



MASSANUTTEN MILITARY ACADEMY

Admissions Office
614 S. Main Street
Woodstock, VA 22664
Fax: 540-459-5421 Phone: 877-466-6222

APPLICATION FOR ADMISSION

Instructions: Please complete this form and return it, with the \$50 application fee, to the MMA Admissions Office.

- ✓ Next, present the **Request for School Records** form to the academic administrative (guidance) office at the student's most recent school, along with copies of the **School Questionnaire** and **Teacher's Recommendation** forms.
- ✓ For more details, refer to the "Application Checklist" or contact the MMA Admissions staff.

Application Date: _____ Date of MMA Campus Visit/Interview: _____

Preferred Start of Enrollment: Start of Next School Year (August) Summer Session Next possible mid-term entry date

Current Grade Level: 6 7 8 9 10 11 12 Boarding Day International Cadet: Yes No PG applicant: Yes No

Please print responses legibly.

Student's Full Name _____ "Goes by" _____

Birth date _____/_____/_____ Sex: M F Social Security Number _____

Place of Birth: City _____ State _____ Citizenship _____

Student's E-mail Address _____ Religion or Denomination _____

Home Address _____

School(s) Attended

1. School Name & Mailing Address _____

City _____ State/Country _____ ZIP/Postal Code _____

Grades Attended _____ Principal (or other contact person) _____

Email _____ Phone Number _____

2. School Name & Mailing Address _____

City _____ State/Country _____ ZIP/Postal Code _____

Grades Attended _____ Principal (or other contact person) _____

Email _____ Phone Number _____

3. School Name & Mailing Address _____

City _____ State/Country _____ ZIP/Postal Code _____

Grades Attended _____ Principal (or other contact person) _____

Email _____ Phone Number _____

Massanutten Military Academy's mission is to provide a structured learning environment that produces confident, capable, productive citizens who are prepared for leadership and service. School motto: Non Nobis Solum ("Not for Ourselves Alone")

Parent Questionnaire

If you answer "yes" to any questions, please explain in the space provided or on a separate attachment.

1. Has the applicant ever repeated a grade level? Yes No If so, what grade(s)? _____
2. Has he/she ever been suspended or expelled from school, or denied readmission? Yes No

3. Has he/she ever been enrolled in or recommended for a special education program? Yes No
If so, has he/she since returned to mainstreamed classes? Yes No
4. Has an I.E.P. or a 504 Plan ever been prepared and assigned to the applicant? Yes No If so, please provide a copy to MMA Admissions staff and initial below to confirm your understanding that *MMA does not have staffing to provide special education or therapeutic services. MMA's counseling and learning support programs are designed to meet cadets' individual needs. MMA is not bound, however, by recommendations or expectations set forth in other schools' IEPs or learning support plans.*

Parents' Initials: _____

5. Has he/she ever been taken into custody by police or counseled by juvenile authorities? Yes No
6. Has the applicant ever served any type of incarceration or court-ordered probation or restriction? Yes No

7. Has he/she used illegal drugs in the past two years? Yes No
8. Does the applicant drink alcohol? Yes No
9. Does he/she use cigarettes or other tobacco products? Yes No

Medical information

1. Please list any/all medications that have been prescribed for the applicant over the past five years.

2. Has he/she ever received or been recommended for psychological or psychiatric testing or counseling? Yes No
If so, the parent/guardian must provide a copy of evaluations to MMA Admissions staff.

3. Does the applicant have any physical/mental conditions of which the Academy should be aware, such as asthma, diabetes, mood disorder, attention deficits, anxiety or depression, etc.? If so, please explain.

Parent(s)/Guardian(s) submitting this application and responsible for tuition and fees:Name: Mr. Mrs. Ms. Miss _____ Preferred Name _____
First Middle Last

Home Address (if different from Student's) _____

City _____ State/Country _____ ZIP/Postal Code _____

Work Address _____

City _____ State/Country _____ ZIP/Postal Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Custodial Parent/Guardian if different from above:Name: Mr. Mrs. Ms. Miss _____ Preferred Name _____
First Middle Last

Address _____

City _____ State/Country _____ ZIP/Postal Code _____

Work Address _____

City _____ State/Country _____ ZIP/Postal Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Parent's Statement

I have completed this application accurately. I understand that my failure to disclose pertinent information may result in the applicant's disqualification for admission or subsequent cancellation/termination of enrollment.

Name (Printed)_____
Parent's Signature_____
Date

Please use the space below for any additional information:
