

APPLICATION FOR ADMISSION

PLEASE TYPE OR PRINT:

Applicant's Name _____ For Grade _____ 20 _____
Last First Middle

Name Used _____ Age _____ Male _____ Female _____

Social Security Number _____ Birth Date _____

Present School _____ Applied Previously? Yes _____ No _____

Present School Address _____ Telephone Number _____

_____ Dates Enrolled _____

Previous Schools _____ Dates Enrolled _____

_____ Dates Enrolled _____

Correspondence regarding application should be addressed to:

Name _____ Relationship _____
Title First Middle Last

_____ Home Telephone _____
Street

_____ Zip _____
City State

Parent/Guardian:

_____ Title First Middle Last

_____ Address

_____ City State Zip

_____ Home Telephone

_____ Occupation

_____ Position/Title

_____ Employer

_____ Business/Prof. Address

_____ City State Zip Telephone

_____ High School/College Attended/Degree

Parent/Guardian:

_____ Title First Middle Last

_____ Address

_____ City State Zip

_____ Home Telephone

_____ Occupation

_____ Position/Title

_____ Employer

_____ Business/Prof. Address

_____ City State Zip Telephone

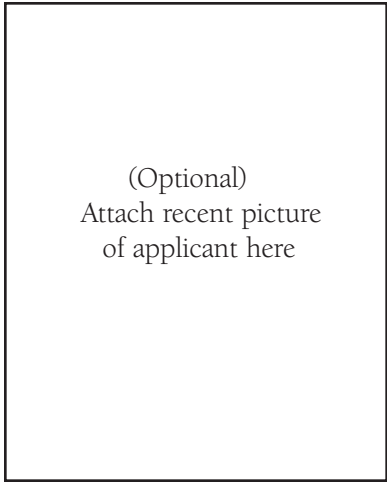
_____ High School/College Attended/Degree

Office Use Only

Applic.		Trans.	
Fee		Indiv. / C. Visit	
Pros. Par. Tour		T. Rec.	

Names, ages, and grades of other children and name of the school presently attending:

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



Names of relatives now or previously at Highlands School. Indicate name, relationship and year(s) attended.

Maternal Grandparents _____ Paternal Grandparents _____

Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Who referred you to Highlands School and/or how did you learn about the school? _____

Describe briefly your educational goals for your child and what your expectations are of Highlands School. _____

What secondary school(s) are you considering for your child? _____

I would like information about tuition assistance. _____

A TOUR OF HIGHLANDS SCHOOL IS REQUIRED BEFORE APPLICATION CAN BE COMPLETED.

Please call the Admission office at (205) 956-9731 to make an appointment

To the Parent/Guardian:

Please read and sign the statement below.

I acknowledge that I waive my right to read the confidential teacher recommendation and school report for the student listed above.

DATE _____ SIGNATURE OF PARENT OR GUARDIAN _____

PLEASE RETURN THIS FORM AND YOUR NON-REFUNDABLE FEE OF \$75.00 TO:

DIRECTOR OF ADMISSIONS, HIGHLANDS SCHOOL
4901 OLD LEEDS ROAD, BIRMINGHAM, ALABAMA 35213