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# Albemarle School

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*"Inspiring excellence and character in a nurturing environment"*

## Application for Admission

Albemarle School  
1210 US Highway 17 South • Elizabeth City, North Carolina 27909  
(252) 338-0883 • Fax (252) 338-1222

Date \_\_\_\_\_

## Application for Admission

I.

Applying for Grade \_\_\_\_\_ School Year \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
First Middle Last

Applicant's Address \_\_\_\_\_ Telephone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Citizenship, if other than U.S. \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Address/Telephone if different from applicant's \_\_\_\_\_  
\_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Address/Telephone if different from applicant's \_\_\_\_\_  
\_\_\_\_\_

Father's Employment and Position \_\_\_\_\_

Business Address \_\_\_\_\_ Telephone \_\_\_\_\_

Mother's Employment and Position \_\_\_\_\_

Business Address \_\_\_\_\_ Telephone \_\_\_\_\_

Student lives with:  Both Parents  Mother  Father  Other \_\_\_\_\_

Check any that apply:  Father is deceased  Parents are separated

Mother is deceased  Parents are divorced

Person to whom bills are to be sent \_\_\_\_\_

Address \_\_\_\_\_

## II. To Be Completed By New Applicants Only

Brothers and sisters of applicant:

Name	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names, addresses and dates of previous school(s) applicant has attended:

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Is there an exceptional children file on this student? If so, what is the stated identified classification?

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Has your child encountered disciplinary problems?  Yes  No

If so, what action was taken:

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Please list the names and addresses of three references to be contacted:

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When considering new applicants, priority is given to children who have brothers or sisters already enrolled in the school. Albemarle School admits students of applicable age, regardless of sex, race, color, or national origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school.

III.

I hereby apply for admission of the above named student to Albemarle School, and I enclose the non-refundable application fee.

Students are admitted for a year at a time, and the school reserves the right of suspension or dismissal at any time during the school year. Any student who fails to meet academic standards, who exercises poor citizenship, or fails to cooperate, may be asked to withdraw from school. Albemarle School reserves the right to determine placement of the applicant in the grade level or subjects judged most appropriate for his/her school experience.

Upon acceptance of this application, the school is hereby authorized to interview the applicant and administer any tests of intellectual ability which is deemed appropriate. Admission decisions, including grade placement, are made by the school administration.

An "enrollment contract and financial agreement" form will be forwarded to the parents/guardians of the above named student(s) which must be completed and returned to Albemarle School's business office not later than April 30th.

Students applying for admission after April 15th must return the "enrollment contract and financial agreement" within two weeks and prior to attending class.

Note: Submission of this application does not guarantee any student a place in a specific grade (unless an "enrollment contract and financial agreement" has been submitted and accepted by Albemarle School).

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please return this application with \$350.00 fee to Albemarle School - 1210 US 17 South - Elizabeth City, NC 27909

ALBEMARLE SCHOOL

IV. TO Be Completed By New Applicant Only

STUDENT RECORD RELEASE FORM

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Name of school last attended \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

PLEASE RELEASE OFFICIAL COPIES OF THE FOLLOWING INFORMATION:

- \_\_\_\_\_ Scholastic Record (include current year's grades)
- \_\_\_\_\_ Standardized Test Records
- \_\_\_\_\_ Health Records
- \_\_\_\_\_ Any other pertinent information that would aid in evaluating his/her effort and cooperation including disciplinary records.

AUTHORIZED STATEMENT AND SIGNATURE OF PARENT OR GUARDIAN

You are hereby authorized to furnish Albemarle School with my son/daughter's school record.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent or Guardian