



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 _____

M F 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

PARENT/GUARDIAN 2

LAST NAME _____

LAST NAME _____

FIRST NAME _____

FIRST NAME _____

ADDRESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

HOME PHONE _____

CELL PHONE _____

CELL PHONE _____

EMAIL _____

EMAIL _____

EMPLOYER _____

EMPLOYER _____

POSITION _____

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

NAME _____ DATE OF BIRTH _____ CURRENT SCHOOL _____ ALSO APPLYING? Yes No

NAME _____ DATE OF BIRTH _____ CURRENT SCHOOL _____ ALSO APPLYING? Yes No

NAME _____ DATE OF BIRTH _____ CURRENT SCHOOL _____ ALSO APPLYING? Yes No



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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.

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

