

OFFICE USE



Richard Winn
Academy mailing
address:
PO Box 390
Winnsboro, SC
29180

APPLICATION FOR ADMISSION

Admission is without regard to religion, race, color, or national or ethnic origin.

Date: _____

Applicant Information:

Name: _____
first middle last preferred name or nickname

Social Security Number: _____ Date of Birth: _____ Sex: _____
M or F

Grade for which application is made: _____ Proposed date of entrance: _____

Home Address: _____ Telephone: _____

City, State, Zip: _____

Parent/Guardian Information:

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

Street Address: _____ Street Address: _____

City, State, Zip: _____ City, State, Zip: _____

Occupation/Title: _____ Occupation/Title: _____

Employer: _____ Employer: _____

Employer's Address: _____ Employer's Address: _____

Bus. Tel.: _____ Home Tel.: _____ Bus. Tel.: _____ Home Tel.: _____

Cellular telephone _____ Cellular telephone _____

Email address _____ Email address _____

Applicant resides with: Mother Father Stepmother Stepfather Other (please specify) _____

Check any that apply: Father is deceased Mother is deceased Parents are divorced or separated

Current School Information:

Applicant's current or last school: _____

Name of principal or counselor: _____

Street Address: _____

City, State, Zip: _____ Telephone: _____

Fax _____ Signature of Parent or Guardian: _____