



## Application for Admission: 2019-2020

(Returning Student \_\_\_\_ New Student \_\_\_\_)

Applicant's Legal Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last First Middle

Primary Home Address:

Street City/State Zip

Goes by: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Applicant's Current School: \_\_\_\_\_ Number of Years Attended: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street City/State Zip Phone Number

### Father's Information:

Father's Full Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Company Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Business Phone: \_\_\_\_\_ ext. \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

### Mother's Information:

Mother's Full Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Company Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Business Phone: \_\_\_\_\_ ext. \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

### Office Use Only:

Date Application Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Logged: \_\_\_\_\_ Transcript: \_\_\_\_\_

Application Fee Paid Date: \_\_\_\_\_ Check Number: \_\_\_\_\_ \$ \_\_\_\_\_ Tested: \_\_\_\_\_

Applicant lives with (check **all** that apply):

- Father       Mother       Stepmother       Stepfather
- Other      Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Other      Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name and email address of individual with financial responsibility for applicant:

Does the applicant take any medication on a daily basis? \_\_\_\_\_

If yes, please identify and explain: \_\_\_\_\_

Does the applicant have any physical, emotional, or psychological weakness or learning disability? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Has the applicant been dismissed from any school for any reason or received severe disciplinary censure?

\_\_\_\_\_  
If yes, give full details on a separate sheet of paper, including name of school and principal.

Provide any additional information you feel we should know: \_\_\_\_\_

\_\_\_\_\_  
List applicant's siblings and ages: \_\_\_\_\_

List any Thomas Hart alumni in your family:

Name:	Relationship to applicant:	Year of graduation or years attended THA:
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\_\_\_\_\_  
How did you become interested in THA? \_\_\_\_\_

If a specific family referred you to the school, please name the family. \_\_\_\_\_

**I authorize this application for my child for admission as a student to Thomas Hart Academy for the 2019-2020 school year. I understand that admission is subject to the general statements, rules, regulations, conditions, and traditions of the school and the financial terms contained in the Enrollment Contract.**

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

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

*Thomas Hart Academy welcomes students regardless of race, gender, ethnicity, nationality or religion.*