

Date: \_\_\_\_\_

**A payment of \$600.00 must accompany this application for the student to be considered for admission.** The amount of \$300.00 is a non-refundable new student application fee. The amount of \$300.00 is an annual enrollment fee. Once a student is accepted, the \$300.00 deposit becomes non-refundable.

**Applicant Information**

Current Grade \_\_\_\_\_ Applying to Grade \_\_\_\_\_ Beginning August 20\_\_\_\_

Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
*Last First Middle*

Date of Birth \_\_\_\_\_ Gender  Female  Male Home Telephone Number \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Place of Birth \_\_\_\_\_

Current School \_\_\_\_\_ Years Attended \_\_\_\_\_

Previous Schools Attended (included grades completed) \_\_\_\_\_

**Family Information**

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_  
*If different than above*

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Include this email in distribution list?  yes  no      Include this email in distribution list?  yes  no

Student lives with  Both parents  Mother  Father  Other \_\_\_\_\_

If parents are separated or divorced, who is financially responsible?  Both parents  Mother  Father

Are you applying for financial aid?  no  yes (Information on how to apply for aid will be provided to those selecting "yes.")

Billing contact and address if different from above \_\_\_\_\_

Brothers & Sisters	Age	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name and relationship of relatives who have attended APA (do not include siblings currently enrolled):

Name	Relationship to Applicant	Years Attended/Year of Graduation
_____	_____	_____
_____	_____	_____
_____	_____	_____

College(s) Parents Attended

Father \_\_\_\_\_ Mother \_\_\_\_\_  
\_\_\_\_\_

**Additional Student Information**

Has the applicant ever repeated or accelerated any grades?  no  yes If yes, please explain. \_\_\_\_\_

Has your child ever been suspended or expelled from school, convicted of an honor violation, or dismissed from a school for any disciplinary reason?

no  yes If yes, please explain \_\_\_\_\_

Has your child been referred and/or undergone any evaluative testing (speech, language, motor, cognitive, attention, emotional, behavioral, etc.)?

no  yes If yes, please attach a copy of the most recent testing.

Was tutoring/counseling recommended?  no  yes

Was tutoring/counseling received?  no  yes

Is English the primary language spoken in the home?  no  yes

List other languages spoken in the home. \_\_\_\_\_

Please list medical conditions or other significant issues of concern \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

Were you referred by a current family or alumni?  yes  no If so, who referred you? \_\_\_\_\_

*Arendell Parrott Academy's motto is "Honor, Initiative, Truth." The Academy has a clearly stated honor code and student code of conduct. Parents agree to support these standards upon enrolling their child.*

*Admissions is without regard to religion, race, color and national or ethnic origin.*

*I hereby acknowledge that the information contained in this application is complete, factually correct and accurate in all respects. Failure to disclose information pertinent to the application could result in separation from Arendell Parrott Academy.*

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Please include \$600.00 deposit and enrollment fee and return

Arendell Parrott Academy  
Admissions Office  
P.O. Box 1297  
Kinston, NC 28503