



TO DISCOVER TO KNOW TO PROTECT

2024-2025 Admission Application

Dear Parents, Caregivers, and Prospective Scholars:

Thank you for your interest in City University Schools. Please completely fill out this application. 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, incomplete, or after the closing date may not be considered for acceptance.

Please either **type** or **print** clearly using black ink.

Prospective scholar's legal name: _____

(Last)

(First)

(Middle)

Scholar's date of birth: (MM/DD/YY) _____ / _____ / _____

SSN: _____ - _____ - _____

Place of Birth (City, State, and County): _____

Gender: ☐ Male ☐ Female

School applied for: ☐ City University School of Liberal Arts (9-12)

☐ City University School of Independence (9-12)

☐ City University School Girls Preparatory (6-8)

Grade applying for: ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11

Are you applying for the upcoming school year (2024-2025)? ☐ YES ☐ NO

Do you have any relatives in City University Schools? ☐ YES ☐ NO If yes, scholar's name _____

Who Has Legal Custody of Child? ☐ MOTHER ☐ FATHER ☐ BOTH ☐ OTHER Free-Reduced Lunch? ☐ YES ☐ NO, PAID

Permanent address: _____

(Street & House/Apt. No.)

(City) _____ (State) _____ (Zip Code) _____ Phone: (_____) _____

Race: (check all that apply) <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian (includes Middle East and Indian, etc.) <input type="checkbox"/> Native Hawaiian/Pacific Islander	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Student Lives With (check 1 box): <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Foster Parents <input type="checkbox"/> Legal Guardians <input type="checkbox"/> Other _____
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PARENT/GUARDIAN INFORMATION

Relationship to applicant: _____ Full name: _____ E-mail : _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Address (if different than above): _____ _____ Job Position / Title : _____ Employer's Name: _____	Relationship to applicant: _____ Full name: _____ E-mail : _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Address (if different than above): _____ _____ Job Position / Title : _____ Employer's Name: _____
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