



# Coggin Memorial School

Home of the Mighty Warriors

## Application Form

Date: \_\_\_\_\_

Grade applying for \_\_\_\_\_

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of September 1<sup>st</sup>: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ Baptized? \_\_\_\_\_ Date? \_\_\_\_\_

Place of Membership: \_\_\_\_\_

## Family Data

Father: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ Baptized? \_\_\_\_\_

Home address: \_\_\_\_\_

Home number: \_\_\_\_\_

Work number: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ Baptized? \_\_\_\_\_

Home address: \_\_\_\_\_

Home number: \_\_\_\_\_

Work number: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

The student is living with:

\_\_\_\_\_ Father    \_\_\_\_\_ Mother    \_\_\_\_\_ Stepfather    \_\_\_\_\_ Stepmother

\_\_\_\_\_ Other: (explain) \_\_\_\_\_

Name of other children in the family

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Does your child have any special needs (identified as gifted and talented or qualified for a special education program)? Explain.

\_\_\_\_\_  
\_\_\_\_\_

Has your child had any discipline problems or are there any pending discipline problems at school? Explain. \_\_\_\_\_

\_\_\_\_\_

Has your child received counseling in the past 3 years? Explain \_\_\_\_\_

\_\_\_\_\_

How did you hear about Coggin Memorial? \_\_\_\_ (check if returning student)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This section to be filled out by the School's Board Representative**

\_\_\_\_\_ Coggin Memorial School has accepted this student's application.

\_\_\_\_\_ Coggin Memorial School has declined this student's application for the following reason(s):



# Coggin Memorial School

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**Financial Agreement**

I have read and understand the Financial Policies of Coggin Memorial School. **I agree to pay the registration fee of \$200 along with 10 additional monthly payments of \$300** for my child(ren) in accordance with Coggin Memorial School's financial policies as explained to me. I understand **if my payment is paid after the 5<sup>th</sup> of every month, a \$35 dollar late fee will be assessed.**

I understand that it is the policy of the Texas Conference Office of Education and that of Coggin Memorial School is to withhold transcripts/report cards until student accounts are paid or until satisfactory financial arrangements are made.

Please list the names of all the children who are under this financial agreement (discounted pricing applies).

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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



# Coggin Memorial School

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**Consent to Treat**

Student's Name: \_\_\_\_\_

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

Fathers/Guardian: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Please describe allergies to substances and medication.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are your child's **immunizations current**? \_\_\_\_\_

Please give the name of your local family physician(s) to be called in case your child becomes ill or has an accident at school and you cannot be reached.

1. Family Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

2. Family Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Please give the names of two relatives or friends who have consented to assume the responsibility of your child in case of illness or accident until you can be reached. In case of any changes in the named persons, notify the school in writing.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above name student as shall be necessary in the medical opinion of the doctor rendering such service.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# **Coggin Memorial School**

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**General Permission Slip**

Due to the type of outreach, recreation, and work-study activities, it has become necessary to have a general permission slip. This permission slip gives the teacher authorization to take the student off campus for these various activities. This general permission slip's use is for all local outreach, recreation, and work-study activities. Examples of activities include visiting community and church member's homes for singing, sharing, praying and working, performing and visiting in nursing homes or hospitals, hiking, or even shopping for materials and supplies.

All activities which are not local, or that are of an unusual nature, or are not during regular school hours will involve a "special" permission form.

Thank you so much for your cooperation, support, and earnest prayer.

I give my permission for \_\_\_\_\_ to participate in those outreach, recreation, and work-study activities that may require students to be off campus as described above.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Coggin Memorial School

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**Transferring Student**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth; \_\_\_\_\_ S.S. #: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Grades attended: \_\_\_\_\_

If applicable, please list any special programs your child participated in. For example, bilingual classes, special education classes, and gifted and talented classes.

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Has this child ever been dismissed from school? \_\_\_\_\_ If so, please explain.

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Please send transcripts and all other records to:

Coggin Memorial School

6645 Downing Street

Corpus Christi, Texas 78414

**PARENT PERMISSION TO VIDEOTAPE, PHOTOGRAPH, RECORD A CHILD,  
OR PUBLICIZE INFORMATION ON WEBSITE OR TELEVISION**

Coggin Memorial School

\_\_\_\_\_  
Student's Name (please print)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_ I give permission

\_\_\_\_\_ I do not give permission

for Coggin Memorial to make or authorize the making of a videotape of my child, or to record or authorize the recording of my child's voice, or to photograph or authorize the photographing of said child for news media purposes; and/or to place my child's name, photograph, or classroom project or artwork in the school's and its affiliates' (conference, union, division) publications or web pages.

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**2021-2022 Health Screening Notification Form**

Coggin Memorial School

\_\_\_\_\_  
Student's Name (please print)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

I understand that the state mandates required health screenings in certain grade levels. I give permission for my child to participate in the health screenings done at Coggin Memorial School.

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**2021-2022 Handbook Compliance Form**

Coggin Memorial School

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

As a family, we will respect the content as outlined by Coggin Memorial's Handbook. We agree that students shall be held accountable for the behavior/consequences outlined in it.



# **Coggin Memorial School**

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Coggin Memorial is diligently working towards developing its Facebook and website. Videos, pictures and work may at times be used. By signing below, you give permission for videos, images or work products featuring your child to be used.

\_\_\_\_\_ I give permission

\_\_\_\_\_ I do not give permission

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date





# Coggin Memorial School

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Please have 3 people complete this page (only one of which may be a family member who does not live in the same home as the applicant).

Name: \_\_\_\_\_

I have known \_\_\_\_\_ for \_\_\_\_\_ years.

I have worked with him/her (setting) \_\_\_\_\_

\_\_\_\_\_.

To the best of your knowledge: (Please check one per question)

	Poor	Fair	Neutral	Good	Excellent
Respects Adults					
Respects Peers					
Follows Rules					
Speaks Respectfully (no foul language)					
Completes School Assignments					
Completes Homework					
Participates in Extra Curricular Activities					

Please answer as honestly as possible and submit in a sealed envelope to:

Attention: Ana Luna  
6645 Downing Street  
Corpus Christi, Texas 78414 or email to [analuna@txsda.org](mailto:analuna@txsda.org)

If you choose to, you may give to the applicant to turn in along with the application.

Thank you



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