

Celebrating 75 Years of Excellence in Education

Takoma Academy

8120 Carroll Avenue Takoma Park, MD 20912
301-434-4700 VOICE 301-434-4814 FAX WWW.TA.EDU



Enrollment Application
2008-2009 School Year

Student Information

PLEASE PRINT CLEARLY OR TYPE.

Full Name: _____ Nickname: _____
First Middle Last, Suffix

Date of Birth: ___ / ___ / 19__ Male Female Grade Entering: 9 10 11
_____ 12 _____

Social Security #: _____ Citizenship: USA Other: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ @ _____ Mobile Phone: _____ @ _____

E-Mail: _____ Instant Messenger: _____

Baptized Seventh-day Adventist Member? YES NO

Name of Home Church: _____

OFFICE USE ONLY:

APPLICATION RECEIVED: ___ / ___ / ___

ACCEPTANCE LETTER: ___ / ___ / ___

APPLICATION FEE RECEIVED: ___ / ___ / ___

INTERVIEW DONE: ___ / ___ / ___

FEE WAIVED? YES NO

TESTING DONE: ___ / ___ / ___

STUDENT ACCEPTED? YES NO

DATA ENTRY: ___ / ___ / ___

NAME OF STUDENT:

Parent/Guardian Information

THIS SECTION MUST BE COMPLETED BY THE PERSON(S) WITH WHOM THE STUDENT LIVES.

Father/Male Guardian

Mother/Female Guardian

Full Name: _____ Full Name: _____

Marital Status: _____ Marital Status: _____

Home Address: _____ Home Address: _____

City/State/Zip: _____ City/State/Zip: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Mobile Phone: _____ Mobile Phone: _____

E-Mail: _____ E-Mail: _____

Occupation: _____ Occupation: _____

Religious Affiliation: _____ Religious Affiliation: _____

The student lives with (check appropriate boxes): Father Mother Guardian

Emergency contact person (other than parent/guardian): _____

Relationship to student: _____ Daytime Phone: _____

Parent/Guardian Agreement

I have read my student's responses to the questions contained in this application and verify that they are correct. I have read the school handbook as it pertains to student conduct, and agree to cooperate with the regulations and policies of Takoma Academy as published or announced. I understand that my student is subject to dismissal if I fail to fulfill this agreement. I further agree to support the school in its efforts to educate my student as well as through personal participation in activities and programs designed to help the school's overall program.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

NAME OF STUDENT:

Student Questionnaire

THIS SECTION MUST BE COMPLETED BY THE STUDENT

Have you ever withdrawn or been suspended from school? YES NO

If your answer is yes, please explain the circumstances/situation: _____

Have you been involved in or arrested for any crime? YES NO

If your answer is yes, please explain the circumstances/situation and outcome: _____

Have you used tobacco, alcohol or other illegal drugs within the last six (6) months? YES NO

If your answer is yes, please explain the circumstances/situation: _____

What grades do you usually receive in the following subjects?

Math _____ Science _____ History _____ English _____

How many days were you absent from school last year? _____

Briefly describe your relationship with God. How committed are you to the Christian standards outlined in the Bible? _____

Why do you want to attend Takoma Academy? Please list specific reasons and personal goals.

Student Agreement

THE STUDENT MUST READ AND SIGN THIS AGREEMENT.

I have read, and fully understand, the guidelines for student conduct as found in the Takoma Academy handbook. I pledge to obey all of Takoma Academy's printed and announced regulations, and realize that I am subject to dismissal if I violate this pledge. Furthermore, I solemnly pledge to uphold the Christian principles upon which Takoma Academy is founded and to perform to the best of my ability in all curricular and extracurricular activities assigned to me.

Student's Signature

Date

NAME OF STUDENT:

Supplemental Information

Recommendations

Takoma Academy requires that each student obtain recommendations from two adults to support their application. Recommendation forms (provided) should be completed by adults not related to the student who know the student well (former principal or teacher, a church leader or family friend) and returned directly to TA from the evaluator. Please let us know who you have asked to complete recommendation forms on your behalf:

Name: _____ **Title:** _____

Organization: _____ **Phone:** _____

Name: _____ **Title:** _____

Organization: _____ **Phone:** _____

Name: _____ **Title:** _____

Organization: _____ **Phone:** _____

Name: _____ **Title:** _____

Organization: _____ **Phone:** _____

Name: _____ **Title:** _____

Organization: _____ **Phone:** _____

Transcripts and Immunization Records

Please have transcripts and immunization records for your student forwarded to us from the previous school. Your application will not be complete until this information is received.

Name of Previous School: _____

Address: _____

City/State/Zip: _____

Phone: _____ **URL:** _____