



Hampstead Academy

Pre K - Grade 8 Hampstead, NH 03841 www.HampsteadAcademy.org

APPLICATION FOR ADMISSION

STUDENT APPLICANT

	20 -20	
TODAY'S DATE	FOR SCHOOL YEAR	
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-Binary
APPLICANT'S NAME	DATE OF BIRTH	GENDER
PK K 1 2 3 4 5 6 7 8		
APPLYING FOR GRADE (Circle One)	SCHOOL CURRENTLY ATTENDING	CURRENT GRADE

PARENT/GUARDIAN 1

LAST NAME
FIRST NAME
ADDRESS
CITY
STATE
ZIP
HOME PHONE
CELL PHONE
EMAIL
EMPLOYER
POSITION

PARENT/GUARDIAN 2

LAST NAME
FIRST NAME
ADDRESS
CITY
STATE
ZIP
HOME PHONE
CELL PHONE
EMAIL
EMPLOYER
POSITION

Child lives with PARENT/GUARDIAN 1 PARENT/GUARDIAN 2 BOTH OTHER _____

If two households, mailings should be sent to PARENT/GUARDIAN 1 PARENT/GUARDIAN 2 BOTH

SIBLINGS

			<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME	DATE OF BIRTH	CURRENT SCHOOL	ALSO APPLYING?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME	DATE OF BIRTH	CURRENT SCHOOL	ALSO APPLYING?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME	DATE OF BIRTH	CURRENT SCHOOL	ALSO APPLYING?



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APPLICATION FOR ADMISSION (continued)

GENERAL INFORMATION

How did you learn about Hampstead Academy?

Did a current family refer you? Yes No If yes, who? _____

ABOUT YOUR CHILD

Does your child speak another language at home? Yes No Language: _____

Is your child bilingual? Yes No Language: _____

Please describe your child's character, personality and interests.

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

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

What additional information would you like to share with the Office of Admissions?

Has your child had any educational or psychological testing done? Yes No

If yes, please provide a full copy of the test report and recommendations with the completed application.



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APPLICATION FOR ADMISSION (continued)

As part of this application to Hampstead Academy, the applicant and his or her guardians agree to the following:

I wish to apply to Hampstead Academy for the enrollment of the child named in this application.

I give my child permission to participate in the required screening processes required for admission.

Hampstead Academy has my permission to contact the individuals responsible for completing my child's evaluation forms.

I understand and agree that this application and any relevant information, as outlined in the Admissions Procedure, will be considered by the Admissions Committee and will remain confidential. The information will not be discussed with anyone, including the applicant's family, except that the Director of Admissions may, in her sole discretion, reserve the right to disclose any or all such information to individuals that she deems advisable.

I certify that the information submitted with this application, on my child's behalf, is accurate, complete and truthfully presented.

I am enclosing my \$50 non-refundable application fee. I understand that all financial arrangements for tuition will be made through the administrative office and that this application is valid only for the year noted.

Parent/ Guardian 1 Signature _____ Date _____

Parent/ Guardian 2 Signature _____ Date _____

Please send completed materials to:

Admissions Office
Hampstead Academy
320 East Road
Hampstead, NH 03841

