Turning Point Academy Of Granbury Student Registration Form

Student Information:

First Name: _____ Middle Name: _____ Last Name: _____

Date Of Birth: _____

Address:

Street Address: _____

City: _____ State: _____ ZIP code: _____

County: _____

Contact Information

Parent/Guardians name (fist and last name please):

Mothers First Name: _____ Mothers Last Name: _____

Phone #: _____ Email: _____

Fathers First Name: _____ Fathers Last Name: _____

Phone #: _____ Email: _____

Address if different from students:

Street Address: _____

City: _____ State: _____ ZIP code: _____

County: _____ Phone #: _____

Emergency contact:

First Name: _____ Middle Name: _____ Last Name: _____

Phone #: _____

List of Authorized Persons to release your child to:

First Name: Last Name: Phone #:

First Name: Last Name: Phone #:

First Name: Last Name: Phone #:

Medical Information:

Allergies, and or Medical Conditions:

Student Bio:

Please describe your child's strong suits, and your child's weaknesses in regard to education:

Please list the last Schools your child attended, if home schooled, what curriculum did you use?

Childs grade history:

Best days and times for family interview: Please circle all that apply to your family

(Child is required to be present during interview.)

Monday Tuesday Wednesday Thursday Friday

Mornings Afternoons

***PLEASE COMPLETE AND RETURN THIS FORM TO: tpaofgranbury@gmail.com**