



Application for Admission

4380 Old US Hwy 41 North, Hahira, GA 31632
229-242-8491 (phone), 229-245-7894 (fax)
www.valwood.org

*Please send \$50.00
application and testing fee
and completed form to:*

Valwood
4380 Old US Hwy 41 North
Hahira, GA 31632

An applicant's file must be complete in order to be considered by the Admission Committee. In order to be complete, the following items must be returned:

- **Completed application**
- **Student questionnaire (grades 6-12)**
- **Application fee**
- **Transcript Request Form**
- **Teacher Recommendation Form**

Office Use Only:

Application received: _____

Fee received: _____

Non-discriminatory policy

Valwood admits students of any race, color, gender, or national origins to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate in the administration of its educational or admission policies, financial assistance programs, athletics, or other school administered programs.

Confidential

Applicant

Please print

Name _____
Last First Middle Preferred

Home Address _____
Street Address or PO Box

City State Zip
Phone () _____ Social Security Number _____

Gender _____ Birth date _____

County _____

Applying for grade _____ School Year _____ Present Grade _____

Schools

Name of present school _____

Address _____

Phone () _____ Dates of Attendance _____

Former schools (list in order - beginning with most recent):

<i>School</i>	<i>Address</i>	<i>Dates attended</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parents

Name of mother _____

Title Mrs. Ms. Dr. Rev. Other _____
Last First Middle Maiden Preferred

Home Address _____
Street Address or PO Box City State Zip

Home Phone () _____ Cell Phone () _____

Home Email _____

Occupation _____ Business/Firm _____

Business address _____

Business Phone () _____ Business Email _____

Name of father _____

Title Mr. Dr. Rev. Other _____
Last First Middle Preferred

Home Address _____
Street Address or PO Box City State Zip

Home Phone () _____ Cell Phone () _____

Home Email _____

Occupation _____ Business/Firm _____

Business address _____

Business Phone () _____ Business Email _____

**Family
Information**

Have any relatives attended Valwood School?

Name	Relationship	Years and grades attended	Graduated?
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List any Siblings:

Name	Date of Birth	School	Grade
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Parents' special interests: I/we would like to be involved in the following areas:

Paternal grandparents: Name _____

Address _____

Maternal grandparents: Name _____

Address _____

Parents are: Married Separated Divorced
 Mother deceased Mother remarried
 Father deceased Father remarried

If parents are divorced or separated, to whom should Admission correspondence be sent?

Applicant lives with _____

Will you be applying for financial aid? Yes No

If so, please request a Financial Aid package. The Financial Assistance application is separate from the Admission process.

**Financial
Assistance**

**Teacher
Evaluation**

List the name of the teacher who will be asked to complete the Teacher Recommendation form. The applicant should have been enrolled in this teacher's class during the last year. _____

**Parent
Questionnaire**

Has the applicant ever been dismissed from any school for any reason? Suspended? Asked to withdraw? Had a serious discipline issue? Please explain.

Please describe your child as objectively as you can.

Why do you wish for your child to attend Valwood?

Is it your intention to have your child graduate from Valwood?

Signature

Date