

Office use only:

Date received _____
Pride of _____

Henderson Collegiate

Application

Completion of this form demonstrates your desire to enroll your child at Henderson Collegiate. The deadline for student enrollment for the 2015 - 2016 school year is 5 pm on April 20, 2015. If the number of applicants exceeds the number of student spaces available, Henderson Collegiate will perform a lottery to determine student enrollment. Applications received after April 20, 2015 will be added to the waitlist in the order in which they are received. Please remember to update your application if there are any phone number or address changes. Applications are discarded at the end of each school year. Please remember to reapply.

Student Information:		
Student Name:		
Address:		
City:	State:	Zip Code:
Date of Birth:		
Home Phone:		
Grade Applying for:		

Parent Information:		
Parent/ Guardian Name:		
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
Email Address:		

I certify that all the answers given in this application are true, accurate, and complete. I understand that if my child is enrolled, my having given false or misleading information in any of my application forms, residency forms, or having omitted significant information there from, may result in the discharge of my child from the school.

Do you have any other children enrolled at Henderson Collegiate? Yes No

If you answered "Yes," please list their names: _____

Parent or Guardian's signature (required): _____

Completed applications can be hand-delivered, faxed or emailed. Mrs. Robertson or Ms. Terry will accept your application in person at 906 Health Center Road, Henderson. You may fax it to 252-598-1037 or email it to dterry@hendersoncollegiate.org.

Thank you for your interest in Henderson Collegiate!