



The Banff School  
13726 Cutten Road  
Houston, Texas 77069  
281.444.9326

## APPLICATION FOR ADMISSION

Date of Application \_\_\_\_\_

Class/Grade Applying for \_\_\_\_\_ Entering \_\_\_\_\_  
(mo.) (day) (yr.)

### APPLICANT INFORMATION

Applicant's Full Name \_\_\_\_\_  
Last First Middle Social Security Number

Age \_\_\_\_\_ Birthday \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Sex \_\_\_\_\_  
as of Sept. 1 (mo/day/yr)

Applicant's address: \_\_\_\_\_  
Street City State Zip

E-mail \_\_\_\_\_ Telephone \_\_\_\_\_ Subdivision \_\_\_\_\_

Please list all applicant's brothers and sisters:

NAME	AGE	GRADE	SCHOOL ATTENDING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Numbers: 1.) \_\_\_\_\_  
(name) (phone number)

2.) \_\_\_\_\_  
(name) (phone number)

How did you learn about The Banff School? \_\_\_\_\_

In signing this application, I agree to the regulations and procedures of the school stated on the enclosed form.  
The Banff School uses photographs in promotional materials and/or publications of students participating in various events.  
My signature below indicates that I agree to the use of my child's photograph in promotional materials.

\_\_\_\_\_  
Signature of Parent or Guardian

# FAMILY BACKGROUND INFORMATION

1. Are both parents living? \_\_\_\_\_ Yes \_\_\_\_\_ No  
\_\_\_\_\_ Together \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried

2. Please give the name of person or persons with whom the child lives:

Name/s: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

3. Please provide the following family data:

FATHER

MOTHER

\_\_\_\_\_ full name

\_\_\_\_\_ full name

\_\_\_\_\_ home address

\_\_\_\_\_ home address

\_\_\_\_\_ city, state and zip code

\_\_\_\_\_ city, state and zip code

\_\_\_\_\_ telephone number

\_\_\_\_\_ telephone number

\_\_\_\_\_ occupation and position

\_\_\_\_\_ occupation and position

\_\_\_\_\_ name of firm

\_\_\_\_\_ name of firm

\_\_\_\_\_ business address (street & no.)

\_\_\_\_\_ business address (street & no.)

\_\_\_\_\_ city, state and zip code

\_\_\_\_\_ city, state and zip code

\_\_\_\_\_ office number

\_\_\_\_\_ office number

\_\_\_\_\_ cell number

\_\_\_\_\_ cell number

\_\_\_\_\_ e-mail

\_\_\_\_\_ e-mail

4. Step Parent's or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

# ACADEMIC INFORMATION

1. List all schools the applicant has attended:

GRADE	DATES	NAME OF SCHOOL	CITY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Has the applicant ever been double promoted? \_\_\_\_\_ If so, what grade \_\_\_\_\_

3. Has he or she ever repeated a grade? \_\_\_\_\_ If so, what grade \_\_\_\_\_

4. What are your child's special academic interests and talents? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Does the applicant have any academic problems? \_\_\_\_\_ If so, in what area? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Does the applicant have any learning disabilities? \_\_\_\_\_ Please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SPECIAL INTERESTS/HEALTH INFORMATION

1. What are the applicant's special interests and hobbies? \_\_\_\_\_

\_\_\_\_\_

2. What honors or awards has the applicant received? (church, music, scouting, sports, etc.) \_\_\_\_\_

\_\_\_\_\_

3. Are there any physical, emotional or health conditions the school should know about? \_\_\_\_\_ If so, please explain.

\_\_\_\_\_

\_\_\_\_\_

