

# Pre-Application Form



PERSONAL INFORMATION	
FATHER NAME	MOTHER NAME
ADDRESS	
HOME PHONE	CELL PHONE
EMAIL ADDRESS	
CHILD NAME	
AGE	BIRTHDAY

DOES CHILD HAS A DISABILITY?  Yes  No

IF YES, PLEASE LIST \_\_\_\_\_

IS CHILD CURRENTLY ATTENDING SCHOOL?  Yes  No

IF YES, SCHOOL & CURRENT GRADE \_\_\_\_\_

DOES CHILD ATTEND AN ALTERNATIVE SCHOOL?  Yes  No

IF YES, SCHOOL/CURRENT GRADE \_\_\_\_\_

I certify that I have reviewed this application and that the information given is true to the best of my knowledge. I also understand that the information I have provided is subject to review, and verification. I understand that I must provide documents to support this information, and the refusal to provide such documents will cause me to be ineligible. I am also aware that I am subject to immediate termination if found ineligible after enrollment.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRE-APPLICATION APPROVAL:  YES  NO

AUTHORIZED INDIVIDUAL \_\_\_\_\_ DATE \_\_\_\_\_

Mail To: Transforming Bodies and Minds  
2876 DIRECTORS Cove, MEMPHIS, 38131