

HSI/NAD APLE2—Enrollment Form (Note: Copy this form before use, depending on the number of APLE students.)

APPLICANT INFORMATION

HSI School No. 9 _____

School Name _____ Date _____

Full Address _____

Phone _____ School Fax _____

APLE® Supervisor _____

Conference _____ Union _____

Student Name			Sex M/F	Birth Date	Current Grade in School	Total HSI Units	HSI Student Number (if available)
<i>(Last,</i>	<i>First,</i>	<i>Middle)</i>					
Name 1.							

Student's Social Security Number _____

If planning to graduate from Home Study International under the APLE® Program, check program desired: Basic College Prep

Courses requested from HSI: (List course[s] and circle semesters needed.)

1st 2nd	1st 2nd	1st 2nd	1st 2nd
1st 2nd	1st 2nd	1st 2nd	1st 2nd

Courses taught on campus to be transcribed by your school and/or conference: _____

Courses taught on campus to be transcribed by HSI: (Need approval of the HSI vice president for education prior to the beginning of instruction, see p. 4). Enter recording fee of \$50 per half unit of credit per student on line (e) of Order Form, p. 10.

Parent's Name _____ Home Phone _____ Work Phone _____

Home Address _____

HSI/NAD APLE2—Enrollment Form continued

School Name _____ HSI School No. **9** _____

Student Name			Sex M/F	Birth Date	Current Grade in School	Total HSI Units	HSI Student Number (if available)
<i>(Last,</i>	<i>First,</i>	<i>Middle)</i>					
Name 2.							

Student's Social Security Number _____

If planning to graduate from Home Study International under the APLE® Program, check program desired: Basic College Prep

Courses requested from HSI: (List course[s] and circle semesters needed.)

1st 2nd	1st 2nd	1st 2nd	1st 2nd
1st 2nd	1st 2nd	1st 2nd	1st 2nd

Courses taught on campus to be transcribed by your school and/or conference: _____

Courses taught on campus to be transcribed by HSI: (Need approval of the HSI vice president for education prior to the beginning of instruction, see p. 4). Enter recording fee of \$50 per half unit of credit per student on line (e) of Order Form, p. 10.

Parent's Name _____ Home Phone _____ Work Phone _____

Home Address _____

Student Name			Sex M/F	Birth Date	Current Grade in School	Total HSI Units	HSI Student Number (if available)
<i>(Last,</i>	<i>First,</i>	<i>Middle)</i>					
Name 3.							

Student's Social Security Number _____

If planning to graduate from Home Study International under the APLE® Program, check program desired: Basic College Prep

Courses requested from HSI: (List course[s] and circle semesters needed.)

1st 2nd	1st 2nd	1st 2nd	1st 2nd
1st 2nd	1st 2nd	1st 2nd	1st 2nd

Courses taught on campus to be transcribed by your school and/or conference: _____

Courses taught on campus to be transcribed by HSI: (Need approval of the HSI vice president for education prior to the beginning of instruction, see p. 4). Enter recording fee of \$50 per half unit of credit per student on line (e) of Order Form, p. 10.

Parent's Name _____ Home Phone _____ Work Phone _____

Home Address _____

Enrollment Services • Home Study International • P.O. Box 4437 • Silver Spring, MD 20914-4437 • phone 301 680 6593 • fax 301 680 6577

HSI/NAD APLE2 Enrollment Form continued

School Name _____ HSI School No. **9** _____

Student Name <i>(Last, First, Middle)</i>	Sex	Birth Date	Current Grade in School	Total HSI Units	HSI Student Number <i>(if available)</i>
Name 4.					

Student's Social Security Number _____ - _____ - _____.

If planning to graduate from Home Study International under the APLE® Program, check program desired: Basic College Prep

Courses requested from HSI: (List course[s] and circle semesters needed.)

1st 2nd	1st 2nd	1st 2nd	1st 2nd
1st 2nd	1st 2nd	1st 2nd	1st 2nd

Courses taught on campus to be transcribed by your school and/or conference: _____

Courses taught on campus to be transcribed by HSI: (Need approval of the HSI vice president for education prior to the beginning of instruction, see p. 4). Enter recording fee of \$50 per half unit of credit per student on line (e) of Order Form, p. 10.

Parent's Name _____ Home Phone _____ Work Phone _____

Home Address _____

Student Name <i>(Last, First, Middle)</i>	Sex	Birth Date	Current Grade in School	Total HSI Units	HSI Student Number <i>(if available)</i>
Name 5.					

Student's Social Security Number _____ - _____ - _____.

If planning to graduate from Home Study International under the APLE® Program, check program desired: Basic College Prep

Courses requested from HSI: (List course[s] and circle semesters needed.)

1st 2nd	1st 2nd	1st 2nd	1st 2nd
1st 2nd	1st 2nd	1st 2nd	1st 2nd

Courses taught on campus to be transcribed by your school and/or conference: _____

Courses taught on campus to be transcribed by HSI: (Need approval of the HSI vice president for education prior to the beginning of instruction, see p. 4). Enter recording fee of \$50 per half unit of credit per student on line (e) of Order Form, p. 10.

Parent's Name _____ Home Phone _____ Work Phone _____

Home Address _____

Enrollment Services • Home Study International • P.O. Box 4437 • Silver Spring, MD 20914-4437 • phone 301 680 6593 • fax 301 680 6577

