

THE OPPORTUNITY

PO Box 11837 Durham, NC 27703

HA PREP ACADEMY ADMISSIONS APPLICATION

Instructions:

1. Fill out the application completely in ink (print) or type and send it to the Director of Admissions at the address above.
2. Include a nonrefundable \$50.00 Application Service Fee in the form of check payable to HA Prep Academy.
3. Attach a recent photograph and any additional statements regarding the applicant's academic needs or situation that might not otherwise be stated in this application.
4. Both the applicant and his/her parents must read and sign the application.

I. Personal Information Regarding Applicant and Family

Full Legal Name (no abbreviation) and Name Preferred to be Called

Last Name First Middle Preferred

Street Address Home Phone

City State/Country Zip Social Security Number

Country of Residence Citizenship Birth Date Age Height Weight

Parent/Guardian

Parents Married and Together Parents Married and Separated Parents Divorced Parents Deceased

Resides with: Parents Mother Father Other _____

If Divorced: Who has custody? Mother Father Other _____

Mail official correspondence to: Mother Father Both Other _____

Mother Remarried? Yes No Father Remarried? Yes No

Father

Mother

Full Name

Address (If Different)

City State/Country Zip

Home Phone Business Phone

Cell Phone FAX Number

Email Address

Occupation Title

Company Name

Company Address

City State Zip

College(s) and Degree(s)

Full Name

Address (If Different)

City State/Country Zip

Home Phone Business Phone

Cell Phone FAX Number

Email Address

Occupation Title

Company Name

Company Address

City State Zip

College(s) and Degree(s)

II. Desired Date of Admission

Immediately (Monthly/Year) _____ Fall, 20____ Second Semester, 20____ Summer School, 20____

III. Applicant's Educational History

School Where Currently Enrolled

Grade Enrolled

Address

Phone

City State/Country Zip

Name to contact for educational information/references:

Name of (only one): Counselor Principal

Names of English and Math Teachers

Subjects Currently Taking Current Average Secondary Only Credit Received

Favorite Subject Least Subject

Currently Enrolled in Special Education Classes? Yes No

Enclosed transcript release form sent to former school? Yes No

Unofficial transcript enclosed with application? Yes No

Has the student had a psycho-educational evaluation? Yes No

If yes, date: _____ (Please have a copy sent to the Director of Admissions.)

Name of Evaluator

Phone

List the previous schools attended in the past three years:

School/Grades Attended

City/State

School/Grades Attended

City/State

School/Grades Attended

City/State

List clubs, organizations, and athletic teams in which the applicant has participated during the past three years:



III. Applicant's Conduct History (Confidential)

It is very important that the following be answered completely and honestly so that the Director of Admissions may understand the applicant's background. Please attach additional statements to the application if necessary.

- Has the applicant ever been: in school suspended? out-of-school suspended? expelled? asked to withdraw? [checkbox] No [checkbox] Yes

If yes to any of the above, please explain.

Has the applicant ever been involved with law enforcement authorities?

[checkbox] No [checkbox] Yes If yes, please explain:

Has the applicant ever had any problems with alcohol and substance abuse?

[checkbox] No [checkbox] Yes If yes, please explain:

IV. Applicant's Medical History

North Carolina law requires that a completed immunization form be on file for each student by the first day of class. The school also requires that a physician complete a medical information form by the first day of class.

Applicant's Physician

Phone

Has the applicant ever been diagnosed with a communicable disease?

[checkbox] No [checkbox] Yes If yes, please explain:

Does the applicant have any medical conditions that would prevent him/her from participating in the school's physical education or athletic programs?

[checkbox] No [checkbox] Yes If yes, please explain:

Has the applicant ever been hospitalized? [checkbox] No [checkbox] Yes

Has the applicant ever received professional counseling? [checkbox] No [checkbox] Yes

If yes, please explain:

Name/Address/Phone Number of Counselor

V. Additional Information

The applicant and his parents give permission for the applicant to have his/her photograph and name appear in school publications and promotional materials. Yes No If no, please explain: _____

As a school community, HA Prep Academy has various functions to which immediate family, grandparents, and friends are invited. Please complete the following for applicant's siblings:

Name	Age	School	Name	Age	School
Name	Age	School	Name	Age	School

Religious Affiliation: _____

Name and address of church attended: _____

Alumni Relationship? _____

Name/Relationship	Year
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Applicant and parents were told of HA Prep by (give name):

Friend _____	Alumnus _____
Educational Consultant _____	Educational Publication _____
Newspaper _____	Magazine _____
Other _____	

STATISTICAL INFORMATION*

White, not of Hispanic Origin. A person having origins in any of the original peoples of Europe, North Africa, Egypt or the Middle East. Please specify:

Black, not of Hispanic. A person having origins in any of the black racial groups of Africa.

Hispanic: A person of Mexican, Puerto Rican, Cuban, Central of South American, or other Spanish cultures or origin, regardless of race.

Asian or Pacific Islander: This includes any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This also includes, for example, China, Japan, Korea, the Philippine Islands, or Samoa. Please specify:

American Indians or Alaskan Native: A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.

Other: Please specify: _____

Citizenship

U.S. Citizen

Permanent Resident (Send copy of your green card)

Alien Registration Number

Non-Resident Alien

Gender: Male Female

***NOTE:** To meet requirements of federal regulation, this information is requested for record-keeping purposes only. This information will in no way affect admissions decisions.

HA Prep Academy does not discriminate on the basis of religion, race, sex, or geographic origin.

Please read carefully before signing and submitting:

I certify that I have read and understood this application, and I further certify that the information I have submitted is complete and correct to the best of my knowledge and belief. I agree to communicate to the Director of Admissions in writing any changes in any matters contained herein even if such changes occur after the student has been enrolled. I understand that upon discovery of any inaccuracy of information contained herein, or omission of information requested herein, HA Prep Academy reserves the right to revoke any admission to HA Prep Academy.

Signature of Parent/Guardian Date Signature of Applicant Date

Person(s) who will assume responsibility for payment and tuition:

Name/Relationship/Social Security Number: _____

Bank Name/Address: _____