



Application for Enrollment

3930 North East 15th Street
Gainesville, Florida 32609

www.hoggetowne.org

Phone: (352) 367-4369
Fax: (352) 335-4775

Hoggetowne Middle School

providing the benefits of a private education for free since 2003

Student Information

Full legal name _____
Last Name First Name Middle Name

Social security number _____ - _____ - _____ Gender Male Female

Date of birth _____ Grade level for year applying Sixth Seventh Eighth

Race African American Asian White Hispanic Native American Multi Other

Last/current school _____
Name City State

Is your child enrolled in any special education programs?

Gifted Exceptional Student Ed. ESOL Speech/Language Occupational Therapy

Family members currently attending Hoggetowne _____

Parent / Guardian Information

Parent / Guardian 1			
_____	_____	_____	_____
Last Name	First Name	Middle Initial	Relationship with applicant
() _____ - _____	() _____ - _____	_____	
Home Phone Number	Cell/Work Phone Number	Email Address	
_____	_____	_____	_____
Home Address	City	State	Zip code
Parent / Guardian 2			
_____	_____	_____	_____
Last Name	First Name	Middle Initial	Relationship with applicant
() _____ - _____	() _____ - _____	_____	
Home Phone Number	Cell/Work Phone Number	Email Address	
_____	_____	_____	_____
Home Address	City	State	Zip code

Important: Please include the following information from the applicant's current/last school.

This application will not be processed unless this information is included:

Discipline report Standardized test scores Report card IEP, EP, 504 (if applicable)

Parent / Legal Guardian Signature Today's date