



RANDOLPH-MACON ACADEMY

Summer Program Application

Note: This application should be used for our Summer Program only. If the applicant is interested in applying for Summer and Fall, please request a regular application or visit www.rma.edu to apply online.

Applicant's Legal Name _____
Last First Middle

Nickname _____ Male Female Boarding Day

Grade level in the 2016-2017 school year _____

Address _____

City _____ State _____ Zip _____ Country _____

Home Phone (____) _____ Student Social Security Number: _____ - _____ - _____

Student Cell (____) _____ Student Email: _____

Date of Birth ____/____/____ Age _____ Place of Birth _____

Citizenship _____ Religious Preference _____

Have you ever attended R-MA? Yes No If yes, list grades and years attended. _____

Have you previously applied to R-MA? Yes No If yes, list year. _____

List brothers and sisters and their ages. If they are currently attending R-MA or have attended R-MA in the past, please list the years attended. _____

Name of Current School _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____

Principal's Name _____ Counselor's Name _____

Previous School(s) Attended

Name City/State Grade(s) Year(s)

Parents/Guardians Household 1 (Where Student Resides)

Please check one: Married Separated

Divorced Single parent

Mr. Mrs. Ms. (other) _____

Parent/Guardian 1: _____

Relationship to Student: _____

Cell Phone: (____) _____

Email Address: _____

Occupation: _____

Title: _____

Employer: _____

Business Address: _____

Work Phone: (____) _____

This person:

Is an emergency contact

Is financially responsible

Mr. Mrs. Ms. (other) _____

Parent/Guardian 2: _____

Relationship to Student: _____

Cell Phone: (____) _____

Email Address: _____

Occupation: _____

Title: _____

Employer: _____

Business Address: _____

Work Phone: (____) _____

This person:

Is an emergency contact

Is financially responsible

Parents/Guardians Household 2 (if applicable)

ATTENTION INTERNATIONAL STUDENTS: We require that parents of all international students designate a U.S. guardian for their son or daughter. The guardian must be over the age of 25 years old, a U.S. citizen or hold an active U.S. visa, and live within 200 miles of Randolph-Macon Academy. This guardian will be sent a guardian agreement that they must sign before an international student will be accepted to R-MA.

International students please list guardian information below.

U.S. citizens may use the fields below for a second household.

<p>Please check one: <input type="checkbox"/> Married <input type="checkbox"/> Separated</p> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> (other) _____</p> <p>Parent/Guardian 3: _____</p> <p>Date of Birth: _____</p> <p>Relationship to Student: _____</p> <p>Home Address: _____</p> <p>_____</p> <p>_____</p> <p>Home Phone: (____) _____</p> <p>Cell Phone: (____) _____</p> <p>Email Address: _____</p> <p>Occupation: _____</p> <p>Title: _____</p> <p>Employer: _____</p> <p>Business Address: _____</p> <p>_____</p> <p>_____</p> <p>Work Phone: (____) _____</p> <p>This person:</p> <p><input type="checkbox"/> Is an emergency contact</p> <p><input type="checkbox"/> Is financially responsible</p> </div>	<p><input type="checkbox"/> Divorced <input type="checkbox"/> Single parent</p> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> (other) _____</p> <p>Parent/Guardian 4: _____</p> <p>Date of Birth: _____</p> <p>Relationship to Student: _____</p> <p>Home Address (<i>if different from parent/guardian 3</i>): _____</p> <p>_____</p> <p>_____</p> <p>Home Phone: (____) _____</p> <p>Cell Phone: (____) _____</p> <p>Email Address: _____</p> <p>Occupation: _____</p> <p>Title: _____</p> <p>Employer: _____</p> <p>Business Address: _____</p> <p>_____</p> <p>_____</p> <p>Work Phone: (____) _____</p> <p>This person:</p> <p><input type="checkbox"/> Is an emergency contact</p> <p><input type="checkbox"/> Is financially responsible</p> </div>
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Summer Programs Course Selection

See the summer programs brochure or our web site, www.rma.edu for a list of courses offered.

- | | |
|--|---|
| <p>___ Upper School New Course</p> | <p>1. _____</p> |
| <p>___ Upper School Repeat/Enrichment Courses
(Also list here if you wish to participate in Flight and a repeat/enrichment course)</p> | <p>1. _____</p> <p>2. _____</p> |
| <p>___ Middle School Courses (select four)
(If choosing Science Explorer choose just two additional courses.)</p> | <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> |
| <p>___ English as a Second Language</p> | |

Academic and Conduct History

1. As a student at R-MA, you must comply with our standards of conduct. R-MA prohibits the possession and/or use of any substance which could become addictive, to include alcohol, tobacco, or other drugs. R-MA also forbids illicit sexual activity and requires compliance with a strict honor code. In view of the above, is there any reason to anticipate the applicant will have difficulty complying with our standards of conduct?

Yes No

2. Has the applicant ever been:

Suspended? Yes No

Dismissed? Yes No

3. Has the applicant ever had any other serious behavior or conduct problems in school?

Yes No

4. Was the applicant denied re-enrollment because of disciplinary reasons?

Yes No

5. Has the applicant had any involvement (other than minor traffic violations) with law enforcement authorities?

Yes No

If you answered YES to any of the above, please explain in detail and attach all available documentation:

Counseling/Testing

1. Has the applicant ever undergone psychological, behavioral, or chemical dependency evaluations?

Yes No If yes, explain why. *(Please enclose copies of test results of consultation)*

2. Is the applicant currently receiving counseling?

Yes No

3. Has the applicant ever been placed in a special instructional program? (ex. G&T or special services)

Yes No If yes, explain why. *(Documentation required)*

4. Is the applicant currently on medications of any kind?

Yes No

Medication(s) Name _____ Current Dosage _____

If yes, explain. _____

5. Describe any circumstances or recent changes in the applicant's life that you feel are significant (i.e. family relocation, divorce or separation, loss of loved one, adoption).

6. Please describe any illness, diseases, or physical disabilities which may have affected or affect your child's health, school work, or participation in the school's athletic program.

I hereby acknowledge and represent that the information in this application is true, correct, and complete to the best of my knowledge, and I further understand that a material omission or false information may constitute grounds for dismissal from Randolph-Macon Academy.

Parent Signature _____ Date _____

Student Signature _____ Date _____