



2019-2020
Willie Price Lab School Application

Child's Name: First _____ Last _____

Name you prefer child to be called: _____

Child's Date of Birth: Month _____ Date _____ Year _____

Child's Gender: Male [] Female []

Ethnicity: _____

Applying For: August 2019 3K [] 4K []

Is this child a sibling of a current or former Willie Price Student? Yes [] No []

If YES, what is the sibling's name? _____

Parents/ Guardians Name(s): First _____ Last _____
First _____ Last _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Is a member of your family employed by/attending the University? Yes [] No []
(Must have a valid university ID)

If YES, please check all that apply:

Mother [] Father [] Grandparent [] Legal Guardian []

Staff [] Student [] Faculty [] Department: _____

Mother's Employer: _____

Mother's Day Time Phone: _____

Mother's Cell Number: _____

Mother's Email: _____

Father's Employer: _____

Father's Daytime Phone Number: _____

Father's Cell Number: _____

Father's Email: _____

Please list health concerns: _____

FOR OFFICE USE ONLY

Date and Time Submitted: _____ Received by: _____

Application Fee: _____ Method of Payment: Cash: _____ Check# _____ Credit Card: _____