



APPLICATION FOR ADMISSION

PLEASE ATTACH \$100 APPLICATION FEE AND MAIL TO: THE ACADEMY AT KING
5825 OLD JONESBORO RD
BRISTOL, TN 37620

Applicant Information

First Name	Middle Name	Last Name	Preferred Name
_____	_____	_____	_____
Age	Date of Birth		
_____	_____		
Social Security Number	Applicant's Email Address (if applicable)		
_____	_____		
Street Address			

City, State, Zip Code			

Home Phone Number	Cell Phone Number (if applicable)		
_____	_____		
Ethnicity (The Academy at King does not discriminate on the basis of race, gender, national origin, or religious affiliation.)			
<input type="checkbox"/> African American	<input type="checkbox"/> Asian American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic American
<input type="checkbox"/> Native American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Middle Eastern American	<input type="checkbox"/> Other

Current School Information

Current School	School Phone Number
_____	_____
Street Address of Current School	

City, State, Zip Code	

Contact Person at School (Principal, Headmaster, Counselor, etc.)	

Current Grade	

Check one:	
<input type="checkbox"/> Current official school transcript is included with this application.	
<input type="checkbox"/> Current official school transcript has been requested and will be forwarded to The Academy at King.	
<input type="checkbox"/> Applicant is currently being home schooled. Official copies of current standardized test scores are being submitted with this application.	

(Applicants who are not home schooled must submit an official transcript from the current school.)

Has the applicant undergone any special educational or psychological testing? Yes No
If yes, submit reports from this testing with the application.

Does the applicant have special medical needs that require regular medication or particular supervision? Yes No
If yes, please submit appropriate documentation with this application.

Does the applicant have allergies? Yes No
If yes, please list.

Applicant Interests

Please list activities in which the applicant has participated.

Activity	Total Years of Involvement	Awards or Special Recognition	Would the applicant like to participate in this activity at The Academy?

Family Information

Adults living with applicant:
Check all that apply.

Father Stepfather Guardian
 Mother Stepmother Other, relationship: _____

Parental status:

Parents are married. Parents are separated. Parents are divorced.
 Parents have never married. Father is deceased. Mother is deceased.

If parents are divorced or separated, who has legal custody of the applicant? _____

Who should receive correspondence from The Academy at King? _____

Please complete all applicable sections:

Father

(Mr., Dr.)	First Name	Last Name
Home Street Address		
City, State, Zip Code		
Home Phone	Preferred Email Address	
Occupation	Business Phone	Cell Phone

Mother

(Ms., Mrs., Dr.)	First Name	Last Name
Home Street Address		
City, State, Zip Code		
Home Phone	Preferred Email Address	
Occupation	Business Phone	Cell Phone

Parent Information Concerning Applicant

Applicant's Name _____

What do you hope that your child will accomplish at The Academy?

What do you see as your child's strengths and weaknesses?

(Please comment on his/her characteristics in reference to academics, character, social interaction, etc.)

Has your child experienced any difficult challenges or personal setbacks in recent years?

If yes, please describe these.

Please make any additional comments about your child that you think would help us in planning for his/her attendance at The Academy.



Respond to ONE of the following prompts. You may use the space provided or attach a typewritten response. Please limit your response to no more than 500 words.

1. Describe an important person in your life and explain how that person has influenced you.
2. What are your career goals and how will you prepare yourself to meet those goals?
3. What responsibilities do individuals have to the communities in which they live? How have you contributed to the well-being of your community?

Request for Transcript

To the applicant:

Please fill out the top of this form and give it to your school's guidance counselor to complete. Provide a stamped envelope addressed to The Academy at King, 5825 Old Jonesboro Rd, Bristol, TN 37620.

Applicant's Name	_____		
	First Name	Middle Name	Last Name
Home Address	_____		
	Street		

	City	State	Zip Code

Waiver of Access:

Please note that the Admissions Office at The Academy at King will hold any information provided on this form in strictest confidence. It will be shared with those staff members at The Academy who will be involved in making admissions decisions. It will not be shared with the student, his/her parents or any third parties.

_____	_____	_____
Applicant's Signature	Parent's Signature	Date

To the guidance counselor:

Please send an official copy of the academic transcript and any standardized test scores for the above student to the Admissions Office at The Academy at King.

Where does this applicant rank in his/her class?

Lower third
 Middle third
 Upper third

What are your observations related to this applicant's academic achievement as it relates to his/her academic ability?

Has this applicant been referred to administrators or to guidance counselors for disciplinary infractions? If so, what was the nature of those infractions?

_____	_____
Signature of counselor	Date

*Applicants who have been home schooled will need to provide copies of all standardized test scores.

Recommendation from an English Teacher

Applicant's Name _____

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Applicant's Signature
Parent's Signature
Date

How long have you known the applicant? _____

How would you rate the applicant in each of the following areas?

	Excellent	Good	Average	Below Average	Not able to rate
Academic ability					
Academic achievement					
Attention in class					
Persistence with academic tasks					
Class behavior					
Ability to work with others					
Timely completion of assignments					
Organizational skills					
Writing skills for his/her grade level					
Reading skills for his/her grade level					

How would you describe the applicant's academic strengths and weaknesses?

 Teacher's signature Date

Recommendation from a Math Teacher

Applicant's Name _____

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Applicant's Signature
Parent's Signature
Date

How long have you known the applicant? ____

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Class behavior					
Ability to work with others					
Timely completion of assignments					
Organizational skills					
Writing skills for his/her grade level					
Reading skills for his/her grade level					

How would you describe the applicant's academic strengths and weaknesses?

 Teacher's signature

 Date

