

MARLBORO ACADEMY APPLICATION FOR ADMISSION

Full name of student _____

Name called _____ Date of application _____ Date of birth _____

Present age _____ Present grade _____

Applying for grade _____ for the 2024-25, 2025-26, 2026-27, 2027-28, or 2028-29 school year.

(Circle one.)

Name of present school _____

Mailing address of present school _____

Name of mother _____ Phone (H) _____

Mailing address _____ Phone (W) _____

_____ Phone (C) _____

Email _____ Fax _____

Name of Father _____ Phone (H) _____

Mailing Address _____ Phone (W) _____

_____ Phone (C) _____

Email _____ Fax _____

Are any siblings presently enrolled at Marlboro Academy? If so, please list their names and present grade levels. _____

Are any siblings at the present time applying for admission to Marlboro Academy? If so, please list their names and grade levels.

Is either parent a Marlboro Academy graduate? If so, please list name and year of graduation. _____

How did you learn about Marlboro Academy? _____

Has applicant ever had an illness which caused considerable absences? If so, please explain. _____

Does the applicant have any diagnosed learning disabilities or ADHD? If so, please comment on status. _____

- You understand that Marlboro Academy does not accept federal funds and therefore is unable to provide accommodations for its students. Marlboro Academy faculty will provide extra help for students when needed. However, if a student enters with an IEP or is behind academically and needs more than the extra help that faculty is able to provide, you understand that outside tutoring may be recommended and needed.

Has applicant ever been suspended or expelled from school? If so, please explain.

(Attach an explanation as needed for any of the above questions.)

Due to the fact that Marlboro Academy does not have a nurse on campus and the safety of all children come first, please list any relevant medical information that Marlboro Academy needs to be made aware of.

Is there anything else that Marlboro Academy needs to be aware of regarding this applicant? If so, please explain. _____

(Signature of Parent)

(Date)

Upon receipt of this application and application deposit, Marlboro Academy will schedule a time for admissions testing.

Please mail with \$50.00 application fee to:

**Marlboro Academy
Attn: Stacey Newton
1035 Bennettsville Firetower Road
Bennettsville, South Carolina 29512**

(For Office Use Only)

Date Received _____ Check # for application fee _____

Applying for grade ____ for the _____ school year

Adm. _____