

# HAMILTON PREP

## Registration & Enrollment Application 2010-2011

A Chandler Unified School District  
School of Choice  
Located at  
Chandler Christian Church  
1825 S. Alma School Rd.  
Chandler, AZ 85248

Please return the completed application packet to:  
Hamilton Prep Administration  
Room C204  
1825 S. Alma School Rd.  
Chandler, AZ 85286

# HAMILTON PREP

## Enrollment Application

Located at Chandler Christian Church  
 1825 S. Alma School Rd., Chandler, AZ 85286  
 Office: (480) 883-5270 Fax: (480) 224-9268

PRINT CLEARLY OR TYPE. USE THE APPLICANT'S LEGAL FIRST, MIDDLE AND LAST NAMES AS SHOWN ON THEIR BIRTH CERTIFICATE.

LAST NAME AND SUFFIX (JR., III, ETC.)		FIRST NAME	MIDDLE NAME	PREFERRED NAME	AGE	GENDER
HOME ADDRESS			CITY	STATE	ZIP CODE	
HOME TELEPHONE - -	SOCIAL SECURITY NUMBER - -	DATE OF BIRTH (MOS./DAY/YEAR) / /		PLACE OF BIRTH		
APPLICANT LIVES WITH (EXAMPLE: MR. & MRS. JOHN DOE)				GRADE APPLYING FOR 7    8    9    10    11		
ETHNIC/RACIAL BACKGROUND (OPTIONAL)  <input type="checkbox"/> ASIAN-AMERICAN <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> CAUCASIAN/WHITE <input type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER			*DOES THE STUDENT RECEIVE ANY MEDICATION?  IF YES, TYPE.			
PRIMARY LANGUAGE SPOKEN AT HOME  IF OTHER, PLEASE INDICATE LANGUAGE SPOKEN			*DOES THE STUDENT HAVE ANY SPECIAL DISABILITIES OR AN IEP? IF YES, PLEASE EXPLAIN.			
			FAMILY'S PRIMARY E-MAIL ADDRESS			

\*INFORMATION GIVEN DOES NOT IMPACT THE POSSIBILITY OF YOUR CHILD ATTENDING HAMILTON PREP.

SCHOOL PRESENTLY ATTENDING		CURRENT GRADE	PRINCIPAL			
SCHOOL AREA CODE AND TELEPHONE - -	SCHOOL AREA CODE AND FAX - -		SCHOOL DISTRICT			
ADDRESS OF SCHOOL			CITY	STATE	ZIP CODE	

FULL LEGAL NAME OF APPLICANT: \_\_\_\_\_

INFORMATION PRESENTED IN THIS COLUMN IS THAT OF <input type="checkbox"/> FATHER <input type="checkbox"/> STEPFATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER		INFORMATION PRESENTED IN THIS COLUMN IS THAT OF <input type="checkbox"/> MOTHER <input type="checkbox"/> STEPMOTHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER	
<input type="checkbox"/> MR. <input type="checkbox"/> DR. <input type="checkbox"/> OTHER (SPECIFY) NAME:		<input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> DR. <input type="checkbox"/> OTHER (SPECIFY) NAME:	
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> REMARRIED <input type="checkbox"/> DECEASED <input type="checkbox"/> SINGLE		MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> REMARRIED <input type="checkbox"/> DECEASED <input type="checkbox"/> SINGLE	
HOME ADDRESS (INCLUDE CITY, STATE, ZIP)		HOME ADDRESS (INCLUDE CITY, STATE, ZIP)	
HOME TELEPHONE -   -	WORK TELEPHONE -   -	HOME TELEPHONE -   -	WORK TELEPHONE -   -
EMPLOYER		EMPLOYER	
EMPLOYER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION		OCCUPATION	
CELL PHONE	E-MAIL ADDRESS	CELL PHONE	E-MAIL ADDRESS
IF PARENTS ARE DIVORCED, WHO HAS LEGAL CUSTODY OF THE APPLICANT? <input type="checkbox"/> BOTH <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER (SPECIFY)			

# HAMILTON PREP APPLICATION FOR ENROLLMENT

Located at Chandler Christian Church 1825 S. Alma School Rd., Chandler, AZ 85286 Ph. (480) 883-5270 Fax (480) 224-9268

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## *TO BE COMPLETED BY PARENT/GUARDIAN*

FULL LEGAL NAME OF STUDENT: \_\_\_\_\_

How did you hear about Hamilton Prep?

Why do you want your child to attend Hamilton Prep?

*Please provide what insights you can about your child in the following areas:*

Academic performance (present):

Academic performance (past):

Academic strengths:

Academic weaknesses:

Extracurricular involvement:

PEER RELATIONSHIPS/BEHAVIOR:

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## *STUDENT'S PAGE*

Please answer the following questions in your own handwriting:

Name: \_\_\_\_\_

1. Why do you want to attend Hamilton Prep (if you don't want to, why don't you)?
2. Describe your study habits and academic abilities as you see them.
3. What do you most look forward to in attending Hamilton Prep.?
4. What are your hobbies and interests outside of school?
5. What do you like most about school?
6. What do you like least about school?

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## *STUDENT ELECTIVE CHOICE* JUNIOR HIGH APPLICANTS ONLY

PLEASE CHECK THE ELECTIVE, SPORT(S) AND ACTIVITIES YOU WOULD LIKE TO PARTICIPATE IN AT HAMILTON PREP.

FULL LEGAL NAME OF STUDENT: \_\_\_\_\_

Electives Junior High Applicants Only		Sports Junior High Applicants Only	
<input type="checkbox"/>	Symphony Orchestra	<input type="checkbox"/>	Soccer
<input type="checkbox"/>	Elective Wheel	<input type="checkbox"/>	Girls Volleyball
	Computers	<input type="checkbox"/>	Flag Football
	Physical Education	<input type="checkbox"/>	Basketball
	Publications	<input type="checkbox"/>	Cross Country
	Art	<input type="checkbox"/>	Baseball
		<input type="checkbox"/>	Wrestling
		<input type="checkbox"/>	Girls Softball
		<input type="checkbox"/>	Track & Field
		<input type="checkbox"/>	Spirit Line

***NOTE: Students who select the elective wheel will participate in each of the four courses on a weekly rotation. Sports are offered based on student interest and demand. Hamilton Prep athletes compete against other schools in the East Valley Conference ([www.eastvalleyconference.org](http://www.eastvalleyconference.org)).***

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## STATEMENTS OF UNDERSTANDING

*I UNDERSTAND THAT HAMILTON PREP'S PROGRAM OF STUDY IS VERY RIGOROUS AND FAILURE TO SUCCESSFULLY OBTAIN A PASSING GRADE IN ALL OF MY COURSES MAY RESULT IN MY DISMISSAL FROM HAMILTON PREP.*

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

*I UNDERSTAND THAT HAMILTON PREP HAS A STUDENT UNIFORM POLICY THAT I WILL BE EXPECTED TO ADHERE TO ON A DAILY BASIS.*

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

*I UNDERSTAND THAT ANY DISCIPLINARY ACTION THAT RESULTS IN A NINE (9) DAY SUSPENSION (FIGHTING, DRUG POSSESSION, DRUG USE, GANG AFFILIATION, HARASSMENT, ETC.) WILL RESULT IN MY DISMISSAL FROM HAMILTON PREP.*

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

*WE CERTIFY THAT ALL INFORMATION ON THE APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT HAMILTON PREP IS NOT OBLIGATED TO APPROVE MY APPLICATION.*

\_\_\_\_\_  
STUDENT NAME (PRINTED)

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE