

MIDDLE SCHOOL ONLY



Hapeville Charter School
A Fulton County Charter School

3535 South Fulton Avenue
Hapeville, GA 30354
Phone: 404-767-7730
Fax: 404-767-7706

Application Form
(Please Print)

Student Information: _____

Last name, first name and middle name (or middle initial)

Applying for: _____ Grade Level for the 2009-2010 School Year

Date of Birth: _____
Month/Date/Year

Preferred Name: _____

Student Social Security Number: _____

Sex: Male / Female (circle)

Race: African-American ___ Asian ___

Caucasian ___ Hispanic ___

Multi-Racial ___ Native American ___

Parent/Guardian: _____

Address _____

(No P.O. Box) _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Home Email: _____

Current School: _____ Current Grade: _____

Has the student received services in:

ESOL Yes / No

Special Education (IEP) Yes / No

Tag (Gifted) Yes / No

Title 1 Yes / No

Remedial Education (EIP) Yes / No

If Yes, Area(s) _____

If Yes, Subject(s) _____

If Yes, Subject(s) _____

Is the student currently under expulsion? Yes/No

Has student skipped a grade? Yes / No

Has student repeated a graded? Yes / No

I understand that a student admitted under false information is illegally enrolled and will be withdrawn from Hapeville Charter Middle upon discovery. Further, I understand that a person who knowingly and willfully... makes a false, fictitious or fraudulent statement or representation; or makes or uses any false writing or document is a violation of the laws of the State of Georgia, punishable by a fine of not more than \$1000, or by imprisonment for not less than one nor more than five years, or both. Georgia Code (O.C.G.A. 16-10-20).

Parent/Guardian Signature: _____ Date: _____