



HIGHLANDER ACADEMY

ESTABLISHED 2015

ENROLLMENT APPLICATION

*First time enrollees please submit current grades, shot records, and a birth certificate along with this application.
An individual application must be submitted for each child. The \$100 non-refundable Application Fee
must be submitted with this application in order for it to be processed.*

School year: 20____ to 20____ Date:_____

Student's Name: _____
Last First Middle

_____ Male / Female
Preferred Name Last Grade Completed

Student's Social Security # _____ - _____ - _____ Date of Birth _____
Month / Day / Year

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Student's Cell: _____

Street Address: _____ City/State/Zip: _____

School Previously Attended: _____ Telephone: _____

Has Student Previously Attended this School? Yes / No

Parent Information:

Name of legal guardian(s): _____

Father's Full Name (or guardian): _____

E-Mail: _____

Mailing Address (if different from student): _____

City: _____ State: _____ Zip: _____

Father's Cell: _____

Employer: _____ Work Phone: _____

PLEASE COMPLETE REVERSE SIDE OF APPLICATION

Mother's Full Name (or guardian): _____

E-Mail: _____

Mailing Address (if different from student): _____

City: _____ State: _____ Zip: _____

Mother's Cell: _____

Employer: _____ Work Phone: _____

Emergency Contacts:

Emergency Contact Name:	Phone Number(s):	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Upon the successful review of this application, parents of new students will be contacted to arrange an interview with the Headmistress and schedule a time for the prospective student to sit for an entrance examination.

Parent's Signature: _____ Date: _____