

APPLICATION FOR ADMISSION

(Check One): HIGH SCHOOL DIPLOMA _____
COLLEGE CERTIFICATE PROGRAM _____

STUDENT INFORMATION

Email: _____

Name: _____ Date: _____ Sex: Male__ Female__

DOB: _____ AGE: _____

Phone #: _____
 Home Cell Work

STREET ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____

EMERGENCY CONTACT NAME: _____ PHONE#: _____

ETHNIC BACKGROUND (Please circle one): AFRICAN AMERICAN CAUCASIAN

HISPNIC ASIAN AMERICAN MIXED OTHER (SPECIFY) _____

TERM YOU PLAN TO ENTER SDSCS: MONTH _____ YEAR _____

PLEASE SCHEDULE AN APPOINTMENT

CONTACT INFORMATION:

EMAIL: SHARPDEANSCHOOL@CABLEONE.NET

OR

TELEPHONE: (256)238-0451

HOURS OF OPERATION:

MONDAY, TUESDAY, THURSDAY, FRIDAY (8 A.M - 3:30 P.M.)

WEDNESDAY (8 A.M. - 12:00 P.M. [NOON])