Highland Hall New Family Application

Date of Application:	Family Name:			
Father's First Name:	Mother's First Name:			
Home Church:				
Mailing Address:				
City:	State:	Zip:		
Father's Phone:	Mother's Phone:			
Father's Email:	Mother's Email:			
Names, ages, and grades of children who would be attending Highland Hall.				
2. What specifically draws you to apply for Highland Hall for the coming academic year?				
3. Describe your understanding of what your family's participation will require.				
4. Describe your expectations of other families who are involved in our community.				
Do you agree to uphold our Statement of Faith Do you agree to uphold our Code of Conduct?	?	YES YES	NO NO	
Do you agree (within reason and financial integrity) to purchase books and supplies as deemed necessary by your child/ren's Mentor(s)?			NO	

5.	As a hopeful participant in Highland Hall, in what particular area(s) would you prefer to serve or teach in the coming academic year?			
6.	Please describe any particular learning challenges any of your children face, so we can seek how to be well-equipped and aware as we nurture and teach alongside you.			
7.	Do you or any of your children have any allergies?			
8.	8. Do you have any questions?			
We ce	rtify that this application is accurate.			
Father	r's Signature	Mother's Signature		
Date		Date		
Highl	and Hall Leadership Comments:			
Sche	dule Interview? YES NO	Date & Time:		
Highl	and Hall Board Approval YES NO			