**Application Form to Principal**

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**Applicant Details:**

* Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date of Birth (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_
* Current Grade/Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information:**

* Student's Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Parent/Guardian's Phone Number: \_\_\_\_\_\_\_\_
* Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Reason:**

* Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Detailed Reason for Application: \_\_\_\_\_\_\_\_

**Requested Action/Support:**

* Describe the support or action you are requesting from the Principal:

**Previous Communication/Interactions Regarding the Issue:**

* Have you previously reported this issue to any staff member? Yes / No
* If yes, provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attachments:**

* Please attach any relevant documents or evidence supporting your application. [ ] Medical documents [ ] Academic records [ ] Other relevant documents

**Parent/Guardian Authorization (if applicable):**

* I, the undersigned, authorize this application and verify that the information provided is accurate.
* Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Declaration:**

* I declare that the information provided in this application is true and correct to the best of my knowledge. I understand that any false information may result in disciplinary actions.
* Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only:**

* Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Action Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_