

Franklin Academy

Application

Please attach
student photo

Applicant Information

Last Name _____ First Name _____

Nickname _____ Date of Birth ____/____/____

Age ____ M ____ F ____ Applying for Grade ____ Boarding Day

Telephone _____ Email _____

Cell Phone _____ Social Security # _____

Family Information

Father / Guardian		Mother / Guardian
	Name	
	Street Address	
	City, State, Zip	
	Home Telephone	
	Work Telephone	
	Cell Phone	
	Email	
	Social Security #	
	Occupation	
	College (s) Attended	

Please check if appropriate:

Parents Separated Parents Divorced Mother Remarried Mother Deceased Father Remarried Father Deceased

If Parents are divorced, who has legal custody of student? _____

With whom does the student live? _____

Who has financial responsibility for applicant's education? _____

Please list siblings:

Name	Age	Current School or College
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

School Information

Name of Most Recent School _____

Address _____

City, State, Zip _____

Telephone _____

Contact Person _____

Schools Previously Attended

School Name	Years/Grades	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Applicant

Date

Signature of Custodial Parent or Legal Guardian

Date