



Hampstead Academy

Est. 1978

Educating the Whole Child

You are invited to attach a recent photo here.

The photograph is optional and will not be returned.

The absence of a photo will not affect the application decision.

### APPLICATION FOR ADMISSION

DATE: \_\_\_\_\_

APPLYING FOR ACADEMIC YEAR 20\_\_\_\_\_ - 20\_\_\_\_\_

PRESCHOOL 3 YR OLD & PRE-K 4 YR OLD:  3 Day AM  3 Full Day  5 Day AM  5 Full Day

KINDERGARTEN:  5 Day AM  5 Full Day GRADE: 1 2 3 4 5 6 7 8

\*\*\*Early Childhood Programs can be tailored to meet your specific scheduling needs. All students entering our Early Childhood Programs must be able to use the bathroom independently prior to enrolling.

### APPLICANT INFORMATION

Full Name of Child: \_\_\_\_\_  Male  Female

Preferred/Nick Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Current Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone: \_\_\_\_\_

Principal/Head of School: \_\_\_\_\_ Current Teacher: \_\_\_\_\_

School(s) Previously Attended: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent/Guardian 1:

Custodial?  Yes  No Salutation:  Mr.  Mrs.  Ms. Other \_\_\_\_\_

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

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

Please check preferred contact:

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

Email: \_\_\_\_\_  Alternate Email: \_\_\_\_\_

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

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

Schools Attended: \_\_\_\_\_ Degrees Held: \_\_\_\_\_

Parent/Guardian 2:

Custodial? Yes No Salutation: Mr. Mrs. Ms. Other \_\_\_\_\_

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

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

Please check preferred contact:

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

Email: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

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

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

Schools Attended: \_\_\_\_\_ Degrees Held: \_\_\_\_\_

Parents are married and/or living together.  Parents are divorced.  Parents are separated.  Single parent.

Send correspondence to: \_\_\_\_\_

Parent 1 is remarried: \_\_\_\_\_  Parent 2 is remarried: \_\_\_\_\_

Name of spouse: \_\_\_\_\_ Name of spouse: \_\_\_\_\_

### SIBLING INFORMATION

Name	Date of Birth	Current School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has any sibling(s) previously applied to Hampstead Academy? No Yes Name: \_\_\_\_\_

### ADDITIONAL INFORMATION

How did you learn about Hampstead Academy? \_\_\_\_\_

Please list any current students and/or alumni of Hampstead Academy to whom the applicant is related or knows.

Name	Relationship	Years Attended
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

Is a language other than English spoken in your home? No Yes If yes, what language? \_\_\_\_\_

Is the student bilingual? No Yes Has the applicant studied another language other than English? No Yes

If yes, please indicate what language and the number of years of studied. \_\_\_\_\_

## ABOUT YOUR CHILD

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

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

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Has your child had any educational or psychological testing done, other than standardized testing such as ERB test or the SSAT?

Yes  No If yes, please provide a full copy of the test report and recommendations with the completed application.

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

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## ETHNIC BACKGROUND (optional)

African American/Black

Asian/Asian American

European American (Caucasian)

Latino/Hispanic American

Non-U.S. Citizen – Country of Citizenship: \_\_\_\_\_

Middle Eastern American

Multiracial American

Native American

Pacific Islander American

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

1. I wish to apply to Hampstead Academy for the enrollment of the child named in this application.
2. I give my child permission to take part in the required screening processes administered at Hampstead Academy for admission.
3. Hampstead Academy has my permission to contact the individuals responsible for completing my child's evaluation forms.
4. 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.
5. 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 return this completed form with your \$50 non-refundable application fee payable to "Hampstead Academy":*

**Office of Admissions, Hampstead Academy, 320 East Road, Hampstead, NH 03841**

**Hampstead Academy does not discriminate on the basis of ethnicity, religion, color, sexual orientation, physical handicap, or nationality in the administration of its educational policies, admissions policies, and other school-administered programs.**