# Stoughton Academy Application

_____
Last Name First Name MI

_____
Street Address

_____
City or Town State Zip

_____
Day Phone/Evening Phone

_____
School Last Attended

_____
Emergency ContactPhone

_____
Date of Birth

Last grade completed (circle) 8 9 10 11

If enrolled, I would be most interested in registering for the following courses (circle choices). _
**English:** I II III IV _
**Math:** Basic Skills Consumer Applications Algebra I Algebra II Geometry _
**Science:** Earth Science Biology Chemistry Health Science & Nutrition _
**Social Studies:** U.S. History I U.S. History II American Government Life Skills _
**Computer Skills:** Computer Applications _ _

_____
Signature Date