



**ENROLLMENT APPLICATION
2025-2026 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? _____

☐ Check here if student enrolling has a current IEP. Please enclose a copy of IEP with application.

Reason For wanting student to enroll in
HCOA: _____

ENROLLMENT AUTHORIZATION

REQUIRED: By checking the boxes and/or signing below verifies administrator's approval.

<input type="checkbox"/> Indicates Principal approval	_____
	Signature/Date
<input type="checkbox"/> Indicates Instructional tech. approval	_____
	Signature/Date
<input type="checkbox"/> Indicates Parent approval	_____
	Signature/Date
<input type="checkbox"/> Indicates Student approval	_____
	Signature/Date

Please email to: rrichards@hhcsd.org
Harrison Central Online Academy
ATTN: HCOA Enrollments
100 Huskies Way
Cadiz, OH 43907
740-942-7721 (phone)

Revised 2025