



DORCHESTER ACADEMY

A College Preparatory Day School
234 Academy Road
St. George, S. C. 29477
Phone: (843) 563-9511 Fax: (843) 563-4764

For Office Use Only

- ___ Copy of Social Security Card
- ___ Copy of Birth Certificate
- ___ Immunization Record
- ___ Academic Records
- ___ Test Scores
- ___ Information Sheet

This application should be completed and returned to the Admissions Office with a copy of the applicant's transcript (if applicable), social security card, birth certificate, immunization records, and a \$75.00 application fee. New families are also responsible for a one-time Building Fund payment of \$600.00, which must be paid in equal installments according to the payment plan indicated on your school contract.

APPLICANT

Name: _____

Preferred

Name: _____

Female Male

Date of Birth: _____

Ethnicity: _____

(Optional)

Home Address: _____

Street

_____ Telephone: _____

City/State/Zip

Mailing Address (if different): _____

Date of Proposed Entrance: _____ For Grade? _____

Present or Most Recent School: _____

Present Grade: _____ Grades Attended There: _____

School Address: _____

Principal: _____ Homeroom Teacher: _____

FAMILY INFORMATION

Father's Name: _____ Mother's Name: _____

Home Address: _____ Home Address _____

(if different)

(if different)

Home Phone: _____ Home Phone: _____

(If different)

(If different)

Cell Phone: _____ Cell Phone: _____

E-mail: _____ E-mail: _____

Occupation: _____ Occupation: _____

Present Employer: _____ Present Employer: _____

Business Phone: _____ Business Phone: _____

Names & relationships of close relatives who attend or have attended Dorchester Academy:

Names & ages of applicant's siblings: _____

How did you learn of Dorchester Academy?

OTHER INFORMATION

Student's Areas of Interest:

(For example: sports (please list), art, drama, music, etc.)

Has the applicant ever been suspended or expelled from any school?

Yes No

If "Yes," please provide explanation: _____

Does the applicant have any condition requiring special attention? _____

SIGNATURE

This certifies that the information provided above is accurate. Dorchester Academy is permitted to contact the persons listed here for further information. If this application leads to the applicant's attendance at Dorchester Academy, we agree to the policies and regulations as set by the Board of Trustees and carried out by the headmaster and faculty.

Signature of person completing this form: _____

Relationship to Applicant: _____ Date: _____