



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 _____

If YES, please check all that apply:

Mother _____ Father _____ 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: _____
