



# HAMPSTEAD ACADEMY



## Application for Admission

Full Name of Applicant: \_\_\_\_\_ Male Female  
Last First Middle

Preferred/ Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Applying for: Preschool: 3 or 4 yr. old: 2 Day PM or 3 Day PM

Pre-Kindergarten: 4 yr. old: 5 Day AM

Kindergarten: ½ Day AM or PM or Full Day Grade: 1 2 3 4 5 6 7 8

For the fall of: \_\_\_\_\_ Age as of September 30th: \_\_\_\_\_

Name of Present School: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

Name of Previous School: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

### Parent/Guardian 1

### Parent/Guardian 2

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**Parental Status:** \_\_\_\_\_

If separated or divorced, with whom does the applicant reside?: \_\_\_\_\_

Person (s) to whom communications should be sent: \_\_\_\_\_

**Other Significant Caregiver (s):** \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Applicant Siblings**

Name	Date of Birth	Current School	Grade	M/F
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**If your child has studied a language other than English, please indicate what language and the number of years of study.**

\_\_\_\_\_

**How did you hear about and what do you know about Hampstead Academy?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are you acquainted with anyone within the school?**

\_\_\_\_\_

**If this application represents a change of schools, why is the change being sought?**

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**What makes you feel that Hampstead Academy is the appropriate school for your child?**

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**What would you like to see your child receive from his/her school experience?**

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**Please describe your child's talents.** *(For those entering grades 1-8)*

Academic:

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Artistic:

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Athletic:

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**What traits or abilities would you like to see strengthened in your child?**

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**How does your child spend his or her time outside of school?**

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**What are your child's responsibilities at home?**

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**Has your child received any special services or special testing for his/her academic abilities or learning styles? If yes, please explain.**

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**Does your child have any allergies or medical issues we should be aware of? If so, please describe and list any medications that are given to your child regularly.**

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**What additional information would you like to share with the Admissions Office to help us better know your child?**

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You are invited to attach  
a recent photo of the applicant here.

The photograph is optional and will not  
be returned.

The absence of a photo will not affect  
the application.

*As part of the application to Hampstead Academy, I agree to the following:*

1. I permit my child's present or previous schools to release records which may be required to support this application to Hampstead Academy.
2. Hampstead Academy has permission to contact the individuals responsible for completing my child's recommendation forms.
3. I understand that this application, along with all materials submitted on behalf of my child's application, will remain confidential and will not be discussed with anyone outside of Hampstead Academy's Admissions Committee, including the candidate and his or her family.
4. The information presented in this application is accurate, complete, and truthful. I certify that any information submitted on my child's behalf, including letters of recommendation are authentic.

Parent/ Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_