



**Knowledge-First
Academy & Career Institute**
TEA# 079-105-001 CEEB#440004
NCAA# 850638 HOU214F58641000
NHS: 01314090 NCES#: A1503737



Providing Academic Services~Enhancing Educational Values

**3300 Gessner #201*Houston, TX 77063
(281) 499-8315**



www.knowledge-first.org

ENROLLMENT FORM

Date: _____

Student Name: _____ **Date of Birth:** _____ **Gender:** _____
LAST FIRST MI.

Street Address: _____ **City:** _____ **Zip:** _____

Cell Phone: _____ **Student ID#:** _____ **Grade:** _____

Social Security #:XXX-XX- _____ **Email:** _____ **Ethnicity:** _____

Mother/Father: _____ **Work/Cell Phone:** _____

Last SCHOOL attended and last year attended: _____

- ☐ Birth Certificate/State ID ☐ Social Security Card ☐ Transcript/Report Card
☐ Income Verification ☐ Utility Bill ☐ Other Info.

Financial Aid Income & Eligibility Overview

(√) all that apply		(√) all that apply		Family Size Circle One	Family Income Circle One
	Age - 16+		Offender	One Two	\$15,650 \$21,150
	School Dropout		Homeless or Runaway	Three Four	\$26,650 \$32,150
	Pregnant or Parenting		Disabled (includes learning disabilities)	Five Six	\$37,650 \$43,150
	Behind Grade Level		Dependent member of a Single Parent family	Seven Eight	\$48,650 \$54,150

NOTES: _____

We (I) confirm that the information provided above is true and accurate.

Student Signature: _____

Parent Signature: _____

Cost: _____

For Office Use Only: Completed By: _____ **Date:** _____

**PAYMENTS MAY BE MADE BY: CashApp or Zelle: (832) 867-8542
(Please use **Memo Section** to place **Student's Name**)**

Where Exceptional is NOT the Exception Wisdom~Honor~Perseverance