



# HIGHLANDER ACADEMY

ESTABLISHED 2015

## REGISTRATION

*First time enrollees must submit current grades, shot records and a birth certificate along with this application in order for it to be processed. An individual application must be submitted for each child.*

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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_