



HONORS SCHOLARS ACADEMY

DALLAS BAPTIST UNIVERSITY

Honors Scholars Academy Admission/Permission Form

ENTERING SEMESTER

- Fall (Aug. – Dec.) Spring (Jan. – May)
- Summer I (June) Summer II (July)

PERSONAL INFORMATION *(Please print in blue or black ink)*

Today's Date: _____ Date of Birth: - -

Name: _____
Last First Middle Initial

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Preferred Phone Number: _____ Parent Phone Number: _____

E-mail Address: _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name: _____ Phone Number: _____

CURRENT HIGH SCHOOL INFORMATION

School Name: _____

Current Grade Level: Junior Senior

Expected Graduation Date: *(Month/Year)*

SCHOOL OFFICIAL SIGNATURE

Name: _____

Title: _____

Phone: _____

E-mail: _____

Signature

Date

STUDENT SIGNATURE

Signature _____

Date _____

PARENT INFORMATION AND SIGNATURE

Name: _____

Parent E-mail Address: _____

Signature

Date

Send completed and signed form to: Richard Tomlinson
Honors Scholars Academy
Dallas Baptist University
3000 Mountain Creek Parkway
Dallas, Texas 75211-9299
richardto@dbu.edu

