

High School Application/Registration - Part 1

Complete the fields below and submit all official transcripts using the information below.

Student Information – Print or Type

		<input type="checkbox"/> Male <input type="checkbox"/> Female
SSN	Birth Date	Select One
Name:		
Last	First	M.I.
Address:		
Street		Apt. #
City	State	ZIP
Email:		
Phone: ()		

Payment

<input type="checkbox"/> Check/Money Order: Payable to The University of Texas at Austin.
<input type="checkbox"/> Credit Card: <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX
Name on Card
Account Number
Expiration Date
Authorized Signature

Parent/Legal Guardian Information

Name:		
Last	First	M.I.
Email:		
Name:		
Last	First	M.I.
Email:		
Phone: ()		

Cost

Nonrefundable Registration Fee ▶	\$150.00
<input type="checkbox"/> Already Paid the Transcript Analysis Fee ▶	-\$50.00

High School Information

School Name:
School Address:
Street
City State ZIP
Last Date Attended:
Last Grade Level:
School Email:
School Phone: ()
School Fax: ()

Referrals

How did you hear about UTHS?
<input type="checkbox"/> Ad <input type="checkbox"/> Counselor, Principal, or School Advisor <input type="checkbox"/> Friend <input type="checkbox"/> Web
Why are you interested in UTHS?

Submission Instructions

This is a two-page application. Failure to complete both pages will result in delays to the processing of your application. Please submit the completed application by mail, email, or fax. Refer to the contact information on page 2 for details.

High School Application/Registration- Part 2

Complete the fields below and submit all official transcripts using the information below.

Disabilities/Special Accommodations

Please indicate below if you currently have special accommodations in one or both of the following areas:

504 Accommodations Special Education

Ethnicity/Race

Hispanic/Latino Not Hispanic/Latino

Race (Check one):

- American Indian/Alaskan Native
- Asian
- Black/African-American
- Native-Hawaiian/Pacific-Islander
- White
- Two or More Races

Economic Need

Does student qualify for free or reduced lunch? Yes No

Primary Language

Primary language spoken in the home: _____

Gifted and Talented

Has student been identified as Gifted and Talented? Yes No
(if yes, list the name of school and date)

School Name: _____

Date: _____

Contact Information

Mail:

UT High School
P.O. Box 7700
Austin, TX 78713-7700

Physical Address:

UT High School
Development Office Bldg.
2901 North IH-35, Suite 2.200
Austin, Texas 78722

Email:

Scan and send as an email to
uthscounselor@austin.utexas.edu

Phone:

(866) 361-UTHS
(512) 471-4808

Fax:

(512) 232-6414

Terms of Agreement

In signing this application, I understand that the courses I will take are from the UT High School at The University of Texas at Austin and that I will abide by its policies and procedures. I also understand that successful completion of the state exit-level exams will be required for graduation.

If I am an out-of-state resident, I agree to call UT High School at (866) 361-8847 or (512) 471-4808 to arrange for exit-level testing prior to graduation.

If I am applying for or receiving a collegiate athletic scholarship, I understand it is my responsibility to contact the NCAA regarding eligibility requirements.

I understand that status as a full-time students would require concurrent enrollment in four one-semester courses. I must register to complete each course final with an approved proctor. The final must be completed before the expiration date of each course.

I certify that the information included on this form is correct.

Student Signature

Date

Parent/Legal Guardian Signature

Date

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