



# Schlarman Academy Application for Admission



Students Legal Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Religion \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Security No. \_\_\_\_\_

**Please check appropriate boxes below for grade & student status for the 2011-12 school year.**

3 yr. Pre-School		3rd Grade		8th Grade		Current Student	
4 yr. Pre-School		4th Grade		9th Grade		New Student	
Kindergarten		5th Grade		10th Grade			
1st Grade		6th Grade		11th Grade		Prospective Student	
2nd Grade		7th Grade		12th Grade			

Current School \_\_\_\_\_ Schools previously attended \_\_\_\_\_

Ethnic/Racial Background (for statistical purposes only please check all that apply)

Caucasian \_\_\_\_\_ African-American \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Other \_\_\_\_\_

Student lives with: Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_

*This section is for the Parent(s) or Legal Guardian with whom the student is living.*

Father \_\_\_\_\_ Step-Father \_\_\_\_\_ Name \_\_\_\_\_

Religion \_\_\_\_\_ Church or Parish Affiliation \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother \_\_\_\_\_ Step-Mother \_\_\_\_\_ Name \_\_\_\_\_

Religion \_\_\_\_\_ Church or Parish Affiliation \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

If there is a parent with whom the student does not live with, do you wish to give the second parent access to the student's progress at Schlarman Academy through report cards, progress reports, online sources, etc. ? Yes \_ No \_\_\_\_\_

If yes, Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Does the student have any disabilities or health problems of which the school should be aware? \_\_\_\_\_

**Please see other side for transfer students**

*For Transfer Students Only*

Please explain in detail your reason for leaving your current school and your reasons for wanting to enroll at Schlarman High School. \_\_\_\_\_

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By signing below you attest that all information given in this application is true to the best of your knowledge.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_



**SCHLARMAN**  
ACADEMY