

# Venture School

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

School Hours:  
Monday through Friday  
8 A.M. to 3:15 PM

## APPLICATION FOR ENROLLMENT

### To Apply, include with this form:

- **Transcript** – a current copy that includes TAAS scores
- **Social Security card** (copy of)
- **Pregnancy Confirmation** – if pregnant
- **Proof of Residency** – (i.e. lease agreement utility bill, etc.)
- **Immunizations** – if last school you attended was outside the Arlington Independent School District

Return all required documents to the counseling office at your present school. If you are not presently enrolled in school, submit the required paperwork directly to Venture School. Intakes for incoming students are held every Monday during the school year. All applications are considered prior to each intake during the school year. If you are accepted, you will be notified by Venture School staff as to your required Intake date and time. **Do not withdraw from school unless you have been accepted at Venture and have completed your intake.**

### PLEASE PRINT

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

ID Number \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

(Street) (City) (ZIP)

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

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

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

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

Living with \_\_\_\_\_ Employment \_\_\_\_\_ Phone \_\_\_\_\_

Are you employed? Yes \_\_\_\_ No \_\_\_\_ Employer \_\_\_\_\_ Hours per week \_\_\_\_\_

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

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

Repeated a grade? \_\_\_\_\_ If Yes, which grade(s) \_\_\_\_\_ Have you received any of the following

services: Special Ed. \_\_\_\_ Resource \_\_\_\_ Other Sp. Ed. \_\_\_\_ Speech \_\_\_\_ 504 \_\_\_\_ ESL/Bilingual \_\_\_\_

Last School attended \_\_\_\_\_ Date withdrawn \_\_\_\_\_

Address of Last School attended \_\_\_\_\_

Reason for withdrawal \_\_\_\_\_

STUDENT - Please explain what aspects of the Venture School program you feel will help you complete your diploma.

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PARENT/GUARDIAN - Why do you think this program would be of benefit to your child?

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I understand that enrollment in Venture School is by admission only. If I am admitted, I will follow the rules and expectations pertaining to Venture School.

In order to provide support for the student, Venture School requests permission to provide individual assessment, counseling and support groups for your student.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Once the application is complete with all supporting documents, it will be reviewed by a screening committee at Venture School to decide if this program is an appropriate placement for your student. Students whose application are selected will be notified by telephone and letter.**

