_\_\_  
LAST FIRST MIDDLE

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City State Zip

Last school attended: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

School address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City State Zip

Ever been expelled? \_\_\_\_\_ Reason: \_\_\_\_\_ Repeat any grades? \_\_\_\_\_ If so, which? \_\_\_\_\_

List & explain any discipline/behavioral problems: \_\_\_\_\_

List & explain any disabilities/developmental delays: \_\_\_\_\_

List & explain any academic challenges: \_\_\_\_\_

List other family members enrolled at TVBS: \_\_\_\_\_

## Parent/Guardian Information

Name 1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City State Zip Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Name 2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City State Zip Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Family Status:  Married  Divorced  Widowed  Single Parent  Other: \_\_\_\_\_

Divorce decree in place? \_\_\_\_\_ Primary Custodial Parent/Guardian:  Mother  Father  Other: \_\_\_\_\_

## Emergency Contacts

	<u>Name</u>	<u>Relationship</u>	<u>Phone 1</u>	<u>Phone 2</u>	<u>Authorized to Pick-Up?</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

I/we desire to enroll the student listed above in TVBS for the 2024-2025 academic school year. I have attached the required enrollment fee to this application.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date Signed