

# ENTRANCE REQUIREMENTS

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## Early Childhood

- Age appropriate
  - 1, 2 & 3-year-old classes: 1, 2, or 3 years old by September 1
- 3-year-olds must be potty-trained
- 1-year-olds must be walking
- Positive pastoral family recommendation.

## Pre-K & Kindergarten

- Age appropriate
  - Pre-K class: 4 years old by September 1
  - Kindergarten class: 5 years old by September 1
- Potty-trained
- At least one parent is a Believer. Christian church membership and attendance by the family is required.
- Positive pastoral family recommendation

## Grades 1 – 5

### Academic:

- Passing grades in all subjects in an unmodified program for 2 consecutive semesters prior to application.
- Work and study habits, if indicated on report card, indicate positive performance
- National Achievement test scores are a minimum of a 5 stanine in math, reading, and English

### Behavioral:

- No behavioral issues from previous school (i.e. suspension, expulsion, or placement in an alternative school) for a full 2 semesters prior to application
- Behavior/conduct marks on report card reflect positive achievement
- Positive teacher and principal recommendations

### Spiritual:

- At least one parent is a Believer. Christian church membership and attendance by the family is required
- Positive pastoral family recommendation

## Grades 6 – 12

### Academic:

- Passing grades in all subjects in an unmodified program for 2 consecutive semesters prior to application.
- National Achievement test scores are a minimum of the 60<sup>th</sup> percentile in math, reading, and English.

### Behavioral:

- No behavioral issues from previous school (i.e. suspension, expulsion, or placement in an alternative school) for a full 2 semesters prior to application
- Parent can attest to student being drug and alcohol-free for 1 year prior to application
- Positive teacher and principal recommendations

### Spiritual:

- Student and at least one parent are Believers. Christian church membership and attendance by the family and student is required.
- Positive pastoral family and student recommendations

# COVENANTAL STATEMENT

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***Our Mission: PCA exists to glorify God by partnering with Christian parents to provide a Christ-centered education preparing students for college and the passionate pursuit of God's plan for their lives.***

*The Board of Trustees and Administration realize the importance of the personal profession and practice of Biblical Christian faith among those who make up the school family.*

Pantego Christian Academy is a Covenantal School. On a practical level, that means our Board of Trustees has adopted the policy that at least one parent of each student must be a confessing believer in Jesus Christ as our Lord and Savior in order for their child to be enrolled at PCA. However, that PCA is a Covenantal School has many implications beyond that very basic statement. Chief among them is the understanding that the Bible establishes Christian education as a unique and necessary responsibility of Christian parents and not that of any church or school. The Bible clearly instructs parents to bring children up in the discipline and instruction of the Lord (Ephesians 6:4).

As a result, when parents send their children to school, they only delegate a portion of their Biblical responsibility for their child's education. Therefore, a parents' selection of who will teach their child should be more than a concern with academics since schools also teach values and lifestyles. A partnership between PCA and the family implies some degree of consistency among what is taught at PCA, what is taught in the family's church, and what is practiced at home. Consistency (shared standards, beliefs and practices) among the family, the church and the school is an empowering factor in the life of a child. Therefore, it is critical that PCA families have regular Christian fellowship outside of school activities for support, encouragement and spiritual maturity. At PCA, we desire to teach and discipline in a manner that is consistent with the Bible, the church and a Godly home environment. This goal is only fulfilled through supporting parents who are already dedicated to similar goals in their home. This is the most important implication of PCA being a Covenantal School – a consistency in teaching and discipline with the family and church.

As believing parents of a student of PCA, we understand and acknowledge that PCA is a Covenantal School and the implications of that statement. As parent(s) or guardian(s) of the student(s) listed below, we agree with this Covenantal Statement and agree to provide the aforementioned Biblically based consistency for our child(ren) along with regular Christian fellowship outside of PCA.

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Signature of Father/Guardian

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Signature of Mother/Guardian

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Name(s) of Student(s) (PLEASE PRINT)

# STEPS TO REGISTRATION – New Students

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2012-2013

**Step 1:** Turn in the following documents and fees to the Registrar's Office:

- **Application fee** - \$100 (*non-refundable*)
- **Testing fee** - \$75 (*If applicable, non-refundable*)
- **New Student Application form**
- **Medical History form**
- **Immunization records** – with complete dates, validated with doctor's signature or clinic stamp
- **Birth Certificate** – certified copy (*Hospital certificates are not acceptable.*)
- **Covenantal Statement form**
- **Report Cards** - prior year and current year. A complete transcript of credits for high school students.
- **National standardized test scores** – most recent available
- **Teacher Recommendation form**  
One for elementary applicants from their current homeroom or English teacher  
Two for 6<sup>th</sup> – 12<sup>th</sup> grade applicants from their current math & English teachers  
Forms should be mailed or faxed directly to PCA from the person completing form.
- **Principal/Counselor Recommendation form** - from the school Principal, Assistant Principal, or Counselor. Form should be mailed or faxed directly to PCA from the person completing form.
- **Pastoral Family Recommendation form** - required for ALL families.  
Form should be mailed or faxed directly to PCA from the person completing form.
- **Pastoral Student Recommendation form (Grades 6 - 12 only)**  
Form should be mailed or faxed directly to PCA from the person completing form.

**Step 2:** After all step #1 forms and fees are received by the Registrar the Admissions Committee will review the information and will notify you to confirm or deny the continuance of the registration process. **If the decision is made to continue the process** you will be called to schedule an appointment with the appropriate Principal to determine acceptance.

**Step 3:** Upon acceptance of your student at PCA, you will be issued a Contract of Enrollment. **Students are not considered enrolled until the Contract of Enrollment is signed, the FACTS tuition account is set up, and the non-refundable Registration Fee is paid.**

# NEW STUDENT APPLICATION

## 2012-2013

Pantego Christian Academy  
 2201 West Park Row Drive ■ Arlington, TX 76013  
 2351 Country Club Drive ■ Mansfield, TX 76063  
 Phone (817) 460-3315 Fax (817) 459-4687

*Office use only*

App fee	Med Hist	Immuniz
Testing fee	RepCard	Test Scores
Cov Stmt	Birth certificate	Recs
Transcript ord		Transcript recd

### Student Information

Full Legal name		Grade applying for:
Nickname:	Birthdate:	Social Security #:
Home address:	City	Zip
Home phone:		
Race (circle one):	American Indian   Asian   Black   Hispanic   White   Other	Gender:   M   F
Phone number to use in school directory:		

### Student Church Information

Name of church attending:		Church address:	
Church phone #:	Professes Christ as Savior: Yes   No	Attends? How often? (Circle all that apply)	Church Sunday school   regularly occasionally
Name of Senior Pastor:	Denomination:	Name of Children's or Youth Pastor:	

### Primary Custodial Parent Information

Head of Household (circle one): Mr.   Mrs.   Ms.   Dr.   Rev.	Name (first, middle, last):	Preferred name:
Relationship to Student (circle one): Parent   Step-parent   Grandparent   Guardian	Gender: M   F	Birthdate:
Marital status (circle one): Married   Remarried   Separated   Divorced   Widowed   Single	Highest grade completed:	
Name of company employed by/own:	Position:	Work phone #:
Church groups involved with:	E-mail address:	Cell phone #:

### Spouse of Primary Custodial Parent Information

Name (first, middle, last):	Preferred name:	Birthdate:
Relationship to Student (circle one): Parent   Step-parent   Grandparent   Guardian	Gender: M   F	Highest grade completed:
Name of company employed by/own:	Position:	Work phone #:
Church groups involved with:	E-mail address:	Cell phone #:

### Primary Custodial Parent Church Information

Name of church attending:	How long?	Name of Senior Pastor:
Church address:	Phone #:	
Professes Christ as Savior: Y   N	Attends? How often? (Circle all that apply)	Church Sunday school   regularly occasionally

**Secondary Custodial Parent Information (parent with joint custody)**

(circle one): Mr. Mrs. Ms. Dr. Rev.	Name (first, middle, last):		
Home Address:		Home phone #:	
City:	State:	Zip:	Cell phone #:
Receive school mail outs? Yes No	Receive report card: Yes No		E-mail address:
Emergency Contact? Yes No	Can pick up from school? Yes No		
Name of company employed by/own:	Position:	Work phone #:	

**Siblings of Applicant**

Name	Age	Grade	School Attending

**Previous School(s) Attended (Please begin with most recent.)**

School	Address	Phone #	Grade(s)	# of years

**Testing, Counseling, and Conduct Record**

• Has the Applicant been tested or diagnosed as having a learning difference (i.e. dyslexia, ADD, ADHD etc.)? No\_\_\_ Yes\*\_\_\_ *\*If yes, please provide copies of test results. A student may not be interviewed until this information is available and reviewed.*

• Has the Applicant received counseling by a psychologist, psychiatrist, or family counselor? No\_\_\_ Yes\_\_\_

• Has the Applicant ever had any on-campus or off-campus suspensions from school? No\_\_\_ Yes\_\_\_

• Has the Applicant ever been expelled from school? No\_\_\_ Yes\_\_\_

• Has the Applicant ever had an encounter with law enforcement or juvenile authorities? No\_\_\_ Yes\_\_\_

Has the Applicant ever been assigned time in an Alternative School? No\_\_\_ Yes\_\_\_

***Please explain any "Yes" answers to the above questions on a separate sheet of paper.***

**Statement of Parents(s)/Guardian(s)**

In signing this application, I/we understand that:

- My/our child will go on scheduled field trips and other activities;
- The school is authorized to employ such discipline as it deems wise and expedient for my/our child, excluding corporal punishment;
- I/we hereby affirm that to the best of my/our knowledge, this Applicant has been drug/alcohol-free for 12 months prior to application.

\_\_\_\_\_

Father/Guardian

\_\_\_\_\_

Mother/Guardian

**Please note:** The signatures of all custodial parents/guardians are required for completion of this application.

# MEDICAL HISTORY – New Students

## 2012-2013

Student Information (PLEASE PRINT)

Student's name: _____ ( _____ ) <small>Full legal name nickname</small>
Birthdate: _____ Grade entering _____ Gender (circle one): Male Female
Child's physician: _____ Phone: _____
Physician's address: _____

### Emergency Contacts (local numbers only)

Adults (other than parent/guardian) to whom the student may be released:

Name	Home phone	Work phone	Cell phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Tylenol/Benadryl/Advil

My child may have the following medications as needed, administered by school personnel during school hours (CIRCLE ONE EACH):

Tylenol:	Yes	No	<i>(Note: Benadryl will be administered for allergic reactions <u>only</u>; it will NOT be given as treatment of colds or stuffy noses.)</i>
Benadryl:	Yes	No	
Advil:	Yes	No	

### Long-Term Medications to Be Administered At School

Medication	Medical Condition	Dosage/Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Long-Term Medications Taken At Home (allergy, ADD, anxiety, asthma etc.)

Medication	Medical Condition	Dosage/Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

(OVER)

**Allergies (Please specify what the child is allergic to, symptoms, and treatment.)**

Medications: \_\_\_\_\_  
Foods: \_\_\_\_\_  
Other: \_\_\_\_\_

**Respiratory Problems (Please explain current treatments/medications)**

Asthma: \_\_\_\_\_ Reactive Airway Disease: \_\_\_\_\_  
Other: \_\_\_\_\_  
Will your child be carrying an inhaler? Yes No  
*(If Yes, a signed Physician's Request for Self-administration of Medication by Student MUST be on file.)*  
Will an inhaler be available in the First Aid Station or Secondary School reception counter? Yes No

**Medical History**

Check any of the following conditions your child has or has had and explain in detail below any current or long-term **TREATMENTS/MEDICATIONS/EDUCATIONAL ADJUSTMENTS**:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Blood disorder (anemia, etc.)                  | <input type="checkbox"/> Ear problem (deafness, mastoiditis, etc.) | <input type="checkbox"/> Endocrine disorder (diabetes, hypoglycemia, etc.) |
| <input type="checkbox"/> Emotional problems (depression, anxiety, etc.) | <input type="checkbox"/> Liver disorder                            | <input type="checkbox"/> Surgeries   |
| <input type="checkbox"/> Seizure disorder (epilepsy, etc.)              | <input type="checkbox"/> Kidney stones or disease                  | <input type="checkbox"/> HIV or AIDS                                       |
| <input type="checkbox"/> Learning difference (ADD, etc.)                | <input type="checkbox"/> Tuberculosis                              | <input type="checkbox"/> Heart problems                                    |
|   | <input type="checkbox"/> Frequent infections                       | <input type="checkbox"/> Rheumatic fever                                   |
|   | <input type="checkbox"/> Migraines                                 | <input type="checkbox"/> Vertigo/fainting spells                           |
|   |  | <input type="checkbox"/> Sinus problems                                    |

EXPLANATION: \_\_\_\_\_

*(If additional space is needed, please attach a separate sheet to this form.)*

Any limitations/activities your child should not engage in? Please explain: \_\_\_\_\_

Any social or family situations/problems of which the school should be aware? \_\_\_\_\_

**I hereby certify that to the best of my knowledge, the information supplied herein concerning my child's physical and emotional health is accurate and complete, and I agree to keep PCA apprised of any changes to this information that may occur during the course of this school year.**

**SIGNATURE** \_\_\_\_\_  
Parent or Legal Guardian

**DATE** \_\_\_\_\_

**\* Please attach a *complete and validated* immunization record. \***

All submitted immunization documents **MUST** show the *complete* day, month, and year each immunization was received. It must also be validated with a signature or stamp by or for a physician or a public health professional.

If you have chosen to waive immunizations or immunize at a self-paced schedule that does not comply with the schedule required by the State of Texas, an official, and current, Affidavit of Exemption (must be renewed every 2 years) must be acquired from the Texas State Health Department and on file with PCA in place of an immunization record.

# STUDENT SELF-ADMINISTRATION OF MEDICATION

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2012-2013

**This form must be completed in order for a student to carry an inhaler at PCA.**

Pantego Christian Academy is hereby authorized to allow \_\_\_\_\_ to carry a prescribed inhaler on his/her person at all times. It is understood that this privilege will be revoked if the inhaler is used by anyone other than the student for which it is prescribed.

Brand name of prescribed inhaler: \_\_\_\_\_

\_\_\_\_\_  
*Physician's Signature*

\_\_\_\_\_  
*Date*

Physician's name (please print): \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

## Administration of Medication by School Personnel

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Physician's Request  
Pantego Christian Academy

**This form must be completed for a student to take long-term medication to be administered at school.**

Student: \_\_\_\_\_

Medication & Dosage: \_\_\_\_\_

Condition(s) for which this medication is to be administered: \_\_\_\_\_  
\_\_\_\_\_

This medication may be administered by the medically untrained designate of a PCA Principal and/or the Administrator.

\_\_\_\_\_  
*Physician's signature*

\_\_\_\_\_  
*Date*

Physician's name (please print): \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

The above-listed medication must be in a prescription bottle with a label that includes prescription, name of patient, name of medication, dosage, and physician's name.

# PRINCIPAL/COUNSELOR RECOMMENDATION

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## 2012-2013

### **Pantego Christian Academy**

2201 West Park Row Drive ■ Arlington, TX 76013

P.O. Box 360 ■ Mansfield, TX 76063

(817) 460-3315, Ext.1204 Fax: (817) 459-4687

**The student named below is applying to Pantego Christian Academy. Please help us become better acquainted with him/her by completing this form and returning it directly to the school. The information you provide will not become part of the student's permanent file. These forms should be mailed or faxed directly back to PCA.**

### **Parent's Statement**

I, the undersigned, understand that this is a confidential evaluation. My signature herein recognizes that fact and authorizes the person named below to candidly evaluate my child, with the assurance that I will not see this evaluation form upon its completion.

\_\_\_\_\_  
*Parent's Signature*

\_\_\_\_\_  
*Date*

Student \_\_\_\_\_

Current grade \_\_\_\_\_ Date \_\_\_\_\_

- How long have you known the applicant and in what capacity?
- Is this student in good standing with your school academically? If not please explain.
- Is this student in good standing with your school behaviorally? If not please explain.
- Has the student ever been suspended, expelled, or sent to an alternative school? If yes, please elaborate.
- Is this student eligible for re-enrollment in your school?
- Has the applicant been recognized for outstanding academic, athletic, or artistic performance? If yes, please elaborate.
- To your knowledge, does the applicant have any history of juvenile delinquency or involvement with drugs or alcohol? If yes please explain.

(OVER)

Please indicate your rating by placing the appropriate number in the right hand column. Use a question mark where you have insufficient evidence.

Rating	5	4	3	2	1	Rating #
Integrity	Exceptionally upright	Noticeably upright	Upright, no cause to question	Weak or questionable	Record of dishonesty	
Conduct	Outstanding in every respect	Generally excellent	Good or acceptable	Marginal	Poor	
Leadership	Outstanding, top positions	Commendable, top or next to top positions	Capable, minor positions	No sign of leadership or involvement	Record of irresponsibility	
Respect for Authority	Works very well with those in authority	Works well with those in authority	Respects authority	Periodic rebellion to authority	Often unsupportive, critical of school	
Parental Support	Exceptional	Quite good	Average	Sometimes unsupportive	Often unsupportive, critical of school	
Participation in Non-Academic Activities	Exceptional involvement	Very Involved	Active	Minor participation	No participation	
Summary	Outstanding	Excellent	Good	Fair	Poor	

Is there anything else of which our school should be aware in regards to this applicant or family?

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

Please print: Name \_\_\_\_\_

Title \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Please mail directly to: Attn: Registrar's Office  
 Pantego Christian Academy  
 2201 West Park Row Drive  
 Arlington, TX 76013-3408

Or fax to: (817) 459-4687 Attn: Nancy

# TEACHER RECOMMENDATION

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2012-2013

## Pantego Christian Academy

2201 West Park Row Drive ■ Arlington, TX 76013

P.O. Box 360 ■ Mansfield, TX 76063

(817) 460-3315, Ext.1204 Fax: (817) 459-4687

Elementary applicants need one recommendation from their current homeroom or English teacher. Middle and High School applicants need two recommendations, one each from their current math and English teachers. These forms should be mailed or faxed directly back to PCA.

## Parent's Statement

I, the undersigned, understand that this is a confidential evaluation. My signature herein recognizes that fact and authorizes the person named below to candidly evaluate my child, with the assurance that I will not see this evaluation form upon its completion.

\_\_\_\_\_  
*Parent's Signature*

\_\_\_\_\_  
*Date*

Student \_\_\_\_\_

Current grade \_\_\_\_\_ Date \_\_\_\_\_

The above-named student is applying for admission to Pantego Christian Academy. Please help us become better acquainted with the applicant by completing this form and returning it directly to the school.

- How long have you known the applicant?
- What is your relationship to the applicant?
- To your knowledge, does the student have any known learning disabilities? Emotional problems? Hyperactivity or Attention Deficit Disorder? Been assigned to in-school or off campus suspension or expulsion? If yes, please explain.
- Describe this applicant's approach to learning.
- From the list below, circle **three** words that best describe the applicant.

Aggressive

Ambitious

Athletic

Caring

Cheerful

Clown

Daydreamer

Disobedient

Distractible

Energetic

Hyperactive

Industrious

Intelligent

Leader

Obedient

Perfectionist

Persevering

Rebellious

Slow

Sneaky

Troubled

Trustworthy

Underachiever

Other: \_\_\_\_\_

(over)

Compared to other students this age with whom you have dealt, please rate this student in the following areas:

	Outstanding	Above Average	Average	Below average	Not known
Attitude					
Christian values					
Completes assignments					
Concern for others					
Creative qualities					
Emotional maturity					
Growth potential					
Leadership					
Motivation					
Overall behavior					
Personal appearance					
Personal initiative					
Relationship with parents					
Relationship with peers					
Respect accorded to faculty					
Respect for authority					
Self-confidence					
Self-discipline					
Writing ability					

- Has outside help, enrichment, tutoring, or testing been recommended? YES NO If yes, please explain.
  
- Please comment on parental expectations, support, and attitude toward the applicant and your school.
  
- Please comment on the applicant's general health, attendance, and tardiness.

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

Please print: Name \_\_\_\_\_  
 Title/Subject taught \_\_\_\_\_  
 School \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_

Please mail directly to: Attn: Registrar's Office  
 Pantego Christian Academy  
 2201 West Park Row Drive  
 Arlington, TX 76013-3408

Or fax to: (817) 459-4687 Attn: Nancy

# PASTORAL FAMILY RECOMMENDATION

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## 2012-2013

### **Pantego Christian Academy**

2201 West Park Row Drive, Arlington, TX 76013  
P.O. Box 360, Mansfield, TX 76063  
(817) 460-3315, Ext.1204 Fax: (817) 459-4687

#### **Parent's Statement**

I, the undersigned, understand that this is a confidential evaluation. My signature herein recognizes that fact and authorizes the person named below to candidly evaluate my family, knowing that no one in my family will see this evaluation form upon its completion.

\_\_\_\_\_ *Signature*

\_\_\_\_\_ *Date*

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

This family is applying their child(ren) for admission to Pantego Christian Academy, a school dedicated to partnering with families in the Christian training of children and youth. At least one parent or guardian must be a professing believer, evidence of which should be visible in their lifestyle, and be able to show involvement in the life of their church. All families must submit a pastoral recommendation for admittance to our school.

In light of the above qualifications, please help us become better acquainted with this applicant's family by completing this form and returning it directly to the school.

How long have you known this family?

Does this family attend church services regularly?

Describe this family's involvement in your church and their support of your church activities.

Does this family's lifestyle reflect a Christian lifestyle?  
(Would you prefer to discuss this with an Administrator?)

Your Name: \_\_\_\_\_ Position: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

Please mail directly to:

Attn: Registrar's Office  
Pantego Christian Academy  
2201 West Park Row Drive  
Arlington, TX 76013

Signature of reference: \_\_\_\_\_

Or fax to: (817) 459-4687 Attn: Nancy

For further assistance, please call (817)460-3315, Ext.1204

# PASTORAL STUDENT RECOMMENDATION

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2012-2013

(Grades 6 - 12 only)

## **Pantego Christian Academy**

2201 West Park Row Drive, Arlington, TX 76013  
P.O. Box 360, Mansfield, TX 76063  
(817) 460-3315, Ext.1204 Fax: (817) 459-4687

### **Parent's Statement**

I, the undersigned, understand that this is a confidential evaluation. My signature herein recognizes that fact and authorizes the person named below to candidly evaluate my child, knowing that I will not see this evaluation form upon its completion.

\_\_\_\_\_  
*Parent's Signature*

\_\_\_\_\_  
*Date*

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

This student is applying for admission to Pantego Christian Academy, a school dedicated to the education of youth who are believers of Jesus Christ. Secondary students at our school must be professing followers of Jesus Christ, evidence of which should be visible in their lifestyles. At least one parent or guardian must be a believer as well.

In light of the above qualifications, please help us become better acquainted with this applicant by completing this form and returning it directly to the school.

How long have you known the applicant?

Does this student attend church services on a regular basis?

Describe this student's level of involvement in church/youth group activities.

How would you describe this student's relationship with the Lord, as reflected in his/her words, actions, and lifestyle?

Your Name: \_\_\_\_\_ Position: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

Signature of reference: \_\_\_\_\_

Please mail directly to:

Attn: Registrar's Office  
Pantego Christian Academy  
2201 West Park Row Drive  
Arlington, TX 76013

Or fax to: (817) 459-4687 Attn: Nancy

For further assistance, please call (817)460-3315, Ext.1204