

HARMONY SCIENCE ACADEMY

ENROLLMENT FORM*

2007-2008

For Office Use Only	Docs.	Initial		
	Birth Certificate		Grade Applied For	
	Social Security Card		Date Received	
	Immunization Records		Special Ed (circle)	Yes No
	Proof of Residence		Exact Date Enrolled	

STUDENT INFORMATION											
LAST NAME			FIRST NAME		MIDDLE NAME		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		ETHNICITY		
BIRTHDATE MM/DD/YYYY		COUNTRY OF BIRTH		SOCIAL SECURITY #		CURRENT GRADE ENROLLED		<input type="checkbox"/> AMERICAN INDIAN/ALASKAN <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER <input type="checkbox"/> BLACK, NOT OF HISPANIC ORIGIN <input type="checkbox"/> HISPANIC <input type="checkbox"/> WHITE, NOT OF HISPANIC ORIGIN			
						GRADE APPLIED FOR					
STUDENT LIVES WITH: (CHECK ONE)				<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER							
PREVIOUS SCHOOLS ATTENDED DURING THE PAST THREE YEARS (START WITH THE MOST RECENT)											
SCHOOL LAST ATTENDED		YEARS ATTENDED		DATE OF LAST ATTENDANCE (MONTH/YEAR)		DISTRICT NAME		PHONE () - - - -			
PREVIOUS SCHOOL ATTENDED		YEARS ATTENDED		DATE OF LAST ATTENDANCE (MONTH/YEAR)		DISTRICT NAME		PHONE () - - - -			
PREVIOUS SCHOOL ATTENDED		YEARS ATTENDED		DATE OF LAST ATTENDANCE (MONTH/YEAR)		DISTRICT NAME		PHONE () - - - -			
HAS APPLICANT EVER SKIPPED A GRADE? (CIRCLE ONE)			YES NO		WHICH GRADE(S) AND WHY?						
HAS APPLICANT EVER BEEN RETAINED? (CIRCLE ONE)			YES NO		WHICH GRADE(S) AND WHY?						
HAS APPLICANT EVER BEEN EXPELLED, SUSPENDED, OR ASKED NOT TO RETURN TO A SCHOOL? (CIRCLE ONE)			YES NO		IF YES, PLEASE EXPLAIN:						
HAS APPLICANT APPLIED TO HSA BEFORE? (CIRCLE ONE)			YES NO WHEN:		HAS STUDENT EVER ATTENDED HSA? (CIRCLE ONE)			YES NO WHEN:			
PARENT(S)/GUARDIAN INFORMATION											
FATHER'S INFORMATION	LAST NAME		FIRST NAME		MIDDLE NAME		OCCUPATION		EMPLOYER		
	HOUSE NO.		STREET					APT#	CITY		ZIP
	PHONE: HOME		CELLULAR		PAGER		WORK		E-MAIL		
	() - - - -		() - - - -		() - - - -		() - - - -		@		
MOTHER'S INFORMATION	LAST NAME		FIRST NAME		MIDDLE NAME		OCCUPATION		EMPLOYER		
	HOUSE NO.		STREET					APT#	CITY		ZIP
	PHONE: HOME		CELLULAR		PAGER		WORK		E-MAIL		
	() - - - -		() - - - -		() - - - -		() - - - -		@		
OTHER: PERSON WITH WHOM STUDENT LIVES	LAST NAME		FIRST NAME		MIDDLE NAME		RELATIONSHIP		NUMBER OF YEARS STUDENT HAS LIVED WITH THIS PERSON:		
	HOUSE NO.		STREET					APT#	CITY		ZIP
	PHONE: HOME		CELLULAR		PAGER		WORK		E-MAIL		
	() - - - -		() - - - -		() - - - -		() - - - -		@		
	OCCUPATION			EMPLOYER:							

*: This form is not required along with the admission application.

NAMES OF ALL BROTHERS AND SISTERS UNDER 18 YEARS OF AGE						
LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	GENDER	SCHOOL	GRADE

HOW DID YOU LEARN ABOUT HSA?					
<input type="checkbox"/> BROCHURE, FLYER, HANDOUT	<input type="checkbox"/> OUTDOOR SIGN	<input type="checkbox"/> FRIEND	<input type="checkbox"/> ADVERTISEMENT _____	<input type="checkbox"/> OTHER: _____	
<input type="checkbox"/> INTERNET	<input type="checkbox"/> RELATIVE	<input type="checkbox"/> WALK-IN	<input type="checkbox"/> NEWSPAPER _____		

PLEASE CHECK
I <input type="checkbox"/> AGREE/ <input type="checkbox"/> DISAGREE TO ALLOW MY CHILD'S PHOTOGRAPHS/VIDEO RECORDING TAKEN AND/OR NAMES PUBLISHED TO BE USED FOR HARMONY SCIENCE ACADEMY PUBLICITY PURPOSES. I UNDERSTAND THAT THE PHOTOS AND THE NAMES MAY BE USED FOR DISPLAY, PUBLICATION, VIDEO, WEBSITES, OR BY OTHER MEDIA, SUCH AS LOCAL NEWSPAPERS AND/OR TELEVISION STATIONS. I ALSO AGREE THAT THIS PERMISSION WILL HAVE NO TIME LIMITATIONS.
I <input type="checkbox"/> AGREE / <input type="checkbox"/> DISAGREE TO ALLOW MY CHILD TO PARTICIPATE IN ALL ATHLETIC EVENTS AT HARMONY SCIENCE ACADEMY, WITH THE UNDERSTANDING THAT THE PARENT/GUARDIAN IS RESPONSIBLE FOR ANY MEDICAL COSTS INCURRED IN THE EVENT OF AN INJURY.

SPECIAL PROGRAM INFORMATION	YES	NO	PLEASE LIST APPLICANT'S HONORS, AWARDS, OR SPECIAL ACHIEVEMENTS (IN OR OUT OF SCHOOL)
GIFTED AND TALENTED			
ESL/BILINGUAL			
SPECIAL EDUCATION			
(IF YES) DISABILITY CONDITION:			
PLEASE ATTACH STUDENT'S MOST RECENT ARD/IEP SUPPLEMENTS AND ASSESSMENTS (FIE)			

HAS THE STUDENT EVER BEEN EXPELLED, SUSPENDED, OR ASKED NOT TO RETURN TO A SCHOOL? YES NO
 IF YES, WHEN and WHY?: _____

I/WE, THE UNDERSIGNED, HEREBY CERTIFY THAT, TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF, THE ANSWERS TO THE FOREGOING QUESTIONS AND STATEMENTS MADE BY ME/US IN THIS APPLICATION ARE COMPLETE AND ACCURATE. I/WE UNDERSTAND THAT ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS OF FACTS MAY RESULT IN REJECTION OF THIS APPLICATION OR FUTURE DISMISSAL OF THE APPLICANT. I AND MY CHILD AGREE TO FOLLOW THE RULES OF HARMONY SCIENCE ACADEMY AS STATED IN THE STUDENT HANDBOOK.

NOTICE: FALSIFYING INFORMATION ON THIS FORM IS A VIOLATION OF THE LAW. VIOLATION MAY RESULT IN PROSECUTION (SECTION 37.10 OF THE TEXAS PENAL CODE).

SIGNATURE OF MOTHER: _____ DATE SIGNED: _____ TEXAS DRIVER'S LICENSE NO : _____
 DATE OF BIRTH OF MOTHER [AS REQUIRED BY TEC §25.002(F)] MONTH: ____ DAY: ____ YEAR: _____

SIGNATURE OF FATHER: _____ DATE SIGNED: _____ TEXAS DRIVER'S LICENSE NO : _____
 DATE OF BIRTH OF FATHER [AS REQUIRED BY TEC §25.002(F)] MONTH: ____ DAY: ____ YEAR: _____

SIGNATURE OF LEGAL GUARDIAN: _____ DATE SIGNED: _____ TEXAS DRIVER'S LICENSE NO : _____
 DATE OF BIRTH OF MOTHER [AS REQUIRED BY TEC §25.002(F)] MONTH: ____ DAY: ____ YEAR: _____

Harmony Science Academy does not discriminate in admissions based on gender, national origin, ethnicity, religion, disability, academic, artistic, or athletic ability or the district the child would otherwise attend.