

APPLICATION FOR ADMISSION

APPLICATION DATE

STUDENT NAME

APPLYING FOR GRADE

STUDENT INFORMATION

FIRST NAME OF APPLICANT

MIDDLE

LAST

M/F (Circle One)

PREFERRED NAME

AGE

DATE OF BIRTH

PHONE

E-MAIL

STREET ADDRESS

CITY

STATE

ZIP

COUNTRY OF BIRTH

COUNTRY OF CITIZENSHIP

APPLICANT RESIDES WITH

FAMILY INFORMATION

PARENT OR GUARDIAN

TITLE

FIRST

MIDDLE

LAST

Relationship to Child

HOME ADDRESS

STREET

CITY

STATE

ZIP

HOME PHONE

E-MAIL

EMPLOYER

OCCUPATION

BUSINESS PHONE

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FAMILY INFORMATION cont.

PARENT OR GUARDIAN

TITLE	FIRST	MIDDLE	LAST	Relationship to Child
HOME ADDRESS	STREET			
CITY	STATE		ZIP	
HOME PHONE	E-MAIL			
EMPLOYER	OCCUPATION		BUSINESS PHONE	

APPLICANTS SIBLINGS

NAME	BIRTH DATE	SCHOOL CURRENTLY ATTENDING
NAME	BIRTH DATE	SCHOOL CURRENTLY ATTENDING
NAME	BIRTH DATE	SCHOOL CURRENTLY ATTENDING

CURRENT SCHOOL INFORMATION

Public Independent Parochial Home schooling

Other _____

SCHOOL NAME	CURRENT GRADE	
DATES OF ATTENDANCE	HEAD OF SCHOOL/PRINCIPAL'S NAME	
STREET ADDRESS		
CITY	STATE	ZIP
PHONE	FAX	

TEACHER RECOMMENDATIONS

Please list those individuals who will be submitting your recommendations.

English Teacher _____

Math Teacher _____

School Counselor/Principal _____

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ADDITIONAL INFORMATION

How did you become interested in Yorktown Education?

What other schools have you applied to?

TUITION INFORMATION

PERSON(S) RESPONSIBLE FOR TUITION FIRST MIDDLE LAST RELATIONSHIP TO CHILD

STREET ADDRESS

CITY STATE ZIP

HOME PHONE E-MAIL

SIGNATURE OF PARENT

DATE

SIGNATURE OF PARENT

DATE

PLEASE SUBMIT COMPLETED APPLICATION MATERIALS TO:

Yorktown Education
c/o Admissions Office
5170 Village Creek Drive
Plano, Tx 75093

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