

# ***ALEXANDER-SMITH ACADEMY APPLICATION FOR ADMISSION***

***10255 RICHMOND AVENUE #100  
HOUSTON, TEXAS 77042***

***off. (713) 266-0920***

***fax (713) 266-8857***

***[www.alexandersmith.com](http://www.alexandersmith.com)***



**Current transcripts, report cards, and a non-refundable \$300 application fee must accompany this completed application.**

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**Applicant's Full Name**

# Alexander-Smith Academy Application



Please attach a  
small recent  
photo of the  
applicant.

Date of Application \_\_\_\_\_

Applying for Grade \_\_\_\_\_

Term Beginning \_\_\_\_\_

How did you hear about ASA? \_\_\_\_\_

Do you know any students currently in attendance at ASA? \_\_\_\_\_

## **STUDENT**

Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Male  Female Social Security Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_  
(Month) (Day) (Year)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Please list names, dates and addresses of other high schools attended:

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**FATHER / STEP-PARENT**

Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

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

Occupation/Title: \_\_\_\_\_ Name of Firm: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

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**MOTHER / STEP-PARENT**

Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

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

Occupation/Title: \_\_\_\_\_ Name of Firm: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

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**FAMILY**

Are parents living? \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

If applicable, name of custodial parents/guardians: \_\_\_\_\_

Address and Phone: \_\_\_\_\_

Name any other adults or relatives responsible for the applicant: \_\_\_\_\_

Address and Phone: \_\_\_\_\_

Please list names and ages of siblings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALUMNI RELATIONSHIPS or FRIENDS**

List the name of relatives or friends who have attended ASA:

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

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**PERSONAL INFORMATION**

Has the applicant been enrolled in any accelerated courses? \_\_\_\_\_ If yes, please list courses, grades: \_\_\_\_\_

Is the applicant a competitor/performer who requires flexible hours and absences for competition? If yes, please explain. \_\_\_\_\_

Has the applicant's school attendance been regular? \_\_\_\_\_ If no, please explain. \_\_\_\_\_

Has the applicant been tested for academic or behavioral concerns? \_\_\_\_\_ If yes, please indicate: ADD \_\_\_\_\_ ADHD \_\_\_\_\_ Dyslexia \_\_\_\_\_ Other \_\_\_\_\_  
(Please explain) \_\_\_\_\_

**A COPY OF TEST RESULTS MUST ACCOMPANY THIS APPLICATION.**

Has the applicant ever been referred to Educational Services for learning differences? \_\_\_\_\_

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

**Has the applicant ever received psychological or personal counseling? \_\_\_\_\_**

**If yes, please explain. \_\_\_\_\_**

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**Are there any prior or continuous emotional or behavioral problems which ASA should be aware of in order to work successfully with the applicant? \_\_\_\_\_ If yes, please explain.**

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**If the applicant is on medication, please indicate what medication and dosage. Will it be necessary for an ASA advisor to dispense medication during the school day? \_\_\_\_\_**

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**Is there any health information the school should know? \_\_\_\_\_ If yes, please explain.**

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**Name of applicant's physician: \_\_\_\_\_**

**Phone: \_\_\_\_\_**

**In case of emergency, please list who should be contacted and their phone number, in the order of preference:**

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**OTHER REQUIRED INFORMATION**

1. Have you ever been found responsible for a disciplinary violation at any secondary school you have attended, whether related to academic misconduct or behavioral misconduct that resulted in your probation, suspension, removal, dismissal, or expulsion from the institution?

Yes \_\_\_ No \_\_\_

2. Have you ever been convicted of a misdemeanor, felony, or other crime? Yes \_\_\_ No \_\_\_

3. Are you or have you ever been on probation for a misdemeanor, felony or other crime?

Yes \_\_\_ No \_\_\_

If you answered yes to either or both questions, please give the approximate date of each incident and explain the circumstances. If necessary, attach a separate piece of paper.

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**RELEASE OF RECORDS**

By signing this application I authorize Alexander-Smith Academy to request any records or documents from previous schools attended or educational consultants if deemed necessary.

**ACCURACY DISCLAIMER**

My signature on this application verifies that to the best of my knowledge, the information given in the application is true and complete. I also affirm that I shall immediately notify Alexander-Smith Academy of any changes to the information given in this application. I authorize the school to verify any information given in this application should it so desire. I understand that if any information given in this application is false, it may result in the immediate expulsion of my son/daughter.

Parent Signature \_\_\_\_\_

**REFUND POLICY**

**THERE ARE NO TUITION REFUNDS.** In the event a student withdraws or transfers, payments are discontinued as of that date.

**This page is to be handwritten by the applicant.**

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**STUDENT PROFILE**

**Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**Please list extra-curricular activities in which you have participated while attending high school:**

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**What is your favorite class?** \_\_\_\_\_

**Why?** \_\_\_\_\_

**What is your least favorite class?** \_\_\_\_\_

**Why?** \_\_\_\_\_

**What do you like to do after school or on weekends?** \_\_\_\_\_

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**What is the name of the last novel you read that was not a school assignment?** \_\_\_\_\_

**Please tell us anything about yourself that would help the Faculty of ASA get to know you and help us work with you:** \_\_\_\_\_

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**Briefly describe any voluntary community service you have done and how that activity has contributed to the betterment of society:** \_\_\_\_\_

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