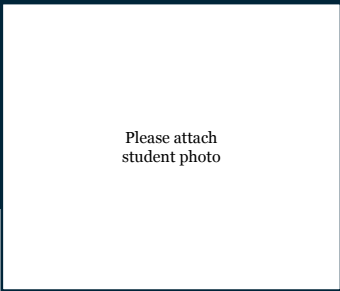




Franklin Academy

BELONG | GROW | SUCCEED



Application

Student Information

For: High School (grades 8-12) Post Graduate

First Name _____

Middle Name _____

Last Name _____

Nickname _____

Date of Birth ____/____/____ Age ____ Sex ____ Gender ____ Preferred Pronouns _____

Applying for Grade ____ Boarding Day Email _____

Home Phone _____ Cell Phone _____

Family Information

| Parent 1/ Guardian | | Parent 2/ Guardian |
|--------------------|----------------------|--------------------|
| | Street Address | |
| | City, State, Zip | |
| | Home Phone | |
| | Work Phone | |
| | Cell Phone | |
| | Email | |
| | Occupation | |
| | Place of Employment | |
| | College (s) Attended | |

If Parents are divorced, 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 _____

Address _____

City, State, Zip _____

Telephone _____

Contact Person _____

Previous Schools

| School Name | Years/Grades | Telephone |
|-------------|--------------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Sibling Information

| Name | Age | School |
|-------|-------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Signature of Applicant

Date

Signature of Custodial Parent or Legal Guardian

Date

Franklin Academy
140 River Road
East Haddam, CT 06423
Phone: 860-873-2700 Fax: 860-873-9345