

Canton Academy

P.O. Box 116 * Canton, MS 39046 * (601) 859-5231

APPLICATION FOR ADMISSION

Student Information:

Applying for grade: _____ for the school year _____

Name of Student: _____
Last First Middle Preferred

Mailing Address: _____
Street City State Zip

Home Phone: (____) _____ Sex: _____ DOB: _____

Present School: _____

School Address: _____

Principal/Headmaster: _____ Telephone: _____

Number of years student has attended present school: _____

Disciplinary/Status with present school:

Suspensions – Yes- _____ No - _____ If yes, please explain: _____

Was student expelled from school: Yes - _____ No - _____ If yes, please explain: _____

Does the student have any special needs? Yes - _____ No - _____
If yes, please explain: _____

Family Information:

FATHER	MOTHER
FULL NAME	FULL NAME
HOME ADDRESS	HOME ADDRESS
CITY/STATE/ZIP	CITY/STATE/ZIP
PREFERRED PHONE	PREFERRED PHONE
EMPLOYER	EMPLOYER
BUSINESS ADDRESS	BUSINESS ADDRESS
CITY/STATE/ZIP	CITY/STATE/ZIP
WORK TELEPHONE	WORK TELEPHONE
EMAIL	EMAIL
POSITION	POSITION
STEPMOTHER'S NAME (IF APPLICABLE)	STEPFATHER'S NAME (IF APPLICABLE)
SCHOOLS/COLLEGES ATTENDED	SCHOOLS/COLLEGES ATTENDED

Student lives with: _____

Parents are: Married ___ Separated ___ Divorced ___
Single parent ___ Father deceased ___
Mother deceased ___

Church Affiliation & Interests:

Name of Church: _____ Religion: _____

What are the student's special interests or talents? _____

Field Trips/Photographs Release:

- 1) My child has permission to go on any and all outings and field trips with Canton Academy. I will release the school and anyone associated with school from the responsibility for any injury my child might incur. This includes staff, Board members, parent sponsors, etc.
- 2) As parent/guardian of the applicant, consent is given that photographs of my child may be used by Canton Academy, its assigns or successors, in whatever capacity deemed appropriate, including but not limited to: newspaper, audiovisual productions, television, website, internet productions and billboard.

Medical Authorization:

As parent/guardian of the applicant, a minor, I have authority and give consent for the following if all responsible attempts to contact my designee and me have been unsuccessful:

- 1) The administration of any treatment deemed necessary by the minor's physician, or, if appropriate preferred practitioner is not available, by another licensed on-site practitioner; and
- 2) The transfer of the minor to any hospital/medical center reasonably accessible.

Physician's Name: _____ Phone: _____

This authorization does not cover any major surgery. This authorization remains in full force and effect from the date indicated below until such time as specifically revoked in writing by the parent/guardian.

List any and all medical problems, allergies, conditions, treatments, physical impairments, medicines or other treatments that exist for the applicant (Canton Academy requires the full disclosure of any and all of the above. Failure to fully disclose information could be grounds for non-acceptance or termination of the Admissions Application contract and/or expulsion): _____

List any accommodations, learning or physical, the applicant would require to attend Canton Academy and participate in all facets of school life, including academics and extra-curricular activities: (Canton Academy requires the full disclosure of any and all of the above. Failure to fully disclose information could be grounds for non-acceptance or termination of the Admissions Application contract and/or expulsion): _____

I understand the terms of this Application for Admission and certify that I have the authority to sign for the student. I have completed the information required to the best of my knowledge and certify it is correct.

Parent/Guardian Signature

Date