



Application for Admission 20____ - 20 ____ School Year

A \$250 deposit must accompany application. \$200 of this deposit, which is non-refundable, will be applied toward tuition upon enrollment.

Child's Name _____ Male ____ Female

Address _____

City/State/Zip: _____

Date of Birth _____ Telephone _____

School District of residence _____

Last Grade Attended (where applicable) _____

Class Entering:

- | | |
|---|--------------------|
| _____ A.M. Tots 2 Day 8:45 – 10:45 | _____ Primary |
| _____ A.M. Tots 3 Day 8:45 – 10:45 | _____ Intermediate |
| _____ Pre Primary (5 Day half sessions) | _____ Upper |
| _____ Pre-Primary and Extended Day (full day) | _____ Senior |
| _____ Kindergarten | |

Mother's Name _____ Occupation _____

Mother's Business Address _____

Business Phone _____ email _____ @ _____

Father's Name _____ Occupation _____

Father's Business Address _____

Business Phone _____ email _____ @ _____

Physician _____ Telephone _____

Emergency Contact:

Name: _____

Tel: _____ Cell: _____

Please describe any special medical considerations or conditions that require attention:

Names and Birthdays of brothers and sisters:

_____	_____
_____	_____

If your child attended other schools previous to enrolling at HGS, please list:

School: _____

City: _____