



Application for Admissions

***Type directly on this PDF form by CLICKING on each entry blank below. (Must be opened in Adobe Acrobat Reader)**
***When finished, either PRINT the completed form or save & send via email to: info@texasempowerment.org**

“Admission will not be based on gender, national origin, ethnicity, religion, disability, academic, artistic, or athletic ability, or the district the child would otherwise attend.”

Our applications for admission are drawn on a Lottery basis as spots become available. Please be sure to keep us posted if your contact information changes.

Date of Application: _____

Lottery #: _____

Student Information:

Name: _____
 Last First Middle

Date of Birth _____

Street Address _____ Apt# _____

City _____ State _____ Zip _____

Current Grade Level: _____

Do you have a child currently enrolled? Yes No

Parent Information:

Father's Name: _____
 Last First

Phone # _____

Street Address _____ Apt# _____

City _____ State _____ Zip _____

Email address: _____

Primary School Campus
 3613 Bluestein Dr.
 Austin, Tx 78721
 512.494.1076 tel 512.494.1009 fax

Mother's Name: _____
 Last First

Phone # _____

Street Address _____ Apt# _____

City _____ State _____ Zip _____

Email address: _____

Secondary School Campus
 6414 North Hampton Dr.
 Austin, Tx 78723
 512.928.0118 tel 512.928.0128 fax

*Parent/Guardian Signature _____ Date _____

*Electronic Signature Agreement. By signing this application electronically you agree your electronic signature is the legal equivalent of your manual signature on this Application.