

Date: _____

A payment of \$550.00 must accompany this application for the student to be considered for admission. The amount of \$250.00 is a non-refundable new student application fee. The amount of \$300.00 is an annual enrollment fee. Once a student is accepted, the \$300.00 deposit becomes non-refundable.

Applicant Information Current Grade _____ Applying to Grade _____ Beginning August 20_____

Full Name _____ Preferred Name _____
Last First Middle

Date of Birth _____ Gender Female Male Home Telephone Number _____

Home Address _____

City, State, Zip _____ Place of Birth _____

Current School _____ Years Attended _____

Previous Schools Attended (included grades completed) _____

Family Information

Father's Name _____ Mother's Name _____

Home Address _____ Home Address _____
If different than above *If different than above*

Home Phone _____ Home Phone _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Include this email in distribution list? yes no Include this email in distribution list? yes no

Student lives with Both parents Mother Father Other _____

If parents are separated or divorced, who is financially responsible? Both parents Mother Father

Are you applying for financial aid? no yes (Information on how to apply for aid will be provided to those selecting "yes.")

Billing contact and address if different from above _____

Brothers & Sisters	Age	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name and relationship of relatives who have attended APA (do not include siblings currently enrolled):

Name	Relationship to Applicant	Years Attended/Year of Graduation
_____	_____	_____
_____	_____	_____
_____	_____	_____

College(s) Parents Attended

Father _____ Mother _____

Additional Student Information

Has the applicant ever repeated or accelerated any grades? no yes If yes, please explain. _____

Has your child ever been suspended or expelled from school, convicted of an honor violation, or dismissed from a school for any disciplinary reason?

no yes If yes, please explain _____

Has your child been referred and/or undergone any evaluative testing (speech, language, motor, cognitive, attention, emotional, behavioral, etc.)?

no yes If yes, please attach a copy of the most recent testing.

Was tutoring/counseling recommended? no yes

Was tutoring/counseling received? no yes

Is English the primary language spoken in the home? no yes

List other languages spoken in the home. _____

Please list medical conditions or other significant issues of concern _____

How did you hear about our school? _____

Were you referred by a current family or alumni? yes no If so, who referred you? _____

Arendell Parrott Academy's motto is "Honor, Initiative, Truth." The Academy has a clearly stated honor code and student code of conduct. Parents agree to support these standards upon enrolling their child.

Admissions is without regard to religion, race, color, and national or ethnic origin.

I hereby acknowledge that the information contained in this application is complete, factually correct, and accurate in all respects. Failure to disclose information pertinent to the application could result in separation from Arendell Parrott Academy.

 Parent or Guardian Signature

 Date

Please include \$550.00 deposit and enrollment fee and return to

Arendell Parrott Academy
 Admissions Office
 P.O. Box 1297
 Kinston, NC 28503