



MAYFIELD ACADEMY

ADMISSION APPLICATION

Be sure to include the following with the completed application form:

- a recent photo
- the \$25 application fee made payable to Mayfield Academy
- if child is currently school age, a copy of the most recent report card

Mail all to: Mayfield Academy, Post Office Box 731, Athens, TN 37371

Admission Application

TO BE COMPLETED BY PARENT OR GUARDIAN

(PLEASE **PRINT OR TYPE ON BOTH SIDES OF APPLICATION**)

NAME OF APPLICANT: _____ Date of birth: _____
(First) (Middle) (Last)

Home Address:

(Street) (City) (State) (Zip Code)

Mailing Address (if different from home address)

(Street/P.O.Box) (City) (State) (Zip Code)

Email/Dad: _____ Email/Mom: _____

Home Telephone: _____ Cell Phone/Dad: _____ Cell Phone/Mom: _____

Grade entering: _____ Student's proposed **date** of entrance to Mayfield Academy: _____

Please be sure to include a copy of the most recent report card from the school your child is currently attending.

FATHER'S NAME: _____

Home address (if different from child's address): _____

Employer: _____ Position: _____

Business Address: _____

Business Telephone: _____ Fax: _____ Email: _____

MOTHER'S NAME: _____

Home Address (if different from child's address): _____

Employer: _____ Position: _____

Business Address: _____

Business Telephone: _____ Fax: _____ Email: _____

If parents are divorced, with whom does the applicant live? _____

Note: All school information will be sent to both, father and mother, if parental addresses are different on form.

BROTHERS AND SISTERS:

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

NAME OF PRESENT SCHOOL: _____ **Present Grade:** _____

School address:

(Street) (City) (State) (Zip Code)

School Telephone: _____

School Contact: _____ Position: _____

Has the applicant taken standardized tests? Yes No

If yes, please attach a copy of all score reports

Are there any special needs or educational testing of which we should be aware? Yes No

If yes, please explain on a separate sheet.

Has the applicant ever been dismissed or withdrawn from any school? Yes No

If yes, please explain on a separate sheet.

Is the applicant now, or in the past, under the care of a physician, psychologist, psychiatrist, or other professional counselor? Please provide the name and address of the attending professional and reason for consultation.

Name: _____ Capacity: _____

Address: _____
(Street) (City) (State) (Zip Code)

Telephone: _____ Fax: _____

Reason for consultation: _____

FORMER SCHOOLS OR SUMMER PROGRAMS ATTENDED:

Name: _____ Date: _____

Name: _____ Date: _____

LIST ANY RELATIVES WHO ARE APPLYING TO MAYFIELD ACADEMY:

Name: _____ Grade: _____

Name: _____ Grade: _____

Please return the admission application and \$25 application fee to Mayfield Academy, Post Office Box 731, Athens, TN 37371.
Application fee is nonrefundable.