

Hope Academy Home of the Eagles

Application for GED Preparation Program

Last Name		First Name		Date of Application / /	
Current Home Address			Apt. #	Zip	
City		Home Phone ()		Emergency Phone ()	
Date of Birth / /	Age	Place of Birth		Sex M/F	
Ethnicity <input type="checkbox"/> Black, Not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> White, Not of Hispanic Origin <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____					
School Last Enrolled In		District		School's Mailing Address	
Name of Employer			Work Phone # ()		Ext.
Why do you want to participate in the GED program at Hope Academy?					
Are you currently on any type of probation? If so, name of probation officer.					
Who referred you to Hope Academy?					
_____ I verify that the above information is true and correct and will be used to determine my eligibility for participation.					
Texas Driver's License Number		Signature		Printed Name	