

APPLICATION FOR ADMISSION
TO
WEST OSO EARLY COLLEGE HIGH SCHOOL

CLASS OF 2024

COMPLETE APPLICATIONS ARE

DUE

FRIDAY

FEBRUARY 28TH, 2020

BY

4:00 P.M.

Student Name: _____

Date Received: _____

Only original and complete applications will be accepted.

WEST OSO EARLY COLLEGE HIGH SCHOOL

STUDENT INFORMATION

SECTION A

Student Information			
Last Name	First Name	Middle	Student ID
			2024
Gender	Date of Birth	Grade Level	Class of
Parent Guardian Information			
Last	First	Home Telephone	Cell Phone
		Corpus Christi TX	
Physical Address Street/Apt #		City & State	Zip Code

Completed sections A, B, C, and D need to be returned by 2-28-2020 by 4:00 P.M.

SECTION D

Student data may be retrieved for review from the WOISD student database of academic and personal records. If additional information is needed, the applicant will be contacted.

I am interested in attending the West Oso Early College High School and want to be considered for enrollment. I certify that the information provided is complete and understand that the submission of false information is grounds for denial of my application and/or withdrawal of admission. I grant and authorize administrative officials to verify, access, and utilize academic information such as grades and assessment data to support this application. I understand that the school and college expect a high standard of conduct for students, and if accepted for admission, I will abide by all rules and regulations set forth by both institutions.

Name of Parent/Guardian (Print)	Signature	Date
Name of Student (Print)	Signature	Date

Completed sections A, B, C, and D need to be returned by 2-28-2020 by 4:00 P.M.