## **Harvest Community School**

2016-2017

## **Student Information:**

## **Student Application**

Full name:	DOB
	Please specify: male or female
Parent/Guardian:	
Name: (Mr., Mrs., Dr.,)	Relationship to student:
Home address	
Home phone:	Cell phone:
Employer:	Title or occupation:
Business address:	Work phone:
Email address:	
Parent/Guardian:	
Name: (Mr., Mrs., Dr.,)	Relationship to student:
Home address (if different from above)	
Home phone:	Cell phone:
Employer:	Title or occupation:
Business address:	Work phone:
Email address:	
To whom should progress reports be sent?	
Student's place of birth:	Country of citizenship:
Month/year of proposed entrance:	Applying for grade:
Education Type (select one): Public Private	Homeschool Other (specify)
Present school name:	
Head of school:	
City:	State: Zip:

Current grade:
Dates attended:
Dates attended:
Mother Other (please specify)
Age Grade School attending
children.)
(Please write your answers on the back.)
y School? Why are you interested in our school?
e Mason style of education (if any).
by Christian ideas. We welcome children of all faiths and beliefs. w about your faith.
ng learning experiences that happen every day at Harvest in the garden, show students how to crochet, teach an art class, tionships with families. (All volunteers must submit to an
Office Use Only:
Date received:
Received by:
Registration Amount Paid: