

# HORIZONS SCHOOL

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## Student Application

Students Name \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Soc, Security # \_\_\_\_\_

Parent's or Guardian's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Applying for admission beginning \_\_\_\_\_ 20 \_\_\_\_\_ Grade \_\_\_\_\_

School Last Attended \_\_\_\_\_

School's Address \_\_\_\_\_

Have you requested school records be sent to Horizons? \_\_\_\_\_

Academic Subjects and Interest of Students \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional information about student the school should know \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Parent's or Guardian's Signature \_\_\_\_\_

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

*Horizons School does not discriminate on the basis of race, color, creed, national origin, sex, sexual preference, or physical handicap.*

Sent Completed Application To:  
**Horizons School, 1900 DeKalb Ave. NE, Atlanta GA 30307**