



Knowledge-First Academy & Career Institute

TEA# 079-105-001
NCAA# 850638
NHS: 01314090

CEEB#440004
HOU214F58641000
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	\$15,650 \$21,150
School Dropout		Homeless or Runaway	Three	\$26,650 \$32,150
Pregnant or Parenting		Disabled (includes learning disabilities)	Five	\$37,650 \$43,150
Behind Grade Level		Dependent member of a Single Parent family	Seven	\$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