

**Note:** Before completing the application form, please read the handbook information carefully. Your signature on this application indicates that you have received and take responsibility to read and support all terms and conditions of the school handbook.

# Fletcher Academy

## 2011-2012 Application for Admission

P.O. BOX 5440, Fletcher, NC 28732  
 Phone: (828) 209-6800, Fax: (828) 209-6809  
 fletcheracademy.com

\*A non-refundable application fee must accompany this application.  
 (\$25—Domestic USA; \$100-International)

FOR OFFICE USE ONLY	
Application received: _____	App Fee _____
References: 1 _____	2 _____
3 _____	
_____ Transcript	_____ Immunizations
_____ Permission Slip	_____ Medical Consent
_____ Internet Use Policy	_____ Insurance Card
_____ Financial Information	_____ Social Security
_____ Work Information	_____ Birth Certificate
_____ Physical Exam	
<input type="checkbox"/> Accepted <input type="checkbox"/> Interview Acceptance <input type="checkbox"/> Rejected	
Date Notified: _____	

Attach Picture Here (optional)

Applying for the year/semester of:

'11-'12     '12-'13    |     1<sup>st</sup> Sem.     2<sup>nd</sup> Sem.

Grade Entering:

9     10     11     12     ESL Only

Gender:

Male     Female

### PERSONAL INFORMATION

Legal Name \_\_\_\_\_ Goes by \_\_\_\_\_ Social Security# \_\_\_\_\_  
First Middle Last

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Current Age \_\_\_\_ Place of Birth \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Number and Street (Apt. #) City State Zip Code

Home Telephone ( ) \_\_\_\_\_ Best times to be reached \_\_\_\_\_ E-mail Address \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ If you are not living in the country of your citizenship, what is your status?  
*(A copy of your green card or visa MUST accompany this application.)*     Permanent Resident # \_\_\_\_\_     Alien Visa (type) \_\_\_\_\_

Housing:  Community     Dormitory    Desired date to begin work \_\_\_\_\_

\*Religious Denomination  SDA     Other \_\_\_\_\_    \*Baptized?  Yes     No    \*Home Church (if SDA) \_\_\_\_\_  
*\*For Statistical Purposes: Does not influence your admission*

Within the past two years have you:  Smoked     Used alcohol     Been arrested/convicted of a felony     Used profanity    If so when? \_\_\_\_\_

Within the past two years have you been:  Suspended from school     Asked to withdraw from school    If so when? \_\_\_\_\_

What factors led you to consider attending Fletcher Academy? \_\_\_\_\_

### FAMILY INFORMATION

Father/Male Guardian

Name (Dr./Mr./Rev.) \_\_\_\_\_

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

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

Work \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Profession \_\_\_\_\_

Employer \_\_\_\_\_

Marital Status of Biological Parents:     Married     Divorced     Deceased

Mother/Female Guardian

Name (Dr./Mrs./Ms./Rev.) \_\_\_\_\_

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

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

Work \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Profession \_\_\_\_\_

Employer \_\_\_\_\_

If divorced is custody:     Both Parents     Mother     Father     Other Who? \_\_\_\_\_

If you are living with only one parent, do you wish to have correspondence sent to more than one address? Where? \_\_\_\_\_

## REFERENCES

Please provide the names and addresses of the three people who are recommending the student:

1. \_\_\_\_\_  
Principal or dean address phone number
2. \_\_\_\_\_  
English Teacher address phone number
3. \_\_\_\_\_  
Math Teacher address phone number

## ACADEMIC INFORMATION

Previous Schools attended:

Grade	Name of School	Address (city, state, country)	School Years Attended
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8<sup>th</sup> \_\_\_\_\_

9<sup>th</sup> \_\_\_\_\_

10<sup>th</sup> \_\_\_\_\_

11<sup>th</sup> \_\_\_\_\_

Are you currently enrolled in any correspondence courses?  Yes  No If yes, please list school and the subjects \_\_\_\_\_

Do you have an "Individual Education Program" (IEP) at a previous school?  Yes  No If yes, please include a copy of the IEP.

Do you have any health conditions that would limit your participation in work or physical education?  Yes  No If yes, please explain \_\_\_\_\_

## FINANCIAL INFORMATION

Do you have an unpaid school account?  Yes  No If yes, what amount? \_\_\_\_\_ Where \_\_\_\_\_ Phone # \_\_\_\_\_

Do you plan to apply for Financial Aid Funds?  Yes  No (deadline July 25)

## PARENT AND STUDENT CONTRACTS

I have read and understand the admissions policy and mission statement and it is my choice to attend Fletcher Academy. I have read carefully the information contained in the Fletcher Academy handbook and if accepted, I voluntarily agree to willingly obey all printed and announced regulations and understand that any failure to do so may jeopardize my stay at Fletcher Academy. Since Fletcher Academy is associated with the Seventh-day Adventist church, I understand that the values and standards of the church are reflected in the school rules and regulations. I agree to have my student labor applied to my account.

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

I have read the answers to the above questions and find that they are all accurate. I agree to assume the financial responsibility for the above student and to pay bills promptly. I realize that payment is due upon receipt of statement and becomes delinquent 25 days following the date of statement. Since Fletcher Academy is dedicated to a work and study program, my signature below indicates my support of the work program and grants Fletcher Academy permission to issue my child a work permit. I understand that no records or transcripts will be released until the account is paid in full. I understand that students are covered by a secondary insurance for accidents only and my insurance or I am responsible for any medical costs. In case of emergency I give my permission for the administration or the dean to authorize medial services for my child. Furthermore, I consent to drug testing of my child as outlined by the student handbook.

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