Harvest Preparatory School
Student Enrollment Form - 2009-10

Enrollment to Harvest Preparatory School is granted without preference to gender, race, color, or religious background.

The filing of this application indicates that you wish your child to be enrolled at the Harvest Preparatory School. All forms must be completed in order to ensure your child/ren enrollment in the school.

Date_____
I hereby make application for admission of (Please print all names) to the Harvest Preparatory School.)

(**Student First Name**) (**Student Middle Name**) **(Student Last Name)**

Grade for which student is enrolling_____ Gender: M_____ F_____

For term beginning, _____ Place of Birth _____

Date of Birth _____ Social Security Number_____
Month Day Year

Home Address_____ Telephone ( ) _____
Street

_____
City State Zip

Last School Attended _____

Student lives with (check all that applies):
Father _____ Stepfather _____
Mother _____ Stepmother _____
Other _____ _____

Father/Guardian_____ Mother/Guardian_____

Home Address_____ Home Address_____
(If different from applicant) (If different from applicant)

_____ _____
City State Zip Code City State Zip Code

Home Telephone ( ) _____ Home Telephone ( ) _____

Business Telephone ( ) _____ Business Telephone ( ) _____

Cellular Phone ( ) _____ Cellular Phone ( ) _____

BUS INFORMATION:

1. Riding A.M. Bus Inbound to School? _____Y_____N

2. Riding PM Outbound from School? _____Y _____N

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