



Application for Admission
To Fishburne Military School

Please attach recent photograph here.

Please Type or legibly print with black ink. The following information must be fully and accurately provided, and a failure to fully disclose may lead to the applicant not being accepted or dismissed.

Application is hereby made for the admission of:

1. _____ (_____) Age _____
Last MI First (Nickname)

Boarding Day Desired Term of Admission (Immediately/ Fall /Spring /Summer) _____

2. Date of Birth _____ Place of Birth _____ U.S. Citizen: Yes No

3. Country of Citizenship: _____ Dual Citizenship: _____

International – Non-U.S. Citizens must complete the following questions:

Student's Native Language: _____ Is Student fluent in English? Yes No

Type of Visa student has: _____ Will he need an I-20? Yes No

Please provide copy of Visa with this application. Resident Alien (R/A) Number: _____

4. Name of parent or legal guardian _____

Father Mother Other: _____

A. Resident address _____

B. Business Name and address _____

Phone _____

C. Home Phone _____ Work _____ Cell _____

D. Email address _____

5. Name of second parent _____

Father Mother

A. Resident address (if other than 4-A) _____

B. Business Name and Address _____

Phone _____

C. Home Phone _____ Work _____ Cell _____

D. Email address _____

6. Custodian and Financial Responsibility:

A. Parent Marital Status

CHECK ALL BOXES THAT APPLY

- A Parents married
- A Parents Separated
- A Parents Divorced
- A Father Remarried
- A Mother Remarried
- A Father Deceased
- A Mother Deceased

A OTHER: Be specific: * State restrictions regarding:

B. Legal Custody Status

CHECK CORRECT BOX BELOW

- A Joint legal custody with Mother and Father
- A Sole custody by Father*
- A Sole custody by Mother*
- A Legal Guardian other than Parent – provide court Document to Admissions

A Applicant currently lives with: custody or contact by non-Custodial parent: _____

C. Responsibility for Tuition

INDICATE PERSON TO BE BILLED

- A Parents at Home Address
- A Father only
- A Mother only
- A Father and Stepmother
- A Mother and Stepfather
- A Other (Court Order)

A Applicant currently lives with:

D. Please provide Admissions with a copy of the court custody agreement (initial page and page that includes custody arrangements for applicant).

E. If custody is *joint, or if responsibility for payment is to be shared by mother and father or born by the Non-Custodial parent, then this application must be signed by both parents and the person who is also financially responsible.

F. Signature(s) on this application form shall constitute the agreement of the parent(s) signing to be individually and fully responsible for all tuition and other charges and shall constitute a representation by the signatory that he/she is authorized and legally empowered to sign all releases and other documents in connection with the application.

7. Contact for billing, if other than 4: (Note: This person must sign the contract.)

A. Name _____

B. Mailing address _____

C. Home Phone _____ Work _____ Cell _____

D. Email address _____

8. Are both parents living? Yes No

9. Religious affiliation of family _____

10. Grade for which the applicant is applying: 7th 8th 9th 10th 11th 12th PG

11. Please list the last three schools attended:

A. Last school attended: Name: _____ Period Attended _____

(1). Mailing address _____

(2). Name of principal _____

(3). Phone number _____ Fax _____

(4). Reason for leaving _____

B. Previous school attended: Name _____ Period Attended _____

(1). Mailing address _____

(2). Name of principal _____

(3). Phone number _____ Fax _____

(4). Reason for leaving _____

C. Previous school attended: Name _____ Period Attended _____

(1). Mailing address _____

(2). Name of principal _____

(3). Phone number _____ Fax _____

(4). Reason for leaving _____

Behavior/Discipline

12. Has the applicant ever been suspended from school? Yes No If yes, please write a detailed explanation including when, where and why he was suspended. Provide the names and phone numbers of the contact persons and schools.

13. Has the applicant ever been expelled from school? Yes No If yes, please write a detailed explanation including when, where and why he was expelled. Provide the names and phone numbers of the contact persons and the schools.

14. Has the applicant ever experienced any disciplinary difficulty in the community? Yes No If yes, please write a detailed explanation and provide the names and phone numbers of the contact persons.

15. Has the applicant ever been counseled by juvenile authorities, detained or arrested by the police? Yes No If yes, please write a detailed explanation and provide the names and phone numbers of the contact persons, and the police department. _____

Academics

16. Is the applicant on Block Scheduling at his current school? Yes No

17. What is the applicant's GPA, Or, What letter grade does the applicant usually receive? _____

18. Does the applicant have an IEP or 504 Plan (Category 2)? Yes No If yes, the full IEP and/or 504 plan must be provided to FMS. Fishburne does not provide special educational teachers or accommodations.

19. Has the applicant ever received educational support services or special education services? Yes No If yes, all information and documentation of the IEP or 504 plan must be provided to Fishburne Military School.

Medical/ Mental Health

20. Please list all medications and dosages your son is currently taking.

Medication: _____ Dosage: _____ Reason: _____

Medication: _____ Dosage: _____ Reason: _____

Medication: _____ Dosage: _____ Reason: _____

Medication: _____ Dosage: _____ Reason: _____

How long has your son been taking the medications above? _____

Please have the prescribing physician provide a written statement on office letterhead, of the diagnosis, prognosis and medication by name, dosage and frequency of use for all medications taken on a regular basis. This is best sent with the application, but may be faxed to Fishburne's Admissions office at (540) 946-7738.

21. Has the applicant ever had psychiatric or psychological counseling or suffered from any mental illness? Yes No
If yes, please write a full explanation and provide the names with phone numbers of the contact persons. In addition, provide copies of the psychiatrist's/ counselor's findings and recommendations.

22. Has the applicant ever received counseling for behavior related issues? Yes No If yes, please write an explanation and the names with phone numbers and provide the counselor's findings and recommendations.

23. Has the applicant received counseling or assistance for emotional or behavioral problems or difficulties that may affect his ability to live independently away from home or that reflects a lack of self-discipline that includes but is not limited to the following (check all that apply):

- A Low self-esteem
- A Depression

- A Confrontational behavior or problems with authority
- A Violent, aggressive, or anti-social behavior

- A Eating Disorders
- A Drug or Alcohol Use
- A Other, please explain: _____
- A Suicide or self-destructive behavior
- A Nothing on this list

If any box is checked above, provide the dates your student received such assistance and the name, address and telephone number of the therapist, counselor or other person who provided the assistance or counseling.

Name: _____ Business Phone: _____

Business Address: _____

Date and Reason(s) for treatment _____

ADDITIONAL INFORMATION

24. What college or service academy would the applicant like to attend? _____

25. Has the applicant had orchestra or school band experience? Yes No _____

Instrument

26. List sports, hobbies, or other activities in which the applicant is interested:

27. From what source did you hear about Fishburne? _____

The undersigned parent/guardian and student understand and agree, that the enrollment of the undersigned student at Fishburne Military School is subject to and expressly conditioned upon the student's compliance with the terms, conditions, rules and policies stated in the Fishburne Catalog and Regulations Book and in other written policies and statements, which may be amended from time to time. Each understands that the undersigned student and parent are expected to follow these rules, regulations, and policies, and that the failure to do so may result in corrective action, which may include dismissal from Fishburne Military School.

We certify that information provided in the Application for Admission is true and complete to the best of our knowledge. Falsification of information on this application could invalidate acceptance and enrollment. We also authorize any schools previously attended to release the applicant's personal, disciplinary and academic information to Fishburne Military School's representatives.

Signature of Student _____
Date

Signature of Parent/Guardian _____
Date

Signature of Parent/Guardian _____
Date

Signature of Non-custodial parent who shares financial responsibility:

Non-custodial Parent _____
Date

Please remember to enclose your \$50 Application Fee with the Application for Admission.

Admissions decisions are made at the sole discretion of Fishburne Military School. It is Fishburne Military School's policy not to disclose the reason for an applicant being denied admission.