

HOKE McNEAL ACADEMY APPLICATION FOR ADMISSION

Date _____ 20 _____

STUDENT INFORMATION

Name _____
LAST FIRST MIDDLE NICKNAME

Home Address _____
STREET P.O. BOX

CITY OR TOWN STATE ZIP TELEPHONE

Male Female Date of Birth _____ Place of Birth _____
MONTH DAY YEAR CITY OR TOWN STATE

Candidate for Grade _____ Beginning in September _____
YEAR

Applicant's Present School _____ Present Grade _____

FAMILY INFORMATION

Mr.
Father/Guardian's Full Name Dr. _____

Home Address (if different) _____
STREET P.O. BOX

CITY OR TOWN STATE ZIP TELEPHONE

Employer _____ Position _____

Business Address _____
STREET P.O. BOX CITY OR TOWN STATE ZIP

Business Telephone _____ email _____

Mrs.
Mother/Guardian's Full Name Dr. Ms. _____

Home Address (if different) _____
STREET P.O. BOX

CITY OR TOWN STATE ZIP TELEPHONE

Employer _____ Position _____

Business Address _____
STREET P.O. BOX CITY OR TOWN STATE ZIP

Business Telephone _____ email _____

Applicant lives with (Check all that apply): _____

Mother Father Stepmother Stepfather Other _____

Names, ages, and schools of all brothers and sisters of applicant:

Name	Age	Present School and Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you learn about HMA? _____

HOKE McNEAL ACADEMY

3055 River Oak Mews • 404.244.0878 • Fax 404.244.0878

www.HokeMcNealAcademy.org

