

2210 Jake Alexander Blvd., N, Salisbury, NC 28147

Admission Application

Please complete and return this application to Salisbury Academy with the required \$100.00 non-refundable application fee. All materials should be sent to the Admission Office at the above address:

STUDENT INFORMATION

Full legal name of Applicant _____
Nickname/Preferred Name _____
Currently Grade _____ Applying for Grade _____ Academic year _____
Date of birth: _____ Gender: Male__ Female __
Address: _____

PARENT/GUARDIAN INFORMATION

Father/Guardian: Full Name: _____
Nickname/Preferred Name: _____
Home phone: _____ Cell phone: _____
Email: _____
Address: _____
Place of employment: _____ Title: _____
Occupation: _____ Phone: _____
High school: _____ College: _____
Graduate School: _____

MotherGuardian: Full Name: _____
Nickname/Preferred Name: _____
Home phone: _____ Cell phone: _____
Email: _____
Address: _____
Place of employment: _____ Title: _____
Occupation: _____ Phone: _____
High school: _____ College: _____
Graduate School: _____

OTHER CHILDREN IN FAMILY

Name _____	Male__ Female__
DOB _____ School _____	
Name _____	Male__ Female__
DOB _____ School _____	
Name _____	Male__ Female__
DOB _____ School _____	
Name _____	Male__ Female__
DOB _____ School _____	

Applicant lives with:	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother Deceased
<input type="checkbox"/> Mother and Father	<input type="checkbox"/> Parent/Step-Parent	<input type="checkbox"/> Father Deceased
<input type="checkbox"/> Mother	<input type="checkbox"/> Parents Separated	<input type="checkbox"/> Single/Never Married
<input type="checkbox"/> Father	<input type="checkbox"/> Parents Divorced	<input type="checkbox"/> Mother Remarried

Does the applicant or any family member have any life-threatening allergies?
 ___ Yes ___ No If Yes, please explain

Is the applicant a U.S. citizen? Yes ___ No ___

Is English the primary language spoken in the home? ___ Yes ___ No

What other languages are spoken in the home? _____

STUDENT ACADEMIC HISTORY

Current School or Program: _____

School Address: _____

Phone: _____ Teacher : _____

Previous Schools:

School _____ Grades _____ Dates _____

School _____ Grades _____ Dates _____

APPLICANT PROFILE

Has the applicant ever skipped or repeated a grade? If so, please explain the circumstances and the grade.

Has the applicant ever been enrolled in any special programs? Including but not limited to the following:

___ Academically Gifted ___ Learning Disability If yes, please explain.

Does the candidate have an Individual Educational Plan? ___ Yes ___ No If yes, please attach a copy.

Has the applicant ever been suspended, expelled, or dismissed from any school or academic program? If yes, please explain. _____

In order to better serve your child, should we be aware of any educational evaluations, learning style needs or a medical history that may influence your child's performance in class or in the athletic program? _____

Are there any physical limitations that might interfere with the applicant's ability to do school work or participate in physical activities, that the school should be aware of?
____ Yes ____ No If yes, please explain.

What do you hope that an education at Salisbury Academy will provide for your child? Please describe the educational environment that you are seeking for your child, areas in which you would like your child to grow, as well as immediate and long term goals for the education of the candidate. Attach a separate sheet if needed.

Please list your child's major strengths and interests.

What factors contributed to your decision to apply to Salisbury Academy?

How did you hear about Salisbury Academy?

Salisbury Academy benefits greatly from the interests and expertise of parents in many aspects of school life. In what areas might you like to be involved with school activities?

In making application for my child to attend Salisbury Academy, I attest that all of the information on this form is true to the best of my knowledge. I authorize Salisbury Academy to contact schools and other sources to obtain information to support this application and I will not seek access to confidential recommendations and evaluation material before or after my child's admission. I release and hold harmless every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to Salisbury Academy for that purpose. The undersigned hereby makes formal application for my child to attend Salisbury Academy and enclose the non-refundable fee of \$100. I understand that this application will not be processed until the application fee is received.

Mother/Guardian Signature

Date

Father/Guardian Signature

*Date*³

Salisbury Academy Mission Statement

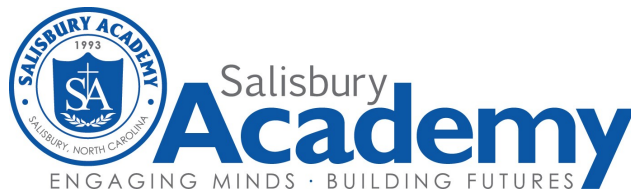
Salisbury Academy, an independent, co-educational school for Grades JK-8, encourages students to be

life-long learners, develop strong character, serve their community and deepen their faith.

- Our school community strives to create a challenging and enriching curriculum that celebrates imaginative and intellectual exploration.
- Our students learn to serve and become stewards of the community and the environment.
- Our program allows students to develop in character and live lives of respect, responsibility and compassion.
- Our school culture is based on the Christian virtues of love and acceptance.

NON-DISCRIMINATORY POLICY

Salisbury Academy is a co-educational independent school that seeks diversity in its student body. It does not discriminate unlawfully on the basis of race, color, religion, age sex, sexual orientation, veteran status, national or ethnic origin, or disability in administration of its employment and educational policies, admission policies, financial assistance programs, and athletic or other school-administered policies.



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Salisbury, NC 28147

704-636-3002

www.salisburyacademy.org