

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

2010-2011 Application for Admission

P.O. BOX 5440, Fletcher, NC 28732
 Phone: (828) 687-5100, Fax: (828) 687-5111
 fletcheracademy.com

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

FOR OFFICE USE ONLY	
Application received: _____	AppFee _____
References: 1 _____	2 _____
3 _____	
_____ Financial Agreement	_____ Internet Use Policy
_____ Permission Slip	_____ Physical Exam
_____ Transcript	_____ Immunization
_____ Medical Consent	_____ Birth Certificate
_____ Insurance Card	_____ Social Security
() Accepted () Interview Acceptance () Rejected	
Date Notified: _____	

Attach Picture Here (optional)

Applying for the year/semester of:

'10-'11 '11-'12 | 1st Sem. 2nd 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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8th _____

9th _____

10th _____

11th _____

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 medical services for my child. Furthermore, I consent to drug testing of my child as outlined by the student handbook.

Parent/Legal Guardian Signature _____ Date _____