Application for Admission

For the 2010-2011 School Year
Return to: Office of the Registrar
1320 Tremont Street
Galveston, Texas 77550
(409) 765-5534

RETURNING STUDENT INFORMATION

Application for Grade *(circle one):* 10 11 12

Student's Full Name_____
Last First Middle

Date of Birth_____ Gender_____ Social Security Number_____

Home Address _____ Home Phone_____
Street City, State, Zip

Mailing Address _____
Number/Street City, State, Zip

Parent/Guardian living with student: _____
(Name) (Relationship) (Daytime Phone)

_____
(Name) (Relationship) (Daytime Phone)

Parent/Guardian E-mail address _____

Religion_____ Parish/Place of Worship_____

Student's Ethnic Origin_____

Emergency Contact _____
Other than parent/guardian (Name) (Phone Number)