



HOUSTON ACADEMY

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www.houstonacademy.com

A & T _____
A Rec: _____
Ref: _____
Alumni: _____ Sibling _____
BC _____
IR _____ (Office Use Only)

Application for Lower and Upper School

I. Personal Information

Applicant name _____
Last First Middle Name used

Applying for grade _____ for year _____ Date of birth _____ Gender _____

Race/Ethnicity: _____ American Indian/Alaskan Native _____ Asian _____ Black/African American _____ Hispanic/Latino
_____ Native Hawaiian/Pacific Islander _____ White _____ Other

Applicant address _____
Street City State Zip Code

Applying for daycare (3P-6th grade only) _____ Yes _____ No

II. Family Contact Information

Name of Father/Guardian _____
Last First Middle Name used

Address _____
(If different from applicant) Street City State Zip Code

Employer _____ Work Phone _____ Home Phone _____ Cell Phone _____

Parent Email Address _____
(Indicate if this is the primary email address)

Name of Mother/Guardian _____
Last First Middle Name used

Address _____
(If different from applicant) Street City State Zip Code

Employer _____ Work Phone _____ Home Phone _____ Cell Phone _____

Parent Email Address _____
(Indicate if this is the primary email address)

Applicant resides with () Both parents () Mother () Father If divorced, please indicate custody _____

Siblings:	Name	Present School	Grade

Does the applicant have relatives who currently or previously attended HA? _____

Has the applicant at any time attended HA? _____

IV. Academic History. List all previous schools and dates of attendance:

School	Dates	Grades

1. Has applicant ever been retained _____ If so, which grade and for what reason _____

2. Is applicant taking any medication on a regular basis? _____ If so, please specify: _____

3. Has the applicant been diagnosed with any academic or behavioral exceptionalities? _____ If so, please specify: _____

4. Has the applicant been enrolled or tutored in a special program? _____ Yes _____ No
(gifted and talented, resource, learning difference)

5. Does the applicant have any medical or physical conditions that may limit regular school work or participation in our physical education program? _____ Yes _____ No

6. Has the applicant been suspended or expelled? _____ Yes _____ No

7. Is there any other pertinent information that will help us understand the applicant? _____ Yes _____ No

8. How did you hear about Houston Academy? _____ Internet _____ Friends/acquaintances
 _____ Magazine _____ Newspaper
 _____ Brochure _____ Other _____

V. Grandparents

Maternal _____

Address _____
 Street City State Zip Code

Email Address _____

Paternal _____

Address _____
 Street City State Zip Code

Email Address _____

With this application, please submit a copy of your most recent transcript, a copy of your most recent standardized test scores, and a non-refundable \$75 testing fee.

Signed _____ Date _____

Parent or guardian