



Application for Admission

Applicant

Name _____
Last First Middle Preferred Name

Social Security Number ____ - ____ - ____ Telephone (____) _____ Sex F M

Home Address _____
Street

_____ City State Zip Code

E-mail _____ Birthdate _____ Application for Grade _____
Month/Date/Year

Family

Name of Mother _____
Last First Middle Preferred

Home Address _____
Street

_____ City State Zip Code Home Telephone (____) _____

Employer _____ Business Telephone (____) _____

Mobile (____) _____ E-mail _____

Name of Father _____
Last First Middle Preferred

Home Address _____
Street

_____ City State Zip Code Home Telephone (____) _____

Employer _____ Business Telephone (____) _____

Mobile (____) _____ E-mail _____

Mother's Title _____ Parents are: Separated Mother deceased Mother remarried

Father's Title _____ Married Divorced Father deceased Father remarried

If parents are divorced or separated, do both parents wish to receive correspondence? _____

Name of Stepparent(s) if applicable

_____ Last First Middle Preferred

_____ Last First Middle Preferred

(Please complete reverse side)

Name of Siblings

Grade

Current School

Schools

Name of Present School _____

Address _____

Telephone (____) _____ Dates of Attendance _____

Former Schools

School

Address

Dates Attended

For Our Information

How did you learn about The Academy? _____

What are your expectations for your child's experience at The Academy of Coastal Carolina?

Signatures

Signature of Parent or Guardian _____

Signature of Applicant _____ Date _____