

Student Application



Office Use Only

Date of Acceptance _____

Enrollment Database

Directory

Edline ID No. _____

Other _____

SUMNER ACADEMY • 464 NICHOLS LANE • GALLATIN, TN 37066
(615) 452-1914 • Fax (615) 452-1923 • www.sumneracademy.org

A \$50 fee to cover processing and evaluation must accompany this application.

Applicant

Applicant's Name:

First

Middle

Last

Goes By

Address:

Street Address

City

State

Zip

Home Telephone:

Date of Birth:

Sex: M F

Applying for grade:

in August of:

Current Grade:

Year

Name of current school:

Name

Address

City

State

Zip

Name of other schools the applicant has attended in the last two years:

Family

Parent/Guardian

Mr. Ms. Mrs. _____

Full Name:

Home Address:

Street Address

City

State

Zip

Telephone:

Occupation & Title:

Name of Employer:

Business Address:

Street Address

City

State

Zip

Business Telephone:

E-mail:

Parent/Guardian

Mr. Ms. Mrs. _____

Full Name:

Home Address:

Street Address

City

State

Zip

Telephone:

Occupation & Title:

Name of Employer:

Business Address:

Street Address

City

State

Zip

Business Telephone:

E-mail:

Please check the name format that you prefer to be used for mailings: Mr. & Mrs. John Doe

John & Jane Doe Ms. Jane Doe Mr. John Doe Mr. John Doe & Ms. Jane Smith

Other: _____

Please check if appropriate:

- Parents Separated Divorced Father Remarried Mother Remarried
 Single Parent Father Deceased Mother Deceased Other: _____

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

Do you want both parents to receive correspondence?

Has the child had a physical examination within the last year? Yes No. Prior to the opening of school, it will be necessary to have your child's Permanent Tennessee Child Health Record (green card, which includes immunization and health examination) turned in to the school office. This card can be obtained from your physician or the health department.

Please briefly explain any allergies, medical conditions or special circumstances that would help us better understand the applicant.

Sibling's names and ages:

Names	Ages	Names	Ages
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family or friends who have attended Sumner Academy:

How did you learn about Sumner Academy?

We desire to enter our son or daughter in Sumner Academy for the ACADEMIC YEAR _____ - _____ subject to the following terms and conditions. Upon commitment of our child's attendance at Sumner Academy, we will assume responsibility for full payment of charges for the entire school year. We understand that no refund or cancellation of the yearly fees will be made by the Academy for absence, withdrawal or dismissal before the end of the school year and herewith agree to assume full responsibility for the full annual fees. (The Tuition Refund Plan may be purchased to insure partial payment of unpaid fees or partial refund of prepaid fees. Contact the Business Office for details.)

We understand that the school reserves the right to suspend or expel a student for inappropriate behavior and/or low academic performance.

We understand that Sumner Academy views education as a joint endeavor between a student's parents and his or her teachers. Mutual respect and cooperation are essential to this partnership. To promote this partnership, Sumner Academy expects parents to act courteously and respectfully toward the staff at all times, as parents should expect the staff to act toward them. Furthermore, we understand that Sumner Academy reserves the right to refuse re-enrollment of a child whose parent or parents are considered unsupportive of the school's philosophy and/or policies.

We wish to proceed with the enrollment of our child in Sumner Academy.

We shall have the applicant present for admission testing at a mutually convenient time.

We understand that unless otherwise instructed, Sumner Academy will contact our child's current school to obtain grades and test scores.

Applicants for admission are accepted on the basis of test results, previous school records, and personal qualifications without regard to race, color, creed or national origin.

Signature of Parents/Guardians: _____

Date: _____

FUTURE EDUCATIONAL PLANS

We plan to have our child attend Sumner Academy for:

- one year less than 4 years 4 years or longer