

Application for Admission

- Davidson Academy -

1414 Old Hickory Blvd. Nashville, TN 37207 (615) 860-5300 FAX: (615) 868-7918 Website: www.davidsonacademy.com
The non-refundable application fee of \$100 must be sent to activate this application.

Date of Application _____

Year Applying for _____

Grade Applying for _____

Name of Student _____

Last

First

Middle

Name student prefers to be called _____ Student Social Security # _____

Mailing Address _____

Street Address

City

State, Zip Code

Phone Number _____ Date of Birth _____ Sex _____

Year Month Day

Father's Full Name _____ Social Security Number _____

Business Name and Address _____

Position _____ Business Phone Number _____

Mother's Full Name _____ Social Security Number _____

Business Name and Address _____

Position _____ Business Phone Number _____

Who is the legal guardian of the student? _____

Brother(s) or sister(s) enrolled and grade(s) _____

Sibling(s) applying at this time and grade(s) _____

Local family church membership _____ Minister _____

Name of school last attended _____

Street Address _____

City _____ State _____ Zip _____

Has the student been asked to repeat any grade? _____ If yes, which one? _____

What factor(s) most influenced your decision to apply to Davidson Academy? Please check all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> Academic quality | <input type="checkbox"/> Athletics | <input type="checkbox"/> Tuition value |
| <input type="checkbox"/> Safe and secure environment | <input type="checkbox"/> Christian atmosphere | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> After-school program | <input type="checkbox"/> Location | _____ |

(continued)

State any chronic health, emotional, or physical problem the student has _____

Does the applicant have a learning difference? _____ Yes _____ No

Does he/she require modifications to meet academic requirements? _____ Yes _____ No

If yes to either, please explain: _____

Has the student ever been recommended for testing? _____ Yes _____ No

Has the student ever participated in a program for students who have special academic needs or abilities (including gifted, resource, special education)? _____ Yes _____ No

If yes, please describe: _____

Has the student ever been expelled, suspended, or asked not to return to a school? _____ Yes _____ No

If yes, please explain fully _____

Applicants are admitted to Davidson Academy, subject to the acceptance by the Admission Committee, with preference to brothers and sisters of currently-enrolled students. Written notification of admission status will follow action by the Admission Committee.

I/we, as parent(s)/guardian(s) of the above-named student, hereby authorize Davidson Academy to make whatever inquiries it deems necessary to this application.

Signature of Parent or Guardian _____