



Franklin Academy

Student Application



Last Name: _____	First Name: _____	MI _____	Social Security # ____-____-____	Preferred Name
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Date of Birth (mm/day/year) ____/____/____	Gender M F	Present Grade: _____	Applying for Grade: _____	Enrollment Date ____/____/____
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Child's Ethnicity: Please circle more than one if child is of mixed race
(We appreciate this information to ensure that we maintain a diverse community as a part of our school's mission)

African American Native American Caucasian Hispanic

What type of scholarship is your child on? _____ Is your child taking special classes? _____ Does your child have an IEP? _____	What Language(s) does your child speak?
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Child Lives With: Both Parents Parent/Guardian (A) Parent Guardian (B)

Family Information

Parent/Guardian (A)		Parent Guardian (B)	
Last Name:	First Name:	Last Name:	First Name:
Social Security #: ____-____-____		Social Security #: ____-____-____	
Relationship to Child: Mother Father Other		Relationship to Child: Mother Father Other	
Home Address (Street, City, State, Zip)		Home Address (Street, City, State, Zip)	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Personal Email:		Personal Email:	

Profession:		Profession:	
Employer	Position	Employer	Position
Work Phone:	Work Email:	Work Phone:	Work Email:

****Please check the address to which correspondence must be sent**

Applicant's School History

Child's Full Name:

Current School	Address:	Phone:
Attended From / / to / /	Teacher / Director Contact	Other Schools Attended

Emergency Care Information

Child's Doctor:	Address:	Phone:
Preferred Hospital:	Location:	Phone:

Does your child have any known allergies / medical problems? Yes No

If yes please explain

In the event of an emergency to whom may your child be released:

Name:

Phone 1:

Phone 2:

Relationship to child:

Primary Parent's Full Name

SSN Number

Signature

_____ - _____ - _____

Date of application ____/____/____ No refunds will be given.

Parent must notify the school at least 30 days before withdrawal of their child.

Background / History

Has your child ever been arrested? If so please explain.

Does your child have a felony on his or her record?

Has your child ever been expelled from any public or private school? If so please explain the reason below.

Does your child have any mental or emotional problems?
Is your child on any type of medicine? If so please

explain.

Does your child have a history of hitting students, hitting teachers, or talking back to adults? Please explain

I _____ understand that if I willingly withhold the information on my child mentioned above, this is grounds for the child to be immediately dismissed from school.

I _____ understand that Franklin Academy expects my support and participation. I promise to keep the school updated with relevant contact information (phone number and current address), and requested details concerning my child.