



The Flint Academy

APPLICATION for ENROLLMENT

STUDENT INFORMATION

Date _____

Last Name First Middle

Birth Date Month/Day/Year

Address

Male Female

City Zip

Current or Last Completed Grade/Date

Special learning needs/Health needs: (explain in detail)

List all other schools child has attended: (school name, city, dates)

FAMILY INFORMATION

Child Lives with Mother Father Both Other

Other: _____

Mother/Legal Guardian

Last Name First Middle

Home phone Cell Phone

Address (if different from child's)

Email address

City Zip

Employer and Address

Occupation: _____

Business Phone _____

Father/Legal Guardian

Last Name First Middle

Home phone Cell Phone

Address (if different from child's)

Email address

City Zip

Employer and Address

Occupation: _____

Business Phone _____

How did you learn about The Flint Academy?

What influenced you to enroll your child in The Flint Academy?

What have you found lacking in other educational settings?

What have you found that you liked in other educational settings?

What is important to you about an educational setting for your child?

Describe your child's temperament, interests, special attributes so that teachers can better work with him/her.

**Mail your application along
with the nonrefundable \$750
registration fee to:**

**Paula J. Flint, Ph.D.
The Flint Academy
2111 Roosevelt
Arlington, TX 76013
(817-451-0606) paulaflint@sbcglobal.net**