

Thomas Hart Academy

852 Flinns Road, Hartsville, South Carolina 29550

Phone: (843) 332-4991, Fax (843) 383-9523

APPLICATION FOR ADMISSION TO GRADE _____ FOR SCHOOL YEAR _____/_____

Applicant's
Legal Name

Last	First	Middle	Preferred Name	Sex
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Home Address _____

Street	City/State	Zip Code	Telephone	Cell
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Birth Date _____ Age _____ Birth Place _____

Ethnicity { } Asian { } African-American { } Hispanic { }Caucasian { } Native American { } Other

Applicant's Social Security Number (required for processing) _____

Applicant's Current School _____ Number of years attended _____

School Address _____

Street	City/State	Zip	Telephone
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List Previous School Attended

Grade	School	Date Entered (Mo/Yr)	Grade	School	Date Entered (Mo/Yr)
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PARENT INFORMATION

Father's Complete Name

Mother's Complete Name

Home Address

Home Address

City	State	Zip	Telephone
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City	State	Zip	Telephone
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Occupation and Title

Occupation and Title

Name of Firm/Company

Name of Firm/Company

Business/Professional Address

Business/Professional Address

City	State	Zip	Telephone
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City	State	Zip	Telephone
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Who has legal custody? _____

(OVER)

Student lives with (check any that apply):

Check if appropriate:

- Father Stepfather
- Mother Stepmother
- Other Name _____
- Relationship _____

- Father deceased Parents divorced
- Mother deceased Parents separated

Correspondence regarding application should be addressed to: Father Mother Other

Financial responsibility for applicant will be assumed by: Father Mother Other

End of Year Report cards should be mailed to: Father Mother Other

Does the applicant take any medication on a daily basis: Yes No

If yes, please identify.

Does the applicant have any physical, emotional, or psychological weakness or learning disability?

If yes, please identify.

List any extracurricular activities and/or sports that are of interest to the applicant.

Has the applicant been dismissed from any school for any reason, or received severe disciplinary censure?

- Yes No

If yes, give full details on a separate sheet of paper, including name of school and principal.

List applicant's siblings and their ages: _____

List any Thomas Hart alumni in your family:

Name	Relationship to Applicant	Year of Graduation
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How did you become interested in Thomas Hart Academy?

If a specific family referred you to the school, please name the family. _____

I authorize this application for my child for admission as a student to Thomas Hart Academy for the school year of _____/_____. I understand that admission is subject to the general statements, rules, regulations, conditions, and traditions of the School and financial terms contained in the Enrollment Contract.

Signature of Parent/Legal Guardian

Date

Thomas Hart Academy welcomes students regardless of race, creed, color, sex or national origin.