

Cape Fear Academy

Application for Admission

Applicant

Name _____ (_____)
Last First Middle Preferred

Sex _____ Date of Birth _____ Home Phone _____
Student's E-mail _____
(if applicable)

Address _____

Applying for Grade _____ of the _____ - _____ school year

Applicant's age as of August 1 of the year of entry: _____ years, _____ months

Parents or Legal Guardian

Father:

Dr./Mr. _____

Occupation _____ Place of Employment _____

Business Address _____

Business Phone _____ Fax _____ E-mail _____

Mother:

Dr./Mrs./Ms. _____

Occupation _____ Place of Employment _____

Business Address _____

Business Phone _____ Fax _____ E-mail _____

Father and Mother _____ married _____ separated _____ divorced

_____ deceased (_____ father _____ mother)

If divorced, who has custody of applicant? _____

Applicant lives with: _____ both parents _____ mother _____ father

_____ other (name/relationship) _____

Name of person financially responsible: _____

Siblings

Name	Date of Birth	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

Relatives who have attended Cape Fear Academy or are currently enrolled:

School Information

Applicant's Present School _____ Phone _____

Address _____

Principal/Director/Contact Person _____ Years Attended _____

Previous Schools _____

Teacher References: Please list the teachers to whom you will be giving the Teacher Recommendation forms. **They will be sent to you after receipt of this application.**

Name _____ Address _____

Name _____ Address _____

Are you requesting financial aid? Yes _____ No _____ (A financial aid application will be sent to those who check this box requesting assistance ONLY AFTER the applicant has been accepted for admission.)

Does the applicant require any special accommodations during the admissions testing? ___ Yes ___ No
If yes, please elaborate:

Please indicate in this space any additional information of which the school should be aware:

Please attach a \$75 non-refundable application fee. (Fee is reduced to \$35 if applying for financial aid.)
Cape Fear Academy welcomes and admits qualified students of any race, religion, and ethnic origin. Final decisions to admit or not to admit are made by the Headmaster in his sole discretion and are not subject to review.

Submit application to: Director of Admission
Cape Fear Academy
3900 South College Road
Wilmington, NC 28412
Phone: (910) 791-0287 ext. 1013 Fax: (910) 791-0290

Date _____ Signature of Parent _____