

# 2018-2019 STUDENT ADMISSION INFORMATION

## STUDENT INFORMATION

Name \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
First Preferred Name Middle Last M/F

Birthdate: \_\_\_\_\_ Social Security # \_\_\_\_\_ Student Cell#(\_\_\_\_\_) \_\_\_\_\_  
(Circle One)

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street/P.O. Box City State Zip COUNTY

2018-2019 Grade: \_\_\_\_\_ Has Student Attended MA before: \_\_\_\_ Yes \_\_\_\_ No  
If Yes, last year attended/completed: \_\_\_\_\_

Student lives with: (Please circle one) Both parents Mom Dad Grandparent Other

**FATHER'S INFORMATION:** Marshall Academy Alumnus? Yes \_\_\_\_ No \_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**MOTHER'S INFORMATION:** Marshall Academy Alumnus? Yes \_\_\_\_ No \_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## **EMERGENCY CONTACTS**

1. \_\_\_\_\_ Relation to student \_\_\_\_\_ Phone# \_\_\_\_\_

2. \_\_\_\_\_ Relation to student \_\_\_\_\_ Phone# \_\_\_\_\_

The following people **are allowed** to pick up my child:

\_\_\_\_\_  
\_\_\_\_\_

The following people **are not allowed** to pick up my child:

\_\_\_\_\_  
\_\_\_\_\_

**\*\*PLEASE COMPLETE ADDITIONAL INFORMATION ON THE BACK\*\***

**MEDICAL INFORMATION**

My child may be given:

TYLENOL (headaches, fever) YES \_\_\_\_\_ NO \_\_\_\_\_  
BENEDRYL (allergic reactions) YES \_\_\_\_\_ NO \_\_\_\_\_  
TUMS (minor stomach aches) YES \_\_\_\_\_ NO \_\_\_\_\_

List any **medical problems** your child may have that the school needs to be aware of:

\_\_\_\_\_

Does the student have any **physical, mental, or emotional condition** which would limit his/her participation in any/all activities at Marshall Academy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Has the student ever been evaluated for special **academic needs, learning difficulties, or school adjustment problems** by a psychologist, or other professional? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

**SCHOOL HISTORY**

If the student is new to Marshall Academy, please list former schools:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current School Address Grade(s) Attended

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current School Address Grade(s) Attended

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current School Address Grade(s) Attended

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_