Starkville Academy

505 Academy Road
Starkville, MS 39759
662-323-7814

For Office Use Only:

Date of Application_____ Time_____

Enrollment Date_____ Initiated_____

Registration Fee_____ Date_____

Check #_____ Cash _____ Rec'd by_____

Testing Fee_____ Date_____

Check #_____ Cash _____ Rec'd by_____

APPLICATION FOR ADMISSION
Please complete one application per student.
Completed applications and registration fees must be brought to the Main Office or mailed.

The mission of Starkville Academy is to provide educational programs in a Christian environment that will challenge students to excel academically, physically, socially, and spiritually

APPLICANT INFORMATION

Full Name _____ Name Used _____
First Middle Last

Mailing Address _____

_____

Street Address _____

_____

County of Residence _____ Home Phone (____) _____

Age _____ Birthdate _____ SSN _____

Place of Birth _____
City County State

Grade for which applying _____ Year _____ Male _____ Female _____

Public School District in Which Student Resides _____

FAMILY INFORMATION

Father _____

Legal Guardian
(Male) _____

Home Address _____

_____
City State Zip

Email Address #1 _____

Email Address #2 _____

Employer _____

Home Phone (____) _____

Business Phone (____) _____

Cell Phone (____) _____

SA Alumnus? _____ Yes _____ No Year _____

Mother _____

Legal Guardian
(Female)_____

Home Address _____

_____
City State Zip

Email Address #1 _____

Email Address #2 _____

Employer _____

Home Phone (____) _____

Business Phone (____) _____

Cell Phone (____) _____

SA Alumnus? _____ Yes _____ No Year _____

ACADEMIC HISTORY

Preschool attended _____

Has the student attended Starkville Academy previously? _____Grades _____Dates

Previous Schools Attended:

School	City, State	Grades	Years

Name and address of last school attended _____

_____

_____

City State Zip

Principal or Counselor's Name _____

Phone Number (_____) _____

Has this student been retained in a grade? _____ If yes, which grade? _____

Give a brief explanation: _____

_____

Has this student been **Suspended** from a school? _____ If yes, explain _____

_____

Has this student been **Expelled** from a school? _____ If yes, explain _____

_____

Was the student readmitted? _____Yes _____ No

Any other information or comments you feel the school needs to help your child:

_____

_____

_____

_____

EMERGENCY INFORMATION

Person to contact in an emergency (if parents cannot be reached):

Name _____ Phone Number (____) _____

Relationship to child _____

Physician _____ Phone Number (____) _____

Does this student have particular physical, mental, or emotional needs? _____

If yes, please give a brief explanation _____

_____

_____

MISCELLANEOUS INFORMATION

Please check all that apply:

Student resides with ___Mother and Father ___Mother ___Father ___Grandparent(s)

___Guardian ___Stepmother ___Stepfather

___Father is deceased ___Mother is deceased ___Parents are divorced or separated

_____Number of Brothers and Sisters. Please give names and ages of siblings.

Name	Age	School

NOTE CAREFULLY

Starkville Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, sex, national and ethnic origin in administration of its educational policies, admissions policies, athletic and other school administered programs.

Notes:

1. No student will be accepted who has a record of academic failure, discipline problems, or who has not met the criteria for successful completion of the standardized assessment test as stated previously in the enrollment procedures.
2. No student will be accepted requiring separate special education classes because Starkville Academy is not equipped to be of the best service to such a student. If this problem is not known at the time of enrollment, proper action will be taken to have the child tested and evaluated for appropriate placement or referred to another school in the best interest of the child.
3. All students are expected to maintain standards of academic achievement and general citizenship relative to the requirement established. Failure to do so will be just cause for the student's withdrawal from Starkville Academy.
4. When a student reaches a point where Starkville Academy can no longer contribute to the educational advancement of said student, and/or said student fails to take full advantage of educational opportunities offered him or her, and/or said student continuously violates school regulations, the student will be requested to withdraw from Starkville Academy during the present year and will definitely lose his or her priority for admission to Starkville Academy the following year. The Board of Directors will evaluate the recommendations of the administration concerning each student's present and future enrollment at Starkville Academy.
5. Parents of students must have paid their registration fees and signed a contract for the student to be eligible for any type of try-outs relative to the next school year.
6. Athletic eligibility requirements of the MS Association of Independent Schools must be followed concerning all athletes.

Admission Process

The admission process is as follows:

1. A tour of the school with the Director of Admissions or a designated school official
2. Completed application and a meeting of the school administrator with the parent/guardian and student
3. Pay non-refundable registration fee to the Business Office
4. Schedule a time with the school counselor for entrance testing, grades 1-12; on the day the entrance test is given the counselor will need the following:
   A. Check for testing fee ($25.00 made payable to Starkville Academy)
   B. Complete application (previous school address/phone required)
   C. Official copy of transcripts
   D. Official copy of most recent report card
   E. Official copy of achievement test scores
   (It is the parent's/guardian's responsibility to obtain and deliver the above information)

(continued on back)

Criteria for Admission

1. Students in grades 1-12 shall pass the admission test administered by assigned school official.
2. Student shall receive an excellent background report as stated by former school officials (including behavior and proper actions).
3. Student must have grades from former school that indicate probable success at Starkville Academy.
4. Entrance age is set by state law (students entering 1st grade shall be 6 by September 1st).
5. Student must receive approval of Admission Committee.
6. The family will be notified of the decision on admission by a school official.
7. New students will be considered based on the dated receipt of a completed application and payment of the registration fee. Each application will be dated, initialed, and time recorded to determine priority.
8. The school administration may accept a student for enrollment on a temporary basis provided said student has met all requirements as designated by the enrollment policy. However, the Board of Directors will officially approve all educational contracts.
9. The registration fee for a student will be refunded if the student is not admitted to SA.

Requirements for Class Attendance

1. Application form properly completed and signed.
2. Registration fee and testing fee paid.
3. Screening evaluation completed for new students.
   A. A copy of academic records from previous school.
   B. A referral from previous school regarding discipline report.
   C. Successful completion of the standardized assessment test in grades 1-12.
   D. Personal interview with an administrator.
4. A completed and signed Education Contract.
5. Bank draft completed and signed.
6. Original Mississippi Certificate of Immunization Compliance
7. Certified copy of birth certificate complete with the state certification number
8. Student's Social Security Number

The Mississippi Certificate of Immunization Compliance, the certified copy of the birth certificate, and the social security number for the enrolling student must be presented at the time of enrollment unless the student is transferring from a Mississippi school where records are being requested.

Use the lines below to give the names, mailing addresses, and/or email addresses of anyone (grandparents, aunts, uncles, etc.) that you would like to receive some of the publications and eNews produced by SA.

_____

_____

_____

_____

_____

_____

_____

_____

I understand the terms of this application and certify that all answers to questions herein are complete, true, and correct to the best of my knowledge.

_____ _____

Parent/Guardian Signature **Date**

Starkville Academy is accredited by and members of:

MS Association of Independent Schools	**Southern Association of Colleges and Schools** **Council on Accreditation and School Improvement**	**Southern Association of Independent Schools**