

# UNION INDEPENDENT SCHOOL

# ADMISSION

# APPLICATION

**Dear Parent/Guardian:**

The following two-page application will be used to enter your child into Union Independent School's lottery for our inaugural 2009-2010 school year. All applications must be received by **12:00 noon on Friday, May 1, 2009** to be included in the lottery. Applications received after May 1<sup>st</sup> will be added to the waitlist according to the date received.

**Please mail or fax this application to:**

Union Independent School  
904 North Roxboro Street  
Durham, North Carolina 27701  
(919) 682-5903 phone      (919) 682-6056 fax  
[www.unionis.org](http://www.unionis.org)

### ***Nondiscrimination Policy***

*Union Independent School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin, religion, gender, mental or physical disability, special needs, English language proficiency, athletic ability or academic achievement in the administration of its educational policies, admissions policies, athletic and other school-administered programs.*



**Parent/Guardian Information**

Mother/Female Guardian Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Lives with Child: Yes No  
(Please circle)

Home Address:

*Street**Apt#**City**State**Zip*

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address:

*Street**Apt#**City**State**Zip*

Email Address: \_\_\_\_\_

Father/Male Guardian Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Lives with Child: Yes No  
(Please circle)

Home Address:

*Street**Apt#**City**State**Zip*

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address:

*Street**Apt#**City**State**Zip*

Email Address: \_\_\_\_\_

Parent's Status

 Married  Separated  Divorced  Widowed  Other \_\_\_\_\_

With which parent/guardian does the student primarily live? \_\_\_\_\_

Adults other than parent(s) living in the home and their relationship \_\_\_\_\_

**Parent/Guardian Statement**

*I/We certify that the information provided on this application is true and accurate and understand that completing this form in no way guarantees my/our child's enrollment in Union Independent School. I understand it is my/our responsibility to keep Union Independent School updated if my contact information changes. I also understand that if this form is not complete or is not legible, my child's name may not be added.*

\_\_\_\_\_  
*Signature of Parent/Guardian*\_\_\_\_\_  
*Date*\_\_\_\_\_  
*Signature of Parent/Guardian*\_\_\_\_\_  
*Date*