

For Office Use Only:

Date Rcvd: _____

SINCE 1975

HAPPY HILL FARM ACADEMY



Application for Resident Student Admission

Attach
Current Photo
Here

STUDENT INFORMATION

Student's full name:	First	Middle	Last	Preferred name:
Student's home address:				
Phone	Fax		Email	
Age:	Birth date:		Gender:	
Current grade:	Applying for grade:		<input type="checkbox"/> 1st Semester <input type="checkbox"/> 2nd Semester, Year 20____	
City & Country of Birth			Citizenship	
Pasport Number			Visa Type:	Expiration Date:
Applicant lives with: (check any that apply)	<input type="checkbox"/> Both parents		<input type="checkbox"/> Other:	
	<input type="checkbox"/> Father is deceased	<input type="checkbox"/> Parents are separated	<input type="checkbox"/> Father has custody	<input type="checkbox"/> Applicant is adopted
	<input type="checkbox"/> Mother is deceased	<input type="checkbox"/> Parents are divorced	<input type="checkbox"/> Mother has custody	
Current church name: <i>(regular attendance at a local church is required)</i>				
Church Denomination			Pastor's name:	

PARENT/GUARDIAN INFORMATION

Father's full name:				
Address:				
City or Town:				
State:		Postal Code (if applicable):		Country:
Home Phone:		Fax:		Email:
Business Phone:				
Father's place of employment:			Father's title:	
Mother's full name:				
Address:				
City or Town:				
State:		Postal Code (if applicable):		Country:
Home Phone:		Fax:		Email:
Business Phone:				
Mother's place of employment:			Mother's title:	
Has applicant (or other family members) previously attended Happy Hill Farm Academy? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>If yes, please indicate name, dates & location:</i>				
Brothers/Sisters (names, grades, schools currently attending):				

ACADEMIC INFORMATION

Name of current/previous school:			School phone:	
School address:				
School email address:			School fax:	
Has applicant ever been referred for academic evaluation, either remedial or accelerated? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Applicants Academic Strengths:	Applicants Academic Weaknesses:
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Has applicant ever been suspended or dismissed for academic, disciplinary, or other reasons? Yes No
If yes, please explain on separate page.

ENGLISH AS A SECOND LANGUAGE (ELS)

Has applicant had any ESL courses? Yes No How long has applicant studied English? TOEFL score:
Describe level of English proficiency: Beginning Intermediate Advanced

MEDICAL INFORMATION

Does applicant have a physical health problem of which the school should be aware? Yes No
If yes, please specify (include prescriptions or limitation of normal activities. Use a separate page if needed):

Is applicant taking any medication on a regular basis, such as Insulin, Ritalin, etc.? Yes No If yes, please list:

Has applicant ever consulted, or been referred to, a psychiatrist, counselor, psychologist, or psychiatric social worker for professional assistance? Yes No
If yes, please explain (Use a separate page if needed):

Check any of the following used or experimented with (in the last 12 months):
 narcotic drugs tobacco alcoholic beverages stimulants

If checked, please explain (Use a separate page if needed):

REFERENCES (PLEASE LIST THE NAMES AND ADDRESSES IN FULL OF THREE ADULTS TO WHOM YOU HAVE GIVEN A REFERENCE FORM.)

Pastor's name:	Pastor's phone number:
Pastor's address:	Pastor's fax:
	Pastor's email:
English teacher's name:	English teacher's phone number:
English teacher's address:	English teacher's fax:
	English teacher's email:
Math teacher's name:	Math teacher's phone number:
Math teacher's address:	Math teacher's fax:
	Math teacher's email:

PAYER INFORMATION

Payor name:			
Address:	City:		
State:	Country:	Zip/Postal code:	
Phone number:	Email:		
Relationship:			

This application for admission is not complete until the following items are received:

1. A non-refundable application fee of fifty dollars (\$50.00)
2. Previous school records including current grades and standardized test forms
3. Parent and student questionnaire
4. English and math recommendations
5. Student Essay (must be written in English without assistance in presence of agent)
6. Current Picture
7. Preparticipation physical evaluation
8. Admissions test results
9. Copy of current bank statement

PAYMENT PLAN TYPE

Refer to your financial contract agreement and check your selection:

Annual (August)
 Semester (January and August)

To the best of our knowledge the above information is correct:

Please return the completed application:
Happy Hill Farm Academy - Admissions
3846 N. Highway 144
Granbury, Texas 76048
phone: (001 + 1) 254-897-4822
fax: (001 + 1) 254-897-7650
admissions@happyhillfarm.org

_____ Parent/Guardian Signature	_____ Date
_____ Parent/Guardian Signature	_____ Date
_____ Student Signature	_____ Date

Notice of Nondiscriminatory Policy

Happy Hill Farm Academy admits students of any race, color, sex, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, sex, national and ethnic origin in administration of its educational policies, admissions policies, scholarship program, athletic or other school-administered programs.