

**2021/2022 MARSHALL ACADEMY STUDENT ADMISSION INFORMATION**

**\*STUDENT BIOGRAPHICAL INFORMATION (ALL INFORMATION REQUIRED)**

FULL NAME: LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

PREFERRED NAME: \_\_\_\_\_ Male  Female

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_

GRADE (21/22): \_\_\_\_\_ New Student  Returning Student

SOCIAL SECURITY #: \_\_\_\_\_

STUDENT'S CELL: \_\_\_\_\_

ADDRESS: MAILING: \_\_\_\_\_  
Street City State Zip

PHYSICAL (if different): \_\_\_\_\_

STUDENT LIVES WITH: Both Parents  Mom  Dad  Grandparents   
Other: \_\_\_\_\_ PARENTS ARE: MARRIED  DIVORCED

**MOTHER'S (or Guardian) INFORMATION:**

\*NAME: \_\_\_\_\_

\*CELL PHONE: \_\_\_\_\_

\*EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

\*PLACE OF EMPLOYMENT: \_\_\_\_\_

\*MAILING ADDRESS IF DIFFERENT FROM STUDENT:  
\_\_\_\_\_  
\_\_\_\_\_

\*Marshall Academy Alumnus? Yes  No

**FATHER'S (or Guardian) INFORMATION:**

\*NAME: \_\_\_\_\_

\*CELL PHONE: \_\_\_\_\_

\*EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

\*PLACE OF EMPLOYMENT: \_\_\_\_\_

\*MAILING ADDRESS IF DIFFERENT FROM STUDENT:  
\_\_\_\_\_  
\_\_\_\_\_

\*Marshall Academy Alumnus? Yes  No

**EMERGENCY CONTACTS:**

NAME: \_\_\_\_\_

RELATION TO STUDENT: \_\_\_\_\_

PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATION TO STUDENT: \_\_\_\_\_

PHONE #: \_\_\_\_\_

**MAY PICK UP MY CHILD:**

**MAY NOT PICK UP MY CHILD:**

**ACADEMIC HISTORY:**

HAS STUDENT PREVIOUSLY ATTENDED MARSHALL ACADEMY? YES  NO

IF YES, GRADE \_\_\_\_\_ NUMBER OF YEARS \_\_\_\_\_

PLEASE LIST ANY SCHOOLS PREVIOUSLY ATTENDED:

SCHOOL(S)	CITY/STATE	GRADE(S)	YEAR(S)

ADDRESS OF LAST SCHOOL ATTENDED AND PHONE NUMBER TO CONTACT:  
\_\_\_\_\_

PRINCIPAL OR COUNSELOR'S NAME: \_\_\_\_\_

**MEDICAL HISTORY:**

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: \_\_\_\_\_  
\_\_\_\_\_

MEDICATIONS STUDENT IS CURRENTLY TAKING: \_\_\_\_\_

**SIBLINGS ATTENDING MARSHALL ACADEMY:**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

GRADE 21/22: \_\_\_\_\_ OR YEAR GRADUATED \_\_\_\_\_

GRADE 21/22: \_\_\_\_\_ OR YEAR GRADUATED \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

GRADE 21/22: \_\_\_\_\_ OR YEAR GRADUATED \_\_\_\_\_

GRADE 21/22: \_\_\_\_\_ OR YEAR GRADUATED \_\_\_\_\_

PARENTAL CONSENT:

STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

**PUBLICITY/PHOTO RELEASE**

- Marshall Academy HAS my permission to use a photo/video of my child for the purpose of student recognition or school advertisements.
- Marshall Academy DOES NOT HAVE my permission to use a photo/video of my child for the purpose of student recognition or school advertisements.

**CORPORAL PUNISHMENT**

- Corporal Punishment (paddling) **MAY** be used as a disciplinary measure for my child.
- Corporal Punishment (paddling) **MAY NOT** be used as a disciplinary measure for my child.

**MEDICATIONS ALLOWED TO BE GIVEN TO MY CHILD**

- |                               |     |                          |    |                          |                         |     |                          |    |                          |
|-------------------------------|-----|--------------------------|----|--------------------------|-------------------------|-----|--------------------------|----|--------------------------|
| Tylenol (headaches/fever)     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Advil (headaches/fever) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Benedryl (allergic reactions) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Tums (stomach aches)    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**FIELD TRIP AND ATHLETIC TRIP PERMISSION**

My child has permission to go on all supervised field trips, class parties and athletic competitions sponsored by Marshall Academy/ Marshall County Educational Foundation. I understand that I will be notified of all field trips and class projects which will take my child off campus prior to the event itself. Transportation will be provided on a Marshall Academy bus or van or private cars. I understand that all reasonable precautions will be taken to insure my child's safety on these outings. I will not hold Marshall County Educational Foundation or any parent or school employee responsible in case of an accident. YES  NO

**STATEMENT OF UNDERSTANDING:**

- A. Prior to my child's admission, I must have completed and returned the completed application to the school office.
- B. I must attach a copy of my child's most recent report card unless he/she is entering kindergarten or first grade and a recent standardized achievement test score(s) if available. (*new students only*)
- C. My child's standardized achievement scores may be used as one factor in determining acceptance to MA and he/she may be required to take other tests to determine admission and/or placement.
- D. My child's admission depends upon vacancies in the grade to which he/she is applying and a determination by Marshall Academy that my child has met all other admission requirements set forth by the school's administrative staff and Board of Directors.
- E. All new applications for admission are subject to approval by the Board of Directors of the Marshall County Educational Foundation
- F. Marshall Academy reserves the right to dismiss any student whose conduct or academic progress is not in compliance with the school's regulations, policies, and /or standards.
- G. Regular and punctual attendance is required for satisfactory completion of the school program, and that every student is expected to be in regular attendance unless health or some other urgent reason prohibits them from doing so.
- H. Students enrolling in Pre-K, Kindergarten or first grade at Marshall Academy or those students enrolling for the first time in grades 2-12 must provide a "Certificate of Compliance" which states that all immunizations are up to date; a copy of the social security card; and birth certificate.
- I. I understand that students (grades 7-12) will be subject to drug testing policy set forth in the student handbook.
- J. I understand that it is my responsibility to read the 2021/22 Marshall Academy student handbook.

\_\_\_\_\_  
Printed Name of Parent/Guardian

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

\_\_\_\_\_  
Date