HMONG COLLEGE PREP ACADEMY

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

APPLICATION FOR ADMISSION FORM

STUDENT INFORMATION

Date: _____ **School Year: 20** _____ **- 20** _____

Grade: _____ **Student Date of Birth:** _____ **Student ID#:** _____

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.

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:** _____

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

Signature of Parent/Guardian: _____