

Application for Admission

# FISHBURNE MILITARY SCHOOL

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Application is hereby made for the admission of: Name which applicant prefers \_\_\_\_\_

1. \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
Last Name Middle Name First Name

Boarding  5-Day Board  Day Desired date of admission \_\_\_\_\_ Applying for grade \_\_\_\_\_  
Month/Year

2. U.S. Citizen  Yes  No Will student need I-20?  Yes  No Place of Birth \_\_\_\_\_

3. Height \_\_\_\_\_ Weight \_\_\_\_\_ Name which applicant prefers \_\_\_\_\_

4. Name of Legal guardian \_\_\_\_\_ Relationship \_\_\_\_\_

A. Resident address \_\_\_\_\_  
*All mailings will be sent to this address*

B. Telephone numbers ( ) ( )  
Home Business

Email \_\_\_\_\_ Cell phone ( ) Occupation \_\_\_\_\_

5.. Name of second parent/guardian \_\_\_\_\_ Relationship \_\_\_\_\_

A. Resident address (if other than 4-A) \_\_\_\_\_

B. Telephone numbers ( ) ( ) Email \_\_\_\_\_  
Home Business

6.. Contact for billing (if other than 4) \_\_\_\_\_ Relationship \_\_\_\_\_

A. Billing address (if other than 4) \_\_\_\_\_

B. Contact number ( ) Email \_\_\_\_\_

7. Guardian's Occupation \_\_\_\_\_

8.. Are both parents living  Yes  No Parent Marital Status \_\_\_\_\_

9. Is parent active duty or retired military  Yes  No 10. Does applicant have JROTC experience  Yes  No

11. Is parent/grandparent a military HS alumnus  Yes  No 12. Does applicant have band experience  Yes  No

13. Last school attended \_\_\_\_\_

A. Mailing address \_\_\_\_\_ Phone # \_\_\_\_\_

B. Name of principal or counselor \_\_\_\_\_ School FAX # \_\_\_\_\_

-Please complete back side-

14. Has the applicant ever experienced disciplinary difficulty in school or the community?  Yes  No *\*If yes, please attach an explanation along with names and telephone numbers of contact persons.*

15. Has the applicant been detained or arrested by the police?  Yes  No *\*If yes, please attach an explanation along with names and telephone numbers of contact persons and the police department.*

16. Has the applicant ever had psychiatric counseling or suffered from any mental illness or emotional difficulties including but not limited to: low self-esteem; depression; eating disorders; drug/alcohol use; confrontational behavior or problems with authority; violent, aggressive or anti-social behavior; suicide or other self-destructive behavior?  Yes  No *\*If yes, please attach an explanation including the dates your student received such assistance along with the name of and contact information for the therapist, counselor or other person who provided assistance or counseling.*

17. Has the applicant ever received educational support services or have an IEP or 504 Plan (category 2)?  Yes  No *\*If yes, please attach explanation and the contact information for consultant, therapist, teacher or counselor who provided services.*

18. Does the applicant have an IEP or 504 Plan (Category 2)?  Yes  No

19. References whom we may contact for information about the applicant:

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

20. All new students must have a satisfactory medical exam and immunization report on file prior to matriculation. Please indicate medications (if any), along with dosage and how long student has been taking. *(If additional space is needed, please attach a sheet to this application).*

21. List sports, hobbies or other activities in which the applicant is interested: \_\_\_\_\_

22. How did you or your family FIRST hear about Fishburne?  Newspaper  Magazine  Radio  Television  Alumnus  Current Cadet/Parent  Internet Search  Athletic/JROTC Event Other \_\_\_\_\_

**Agreement pursuant to this application:** 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 parent/legal guardian

\_\_\_\_\_  
date

\_\_\_\_\_  
signature of parent/legal guardian

\_\_\_\_\_  
date

\_\_\_\_\_  
signature of non-custodial parent who shares financial responsibility

\_\_\_\_\_  
date

**The non-refundable application fee of \$50.00 must accompany this application. Fishburne Military School does not discriminate against individuals on the basis of race, color, sexual orientation, religion, disability, age, genetic information, ancestry, or national or ethnic origin in the administration of its educational policies, admissions policies, employment policies, scholarship and loan programs and other Fishburne Military School administered programs and activities.**