



Robstown Independent School District

Robstown Early College High School Application 2019-2020

Please review the application and ensure all information provided is complete and accurate. Any application that is incorrect and/or incomplete will not be considered.

Section A. General Information

Student Name:	_____	_____	_____	_____
	(Last)	(First)	(Middle)	Student ID
	_____	_____	_____	_____
	(Gender)	(Age)	(Date of Birth)	
Name(s) of Parent(s)/ Guardian(s):	_____			(Home Telephone #)
Physical Home Address:	_____			(Other Telephone #)
Mailing Address :	_____			(Parent/ Guardian Email)

1. What language is spoken primarily in the home? _____

2. How many days of school have you missed this year? _____

3. How many discipline referrals have you had this school year? _____

4. Please circle the level of college experienced by your mother: None Some Associates Bachelors Masters Doctorate

5. Please circle the level of college experienced by your father: None Some Associates Bachelors Masters Doctorate

Guardian Signature and Date: _____

Student Signature and Date: _____

All applicants who fill out the application will be admitted to the Robstown Early College Program.