



Please complete this application form and return it to:
30 Ben Lippen School Road Asheville, NC 28806

STUDENT INFORMATION

Full Name _____

Name Preferred _____ Social Security # _____

Home Address _____

City _____ State _____ Zip _____

Date of Birth _____ Place of Birth _____

Applying for Grade _____ Academic Year 20____-20____

FAMILY INFORMATION

Parent Name _____
(Last) (First) (Title)

Address (if different from above) _____

Home Phone _____ - Cell Phone _____ Business Phone _____

Email _____

Occupation/Place of Employment _____

Parent Name _____
(Last) (First) (Title)

Address (if different from above) _____

Home Phone _____ - Cell Phone _____ Business Phone _____

Email _____

Occupation/Place of Employment _____

Guardian _____
(Last) (First) (Title)

Address (if different from above) _____

Home Phone _____ - Cell Phone _____ Business Phone _____

Email _____

Occupation/Place of Employment _____

Parents' Marital Status: Married__ Separated__ Divorced__ Single __Parent Deceased__

With whom does the applicant live? _____

Legal relationship? _____

Brothers and sisters of the applicant:

Name	Grade/Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

SCHOOL INFORMATION

Currently grade _____ Present School _____

Address _____

Name of Principal _____ School Telephone _____

Contact Teacher _____

Previous schools applicant has attended:

Name	Grade	Year(s)
_____	_____	_____
_____	_____	_____

MEDICAL INFORMATION

Name of pediatrician _____ Phone _____

Address _____

Other physicians who have seen the student during the last three years:

Name	Address	Phone
_____	_____	_____
_____	_____	_____

In order for us to provide the optimal learning environment for your daughter, set realistic expectations, and to be in tune with her needs, it is helpful for us to have complete disclosure from the parents. To that end, has any physician prescribed any medication for attention or emotional problems, or is the applicant presently receiving such medication? Yes No

Prescribing Physician: _____

If yes, please explain:

Has any physical problem ever existed which would affect the overall performance of the applicant in school?
 Yes No

If yes, please explain: _____

Parent Statement

You know your child better than anyone else therefore your knowledge and insights are of great value to us. Please use a separate piece of paper for your responses. Responses may be handwritten or typed.

1. What are your daughter's special strengths, talents, and interests?
2. Why do you believe Hanger Hall is the appropriate school for your daughter at this time?
3. How would you describe your daughter's motivation and responsibility?
4. Describe your daughter's relationship with family and peers.

Signature of parent or guardian _____

Date _____

For Office Use: Date of shadow Visit: _____ Application Fee Rec'd?

Teacher Rec Forms: _____ Math _____ Language Arts
Math and Language Arts Assessments: _____
