



The Gentlemen & Ladies Academy

ADMISSIONS OFFICE
1690 Bonnie Lane
Cordova, TN 38016

APPLICATION FOR ADMISSION

Submission must include payment of the application fee (non-refundable)

Please print or type:

Last Name: _____

First Name: _____

Middle Name: _____ Name Usually Called: _____

Date of Birth: _____ Citizenship: _____

Height: _____ Weight: _____ Shirt Size: Underline Adult / Youth _____

Social Security #: _____ - _____ - _____

APPLICANT'S CONTACT INFORMATION:

Address: _____
City _____ State _____ Zip _____
Home: () _____ Cell: () _____
Email: _____

Indicate (above) to whom tuition and charges should be directed to by selecting "payee" box.
RESPONSIBLE PARTY:

Father (L,F,M): _____
<input type="checkbox"/> Payee
Home Address: _____
City: _____
State _____ Zip _____
Home: () _____
Cell: () _____
Email: _____
Work:() _____
FAX() _____
Occupation: _____
Employer: _____
MOTHER (L,F,M): _____
<input type="checkbox"/> Payee

Home Address: _____
City _____
State _____ Zip _____
Home: () _____
Cell: () _____
Email: _____
Work: () _____
Fax: () _____
Occupation: _____
Employer: _____

Where did you first hear about The Gentlemen & Ladies Academy? (Please specify)

Magazine _____ Current Applicant /Family _____

Newspaper _____ Counselor _____

Word of Mouth _____ Internet/Search Engine _____

Other _____

Name and location of school Applicant is attending:

Grade _____ School _____

Does the applicant have any special gifts, interests or talents? (artistic, musical, athletic, etc.)

Yes No

If so, please

explain: _____

Has the Applicant been professionally diagnosed as requiring special education? Yes No
If so, please list the diagnosis given:

Has the Applicant ever been clinically diagnosed with the following psychiatric disorders?
(Schizophrenia, Bipolar (I, II, NOS),
Yes

No

Major depression, Dysthymia, Anxiety, Conduct disorder, (ODD) Oppositional-Defiant Disorder, (OCD)
Obsessive-Compulsive Disorder,
Tourettes Syndrome, Asperger Syndrome, ADHD, ADD, History of cutting or self-mutilation)

If so, please **circle each** and **list all** medication(s) prescribed by the treating primary care physician
or psychiatrist:

Physician Information:

Name: _____

Phone: _____

Address:

City: _____

State: _____ Zip: _____

Insurance Information:

Insurance Company: _____

Policy Number: _____

Special Accommodations:

My child has the following special needs:

My child has the following known allergies:

My child is on the following medications for long term continuous use

My child has the following pre-existing illness or health concerns:

LIST NAMES AND PHONE NUMBERS OF PERSONS AUTHORIZED TO PICK UP YOUR CHILD:

Name: _____

Relationship: _____

Address:

Phone: _____

Cell Phone: _____

Name: _____

Relationship: _____

Address:

Phone: _____

Cell Phone: _____

Emergency Information and Contacts:

GIVE NAMES AND PHONE NUMBERS OF THREE PEOPLE TO CALL IF YOU CANNOT BE REACHED:
(These people are authorized to pick up child)

Name: _____

Relationship: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ Cell Phone: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

What do you think The Gentlemen & Ladies Academy's experience can do for your child?

Describe briefly your child's ambitions for the future:

The Gentlemen & Ladies Academy does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, programs, athletic or other Academy-administered programs.



Enrichment Program Waiver

I, the under signed parent/guardian of _____ do hereby consent to his/her participation in The Gentlemen and Ladies Academy Enrichment Program.

I acknowledge that participation in this program may expose the above named child to the possibility of injury. I grant The Gentlemen and Ladies Academy's staff the authority to obtain emergency medical treatment as necessary to insure that the above named child is safe from further injury.

In consideration of The Gentlemen and Ladies Academy allowing my child to participate in its Program, I agree to waive and release The Gentlemen and Ladies Academy from all claims for damages that may arise, other than by negligence of The Gentlemen and Ladies Academy, its employees and agents, as a result of my child's participation in The Gentlemen and Ladies Academy.

Media Waiver

I am aware that the above named child may appear in a photograph, or video, taken by The Gentlemen and Ladies Academy's staff or local media and that photograph or video may appear in a variety of media sources on behalf of The Gentlemen and Ladies Academy. The Gentlemen and Ladies Academy will not divulge your son's name without written permission or the signing of this form .

Transportation Waiver

I acknowledge that the above named child will be participating in activities, trips and events organized by The Gentlemen and Ladies Academy. I am aware that the participation of my child may be outside the scope of his/her daily routine. I give permission for my child to travel by foot, automobile, or bus to a desired location.

Student Code of Conduct

Disciplinary action may be imposed whenever a student commits or attempts to commit any act of misconduct on THE GENTLEMEN and LADIES ACADEMY Campus, or at any activity, function, or event sponsored or supervised by THE GENTLEMEN and LADIES ACADEMY, including but not limited to:

1. Possession, use or distribution of an illegal or controlled substance, or look-alike drug.
2. Unauthorized and/or illegal possession, use or distribution of any alcoholic beverage.
3. Theft of property or services.
4. Intentional or willful and wanton destruction of property
5. Assault and/or battery.
6. Possession of a weapon.
7. Conduct which constitutes harassment or abuse that threatens the mental well-being health or safety of any individual.

Consequences include, but are not limited to, time out, notifying parents, and removal from the program for the safety and well-being of other campers.

*Disciplinary action may also be imposed whenever a student commits any acts of misconduct during an off-site event or activity.

I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, **HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS THE GENTLEMEN ACADEMY and THE LADIES ACADEMY, WWW.THEGENTLEMENACADEMY.COM, WWW.THELADIESACADEMY.COM, OWNER(S) OF ON SITE & OFF SITE LOCATIONS, and EL or its successors**, including their owners, officers, employees and agents, other participants, sponsoring agencies, sponsors and advertisers (RELEASEES), FOR ANY CLAIM ARISING FROM ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, I FULLY UNDERSTAND ITS TERMS, AND I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I have been informed of the child sexual abuse/ personal safety curriculum offered by the Department of Human Services. I have also received a Parent Handbook and I am fully aware terms and policies of the Parent Handbook and I am within full understanding and agreement. *I acknowledge and confirm that I have read this entire document prior to signing below.*

Parent/Guardian (please print)

Signature of Parent/Guardian

Date

Signature of Witness