

Harvest Community School

2016-2017

Student Information:

Student Application

Full name: _____ DOB _____

Preferred or nickname: _____ 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: _____

School address: _____

City: _____ State: _____ Zip: _____

