



Application for Admission: 2020-2021

(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 2020-2021 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.