



HARMONY SCIENCE ACADEMY

9405 Betel Dr. El Paso TX 79907 ♦ Phone: 915.859.4620 ♦ Fax: 915.859.4630

Date: January 14, 2010

RE: Re-enrollment form

Dear Parent(s);

Thank you for your support in Harmony Science Academy-El Paso. Due to limited space for the upcoming year, we ask each parent/guardian to fill out the attachment form completely and return it to the front office. This form is designed for currently enrolled students. **The closing date for this application is February 26, 2010.** Applications received unsigned, incomplete, or after the closing date may not be considered for next year. **Please do not send the form with the child.**

Sincerely,

Umit Alpaslan
School Director



HARMONY SCIENCE ACADEMY-EL PASO

9405 Betel Dr. El Paso TX 79907 ♦ Phone: 915.859.4620 ♦ Fax: 915.859.4630

Fecha: 1/14/2010

RE: Formas de Re-inscripción

Estimado(s) Padre(s);

Gracias por su apoyo a Harmony Science Academy-El Paso. Debido al limitado espacio para el año entrante, le pedimos a cada padre/tutor que llene completamente la forma adjunta. Esta forma está diseñada para los alumnos que actualmente están registrados. **La fecha límite para esta solicitud es el 26 de febrero, 2010.** Las solicitudes que se reciban sin firmar, incompletas o después de la fecha límite de entrega, pudieran no ser consideradas para el año entrante. **Por favor no envíe la forma con el niño(a).**

Sinceramente,

Umit Alpaslan
Director Escolar



HARMONY SCIENCE ACADEMY-EL PASO

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APPLICATION FOR RE-ADMISSION FOR THE ACADEMIC YEAR 2010-2011

Deadline February 26, 2010 (Friday)

DEAR PARENTS AND APPLICANT:

Thank you for your support in HARMONY SCIENCE ACADEMY – EL PASO. Due to limited space for the upcoming year, we ask each parent/guardian to fill out this re-enrolment form completely. This application form is designed for currently enrolled students. The closing date for this application is **Friday February 26, 2010**. Applications received unsigned, incomplete, or after the closing date may not be considered for next year.

FOR OFFICE USE ONLY

Date Application Received: _____

Application #: _____

Please either type or print clearly using black or blue ink.

Student's name: _____
(Last) (First) (Middle)

Parent/Guardian's Name: _____
(Last) (First) (Middle)

Guardian's relationship to student : Mother Father Sister/Brother Other: _____

Student lives with : Mother Father Both Other: _____

Permanent address: _____
(Street & House/Apt. No.)

(City) (State) (Zip Code)

Phone: (_____) _____ (_____) _____ (_____) _____
(Home) (Work) (Other)

Cellular: (_____) _____ **Fax:** (_____) _____ **E-mail:** _____

We/I, the undersigned, hereby certify that, to the best of our/my knowledge and belief, the answers to the foregoing questions and statements made by us/me in this application are complete and accurate. We/I understand that any false information, omissions, or misrepresentations of facts may result in rejection of this application or future dismissal of the applicant.

Name of Parent or Guardian

Signature of Parent or Guardian

Date

Please bring, mail or fax the completed application to: **Front Office (HARMONY SCIENCE ACADEMY –EL PASO)**

9405 Betel Dr. El Paso TEXAS 79907

Phone: (915) 859-4620

Fax: (915) 859-4630

Email: hsaelpaso@harmonytx.org

WEB: www.hsaelpaso.org

Deadline February 26, 2010 (Friday)