



WILLIE PRICE  
LAB SCHOOL

## 2020-2021 Willie Price Lab School Application

Child's Name: First \_\_\_\_\_ Last \_\_\_\_\_

Name you prefer child to be called: \_\_\_\_\_

Child's Date of Birth: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

Child's Gender: Male ☐ Female ☐

Ethnicity: \_\_\_\_\_

Applying For: August 2020 3K ☐ 4K ☐

Is this child a sibling of a current or former Willie Price Student? Yes ☐ No ☐

**If YES, what is the sibling's name?** \_\_\_\_\_

Parents/ Guardians Name(s): First \_\_\_\_\_ Last \_\_\_\_\_  
First \_\_\_\_\_ Last \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Is a member of your family employed by/attending the University? Yes ☐ No ☐  
**(Must have a valid university ID)**

**If YES, please check all that apply:**

Mother ☐ Father ☐ Grandparent ☐ Legal Guardian ☐

Staff ☐ Student ☐ Faculty ☐ Department: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Mother's Day Time Phone: \_\_\_\_\_

Mother's Cell Number: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Father's Daytime Phone Number: \_\_\_\_\_

Father's Cell Number: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Please list health concerns: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date and Time Submitted: \_\_\_\_\_ Received by: \_\_\_\_\_

Application Fee: \_\_\_\_\_ Method of Payment: Cash: \_\_\_\_\_ Check# \_\_\_\_\_ Credit Card: \_\_\_\_\_