

HALLIE TURNER PRIVATE SCHOOL APPLICATION FOR ADMISSION

- 1. Type or print legibly in ink. Day ____ Night ____
- 2. Answer every question fully and to the best of your ability.
- 3. The school reserves the right, in every case, to reject any applicant whose records and/or attitude do not indicate success in this school. To Begin _____

Name _____ Date _____
First Middle Last

Male ____ Female ____ Social Security Number _____ Maiden name if married _____

Age _____ Date of Birth _____ Home phone _____ Student cell phone _____

Address _____ Student email _____
Street or P.O. Box, City, State, Zip Code

Medical issues? _____

Student's employer _____ Interests/Hobbies _____

School last attended _____ Year _____

Address of school _____ Grade last completed _____

Reason for leaving _____

Have you failed any part of the high school graduation test? _____ If yes, which part? _____

Have you ever been suspended? _____ Expelled? _____ If yes, give reason _____

Have you ever been placed in an alternative school? _____ Why? _____

Father's name _____ SSN: _____ Employer _____

Father's address _____ Home phone _____

Work phone _____ Cell phone _____ Email _____

Mother's name _____ SSN: _____ Employer _____

Mother's address _____ Home phone _____

Work phone _____ Cell phone _____ Email _____

Does the student live with someone other than a parent? _____ If yes, please provide the following information.

Name _____ Relation to Student _____

Address _____ Home ph. _____ Cell ph. _____

Does the student receive Social Security benefits which require full time school attendance? _____

How did you learn about our school? _____

Why do you wish to attend this school? _____

By signing below, I verify that the above information is complete and accurate, and I have read the tuition policies and agree to abide by them.

Student signature _____ Date _____

By signing below, I agree to pay all tuition and book costs incurred by the student named above, and I have read the tuition policies and agree to abide by them.

Parent or Guardian _____ Date _____