



### Pre-Registration Form

Please fill in all the blanks and return to Malissia@hopeacademyfg.org.

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**Student's Full Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Student's Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Student's Social Security Number:** \_\_\_\_\_

**Student's Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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**Parent's Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Home Address (if different from student's):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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**Parent's Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Home Address (if different from student's):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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**Legal Guardian's Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Home Address (if different from student's):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_