



1312 Academy Drive
Heidelberg, MS 39439
601-787-4589
www.heidelbergacademyinc.com

For Office Use Only:

Date of application: _____
Enrollment date: _____
Registration fee: _____
Check #: _____ Cash _____
Rec'd by: _____

Testing Fee: _____
Check#: _____ Cash _____
Rec'd by: _____

Rebel Reading: _____ Fee _____

Application for Admission or Readmission

Please complete one application per student. Completed applications and registration fees must be brought to the school office or mailed.

Applicant Information

Full Name _____ Name Used _____ Grade applying _____
 first middle last

Mailing address: _____

County of Residence _____
Age _____ Birthdate _____
SSN _____
Home Phone _____

Public School District in Which Applicant Resides _____

Family Information

Father _____

Mother _____

Legal Guardian (male) _____

Legal Guardian (Female) _____

Home Address _____

 city state zip

Home Address _____

 city state zip

Email address _____

Email address _____

Employer _____

Employer _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Heidelberg Academy Alumnus ____Yes ____No

Heidelberg Academy Alumnus ____Yes ____No