



CAPITOL HILL ACADEMY

ENROLLMENT FORM • Academic Year _____

Please complete the items below and return to the Academy in person or by mail. All information is kept confidential.

Please list all students applying for enrollment:

	Student Name(s)	Date of Birth	Age as of Sept.	Grade as of 9/1/10
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list all schools previously attended:

Parent/Guardian 1 Name

Contact Phone

Email

Parent/Guardian 2 Name

Contact Phone

Email

Student Mailing Address

How were you referred to Capitol Hill Academy?

Why would you like your child(ren) to attend Capitol Hill Academy?

Comments/Additional Information

Parent/Guardian Signature: If admitted, we agree to abide by the policies of the Academy.

Date