



Fredericksburg Academy Application for Admission

Please attach a recent photo here.
(optional)

Application for Admission to Grade _____ Year of Entry _____

Applicant's Legal Name: _____
(Please print) (First) (Middle) (Last) (Preferred First Name)

Home Address: _____
(Address) (City) (State) (ZIP)

Telephone: () _____ SSN: _____ / _____ / _____ Birth Date: _____ / _____ / _____
(month) (day) (year)

City of Birth: _____ State: _____ First Language: _____ Male Female

Names of Parents or Legal Guardians:

Full Name of Parent/Guardian 1: _____
(Prefix) (First) (MI) (Last) (Preferred First Name)

Home Address (if different from applicant's): _____
(Address) (City) (State) (ZIP)

Home Phone: _____ Cell: _____ E-mail: _____

Education [school(s), degree(s), date(s)]: _____

Full Name of Parent/Guardian 2: _____
(Prefix) (First) (MI) (Last) (Preferred First Name)

Home Address (if different from applicant's): _____
(Address) (City) (State) (ZIP)

Home Phone: _____ Cell: _____ E-mail: _____

Education [school(s), degree(s), date(s)]: _____

Parent/Guardian 1 Occupation: _____ Parent/Guardian 2 Occupation: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

E-mail: _____ E-mail: _____

Student lives with: ___ Father and Mother ___ Stepfather and Mother ___ Stepmother and Father ___ Stepmother
Check all that apply. ___ Stepfather ___ Mother only ___ Father only ___ Grandfather
___ Grandmother ___ Uncle ___ Aunt ___ Cousin
___ Guardian (Relation): _____ ___ Other: _____

Siblings of applicant:

(name)	(birthdate)	(present school)	(grade)
(name)	(birthdate)	(present school)	(grade)
(name)	(birthdate)	(present school)	(grade)

Applicant's present school: _____ Phone: _____

Address: _____

If your child has special needs or conditions of which we should be aware, please state the facts here or in a separate letter:

Names and addresses of grandparents:

Maternal

Paternal

_____	_____
_____	_____
_____	_____

From what sources have you heard of Fredericksburg Academy? _____

Do you have friends or relatives that currently have or have had children attend Fredericksburg Academy? Y N

If yes, please list name(s) here: _____

Are you familiar with independent/private education? Y N _____

To what other schools is the applicant applying? _____

I intend to apply for financial aid. Y N (*Financial aid is awarded on a need basis.*)

Parent or Guardian, please answer the following questions about your child, so that we can better understand your son or daughter and what you are seeking from Fredericksburg Academy.

Has the applicant ever repeated or skipped a grade? If yes, please list grade and explain:

Has the applicant ever been in advanced, accelerated, or honors classes? If yes, please explain:

Has the applicant ever been dismissed, suspended, expelled, or voluntarily withdrawn from another school for academic or disciplinary reasons? If yes, please list date, indicate name of school and principal, and explain the reasons for the dismissal, suspension, expulsion, and/or withdrawal:

Please describe any recent changes in the applicant's life which may impact his or her performance, success, and/or conduct at Fredericksburg Academy (i.e., family relocation, loss of a loved one, etc.):

Please describe the applicant's behavior at home:

Please circle the words below that you feel best describe your child:

- | | | | |
|---------------|--------------------|------------------------|--------------|
| affectionate | creative | intellectually curious | social |
| aggressive | defiant | manipulative | well-liked |
| anxious | distractible | mature | other: _____ |
| articulate | easily discouraged | motivated | other: _____ |
| cheerful | helpful | respectful | other: _____ |
| competitive | honest | self-centered | |
| confident | immature | self-disciplined | |
| conscientious | insecure | shy | |

Applicant's Areas of Interest: (For applicants to Grades 5-12. Check all that apply.)

- | | | |
|---|---|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Vocal Music | <input type="checkbox"/> Dramatic Arts |
| <input type="checkbox"/> Mathematics | <input type="checkbox"/> Instrumental Music | <input type="checkbox"/> Fine Arts |
| <input type="checkbox"/> Science | Specify instrument(s): | <input type="checkbox"/> Community Service |
| <input type="checkbox"/> History/Social Studies | _____ | <input type="checkbox"/> Athletics |
| <input type="checkbox"/> Foreign Language | _____ | Specify: _____ |
| Specify: _____ | Other: _____ | _____ |

Please use the remaining space to share anything else that you think is important for us to know about your child. Does he or she have any special qualities? Do you think that your son or daughter would face any particular challenges at Fredericksburg Academy, and if so, how would he or she handle them?

(Signatures required on next page.)

There shall be no discrimination by Fredericksburg Academy in the selection of the Board of Trustees, in the employment of personnel, in the admission of students, or in the administration of the School programming because of race, color, religion, national origin, sex, age, sexual orientation, or handicapped status in violation of existing state or federal law or regulations.

By signing below, I affirm that I have furnished all the information requested in this application and that all information provided is true, complete, and honestly presented. I understand that any inaccurate or incomplete information may result in denial of the application or expulsion from Fredericksburg Academy. I authorize my child's previous or current school as well as all other entities who have information relevant to this application to release such information to Fredericksburg Academy and hereby release Fredericksburg Academy and all entities providing information pursuant to this authorization from all claims and liabilities arising out of or relation to this authorization.

Please note that a \$50.00 non-refundable application fee must accompany this form. Applicants are considered on the basis of admission testing, previous school records, teacher observations, and recommendations. No admission decision can be made until all of these items are made available to Fredericksburg Academy.

Parent or Guardian Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____
 (second signature required if parents are divorced/separated)

Applicant Signature: _____ Date: _____
 (signature required for applicants to Grades 6–12)

Notice: Fredericksburg Academy reserves the right at all times to modify its admission requirements and to discontinue, modify, or change its educational programs when it determines that it is in the best interest of the school to do so.



Application Requirements Checklist

Please use this checklist to determine if you have completed all application requirements.

- Application Form
- Application Fee (\$50.00)
- Teacher Recommendation (one for applicants to Prekindergarten through Grade 5; two for applicants to Grades 6 through 12)
- Teacher Recommendation Parent Waiver
- Records from Current School (including current and past two years' grade reports)
- Admission Testing
- School Visit (partial day for applicants to Prekindergarten and Kindergarten and full day for applicants to Grades 1 through 12)
- Original or certified copy of Birth Certificate

These requirements may be completed in any order; however, no applicant will be considered for admission until all required items have been submitted to Fredericksburg Academy. The Admission Committee, consisting of faculty and administrators, will review completed applications. Families are given a limited time period in which to respond to an offer of admission. During that time, an applicant's place at the Academy is reserved.

Fredericksburg Academy • Office of Admission • 10800 Academy Drive • Fredericksburg, Virginia 22408
 540.898.0020 • Fax: 540.898.8951 • www.fredericksburgacademy.org • admission@fredericksburgacademy.org

FOR OFFICE USE ONLY:				
Fee received:	Y	N	W	Received by: _____
Cash amount:	\$ _____			Materials given:
Check #:	_____			TR PW PFS SRR