HMONG COLLEGE PREP ACADEMY

1515 Brewster Street, Saint Paul, MN 55108
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www.hcpak12.org

ENROLLMENT APPLICATION

STUDENT INFORMATION

Date: _____ **Student ID#:** _____

School Year: 20 _____ **- 20** _____ **Grade:** _____ **Date of Birth:** _____

Student Name: _____
First Middle Last

Home Address: _____ **Apt:** _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

NOTE: Transportation will automatically be requested at the Home Address provided.

Does the student have a parent or guardian who is currently employed at HCPA? ☐ **YES** ☐ **NO**

If YES, what is the HCPA employee's name? _____

Siblings at HCPA:

Name: _____ **Grade:** _____

Name: _____ **Grade:** _____

Name: _____ **Grade:** _____

PARENT/GUARDIAN INFORMATION

NOTE: Students are only released to the Parent/Guardian unless a written consent is received.

Parent #1/Legal Guardian (print): _____ **Relationship:** _____

Cell Phone Number: _____

Email Address: _____ **Work Phone Number:** _____

Parent #2/Legal Guardian (print): _____ **Relationship:** _____

Cell Phone Number: _____

Email Address: _____ **Work Phone Number:** _____

Do you have full or partial custody of the student you are registering? ☐ **YES** ☐ **NO**

How did you hear about HCPA? ☐ **Newspaper** ☐ **Radio** ☐ **Family/Friends**
☐ **Website** ☐ **Other:** _____

Signature of Parent/Guardian: _____