



# APPLICATION FOR ADMISSION

Please include with this application a non-refundable fee of \$75 made payable to Mays-Woodson Academy

(Please print clearly)

Application for: **Grade** \_\_\_\_\_ for the school year beginning in the Fall of \_\_\_\_\_ (year)

Full legal name of applicant \_\_\_\_\_

Applicant's Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

School currently attending \_\_\_\_\_

Address of School \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

E-mail address: \_\_\_\_\_

Position/Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

E-mail address: \_\_\_\_\_

Position/Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business phone \_\_\_\_\_

Cell phone \_\_\_\_\_

***With whom does this applicant reside? Please check all that apply.***

Both of above \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian(s) \_\_\_\_\_

Grandparents(s) \_\_\_\_\_ Step Parent(s) \_\_\_\_\_ Other \_\_\_\_\_

Religious affiliation of parent \_\_\_\_\_ of applicant \_\_\_\_\_

***Other children in the family***

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_