



2018-2019

Request for Admission

Office Use Only

Date Received: _____

Staff Initials: _____

Lottery #: _____

Approval Date: _____

Harvest Ridge

Home Study Program

Student Legal Name: _____
(Last) (First) (Middle)

Parent/Guardian Name(s): _____

Date of Birth: _____ Grade (2018-2019): _____ Male Female

Physical Address: _____
(Street) (City) (Zip) (County)

Mailing Address:
(if different) _____

Home/Cell Phone: _____ Email Address: _____

Siblings currently (attending/ applying) at Harvest Ridge Cooperative Charter School (name & grade):

In the student's home, is there a computer? Yes No

Internet Access? Yes No

Does your child qualify for any of the following programs? Yes No
 G.A.T.E Title I, ELL

Does your child have a medical diagnosis that may impact learning or attendance? Yes No

If yes, please identify: _____

Has your child ever been suspended or expelled from school? Yes No

If yes, when and where: _____

How did you hear about Harvest Ridge?

I attest that the above statements are true to the best of my knowledge. I understand that falsification of any of the information on this enrollment application may result in the student being disenrolled from the school.

Parent Signature _____ Date _____