



HOME SCHOOL SUPPLEMENT

APPLICANT

Legal Name _____ *Last Name* *First Name* *Middle Name* ☐ Female ☐ Male

Date of Birth _____ / _____ / _____ Social Security Number _____ - _____ - _____
Month *Day* *Year*

Home Phone Number _____ / _____ Cell Phone Number _____ / _____

Grading Scale

Please explain the grading scale or other methods of evaluation.

Additional Courses

If the student has taken courses from a distance learning program, traditional secondary school, or institution of higher education, please detail them here. In addition, if the student has taken any standardized testing other than those listed on your student's application, please also describe below.
