

**Hickory Day School**  
**2535 21<sup>st</sup> Ave. NE**  
**Hickory, NC 28601**  
**(828) 256-9492 Fax (828) 256-1475**

**Application For Admission**

**Applicant** \_\_\_\_\_  
Last Name First Middle Preferred

**Address** \_\_\_\_\_  
Street City State Zip

**Date of Birth** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

**Grade For Which Student Is Applying** \_\_\_\_\_ **Date Of Desired Enrollment** \_\_\_\_\_

**Present School** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street City State Zip

**Father's Name** \_\_\_\_\_ **Home #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Business** \_\_\_\_\_ **Position** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Home #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Business** \_\_\_\_\_ **Position** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Student Lives With:** Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

**Explain any diagnosis of learning differences student has received** \_\_\_\_\_

**Explain any medication student takes in relation to learning or behavior** \_\_\_\_\_

**Explain any counseling/tutoring student receives for educational or behavioral issues** \_\_\_\_\_

Has applicant been subject to any disciplinary action at previously attended schools (i.e.: expulsion, suspension, detention etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_. (Failure to fully disclose will result in immediate expulsion.)

Siblings (Name, Ages, and Present Schools): \_\_\_\_\_

Applicant's Extra Curricular Activities and/or Talents: \_\_\_\_\_

How Did You Learn About Hickory Day School? \_\_\_\_\_

To Whom Should School Records and Reports Be Sent? \_\_\_\_\_

If Parents Are Unavailable, Whom Should Be Contacted In Case Of Emergency?

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Maternal Grandparents:

Paternal Grandparents:

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

**Each application for admission must be accompanied by an application fee of \$75.00 which is non-refundable.**

Filing of this application does not constitute admission to Hickory Day School. Required admissions testing and interviews will be arranged after the application and fee are received. Parents are responsible for having previous school records, health forms, and letters of recommendation sent to Hickory Day School. Satisfactory completion of the entire admissions procedures and notification of acceptance are required for admission.

It is understood that all information submitted as application for admissions will be viewed by members of the school's Admissions Committee. It is further understood that omission or falsification of information on this application may be grounds for denial of a student's application or for immediate dismissal of the student.

The admission policy is non-discriminatory with regard to race, color religion, sex, or ethnic origin.

Parent(s) Signature and/or Person Financially Responsible For The Student

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_