

# Blanco River Academy



## Application for Admission

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

**Applicant Name:** \_\_\_\_\_

*Last*

*First*

*Middle*

*Nickname*

\_\_\_\_\_ Male \_\_\_\_\_ Female Current Grade: \_\_\_\_\_ Race: \_\_\_\_\_  
*The school is occasionally required to submit demographic information and would like to use classification preferred by family.*

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ yrs. \_\_\_\_\_ months Birthplace: \_\_\_\_\_

**Class Applying For:** *(Please Circle One)*      **7<sup>th</sup> Grade**      **8<sup>th</sup> Grade**

Present Address: \_\_\_\_\_  
*Street City County State Zip*

Mailing Address: \_\_\_\_\_  
*Street City State Zip*

Home Phone: \_\_\_\_\_ Family e-mail: \_\_\_\_\_ Religion: \_\_\_\_\_

### **Father's Information:**

Name: \_\_\_\_\_  
*Last First MI*      Single      Married      Separated  
Divorced      Remarried      Deceased

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

Home Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Education Level:      High School      College      Other

Cell Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

### **Mother's Information:**

Name: \_\_\_\_\_  
*Last First MI*      Single      Married      Separated  
Divorced      Remarried      Deceased

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

Home Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Education Level:      High School      College      Other

Cell Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_



**Guardian Information (if different than parents):**Name: \_\_\_\_\_  
*Last First MI*Address: \_\_\_\_\_  
*Street City State Zip*

Home Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Cell/Business Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

With whom does the student reside with? ☐ Mother ☐ Father ☐ Mother & Father ☐ Father & Step Mother  
(Please circle all that apply) ☐ Mother & Step Father ☐ Grandparents ☐ Guardian(s)  
Other: \_\_\_\_\_**Applicant/Family Information:**

Has any member of the Applicant's Family been associated with St. Stephen's Episcopal School or Church? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please give name and association: \_\_\_\_\_

Family's Religion: \_\_\_\_\_ (used for statistical purposes)

How did you hear about Blanco River Academy? \_\_\_\_\_ Personal Reference from \_\_\_\_\_

Brochure/Flyer seen at/received from \_\_\_\_\_ Church(name, please): \_\_\_\_\_

Newspaper/Other Print Publication (name, please): \_\_\_\_\_ circle if applicable: Internet Phone Book

Please state your reasons for wishing to enroll your child in Blanco River Academy:

Please list the names and ages of other children in the family:

\_\_\_\_\_  
*Name Age Name Age*\_\_\_\_\_  
*Name Age Name Age*

What is the applicant's sibling rank? \_\_\_\_\_

We strive to surround each child with a proper balance of high expectations, tolerance, hope, and values. In order for us to provide the best possible experience for your child, we need to know as much about your child as possible. Please check the following characteristics that BEST describe your child:

|                   |                     |                        |                      |                           |
|-------------------|---------------------|------------------------|----------------------|---------------------------|
| ____ Enthusiastic | ____ Attentive      | ____ Self-Conscious    | ____ Temper Outburst | ____ Short Attention Span |
| ____ Withdrawn    | ____ Generous       | ____ Easily Frustrated | ____ Picky Eater     |                           |
| ____ Easy Going   | ____ Moody          | ____ Selfish           | ____ Outgoing        |                           |
| ____ Indifferent  | ____ Self-Confident | ____ Carefree          | ____ Introspective   |                           |

Please indicate your child's general health: \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Seasonal

Does your child take any medications on daily basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Does your child wear glasses? \_\_\_\_ Yes \_\_\_\_ No When? \_\_\_\_\_

Has your child been assessed or referred for any of the following (if yes, please list and/or attach results):

|                        |     |    |                            |     |    |                      |     |    |
|------------------------|-----|----|----------------------------|-----|----|----------------------|-----|----|
| Vision Assessment      | Yes | No | Allergy Testing            | Yes | No | Occupational Therapy | Yes | No |
| Hearing Assessment     | Yes | No | Scoliosis Assessment       | Yes | No | Physical Therapy     | Yes | No |
| Hyperactive Assessment | Yes | No | Attention Deficit Disorder | Yes | No | Counseling           | Yes | No |
| Gifted & Talented      | Yes | No | Academic Skills Testing    | Yes | No | Diabetic Screening   | Yes | No |
| I.Q. Assessment        | Yes | No | Speech-Language Therapy    | Yes | No |                      |     |    |

Results: \_\_\_\_\_

Does your child frequently suffer from any of the following:

|                    |     |    |              |     |    |                        |     |    |
|--------------------|-----|----|--------------|-----|----|------------------------|-----|----|
| Colds              | Yes | No | Nose Bleeds  | Yes | No | Heat Exhaustion        | Yes | No |
| Headaches          | Yes | No | Stomachaches | Yes | No | Sinus Infections       | Yes | No |
| Ear Infections     | Yes | No | High Fevers  | Yes | No | Respiratory Infections | Yes | No |
| Seasonal Allergies | Yes | No | Asthma       | Yes | No |                        |     |    |

Is your child highly reactive to sugar, food coloring, have food allergies or allergies to medication? \_\_\_\_ Yes \_\_\_\_ No

If yes, please list: \_\_\_\_\_

Are there any physical handicaps which would limit your child's participation in school or school related activities?

\_\_\_\_ Yes \_\_\_\_ No If yes, please explain: \_\_\_\_\_

Has he/she had any serious illnesses or surgery? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Has there been any recent experience which may have affected your child (i.e. illness, death, divorce, etc.)? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

How many hours a week is your child and/or family involved in extracurricular activities (i.e. sports, private lessons, church, etc.)?

### **Nondiscriminatory Policy**

Blanco River Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions, scholarship and loan program, and athletic and other school-administered programs.

## **Previously Attended Schools and/or Daycare(s)**

| <b>Class/Grade</b>  | <b>Name of School and Address</b> | <b>Teacher's Name</b> | <b>Years Attended</b> |
|---------------------|-----------------------------------|-----------------------|-----------------------|
| <b>Daycare</b>      | _____                             | _____                 | _____                 |
| <b>Pre-School</b>   | _____                             | _____                 | _____                 |
| <b>Kindergarten</b> | _____                             | _____                 | _____                 |
| <b>First</b>        | _____                             | _____                 | _____                 |
| <b>Second</b>       | _____                             | _____                 | _____                 |
| <b>Third</b>        | _____                             | _____                 | _____                 |
| <b>Fourth</b>       | _____                             | _____                 | _____                 |
| <b>Fifth</b>        | _____                             | _____                 | _____                 |
| <b>Sixth</b>        | _____                             | _____                 | _____                 |

If you or your child has experienced any previous difficulty in school and/or daycare programs, please note the nature of that difficulty: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge all the information contained on this form is accurate.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**Please return this completed application to:**

**Blanco River Academy  
6000 FM 3237/PO Box 2032  
Wimberley, Texas 78676  
512-842-9222**

Please make check payable to: Blanco River Academy

*The information contained in this application will be made available only to the Admissions Committee,  
Blanco River Academy, Wimberley, Texas.*

TO: Administrative Office  
FROM: Admissions Office, Blanco River Academy

DATE: \_\_\_\_\_

Please accept this authorization to have the following student's records sent to St. Stephen's Episcopal School.

### **AUTHORIZATION FOR RELEASE OF RECORDS**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Present Grade: \_\_\_\_\_

Name of School(s) from which Student is transferring:

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
City State Zip Phone FAX

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
City State Zip Phone FAX

This will serve as notification of the transfer of records from the above named school(s) as indicated. I, the undersigned, authorize Blanco River Academy to secure all school related records including achievement test scores, grades, IQ scores, and health records on the above named student.

\_\_\_\_\_  
Name of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

