



Please list your children's name(s): \_\_\_\_\_

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**Father\*:**

I , (please print your name) \_\_\_\_\_, verify that I have reviewed all of my electronic signatures submitted with my child's application to Faith West Academy. By signing below, I confirm that these signatures are valid and legally binding. These signatures will remain valid during the duration of my child's attendance at Faith West Academy.

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

**Mother\*:**

I , (please print your name) \_\_\_\_\_, verify that I have reviewed all of my electronic signatures submitted with my child's application to Faith West Academy. By signing below, I confirm that these signatures are valid and legally binding. These signatures will remain valid during the duration of my child's attendance at Faith West Academy.

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

\* If, due to death, divorce or otherwise, there is only one legal parent enrolling this child, official paperwork must be submitted to the Admission's Office. This includes; but is not limited to divorce decrees, adoption papers, etc.



## ADMINISTRATOR'S DISCIPLINARY FORM

STUDENT NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parents,

Please complete this form and deliver it to your child's school. Please be aware that your parent signature authorizes the release of requested disciplinary information including all disciplinary records. Applications cannot be finalized until your child's previous school returns this completed request to FWA.

\_\_\_\_\_  
PARENT SIGNATURE DATE \_\_\_\_\_

**The remainder of this form is to be filled out by the administrator  
or disciplinarian at your child's most recent school.**

**➔ *Administrator/Disciplinarian: Please fax this completed form along with a copy of the applicant's current discipline records to 281-391-2606. Please be aware that the applicant's application will not be processed until this form and all disciplinary records have been received by Faith West Academy's registration office.***

Has the applicant ever been suspended, placed on probation, asked to withdraw, been considered for expulsion or expelled from school? **YES/NO**

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

### **Please check one:**

- Never been sent to the office, no major disciplinary infractions, classroom conduct above average
- Few minor disciplinary infractions, few minor classroom infractions, classroom conduct average
- Major disciplinary infractions, excessive minor classroom infractions, classroom conduct below average

\_\_\_\_\_  
Signature of school administrator/disciplinarian

\_\_\_\_\_  
Print name and title

Telephone: \_\_\_\_\_

**PLEASE CONTACT MY OFFICE**



## SPECIAL SERVICES/EDUCATION COORDINATOR'S FORM

STUDENT NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parents,

Please complete this form and deliver it to your child's school. Please be aware that your parent signature authorizes the release of requested information including all records regarding IEP, BIP, 504, tiered intervention, accommodations and/or modifications received or recommended by your child's previous school(s). Applications cannot be finalized until this completed request is returned to FWA.

\_\_\_\_\_  
PARENT SIGNATURE DATE \_\_\_\_\_

**The remainder of this form is to be filled out by the special services/education coordinator at your child's most recent school.**

**➔ SPECIAL SERVICES/EDUCATION OFFICES: Please fax this completed form along with a copy of this student's full testing and recommendation records to 281-391-2606. Please be aware that this applicant's FWA application will not be processed until this form and all supporting documents have been received by Faith West Academy's registration office.**

### Please check one:

- This student has never been recommended for educational testing.
- This student has been recommended to educational testing.
- This student has been tested. According to the test results, it has been determined that this child DOES NOT need and special services/programs in order to be successful in the classroom. (Please attach all supporting documentation)
- This student has been tested. According to the test results, it has been determined that this child DOES need and special services/programs in order to be successful in the classroom. (Please attach all supporting documentation)
- This student has been tested. According to the test results, this child received special services/programs in order to be successful in the classroom. However, it has been determined that this student no longer needs these services. This student is no longer receiving any accommodations, modifications or tiered services/programs. (Please attach all supporting documentation)

\_\_\_\_\_  
Signature of Special Services Coordinator

\_\_\_\_\_  
Print name and title

## Faith West Academy Request/Release of Student Records

To Previous School:		
Street Address:		
City:	State:	Zip:
School Phone:		School Fax:

Attention Registrar:

Faith West Academy is considering the possibility of enrolling:

Name:		
Last	First	Middle
Date of Birth:                      Grade enrolling into:		

We would appreciate receiving all the information concerning this child, such as:

1. Immunizations
2. Birth Certificate
3. Most current report card  
(if application has been received mid-year)
4. Withdrawal grades  
(if application has been received mid-year)
5. Last two years final report cards
6. Most recent standardized test
7. Conduct/Incident Reports

Comments:

**\*Parents and Registrar:**

Please note that FWA **must** receive conduct/incident reports, if any, prior to enrollment.

\*Parents please initial here, indicating your clear authorization for your child's previous school to release these conduct reports to FWA: \_\_\_\_\_

8. Official Transcript

I give permission for these records to be released to Faith West Academy:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Child

Please send this information to:

**Faith West Academy**  
**2225 Porter Road, Katy, Texas 77493**  
**Phone: 281.391.5683 or VIA FAX 281.391.2606**