OBRIDGE ACADEMY ENROLLMENT APPLICATION

291 W John Street, Hicksville, NY 11801 www.obridgeacademy.com



Please print using ink.

City State Zip Co	
	county (if Indiana Resident)
Phone Number	
. Gender	
. Ethnicity: Either 🗆 Hispanic or Latino OR 🗆 Not Hispanic or Latino	
AND one of the following:	
 □ American Indian or Alaska Native □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Islander □ White 	te
Grade	
E-mail Address	
Date of Birth	
Month/Day/Year	
I am enrolling at Obridge Academy for: Full Year (Grades 6-12) Individual Courses	S (middle and high school)
	(made and mgm series)
D. Entry Date I plan to start at Obridge Academy: Spring 202 Summer 202 Fall 202	
 Courses I plan to take the following course(s) at Obridge Academy (Suggest electives desired) 	
Course Name Course Name Course Name	
2. Middle/High School Please provide the name, city and state of the school you currently attend.	
Name City	State
When do you expect to graduate from high school?	
Month/Year	
3. Emergency Contact	
Last First	Relationship
Number & Street City State	Zip
4. Residence Where have you been living for the past 24 months? (Show month, date and year.) FULL DISCLOSURE REG	QUIRED
From: To:	
From:To:	
TO BE COMPLETED BY STUDENT AND PARENT OR GUARDIAN	
ease read carefully and sign:	allos and regulations of O
1.1 certify that the information I have provided on this application is accurate, true and complete. 2. I agree to abide by the policies, run Academy, 3. I authorize my current high school to furnish all academic and personal information requested by the Office of Admission Obridge Academy to report my academic progress to my high school. 5. I understand that my enrollment will be limited to courses appared academic advisors.	ns of Obridge Academy 4. I a
arent/Guardian Signature Date Student's Signature	Date

OTHER ADMISSIONS INFORMATION