



***INQUIRE Academy***

**5-6 INQUIRE (Long IS)**

**7 INQUIRE (Davila MS)**

*(Please check the level for which you are applying.)*

**Part I - Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Student ID # \_\_\_\_\_ Current Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please complete the following questions using complete sentences.**

**1. Why are you applying for the INQUIRE Academy?**

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**2. How can you contribute to an INQUIRE classroom?**

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**3. What are your strengths and talents?**

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**Teacher Recommendations**

1.) Please list two teachers who would be willing to complete a reference form on your behalf. One teacher must be a current math, reading/language arts, science, or social studies teacher.

Teacher Name: \_\_\_\_\_ Subject: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Subject: \_\_\_\_\_

2.) Give the teachers listed the following reference information slip so they can complete an online reference for you. (Cut on the dotted lines and hand the slip to your teachers.)

Thank you for agreeing to submit a recommendation form on behalf of this student.  
*Please complete the recommendation form by Tuesday, March 6th 2018.*

Access to the form: <https://goo.gl/B58WeJ>  
Questions? Contact: [meredith.mulvihill@bryanisd.org](mailto:meredith.mulvihill@bryanisd.org)

Thank you for agreeing to submit a recommendation form on behalf of this student.  
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**Part II – Parent/Guardian Information**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
Email address: \_\_\_\_\_

Child's Intermediate School Attendance Zone\*:  Jane Long  Sam Rayburn

Child's Middle School Attendance Zone\*:  SFA  Davila

*Note: Student transfer applications must be submitted online by 5pm on March 9, 2018.*

*Transfer Applications are located on the Bryan ISD webpage.*

What would you like to see as an outcome of your child's participation in the INQUIRE Academy?

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Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Application is due to your school counselor by Friday, March 2nd, 2018.***

**For Office Use Only:**

***Application Receipt:***

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Staff: \_\_\_\_\_

Acceptance into INQUIRE Academy:

YES  NO

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

Accept/Decline Statement (for students accepted into INQUIRE):

Student ACCEPTED admission

Student DECLINED admission

Received by: Staff: \_\_\_\_\_ Date: \_\_\_\_\_