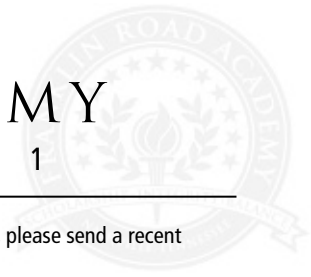


FRANKLIN ROAD ACADEMY

APPLICATION FOR ADMISSION PAGE 1



Applications may also be submitted online at www.franklinroadacademy.com, under the Admission tab. If applying online, please send a recent photo of the applicant. Send photo as an email attachment to admission@franklinroadacademy.com.

APPLICANT INFORMATION

Date _____ Applying for _____ school year Fall or Spring

Grade level (Circle one) Pre K 3-Day PreK Partial Day PreK Full Day K 1 2 3 4 5 6 7 8 9 10 11 12

Full name: _____ Male Female
LAST FIRST MIDDLE PREFERRED NAME

Date of birth: ____ / ____ / ____ Age ____ Current grade: ____ Current School: _____

Home address: _____
STREET CITY STATE ZIP HOME PHONE

Name of person responsible for school financial obligations: _____

Address if different from applicant: _____
STREET CITY STATE ZIP HOME PHONE

FAMILY INFORMATION

Father/Guardian TITLE: Mr. Dr. Other _____

If guardian, please give relationship to student: _____

Full name: _____
LAST FIRST MIDDLE PREFERRED NAME

Address (if different from applicant): _____
STREET CITY STATE ZIP

Home phone: (_____) _____

Cell phone: (_____) _____

Preferred e-mail: _____

Employer: _____

Business phone: (_____) _____

Mother/Guardian TITLE: Mrs. Ms. Dr. Other _____

If guardian, please give relationship to student: _____

Full name: _____
LAST FIRST MIDDLE PREFERRED NAME

Address (if different from applicant): _____
STREET CITY STATE ZIP

Home phone: (_____) _____

Cell phone: (_____) _____

Preferred e-mail: _____

Employer: _____

Business phone: (_____) _____

Stepfather/Guardian TITLE: Mr. Dr. Other _____

If guardian, please give relationship to student: _____

Full name: _____
LAST FIRST MIDDLE PREFERRED NAME

Address (if different from applicant): _____
STREET CITY STATE ZIP

Home phone: (_____) _____

Cell phone: (_____) _____

Preferred e-mail: _____

Employer: _____

Business phone: (_____) _____

Stepmother/Guardian TITLE: Mrs. Ms. Dr. Other _____

If guardian, please give relationship to student: _____

Full name: _____
LAST FIRST MIDDLE PREFERRED NAME

Address (if different from applicant): _____
STREET CITY STATE ZIP

Home phone: (_____) _____

Cell phone: (_____) _____

Preferred e-mail: _____

Employer: _____

Business phone: (_____) _____



Check if appropriate:

- Parents married Parents separated* Parents divorced*
- Mother deceased Father deceased
- Mother remarried Father remarried

*If parents are divorced or separated, who has legal custody of the applicant? _____

*If parents are divorced or separated, to whom should admission correspondence be sent? _____

Applicant lives with:

- Mother & Father Mother Father
- Legal Guardian Stepmother Stepfather

Ethnicity (optional):

Please check all that apply.

- African-American Asian-American Caucasian-American
- Latino/Hispanic American Native American
- Middle Eastern American Multiracial American
- International—Country _____

Applicant's native language: _____

Language(s) spoken at home: _____

Religious affiliation (optional): _____

Siblings of applicant:

Name: _____

Age: _____ Grade: _____ School: _____

Name: _____

Age: _____ Grade: _____ School: _____

Name: _____

Age: _____ Grade: _____ School: _____

Name: _____

Age: _____ Grade: _____ School: _____

Names of any relatives/friends who attend or have attended Franklin Road Academy:

Name: _____

Relationship to applicant: _____

Years Attended: _____ Class of: _____

Name: _____

Relationship to applicant: _____

Years Attended: _____ Class of: _____

Name: _____

Relationship to applicant: _____

Years Attended: _____ Class of: _____

Please attach a recent photograph here
(no larger than 3" wide x 2" tall).
It does not have to be a formal photograph.
The photograph is requested, not required.

FRANKLIN ROAD ACADEMY

APPLICATION FOR ADMISSION PAGE 3



Please briefly explain what has initiated a school search for your child. _____

What would you like Franklin Road Academy to know about your child? Please include special areas of interest. _____

Please comment on the applicant's strengths and areas of greatest need. _____

What appeals to you about Franklin Road Academy that you believe will benefit your child and your family? _____

If applicant is enrolled currently in another school, please indicate any needs that you feel have not been met. _____

Does this applicant have special needs or significant medical history about which we should be aware? Yes No

If yes, please explain: _____

Has applicant:

- a. previously applied to Franklin Road Academy? Yes No
- b. previously attended Franklin Road Academy? Yes No
- c. skipped or repeated a grade? Yes No
- d. had any disciplinary problems? Yes No
- e. been dismissed from any school? Yes No

If you answered yes to any of the above questions, please explain. _____



Has applicant:

a. undergone educational/psychological testing?* Yes No

b. been approved for extended time on standardized testing?* Yes No

If you answered yes to either of the above questions, please explain. _____

*If you answered yes to these questions, please supply us with the written report and any other information which you feel would be helpful to Franklin Road Academy in understanding your child.

How did you hear about Franklin Road Academy? (Check all that apply)

- Friend Alumnus of Franklin Road Academy Referred by current Franklin Road Academy family* Referred by Alumni*
- Advertisement School Fair Direct Mail/E-mail Attended campus event
- Live in area Website Referred by FRA Faculty or Staff Member Reputation

*Name of individual who referred you: _____

I (We) desire to have my (our) child, _____, considered for enrollment in Franklin Road Academy, subject to the terms and conditions, financial and otherwise, adopted by the Board of Trustees of Franklin Road Academy. Enclosed is my (our) non-refundable payment for \$50.

I (We) certify that all the information on this application is accurate and complete. I (We) acknowledge that I (we) submit this application with an understanding that I (we) will abide by all the rules, conditions, and regulations of Franklin Road Academy. I (we) also further acknowledge that I (we) waive my (our) right of access to confidential information in my (our) child's admission file.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(Signature of Financially Responsible Person)

Franklin Road Academy admits students of any race, color, nationality, and ethnic origin. We do not discriminate on the basis of race, color, or nationality in the administration of our educational policies, admission policies, financial aid, athletic, or other programs.

Please return this application along with a non-refundable \$50 application fee to:

Franklin Road Academy
Admission Office
4700 Franklin Road
Nashville, TN 37220
615.832.8845
www.franklinroadacademy.com

OFFICE USE ONLY:
<input type="checkbox"/> Application fee \$50
Date received: _____
Check #: _____