University School

East Tennessee State University

Johnson City, Tennessee

**APPLICATION FOR ENROLLMENT: 2019-2020**

Return To: University School ETSU Campus

ATTN: Dianna Rea

Address: PO Box 70632, Johnson City, TN 37614.

Email: readg1@etsu.edu

For Office use only:

Grade: \_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_

* Sibling
* IEP/504/ESL-ELL-ELP

Applicant Name: Last       First       Middle

Name(s) of Siblings Currently Enrolled at University School:        
  
Student Address: Street         
 City       State       Zip Code       County         
   
Date of Birth (mm/dd/yy):       **Grade level applying for 2019-2020 at University School:   
 (Applicants for Kindergarten must be 5 years old by August 15, 2019.)**   
   
Name of school where the applicant is currently enrolled:       Current grade level:

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| --- | --- |
| **IMPORTANT:** If your child is currently enrolled in a public school, does he/she have any of the following educational plans. Check the one he/she has:  **IEP**  **504**  **ELP / ESL / ELL** | Ethnic Background (check one)  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Pacific Islander  White  Hispanic |
| |  | | --- | | Gender  Male  Female | | Applicant’s first language:  Language spoken at home:  Language spoken most often: | | Citizenship (check one):  USA  Other:        If other, list the date the applicant started school in the USA: (mm/dd/yy): |
| **Guardian 1 Name:**  Relationship to student:  Lives with students at address listed above:  Yes  No  If no, Street Address:        City       State       Zip Code       Custody of student:  Yes  No  Employer:  Email address:  List phone numbers below and check preferred number:  Home Phone:  Cell Phone:  Work Phone: | **Guardian 2 Name:**  Relationship to student:  Lives with students at address listed above:  Yes  No  If no, street address: Street        City       State       Zip Code  Custody of student:  Yes  No  Employer:  Email address:  List phone numbers below and check preferred number:  Home Phone:  Cell Phone:  Work Phone: |

Is a guardian actively serving in the Military/Reserves:  Yes  No If yes, list the branch:

**Parent Signature       Date**  (Electronic submission of this form provides an electronic signature which indicates your acceptance of all terms and conditions of application)

IT IS THE RESPONSIBILITY OF THE GUARDIAN TO NOTIFY THE SCHOOL OF ANY CHANGES TO THIS APPLICATION. Please make sure all information is correct. Giving incorrect information may result in rejection of the application or withdrawal from school during the year when discovered. Submitting an application does not guarantee enrollment. If and when the applicant can be enrolled, guardians will be notified. The annual drawing is March of each year. Application must be received by February 28th to be included in the lottery. Late applications will not be included in the lottery and will be added to the waiting list in the order they were received.

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| Submit on Line: Choose Office or File Button Save and Share/Send as Email Attachment Email to [readg1@etsu.edu](mailto:readg1@etsu.edu) | OR | Return to: University School ETSU Campus ATTN: Dianna Rea Address: Box 70632  Johnson City, TN 37614 |

ETSU and University School are fully in accord with the belief that educational opportunities should be available to all eligible persons without regard to age, sex, color, race, religion, national origin, or disability.