

Education Center International Academy (ECIA)

Eligibility for Admissions Application

Dear Parent/Guardian/Applicant:

FOR OFFICIAL USE ONLY

Thank you for your interest in ECIA. Please fill out this application completely. Falsifications, misrepresentations, or omissions may disqualify your application. Information you supply will not be given to any other person/company for any purpose. Applications received unsigned or incomplete may not be considered for acceptance.

Date application received: _____
Time application received: _____
Date applicant notified: _____

Type or print neatly, using black or blue ink.

Campus applying for: Rowlett_____ Royse City_____ Sunnyvale_____

Applicant's Name: _____
Last First MI

Applicant's date of birth (mm/dd/yy): ____/____/____ Grade applying for: ____ School year applying for: 2021-2022

Parent/Guardian's Full Name: _____

Applicant lives with: Mother Father Both Other_____

Address: _____
Street (apt. #) City State Zip

Home Phone: (____) _____-_____ Work: (____) _____-_____ Cell: (____) _____-_____

E-mail #1: _____ E-mail #2: _____

Does Applicant have any siblings applying for enrollment at ECIA?_____

We/I the undersigned hereby certify that, to the best of our/my knowledge and belief, the answers to the foregoing questions and statements made by us/me in this application are complete and accurate. We/I understand that any false information, omissions, or misrepresentations of facts may result in rejection of this application or future dismissal of the applicant.

Signature of parent or guardian

Date

Signature of parent or guardian

Date

Please turn your completed application in to the appropriate campus office:

Rowlett: 8200 Schrade Rd., Rowlett 75088, (p) 972-412-8080
Royse City: 201 N. Erby Campbell Blvd., Royse City 75189, (p) 972-636-2600
Sunnyvale: 302 N. Town East Blvd., Sunnyvale 75182, (p) 214-628-9152
District Fax: 214-628-9124

Education Center International Academy CSD admits students without regard to race, color, religion, gender, national and ethnic origin, or the presence of a medical condition or disability.