

ENROLLMENT APPLICATION 2024-2025 SCHOOL YEAR

District Representative: Please complete the HCOA Application and then submit to the address below. *HCOA is not responsible for ensuring that the classes chosen are those needed by the student for graduation.*

Name of Student:				
Name of Parent:				
Address:				
Street		City	State	Zip
Phone:		Grade:		
Student Cell Phone Number	Parent Cell Phone	Number		
Student Email	Parent Email			
Do you have Access to a Computer?	Internet Access?		_	
ENRO REQUIRED: By checking the boxes and	OLLMENT AUTHO	ORIZATION		
☐ Indicates Principal approval				
☐ Indicates Instructional tech. approval	Signature/Date			
☐ Indicates Parent approval	Signature/Date Signature/Date			
☐ Indicates Student approval	Signature/Date			
Please email to: rrichards@hhcsd.org Harrison Central Online Academy ATTN: HCOA Enrollments 100 Huskies Way	Signaturo Date			