



Franklin Academy

Application

Applying for: High School (grades 8-12) FCC (postgraduate) Summer

High School and Summer Boarding Experience Day Experience

Applicant Information:

First Name _____ Middle Name _____ Last Name _____

Preferred Name _____ Preferred Pronouns _____ DOB ___/___/_____

Age _____ Gender _____ Applying for Grade _____ Enrollment Year: 2024-2025 2025-2026

Home Address

Cell Phone

Email

Family Information:

Parent / Guardian		Parent/ Guardian
	Name	
	Street Address	
	City, State, Zip	
	Home Telephone	
	Cell Phone	
	Work Phone	
	Email	
	Occupation and Employer	
	College (s) Attended	

Who has legal custody of student? _____

With whom does the student live? _____

Who has financial responsibility for applicant's education? _____

School Information:

Name of Most Recent School _____ Year(s) Attended _____

Address _____

City, State, Zip _____

Previous School(s) Name	Years/Grades Attended	Address (City/State)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sibling Information:

Name	Age	Current School/College/Career
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Required Supplemental Documents/Fees:

- Neuropsychological Evaluation
- \$100 Application Fee