



COLLETON PREPARATORY ACADEMY

POST OFFICE BOX 1426, WALTERBORO, SC 29488
(843)538-8959 • FAX (843)538-8260

Application for Admission

DIRECTIONS:

This application is to be used for candidates applying for places in kindergarten through grade twelve. It is expected that older students will be able to complete this form with some parental help. For younger students, parents may complete most or all of the application.

_____ Date of Application

STUDENT INFORMATION _____

_____	_____	_____	_____	_____
<u>Last Name</u>	<u>First</u>	<u>Middle</u>	<u>Preferred Name</u>	<u>Social Security Number</u>
_____				_____ / _____ / _____
<u>Street Address</u>				<u>Date of Birth</u> <u>Sex (M / F)</u>
_____				_____
<u>City</u>	<u>State</u>		<u>Zip</u>	<u>Phone</u>
_____				_____
When does student wish to enter Colleton Preparatory Academy? (CPA)				_____
At what grade level does student expect to enter? _____				_____

FAMILY INFORMATION _____

_____	_____
<u>Father's Full Name</u>	<u>Is he living?</u>

<u>Home address (if different from student's)</u>	

_____	_____
<u>Occupation</u>	<u>Name of Business or Organization</u>

<u>Name of secondary school (if applicable)</u>	

_____	_____
<u>Name of college (if applicable)</u>	<u>Degree</u> <u>Year</u>

_____	_____
<u>Name of professional or graduate school (if applicable)</u>	<u>Degree</u> <u>Year</u>

_____	_____
<u>Mother's Full Name</u>	<u>Is she living?</u>

<u>Home address (if different from student's)</u>	

_____	_____
<u>Occupation</u>	<u>Name of Business or Organization</u>

<u>Name of secondary school (if applicable)</u>	

_____	_____
<u>Name of college (if applicable)</u>	<u>Degree</u> <u>Year</u>

_____	_____
<u>Name of professional or graduate school (if applicable)</u>	<u>Degree</u> <u>Year</u>

Please list names and ages of student's brothers and sisters and the schools or colleges they currently attend.

Have any members of family ever attended either Colleton Prep. or John C. Calhoun? If so, please give name, dates of attendance and relationship to student.

RECOMMENDATIONS:

Name of person who recommended Colleton Prep. to you _____

Names of students you know who are currently attending Colleton Prep. _____

Optional: If you wish, you may have people who are familiar with student's academic or school-related abilities write letters of recommendation. Please have these letters sent directly to the Admissions Office, Colleton Preparatory Academy, P.O. Box 1426, Walterboro, SC 29488.

TO BE COMPLETED BY PROSPECTIVE STUDENT, GRADES 3-12:

Why do you want to attend Colleton Prep.? _____

HEALTH:

Does student have any physical handicaps? _____ If yes, please explain. _____

Is student presently under medical treatment? _____ If yes, please give reasons, medications prescribed and names and addresses of doctors rendering treatment: _____

Has school attendance ever been interrupted for a period of a month or more due to medical reasons? _____

If yes, please give reasons and approximate dates: _____

Has student ever been tested for or diagnosed as Learning Disabled or having an Attention Deficit Disorder? _____

If yes, please explain and indicate if a physician or other professional has been consulted and what help the child has received: _____

Are there any restrictions regarding student's physical activities? _____ If yes, please explain: _____

Has student ever been treated by a psychiatrist/psychologist or family doctor for a condition of a mental or nervous nature? _____ If yes, please indicate inclusive dates of treatment including names and address of physicians: _____

DISCIPLINE RECORD

Has student ever been reprimanded via probation, suspension or expulsion for behavior in violation of school rules and regulations? _____ If so, please explain: _____

Has student ever been reprimanded by civil authorities _____ If so, please explain: _____

Has student ever used drugs or alcohol? _____ If so, please explain: _____

Please include with this form copies of all school records.

My signature below indicates that all the information contained in this application is factually correct and honestly presented.

Signature of parent/guardian: _____ Date: _____