



Enrollment Application

Family Information

Child's Name: _____ Date of Birth: _____

Child prefers to be called: _____ Gender: _____ Current Grade _____

Home Address: _____

City: _____ State: _____ Zip: _____

Sibling Name: _____ Date of Birth: _____

Sibling Name: _____ Date of Birth: _____

Sibling Name: _____ Date of Birth: _____

Parent/ Guardian: _____ Parent/ Guardian: _____

Home address (if different from above) Home address (if different from above)

Street: _____ Street: _____

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

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Occupation: _____ Occupation: _____

Emergency Contact: _____

Relationship to Student: _____

Child's Current School: _____

Child's Previous School: _____

Please describe your child's strengths: _____

Please describe your child's challenges: _____

Please outline three important goals you have for your child in the upcoming school year : _____

What are your child's interests and extracurricular activities: _____

Are there any unique circumstances or medical considerations we should know about your child? ___

Is there any additional information about your child you would like to share. _____

What unique contributions would your family bring the Hess Academy community.

How did you hear about Hess Academy? _____

Please include the following with your application:

___ Application Fee: \$100 (payable to Hess Academy non-refundable)

___ Teacher Recommendation Forms (LA and Math)

___ Child's Current Grades

___ Child's Most Recent Standardized Testing

Signature of Parent/ Guardian: _____ Date: _____

Signature of Parent/ Guardian: _____ Date: _____

*Hess Academy admits students of any race, color, sexual orientation, national and ethnic origin to all the rights, privileges, programs, and activities made available to students at the school. *