



**The Beatrice Mayes Institute**  
**Admission Application**  
**School Year:**  
*(Please complete all spaces.)*

Pupil's Last Name		First Name	Middle Name	Grade	Exact Date Enrolled (mm/dd/yyyy)
SS# (optional):				Date of Birth (mm/dd/yyyy):	
State	Sex	School last attended:		Date on which you left the school:	
Father's Last Name		First Name	Middle Name		
House No.	Street	City	Zip	Phone	
Mother's Last Name		First Name	Middle Name		
House No.	Street	City	Zip	Phone	
Other Full name of person with whom pupil lives if not living with one or both parents:					
Number of years pupil has lived with this person:		Relationship:			
House No.	Street	City	Zip	Phone	
Father's Employer:		Phone:	Mother's Employer:		Phone:
Occupation:		Occupation:			
Has pupil ever attended an HISD School?			Pupil lives with:		
Date :			<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Both		
Name of School:			<input type="radio"/> Other:		
Name of relative or neighbor to contact if parents are not available:					
Last Name		First Name	Middle Name		
House No.	Street	City	Zip	Phone	
Name of family physician (in case no one can be reached):					
Physician's Last Name		First Name	Middle Name		
House No.	Street	City	Zip	Phone	
Check here if pupil's address is new this school year. <input type="checkbox"/>					

**Complete Form and Fax to 713.747.5683 or Return to Front Office**