

Application for: \_\_\_\_\_ Diploma Track \_\_\_\_\_ GED Track

**VENTURE SCHOOL**

4900 W. Arkansas Lane  
Arlington, TX 76016  
(817) 492-6400

**APPLICATION FOR RE-ENROLLMENT**

**Completion of this form and, if pregnant, a copy of your pregnancy confirmation are required for a student to be considered for enrollment.** If you have attended school since you were at Venture and have received any credits towards graduation, a copy of your transcript is required. Return all required documents to Venture. If you are currently enrolled at another school do not withdraw unless you have been accepted at Venture and have received a form showing that you have completed all paperwork required to start school.

PLEASE PRINT

Office Use Only

**Folder From:**

Date of Application \_\_\_\_ - \_\_\_\_ - \_\_\_\_ AISD Home Campus \_\_\_\_\_

Name \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Birthdate \_\_\_\_ Age \_\_\_\_  
(Last) (First) (MI)

Address \_\_\_\_\_  
(Street) (City) (ZIP)

Home Phone(\_\_\_\_) \_\_\_\_\_ Other Contact Phone(\_\_\_\_) \_\_\_\_\_

Father \_\_\_\_\_ Employment \_\_\_\_\_ Phone \_\_\_\_\_

Mother \_\_\_\_\_ Employment \_\_\_\_\_ Phone \_\_\_\_\_

Spouse \_\_\_\_\_ Employment \_\_\_\_\_ Phone \_\_\_\_\_

Living With \_\_\_\_\_ Employment \_\_\_\_\_ Phone \_\_\_\_\_

Are You a Parent? Yes \_\_\_\_ No \_\_\_\_ Are You Pregnant Yes \_\_\_\_ No \_\_\_\_ Due Date \_\_\_\_\_

Number of High School credits earned \_\_\_\_\_ Are you presently enrolled in School? Yes \_\_\_\_ No \_\_\_\_

Last School Attended \_\_\_\_\_ Date Withdrawn \_\_\_\_\_

Address of Last School Attended \_\_\_\_\_

Reason for  
Withdrawal \_\_\_\_\_

Please describe in detail why you feel that you should be considered for re-enrollment at Venture School:

\_\_\_\_\_  
\_\_\_\_\_  
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