2013 -2014 APPLICATION

WWW.HAMMONDACADEMY.ORG 219/852-0500

HAMMOND ACADEMY OF SCIENCE AND TECHNOLOGY

STUDENT INFORMATION

LAST NAME_____ FIRST NAME_____ MIDDLE INITIAL _____
ADDRESS _____
CITY _____STATE _____ ZIP CODE _____ COUNTY _____

○ MALE ○ FEMALE DATE OF BIRTH_____APPLICATION DATE_____
CURRENT GRADE _____ SIBLINGS ATTENDING THE SCHOOL ALREADY ○ YES ○ NO
IF YES, NAMES _____

NAMES OF SIBLING LOOKING TO ATTEND _____
NOTE: SEPARATE APPLICATION MUST BE FILLED OUT FOR EACH CHILD
STUDENT RESIDES WITH: ○ FATHER & MOTHER ○ MOTHER ○ FATHER ○ OTHER_____

CURRENT SCHOOL _____
SCHOOL DISTRICT IN WHICH YOU CURRENTLY RESIDE _____
CURRENT SCHOOL ADDRESS _____

PARENT OR GUARDIAN INFORMATION

Father ○ Mother ○ Guardian ○ _____
LAST NAME _____FIRST NAME_____MIDDLE INITIAL _____
TELEPHONE NO. _____ CELL NO. _____
WORK NO. _____ EMAIL ADDRESS _____
WORK ADDRESS _____
HOW DID YOU HEAR ABOUT HAMMOND ACADEMY OF SCIENCE AND TECHNOLOGY? _____
_____
_____

○ Father ○ Mother ○ Guardian _____
LAST NAME _____ FIRST NAME_____ MIDDLE INITIAL _____
TELEPHONE NO. _____ CELL NO. _____
WORK NO. _____ EMAIL ADDRESS _____
WORK ADDRESS _____

○ **MAIL TO: 33 MUENICH COURT• HAMMOND, IN 46320**

○ **FAX TO: 219/852-4153**

OFFICE USE ONLY
DATE RECEIVED
_____
TIME RECEIVED

This application is 2013-2014 school year.
In the event you have any questions please contact the main office.

Esta aplicacion es para estudiantes que se encuentran en 6 grado a 12 grado