

Application for Admission Takoma Academy

8120 Carroll Avenue ■ Takoma Park, MD 20912
301.434.4700 (VOICE) ■ 301.434.4814 (FAX)
www.TA.edu ■ admissions@ta.edu

Student's Full (Legal) Name: _____
Last First Middle Preferred Name / Nickname

Mailing Address: _____
Address City State ZIP

Home Phone #: (_____) _____ Student's Cell Phone #: (_____) _____ Sex: **Male / Female**

S.S. #: _____ - _____ - _____ Email: _____ @ _____ Applying for grade: **9 / 10 / 11 / 12**

Date of Birth: ____/____/____ Place of Birth: _____
City State/Province Country

Country of Citizenship: _____ Primary Language Spoken: _____

Ethnicity: Anglo/Caucasian African American Hispanic Asian Other _____
Please provide the names, dates of birth and grades of all siblings living in the home with student: _____

Name and address of the school the applicant is currently attending (or last attended):
School Name: _____ Phone: (_____) _____
Address: _____
Name of Principal or Registrar: _____
Public School District: _____

Other secondary (high) schools applicant has attended: _____

Has the applicant been suspended or asked to withdraw? If yes, please explain: _____

Is the applicant currently taking any medications? If yes, please list: _____

Church Affiliation:
Applicant's Denomination: _____ Home Church _____ Baptized? Yes / No
Father's Denomination: _____ Home Church _____ Baptized? Yes / No
Mother's Denomination: _____ Home Church _____ Baptized? Yes / No

Parent/Guardian Information:
Parents are: Married Divorced Separated Single Widowed Student lives with _____

Parent/Guardian's Name: _____	Parent/Guardian's Name: _____
Relationship to Student: _____	Relationship to Student: _____
Home Address: _____	Home Address: _____
City, State, Zip: _____	City, State, Zip: _____
Home Phone #: (_____) _____	Home Phone #: (_____) _____
Daytime/Cell #: (_____) _____	Daytime/Cell #: (_____) _____
Email Address: _____ @ _____	Email Address: _____ @ _____

Emergency Contact Person (other than parents): _____
Daytime / Cell Phone #: (_____) _____ Relationship to Student: _____

The following questions are for the Parent/Guardian:

1. What characteristics of Takoma Academy interest your family? Why do you feel our school is a good match for your child?

2. Takoma Academy is dedicated to nurturing and encouraging students' spiritual, intellectual, social, physical and artistic abilities. What are your child's strength in these areas?

3. Please describe any learning disabilities or educational needs your child may have and any accommodations that will be needed while at TA:

4. Will you need financial aid in order for the applicant to attend TA? _____. If yes, what is your total household income and how many live full-time in this household? Total Household Income: \$_____ No. in Household: _____ Please give us other comments that will help us better understand your financial circumstances:

The following questions are to be answered by the student applicant:

1. What characteristics of Takoma Academy interest you? Why do you feel our school is a good match for you?

2. In what areas would you like to grow while at TA? What goals or career plans are you thinking about for your life?

3. Please describe your interests, hobbies, talents and awards earned (academic, music, sports, extra-curricular activities):

4. Please list any school and/or church organizations in which you have participated and your role:

5. Please describe any previous jobs you have had, if any, including work done for your parents and/or family:

Parent / Student Commitment:

If the Applicant is accepted, I/we, the undersigned, pledge to uphold the rules, regulations, policies and objectives of Takoma Academy. To the best of our knowledge, the questions on this application have been answered completely and truthfully. Signed,

Student

Father / Legal Guardian

Mother / Legal Guardian

Date