

Rising Grade \_\_\_\_\_

Entering Session \_\_\_\_\_ - \_\_\_\_\_  
(year) (year)

**APPLICANT INFORMATION**

Name \_\_\_\_\_  
First Middle Last Prefers to be called

Mailing Address \_\_\_\_\_  
Street or P. O. Box City State Zip

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month Day Year

Female \_\_\_\_\_ Male \_\_\_\_\_ Race \_\_\_\_\_

**FAMILY INFORMATION**

Please list the parent(s)/stepparent(s) financially responsible.

\_\_\_\_ Father \_\_\_\_\_ Mother  
\_\_\_\_ Stepfather \_\_\_\_\_ Stepmother  
\_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_  
\_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Student lives with (check all that apply): \_\_\_\_ Father \_\_\_\_ Stepfather \_\_\_\_ Mother \_\_\_\_ Stepmother \_\_\_\_ Other \_\_\_\_\_

Check all that apply: \_\_\_\_ Parents are married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Mother is deceased \_\_\_\_ Father is deceased

If parents are separated or divorced, please check one \_\_\_\_ Father has custody \_\_\_\_ Mother has custody \_\_\_\_ Joint custody

Number of children who attend HA and the grade they will attend \_\_\_\_\_

Name of student's physician \_\_\_\_\_ Phone \_\_\_\_\_

List any medical problems \_\_\_\_\_  
\_\_\_\_\_