



Knowledge-First Empowerment Academy



TEA# 079-105-001

CCEB#440004

NCAA# 850638

HOU214F58641000

NHS: 01314090

NCES#: A1503737

Providing Academic Services~Enhancing Educational Values

2440 Texas Parkway #120*Missouri City, TX 77489

(281) 499-8315

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(833) KNOW1ST

www.knowfirst.org

ADMISSIONS CHECKLIST

INTERNATIONAL BOARDING SCHOOL

We encourage you to apply early, both to secure priority consideration and to ensure that your student arrives on time with the proper visa documentation. The admissions committee utilizes the following information to carefully evaluate each candidate:

- * **Application**
- * **English Teacher Recommendation**
(from current school)
- * **Math Teacher Recommendation**
(from current school)
- * **Copy of the Student's Passport**
- * **Bank Statement or Proof of Financial Support**
- * **Immunization Records**
- * **Physical Examination Record**
- * **Payment Receipt from Immigration**
- * **Transcripts:**

- ❖ One official copy in original language and corresponding certified, literal translation in English
 - ❖ Include the previous 2 years of schooling
 - ❖ Include current mid-year grades and all standardized test scores
- Federal laws and regulations require the School Administrator to update and maintain the records of nonimmigrant students. Any student who fails to enroll in school will be terminated by **IMMIGRATION**. School Administrator **MUST** report **ANY** student who fails to show up at school within 30 days after school begins.

Wisdom~Honor~Perseverance

This form should be completed by a PARENT or GUARDIAN and can be filled out using Adobe Acrobat or printed.

Grade applying for:

School Year:

How were you referred

Agent

Alumni

Current Student/Family

Staff Member

Online

Other

APPLICANT INFORMATION

Family Name/Surname

First (Given) Name

Middle Name

Date of Birth (DD/MM/YYYY)

Country of Birth

Country of Citizenship

Residence Country Issuing Passport/Visa	Male	Female	Country of
Address			
City	State/Province/Territory	Postal Code	
Telephone (including country code)	Student E-mail	Student Mobile Phone	

This form should be completed by a [PARENT](#) or [GUARDIAN](#) and can be filled out using [Adobe Acrobat](#) or printed.

APPLICANT INFORMATION *(continued)*

Is the student currently enrolled in school? Yes No Please

indicate the following for the student's current school:

Name of School	Address	Current Grade
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Has the student attended another school in the past 3 years? Yes No

For all schools attended in the past 3 years, please list the name, city, country, and dates of attendance for each school:

Name of School	City, Country	Dates of Attendance
Name of School	City, Country	Dates of Attendance
Name of School	City, Country	Dates of Attendance

RECOMMENDATIONS

Name of current teacher who has been given the [English Teacher Recommendation Form](#)

Name of current teacher who has been given the [Math Teacher Recommendation Form](#)

Who is legally responsible for the student?

Both parents Father only Mother only Other: _____

FAMILY INFORMATION

Please check all that apply:

Parents: Married Separated Divorced Single

Student resides with: Parents Father Mother Step-Parent Other: _____

This form should be completed by a PARENT or GUARDIAN and can be filled out using Adobe Acrobat or printed.

This person is responsible for the student's educational decisions:

Father's Contact Information

_____	_____	_____	
Title	Legal First Name	Last Name/Surname	
_____	_____	_____	_____
Address	City	State/Province/Territory	Postal Code
_____	_____	_____	
	Mobile Phone	Father's Email Address	
_____	_____	_____	
Occupation	Employer	Company Telephone	

This person is financially responsible for the student: Yes No

_____ Yes
No

Other Guardian Information (if applicable)

_____	_____	_____	
Title	Legal First Name	Last Name/Surname	
_____	_____	_____	_____
Address	City	State/Province/Territory	Postal Code
_____	_____	_____	
	Mobile Phone	Guardian's Email Address	
_____	_____	_____	
Occupation	Employer	Company Telephone	

This person is financially responsible for the student: Yes No

Mother's Contact Information

_____	_____	_____	
Title	Legal First Name	Last Name/Surname	
_____	_____	_____	_____
Address	City	State/Province/Territory	Postal Code
_____	_____	_____	
	Mobile Phone	Mother's Email Address	
_____	_____	_____	
Occupation	Employer	Company Telephone	

This person is financially responsible for the student: Yes No

_____ This person is responsible for the student's educational decisions: Yes No

This person is responsible for the student's educational decisions: Yes No

SIBLINGS

Name _____ Relationship _____ Age _____ Current School _____

Name _____ Relationship _____ Age _____ Current School _____

Name _____ Relationship _____ Age _____ Current School _____

Members of Applicant's Family who are currently attending or have attended .QRZOHGJH)LUVW\$FDGHP

Name _____ Relationship _____ Years Attended _____ Current School _____

Name _____ Relationship _____ Years Attended _____ Current School _____ **STUDENT**

RELEASE INFORMATION

I hereby authorize Knowledge-First Academy to allow my child to leave the facility with the following person(s):

Title First Last Relationship

E-mail Home Phone Work Phone Mobile Phone

Street No. & Address City State Texas Zip Code

IN CASE OF EMERGENCY

Emergency Contact People other than Parents or Guardians (2 People):

THIS SECTION MUST BE FILLED OUT FOR SAFETY PURPOSES AND THE CONTACT MUST BE A RESIDENT OF HOUSTON.

Name Relationship Phone/Email

Name Relationship Phone/Email

Is the student currently taking any medications? If **YES**, please specify _____

Does the applicant have any type of allergies? If **YES**, please specify _____

Does the applicant have a physical handicap or chronic illness? If **YES**, please explain. Include information regarding any special arrangements the applicant may need? _____

Name of Licensed Physician: _____ Telephone: _____

Address: _____

Hospital or Clinic: _____

In the event of an emergency (illness or accident) every attempt will be made to contact you, the alternate person listed or the doctor listed. If this fails, your child will be taken to the hospital listed if possible. If not, your child will be taken to the most appropriate emergency facility. A school representative will stay with your child until you or an alternate person assumes responsibility.

Acknowledgment and approval given by: _____ Date: _____

It is the law of the State of Texas that proper documentation of each student's immunization records including hearing and vision screening be submitted at the time of enrollment. No

student may attend classes at .QRZOHGJH)LUVW\$FDGHP\ unless all of the health requirements have been met. The student's physician must sign this information.

DOCTOR'S STATEMENT

This is to verify that the applicant is up to date with all immunizations. This statement must be completed by a practicing physician.

I have examined the above named child within the past year and find that he/she is physically able to take part in the school's program.

Physician's Signature: _____

Date: _____

MAKE SURE TO INCLUDE A CURRENT COPY OF THE STUDENTS IMMUNIZATION RECORDS WITH THIS DOCUMENT

RELEASE

This form serves as a release and consent to allow Knowledge-First Academy to use my child's image and likeness in either photographic or video format. I understand that it may appear in promotional material for the School that may be distributed nationally and may be used over an extended period of time. I have not requested, nor do I expect monetary compensation for granting Trent InternationalE School the right to use my child's image as stated.

WAIVER OF LIABILITY AND MEDICAL TREATMENT AUTHORIZATION

I/we do hereby present to Knowledge-First Academy this Medical Treatment Authorization/Waiver of Liability for _____ who is enrolled in the School and do hereby waive any and all rights and claims against Knowledge-First Academy, its trustees, officers, agents and employees, arising in or out of the student's participation in this program.

Child's Physician: _____ Physician's phone number: _____

Preferred Hospital: _____ Emergency Contact Name & Phone number: _____

In case of an emergency, I/we, Authorize Knowledge-First Academy to transport my child to the closest emergency facility in my absence. I acknowledge that my child's safety is of utmost importance. I realize that a representative of the school will make every attempt to contact me and inform me of my child's status.

Parent/Guardian: _____ Date: _____

FIELD TRIP/TRANSPORTATION

PLEASE READ THE FOLLOWING CAREFULLY AND COMPLETE

I/We hereby consent to the participation of the student named below in all activities conducted by the employees of Knowledge-First

InternationalE School. These shall include curricular and extra-curricular, athletics, conducted both on and off school grounds of Knowledge-First Academy. I/We further consent and hereby authorize and empower any employee or volunteer of Knowledge-First Academy to transport said student to sites off the school campus on any field trip for educational, entertainment and/or athletic activity which is part of Knowledge-First Academy's curriculum. I understand that if my child is **NOT** in the required uniform he/she will not be permitted to go on the field trip.

I/We hereby agree to assume all responsibility and risk from the participation by the student in any school activity or event, whether conducted on or off the school grounds of Trent InternationalE School, at any time during, before or after regular school hours including field trips for educational and /or recreational purposes, travel to and from while participating in curricular, extra-curricular activities and athletics.

I/We further agree to hold this school, the teacher, the employees and volunteers free from all damages or liability for all injury to person or property arising from the result of the foregoing.

My child _____
attend all field trips arranged by the school.

has my permission to

I hereby consent to the transportation of my child to and from all field trips:

Parent comments: _____

Date: _____ Signature: _____

WATER ACTIVITIES

I hereby () give () do not give my consent for my child to participate in water activities:

_____ Splashing pools _____ wading pools _____ swimming pools
_____ other bodies of water provided by the facility.

In signing this application, I grant permission for .QRZOHGJH)LUVW\$FDGHP\ to obtain necessary academic and medical records and any other pertinent information which will assist the school during the admissions process. The information provided is confidential and will be used only in the selection of the candidate. It will not become part of the candidate's permanent file and will not be available to the candidates nor to his/her parents. I further understand that if the acceptance into .QRZOHGJH)LUVW\$FDGHP\ is based on misinformation or lack of information in this application, the applicant may be asked to withdraw without refunds.

Mother's Signature or _____
Father's Signature or _____
Guardian's Signature _____
Date

This form should be completed by a [PARENT](#) or [GUARDIAN](#) and can be filled out using [Adobe Acrobat](#) or printed.

What are your expectations for your child:

What are your child's strengths and weaknesses:

Has your child ever been suspended, expelled, asked to withdraw or denied readmission to any school? Yes No

If yes, please explain:

PARENT STATEMENT 1. Statement of Non-Discrimination

The School admits students of any race, gender, color, religion, national or ethnic origin and does not discriminate on the basis of any of these categories or any category protected by law in the administration of our educational policies, admission policies, financial aid, athletic or other programs.

2. Attestation

I certify that all the information contained in this admissions application is accurate, complete and correct. I understand that making false statements within this application may result in the withdrawal of admission from the School and the forfeiture of any monies (fees, tuition, etc.) paid or due to the School.

3. Permission to Obtain Records

I give the School permission to contact and obtain official records at the school my child currently attends or previously has attended, as well as listed professionals or other sources to aid in the appropriate consideration for admission of my child. I will not seek access to confidential recommendations and evaluation materials before or after the admission decision is made.

4. Signature

I understand that by signing this application document that I acknowledge and agree to all of the terms and conditions contained herein.

Parent or Guardian Signature

Date

This form should be completed by the STUDENT applicant and

can be filled out using Adobe Acrobat or printed.

ACTIVITIES, INTERESTS & TALENTS

List any hobbies or interests:

List any extracurricular activities that you participate in:

List 4 books that you have enjoyed reading in English recently:

If any, list your previous employment (and for how long):

This form should be completed by the STUDENT applicant and

If any, list organizations that you have volunteered for (and for how long):

can be filled out using Adobe Acrobat or printed.

ACTIVITIES, INTERESTS & TALENTS (continued)

If any, list clubs or community organizations that you belong to (and for how long):

Please indicate below your activities, interests and talents
check ONE interest level for each activity.

	<i>Great Interest</i>	<i>Average Interest</i>	<i>No Interest</i>	<i>I've Done Before</i>
Acting				
Art				
Band/Orchestra				
Choir				
Creative Writing				
Dance				

This form should be completed by the STUDENT applicant and

Foreign Language

School Leadership

Science

Sports

Technology

can be filled out using Adobe Acrobat or printed.

STUDENT WRITING SAMPLE

In your own handwriting, tell us about yourself and why you would like to become a part of our family of schools. Please use an additional page if necessary.

This form should be completed by the STUDENT applicant and

STUDENT STATEMENT

Attestation

I certify that all the information contained in this admissions application is accurate, complete and correct. I understand that making false statements within this application may result in the withdrawal of admission from the school.

Applicant Signature

Date

CLICK HERE TO SUBMIT: info@knowledge-first.org