APPLICATION FOR ADMISSION

 (**Check One**) K-8 \_\_\_\_\_

 HIGH SCHOOL 9-12 \_\_\_\_\_

STUDENT INFORMATION

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ Sex: Male\_\_ Female\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Cell Work

STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ETHINIC BACKGROUND (Please circle one): AFRICAN AMERICAN CAUCASIAN

HISPNIC ASIAN AMERICAN MIXED OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_

TERM YOU PLAN TO ENTER SDSCS: MONTH\_\_\_\_\_\_\_\_\_YEAR\_\_\_\_\_\_\_\_\_\_

***(PLEASE SCHEDULE AN APPOINTMENT)***

**CONTACT INFORMATION**:

EMAIL: sharpdeanschool@gmail.com

OR

TELEPHONE: (256)238-0451

**HOURS OF OPERATION**:

MONDAY, TUESDAY, THURSDAY, FRIDAY (8 A.M - 3:30 P.M.)

WEDNESDAY (8 A.M. - 12:00 P.M. [NOON])