

**The Academy**  
2400 Johnstown Road  
Huntington, WV 25527  
(304)781-6540

For Office Use Only

Application rec'd	
Registration Fee Paid	
Testing Date	
Birth Cert. Rec'd	
Prior Records Rec'd	

## Application for Admission

*Please Print*

Student's Full Name \_\_\_\_\_  
Last First Middle

Male / Female  
Circle One

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Place of Birth \_\_\_\_ County \_\_\_\_  
Month Date Year City/ State

Social Security Number \_\_\_\_\_

Grade in which presently enrolled \_\_\_\_\_ Expected Enrollment Date At The Academy \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_  
Street and Number City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_  
Street and Number City State Zip Country

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Marital Status of Parents: Circle One: Married Divorced Separated Widowed Single Remarried

If student is not living with parents then who is the guardian? \_\_\_\_\_  
Last First

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Emergency Information: In case of an emergency when parent/guardian cannot be reached, who would you like to be contacted?**

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Please list the name and number of the student's family physician so that we may call in a medical emergency when the parent or guardian cannot be reached.

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

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**Church Affiliation:**

Church That the Student Attends: \_\_\_\_\_  
Address \_\_\_\_\_  
Denomination \_\_\_\_\_

Is the student a regular attendee? \_\_\_\_\_

Church That the Father Attends: \_\_\_\_\_  
Address \_\_\_\_\_  
Denomination \_\_\_\_\_

Is the Father a regular attendee? \_\_\_\_\_

Church That the Mother Attends: \_\_\_\_\_  
Address \_\_\_\_\_  
Denomination \_\_\_\_\_

Is the mother a regular attendee? \_\_\_\_\_

Your \$200 non-refundable application fee must accompany this form. Without it this application cannot be processed.

**Academic Information**

School currently attending or that the student last attended \_\_\_\_\_ Phone: \_\_\_\_\_  
Address of School \_\_\_\_\_

Has the Applicant ever:

Yes	No	Been suspended?	If yes, please explain:
Yes	No	Been expelled?	If yes, please explain:
Yes	No	Failed a grade or course?	If yes, please explain:
Yes	No	Been retained in grade?	If yes, please explain:
Yes	No	Been tested for learning disability, ADD or ADHD or other special education services?	If yes, please explain:

Circle Yes or No for Each of the Following:

Yes	No	Has the applicant ever used alcoholic beverages including beer and wine?	If yes, please explain:
Yes	No	Has the applicant ever used tobacco products of any kind?	If yes, please explain:
Yes	No	Has the applicant ever used illegal drugs?	If yes, please explain:

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Parent Information

Please explain in your own words why you want your child to attend The Academy.	
Please explain how you heard of The Academy.	
Does this student have any mental, emotional, physical, or learning needs about which the teachers of this student should know?	

By my signature below I am affirming that all information contained in this application is true.

Signature \_\_\_\_\_

\_\_\_\_\_ Date