



**APPLICATION
2026-27**

Application Date: _____

STUDENT INFORMATION

Name: _____

Grade Entering 2026-27: _____ Date of Birth: / /

Home Address: _____

City: _____ State: _____ Zip Code: _____

Gender: Male Female Previous School (if any): _____

GUARDIAN INFORMATION

Guardian Name: _____

Relationship to Student: _____ Other: _____

Phone Number: _____ Email Address: _____

Home Address (if different from student): _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship to Student: _____ Phone Number: _____

MEDICAL INFORMATION

Does the student have any allergies? yes No

If yes, please list: _____

Does the student have any medical conditions we should be aware of? yes No

If yes, please specify: _____

Primary Physician Name: _____ Phone Number: _____

Health Insurance Provider: _____ Policy Number: _____

STUDENT INFORMATION

Why are you interested in Harbor Light Academy?

What are your child's strengths?

What areas does your child need support in?

CONSENT & AGREEMENT

I certify that the above information is correct to the best of my knowledge.

Date:

/

/

Signature: