

Cortona Academy
The Ultimate in Private Education

VA: 703-464-0034 MD: 301-215-7788 Fax: 1-703-880-7259

Application for Admission + \$100

Name of applicant: _____
Date of Birth: _____ / _____ / _____ Last 4 digits of SSN: _____
Home Address: _____
City: _____ State: _____ Zip: _____

Father/Guardian's Name: _____
Home Address: _____
Occupation: _____ Job Title: _____
Phone Number (H): _____ Phone Number (W): _____ **Private Email:** _____

Mother/Guardian's Name: _____
Home Address: _____
Occupation: _____ Job Title: _____
Phone Number (H): _____ Phone Number (W): _____ **Private Email:** _____

Are parents separated? Yes _____ No _____ Divorced? Yes _____ No _____
If "Yes," who has legal custody? _____
With whom does the student live? _____

Please indicate last two (2) schools attended.

Name of School: _____ Dates Attended: _____
School Address: _____
Grades Completed or in progress: _____ Approximate GPA: _____
Reason for leaving: _____

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School Address: _____
Grades Completed or in progress: _____ Approximate GPA: _____
Reason for leaving: _____

Are there any medical or health-related matter which could negatively impact, or cause interruption to, the student's education experiences? If so, please list. _____

Is there any additional information you would like to share so that we may better understand your child? (Please include your child's gifts that create the unique person he/she is.) _____

Parent/Guardian Signature: _____ Date: _____