

Please  
attach  
your child's  
photo  
(Required)



Processing fee - \$75  
Non-refundable

Date Received: \_\_\_\_\_

Check: \_\_\_\_\_

Year Entering: \_\_\_\_\_

## Application for Admission

### Applicant's Personal Information

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Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current School \_\_\_\_\_ School District \_\_\_\_\_

Ethnicity: (check one) Hispanic  Yes  No

Race: (check one)  American Indian/Alaskan  Asian  Black  Native Hawaiian/Pacific Islander  White

What primary language does applicant speak at home? \_\_\_\_\_

Grade applying for (Pre-K 5 - 12): \_\_\_\_\_

Pre-K 3:  M-F  M/W/F

Pre-K 4:  M-F  M/W/F

Gender:  Male  Female

### Applicant's Education History

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Please list schools attended by the applicant (beginning with the last school attended):

School \_\_\_\_\_ Grade(s) Attended \_\_\_\_\_

Address \_\_\_\_\_ Area Code/Phone Number \_\_\_\_\_

School \_\_\_\_\_ Grade(s) Attended \_\_\_\_\_

Address \_\_\_\_\_ Area Code/Phone Number \_\_\_\_\_

Has the applicant ever:

a) Repeated a grade? Yes No If yes, what grade? \_\_\_\_\_

b) Been dismissed or suspended from any school?  Yes  No

c) If yes, explain the situation, including the name of the school and the principal/head of school.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the applicant previously attended this school?  Yes  No

If yes, please list year(s) \_\_\_\_\_

How many years do you plan for your child to attend The Fulton School? \_\_\_\_\_

**Applicant's Family Information**

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Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Address  Same As Applicant  Other

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Address  Same As Applicant  Other

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Student lives with  Both Parents  Father  Mother  Other \_\_\_\_\_

Other children in student's family (please give names, ages, grades and schools if in school or college):

Name	Age	Grade	School	Years attended
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Name	Age	Grade	School	Years attended
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Name	Age	Grade	School	Years attended
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How did you hear about Fulton? \_\_\_\_\_

Check if applicable:  Parents married  Parents not married



**Release of Records Authorization**

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Parent(s)/Guardian(s) Please complete this form and return to The Fulton School to send to the indicated school.

Signature of Parent/Guardian: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

I hereby authorize: \_\_\_\_\_  
Name of School

Principal/Head of School: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street

\_\_\_\_\_ City State Zip

To release the school academic records of:

Applicant's Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade: \_\_\_\_\_

**Receiving School:**

Please send complete school records, including current year-to-date grades and medical information to:

The Fulton School  
**Attn: Admissions Office**  
1623 Laurence Drive  
Heath, TX 75032

Thank you very much for your assistance in this process.



## Parent/Guardian Questionnaire

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Applicant's Full Name \_\_\_\_\_  
Last First Middle

Current Grade \_\_\_\_\_ Applying to Grade \_\_\_\_\_

### Please answer the following questions.

1. What factors contributed to your decision to apply to an independent school?
2. What are your child's greatest strengths?
3. What are your child's greatest areas of need and what steps have been taken to address these concerns?
4. What are your child's special interests?
5. Describe your child's relationship with his/her peers.
6. Describe your child's relationship with his/her family.
7. Does your child receive any tutoring or academic enrichment outside classroom? Explain.
8. If you feel it would be helpful, please feel free to attach a letter elaborating on the items above.

I understand that withholding or misrepresenting information requested in this questionnaire may jeopardize admission. My signature below also affirms that all of the information contained in this application is correct, complete, and honestly presented.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

