SKYVIEW HIGH SCHOOL

APPLICATION FOR ENROLLMENT

Application Number: _____

Time and Date: _____ / _____

Office Use Only

NEW STUDENT INFORMATION:

_____ _____ _____
Legal Last Name **First Name** **Middle Name**

_____ _____
Date of Birth **Resident County**

_____ _____
Street Address **Apt #**

_____ _____ _____
City **State** **Zip Code**

Is student a sibling of a previously or currently enrolled student? _____ yes / _____ no

If yes, please provide name of sibling: _____

Is student a child of a full-time employee of the school? _____ yes / _____ no

If yes, please provide name of employee: _____

Phone Numbers:

Home: _(_____)_____-_____ **Parent Work:** _(____)____-_____

Student Cell: _(_____)_____-_____ **Parent Cell:** _(_____)_____-_____

Parent/ Legal Guardian Name: _____

Parent email address: _____

Student email address: _____

Applications accepted year round at the school: 5134 Old National Highway, College Park, GA