Your application package must include:

- The completed application—All questions on the application must be answered for an application to be considered (including US guardian). A photo should also be attached.

- A non-refundable $200.00 application fee.

- Immunization records—Randolph-Macon Academy must have a copy of your immunization (shot) records on file.

- Essays—You must submit two essays. (1) Why you wish to attend R-MA. (2) What your future goals are. This must be in your own handwriting using your best English. The essays must be an accurate reflection of the student’s English proficiency.

- Transcripts, standardized test scores, and a summary of your completed courses, translated into English—The Transcript Request Form must be delivered to your current school for completion. All standardized test scores in your records must be included with the transcripts.

- Two recommendations from current school personnel (principal/counselor/teacher).

- SLEP or TOEFL scores—You must obtain a minimum score of 40 on the Secondary Level English Proficiency (SLEP) test to be admitted into R-MA in September. A summer English program is recommended for all new students, and is required for students who do not meet the minimum test score requirements.

- Interviews are required for all candidates. If you live too far from campus, a phone interview can be arranged. To make an appointment call 540-636-5484 or e-mail the Admissions Office at admissions@rma.edu.

Admissions decisions are determined by the Admissions Committee. Factors considered are: the application, previous school record, standardized test scores, and recommendations. You are responsible for ensuring that all required information has been submitted to the Admissions Office. Your file must be complete before it can be reviewed by the Admissions Committee. All information must be mailed or faxed to:

The Office of Admission
Randolph-Macon Academy
200 Academy Drive
Front Royal, Virginia 22630
Phone: 540-636-5484
Fax: (540) 636-5419
Please type or print all information.
**Applicant’s Biographical Information**

Applicant’s Name (as it appears on your passport) ____________________________________________________________

- Male  - Female

Applying for Grade ______ in the  - Fall  - Spring  - Summer Term of the 20___ - 20___ school year.

Home Address  ____________________________________________________________

City ___________________________  Code _______  Country ____________________________  E-Mail __________________________

Date of Birth   /   /   Place of Birth ____________________________  Citizenship ____________________________

Social Security Number (if applicable):  -  -  -  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 ____________________________

Are you applying to other schools? Which ones? ______________________________________________________________

---

**United States Guardian – Required** (Application is not complete without guardian information. Guardian must live within three hours flight time of R-MA.)

U.S. Guardian (s)  ____________________________________________________________

- Last Name   - First Name

Address  ____________________________________________________________

City ___________________________  State or Country ____________________________  Zip Code _________________

Phone(____)__________________  Fax (____)___________  E-Mail __________________________

Relationship to applicant ____________________________  Guardian to other R-MA students?  - Yes  - No

If yes, list names ____________________________________________________________

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**Father's Information--Required**

- Mr. & Mrs.  - Mr.  - Other _______

Father: ____________________________________________________________

Spouse: ____________________________________________________________

Home Address:  ____________________________________________________________

City ___________________________  State or Country ____________________________  Zip Code _________________

Home Phone: ____________________________  Cell Phone: ____________________________

E-mail Address: ____________________________________________________________

Occupation: ____________________________________________________________

Title: ____________________________________________________________

Employer: ____________________________________________________________

Business Address: ____________________________________________________________

Work Phone: ____________________________  Work Fax: ____________________________

This person:  

- Is an emergency contact  

- Is financially responsible

---

**Mother's Information--Required**

- Mr. & Mrs.  - Ms.  - Other _______

Mother: ____________________________________________________________

Spouse: ____________________________________________________________

Home Address (if different from father’s address):  ____________________________________________________________

City ___________________________  State or Country ____________________________  Zip Code _________________

Home Phone: ____________________________  Cell Phone: ____________________________

E-mail Address: ____________________________________________________________

Occupation: ____________________________________________________________

Title: ____________________________________________________________

Employer: ____________________________________________________________

Business Address: ____________________________________________________________

Work Phone: ____________________________  Work Fax: ____________________________

This person:  

- Is an emergency contact  

- Is financially responsible
**Educational Consultant – If applicable**
Organization Name
Contact
Address
City, State or Country, Zip Code
Phone(____) Fax (_____) E-Mail ___________

Have you ever placed any students at R-MA? Yes No If yes, list names

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**Applicant’s Curricular and Extracurricular Interests**

*This section must be completed by the applicant. If certain questions are not applicable, write N/A.*

In what subject(s) have you excelled?

What subject(s) do you find most challenging?

Can you speak English? ______ Can you understand spoken English? ______

Can you write English? ______ Are you capable of performing in an English-only class? ______

Do you plan to attend college? ______ If so, where? (If known) ______

What profession(s) or vocation(s) are you considering?

Check the activities in which you would be interested at R-MA:

- [ ] Band (please list instrument __________
- [ ] Flight Training
- [ ] Forensics (Debate)
- [ ] Golf
- [ ] Lacrosse
- [ ] Soccer
- [ ] Softball
- [ ] Swimming
- [ ] Tennis
- [ ] Track
- [ ] Volleyball
- [ ] Wrestling
- [ ] Equestrian

Check the boxes for the activities in which you have experience, and any others you would like to try:

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<th>Activity</th>
<th>Previous</th>
<th>Desires to Participate</th>
<th>Activity</th>
<th>Previous</th>
<th>Desires to Participate</th>
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<td>Lacrosse</td>
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<td>Equestrian</td>
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</tr>
</tbody>
</table>

List the organizations (school, church, community, etc.) in which you have been a member and any offices held.

From what source did your family first learn about R-MA?

Do you currently have a valid U.S. visa? ______ If so, what kind?

Do you have F1 status? ______ If so, which institution issued it?

What is your INS Admissions Number (if known) ______

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**Academic and Conduct History**

**Current School**
Current Grade________ Name of School _____________________________
Address _______________________________________________________
City, State or Country, Zip Code __________________________________
Principal/Headmaster’s Name ______________________________________
Phone: (_____) _______________________

**Previous Schools Attended**
Name City/State Country Grade(s) Year(s)
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
Conduct

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 an educational or psychological evaluation administered by a clinical psychologist, psychiatrist, or counselor?  

☐ Yes ☐ No

If yes, explain why. (Enclose copies of test results/evaluations)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

☐ Yes ☐ No

Medication(s) Name__________________________________________Current Dosage________________

If yes, explain.________________________________________________

________________________________________________________________________

________________________________________________________________________

3. 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:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. Describe any circumstance 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):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________

Notice of Nondiscriminatory Policy

Randolph-Macon Academy does not discriminate against any individual because of race, color, religion, sex, or national origin.