



Knowledge-First Empowerment Academy



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

CCEB#440004
HOU214F58641000
NCES#: A1503737

Providing Academic Services~Enhancing Educational Values

www.knowledge-first.org

3300 Gessner #201*Houston, TX 77063

(281) 499-8315

HIGH SCHOOL DIPLOMA / DROPOUT PREVENTION PROGRAM

Date: _____

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

Street Address: _____ City: _____ Zip: _____

Home/ Cell Phone: _____ Student ID#: _____

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

Mother/Father: _____ Work/Cell Phone: _____

(↑↑ Last SCHOOL attended and last year attended*along with city/state ↑↑)

Financial Aid Income & Eligibility Overview

(√) all that apply		(√) all that apply		Family Size Circle One		Family Income Circle One	
	Age - 16+		Offender	One	Two	\$11,670	\$15,819
	School Dropout		Homeless or Runaway	Three	Four	\$21,712	\$26,805
	Pregnant or Parenting		Disabled (includes learning disabilities)	Five	Six	\$31,637	\$37,001
	Behind Grade Level		Dependent member of a Single Parent family	Seven	Eight	\$42,365	\$47,729

- | | | |
|---|---|---|
| <input type="checkbox"/> Birth Certificate/State ID | <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Transcript/Report Card |
| <input type="checkbox"/> Income Verification | <input type="checkbox"/> Utility Bill | <input type="checkbox"/> Other Info. |

NOTES: _____

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

Today's Date: _____ Student Signature: _____

Today's Date: _____ Parent Signature: _____

Cost: _____ PAYMENTS MAY BE MADE BY: CASH OR ZELLE/CASHAPP

For Office Use Only: Completed By: _____ DISTRICT: _____

CashApp or Zelle: (832) 867-8542

(Please use **Memo Section** to place **Student's Name**)

We are our brother's keeper

Wisdom~Honor~Perseverance