



201 SOUTH BEECH STREET
HOBGOOD, N.C. 27843
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GoRaiders@hobgoodacademy.com

APPLICANT INFORMATION

DATE: _____ SCHOOL TERM 20 ____ 20 ____

APPLICANT'S NAME _____
FIRST MIDDLE LAST PREFERS TO BE CALLED

HOME ADDRESS _____
STREET CITY STATE ZIP

MAILING ADDRESS _____

HOME PHONE: _____ STUDENT'S CELL # _____ STUDENT'S EMAIL ADDRESS: _____

SS# _____ AGE _____ MALE _____ FEMALE _____ DOB _____ PLACE OF BIRTH _____

FAMILY INFORMATION

FATHER'S NAME _____ MOTHER'S NAME _____

OR/LEGAL GUARDIAN _____ EMERGENCY PHONE _____

OCCUPATION _____ OCCUPATION _____

EMPLOYER _____ EMPLOYER _____

BUSINESS PHONE _____ BUSINESS PHONE _____

MAILING ADDRESS _____ MAILING ADDRESS _____

CELL # _____ EMAIL ADDRESS _____ CELL# _____ EMAIL ADDRESS _____

PARENTS: MARRIED SEPARATED DIVORCED MOTHER DECEASED FATHER DECEASED FATHER REMARRIED MOTHER REMARRIED

NUMBER OF CHILDREN WHO ATTEND HOBGOOD ACADEMY AND GRADE _____

NUMBER OF CHILDREN IN FAMILY AND AGE _____

STUDENT INFORMATION

NAME OF STUDENT'S PHYSICIAN _____ PHONE # _____

LIST ANY MEDICAL PROBLEMS _____

HOBBIES, ACTIVITIES, SPECIAL INTERESTS AND AWARDS IN SCHOOL/COMMUNITY

IF EVER ACCELERATED OR HELD BACK IN SCHOOL, PLEASE DESCRIBE THE CIRCUMSTANCES

HAS STUDENT EVER BEEN SUSPENDED OR EXPELLED _____ IF SO, PLEASE EXPLAIN _____

HAS STUDENT BEEN ENROLLED IN ANY PROGRAM FOR EXCEPTIONAL NEEDS OR ABILITIES?
DESCRIBE _____

STUDENT HAS ANY PHYSICAL, EMOTIONAL OR LEARNING HANDICAPS THAT REQUIRE SPECIAL SERVICES OR FACILITIES? IF YES, PLEASE EXPLAIN _____

HAS STUDENT HAD A PROBLEM RELATED TO ALCOHOL OR DRUGS? _____ PLEASE EXPLAIN _____

HAS STUDENT EVER BEEN CONVICTED OF A CRIMINAL OFFENSE, OR ARE THERE SUCH CHARGES PENDING AGAINST THE STUDENT AT THIS TIME? _____ PLEASE EXPLAIN _____

ARE THERE ANY SPECIAL CIRCUMSTANCES THAT YOU WOULD LIKE HOBGOOD ACADEMY TO BE AWARE OF ?

PRESENT SCHOOL _____ PRESENT GRADE _____

SCHOOL ADDRESS _____

SCHOOL PRINCIPAL _____ SCHOOL PHONE # _____

***** HOBGOOD ACADEMY RESERVES THE RIGHT TO REQUIRE THAT A PARENT HAVE A CHILD TESTED IF WE SEE A PROBLEM *****

I CERTIFY THAT ALL ITEMS ON THIS APPLICATION ARE ANSWERED CORRECTLY AND COMPLETELY. I UNDERSTAND THAT PROVIDING FALSE OR INCOMPLETE ANSWERS MAY DISQUALIFY APPLICANT FROM ADMISSION OR ATTENDANCE TO HOBGOOD ACADEMY, INC.

PARENTAL SIGNATURE/LEGAL GUARDIAN _____

HOBGOOD ACADEMY IS A NON-PROFIT, NON-SECTARAIN INSTITUTION AND WILL ACCEPT STUDENTS WITHOUT REGARD TO RACE, CREED, BELIEF, NATIONAL ORIGIN OR SEX

FOR SCHOOL USE ONLY

____ ADDED TO FAMILIES _____ DATE _____ ADDED TO CO-LIST _____ DATE _____ SENT FOR RECORDS _____ DATE

____ ADDED TO STUDENT ROSTER _____ DATE _____ MEMBERSHIP FEE _____ DATE