

ADMIRAL FARRAGUT ACADEMY

Application for Admission



The mission of Admiral Farragut Academy is to provide a college preparatory environment that promotes academic excellence, leadership skills, and social development within a diverse community of young men and women.

THE APPLICATION PROCESS CHECKLIST

** You must submit all of the items below to complete your application file.*

** These may be submitted in any order. All paperwork may be faxed, except for the applicant's grades, standardized test scores and transcripts.*

- 1. Application for admission (type or print clearly in black ink)
 - Student page must be completed in student's handwriting
- 2. Application fee (non-refundable check or money order for \$100 payable to Admiral Farragut Academy)
- 3. Two (2) teacher recommendations required (forms and envelopes enclosed)
 - Preferably English and Math
- 4. Grades and standardized test scores from the previous 3 years
 - Official transcripts must be mailed directly to AFA from the most recent school
- 5. Tour/Interview
- 6. Results of any individual testing and evaluations on record

Please ask teachers to complete the Teacher Recommendation Forms and enclose them in the envelopes provided. If teachers prefer, they may fax or mail the recommendations directly to the school. Handwritten teacher recommendations are acceptable, provided they address the student's academic and personal performance and potential. Recommendations from family friends or non-school persons will be added to the student's file, but will not substitute for school recommendations. Application and other forms listed above are also available on the school's website at www.farragut.org under the admissions tab.

Admiral Farragut Academy admits young men and women 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, national and ethnic origin in administration of its educational policies, admission policies, financial assistance and loan programs, athletic and other school-administered programs.

PLEASE CHECK ONE:

Applying For:

Day Student

5-Day Boarder

7-Day Boarder

ADMIRAL FARRAGUT ACADEMY

Application for Admission To Be Completed By The Parent/Guardian

**STUDENT
PHOTO
required here**

Student Information

Current Grade: _____ Applying for Grade: _____

Year of Proposed Entrance: _____ Fall Semester Spring Semester Other: _____

Legal Name: _____
Last First Middle Nickname

Home Address: _____ Home Telephone: (_____) _____

City: _____ State: _____ Zip Code: _____ Country: _____

Social Security Number: _____ Date of Birth: _____ Age: _____ Sex: Male Female
(Copy required at enrollment) (mm/dd/yyyy)

Country of Citizenship: _____ Native Language: _____

If international, will I-20 be needed? Yes No Can student speak and understand English? Yes No

Student Siblings/Ages: _____

Parent/Guardian Information

Applicant lives with: Both Parents Mother Father Other: _____

Father/Guardian is: Married Separated Divorced Single Remarried Widowed

Mother/Guardian is: Married Separated Divorced Single Remarried Widowed

Mr. & Mrs. Mr. Dr. Mr. & Mrs. Ms. Miss Dr.

Father/Guardian: _____ Mother/Guardian: _____

Spouse: _____ Spouse: _____

Home Address: _____ Home Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Home Telephone: _____

Cell: _____ Cell: _____

E-mail: _____ E-mail: _____

Occupation: _____ Title: _____ Occupation: _____ Title: _____

Employer: _____ Employer: _____

Work Address: _____ Work Address: _____

Work Telephone: _____ Work Telephone: _____

College(s) Attended: _____ College(s) Attended: _____

Billing Address: Same as Both Parents Same as Father/Guardian Same as Mother/Guardian Other

Name: _____ Relationship to Student: _____

Phone Number: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Grandparent(s) Contact Information: Name: _____

Home Address: _____ Home Telephone: (_____) _____

City: _____ State: _____ Zip Code: _____ Country: _____

ADMIRAL FARRAGUT ACADEMY

School & Other Information

To Be Completed By The Parent/Guardian

School Information

Applicant's Current or Most Recent School: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Country: _____ School Website: _____

Attendance Start Date: _____ End Date: _____ Please circle the type of school it was: Public Independent

Was your son/daughter involved in extracurricular activities? Yes No

If yes, please describe:

Reason for leaving school: _____

Please list all other schools the applicant attended:

• School Name: _____

City/State/Country: _____ Grade(s): _____ Start Date: _____ End Date: _____

• School Name: _____

City/State/Country: _____ Grade(s): _____ Start Date: _____ End Date: _____

• School Name: _____

City/State/Country: _____ Grade(s): _____ Start Date: _____ End Date: _____

Other Information

Please list any Firms, Institutions or Foundations that either the Parent or Guardian is affiliated with:

Please list grandparents or any other people directly involved in the student's welfare:

_____ Relationship: _____

_____ Relationship: _____

How did you hear about Admiral Farragut Academy?

Please list any relatives or friends who have attended Admiral Farragut Academy:

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

ADMIRAL FARRAGUT ACADEMY

To Be Completed By The Parent/Guardian

- ▶ *To withhold or misrepresent information may affect the admission/enrollment process.*
- ▶ *Please circle Yes or No. If you answer "Yes" to any of the following questions, please explain.*

Has your son/daughter ever undergone an education evaluation administered by a clinical psychologist, psychiatrist, or counselor?

If yes, please give the date of and nature of consultation. *This evaluation must be provided during the admission process.*

Yes No

Has your son/daughter been a participant in an Individual Education Program (IEP), Special Education or Resource Program?

If yes, please explain specifically.

Yes No

Is your son/daughter taking medication on a regular basis? Yes No

If yes, please name each medication.

Is there any reason or condition that would prevent your son/daughter from participating in day-to-day activities at Admiral Farragut Academy?

If yes, please explain. Yes No

Has your son/daughter ever had disciplinary problems? Yes No

If yes, please explain.

Has your son/daughter ever been suspended from school? Yes No

Has your son/daughter ever been expelled from school? Yes No

If yes, please explain.

Has your son/daughter ever had a problem or been involved with drugs or alcohol? Yes No

If yes, please explain.

Has your son/daughter ever been arrested or had any involvement with the law? Yes No

If yes, please explain.

Parent/Guardian Signature: _____ Date: _____

ADMIRAL FARRAGUT ACADEMY

Release of Educational Records Authorization

INTERNAL USE ONLY:

To Parent or Guardian

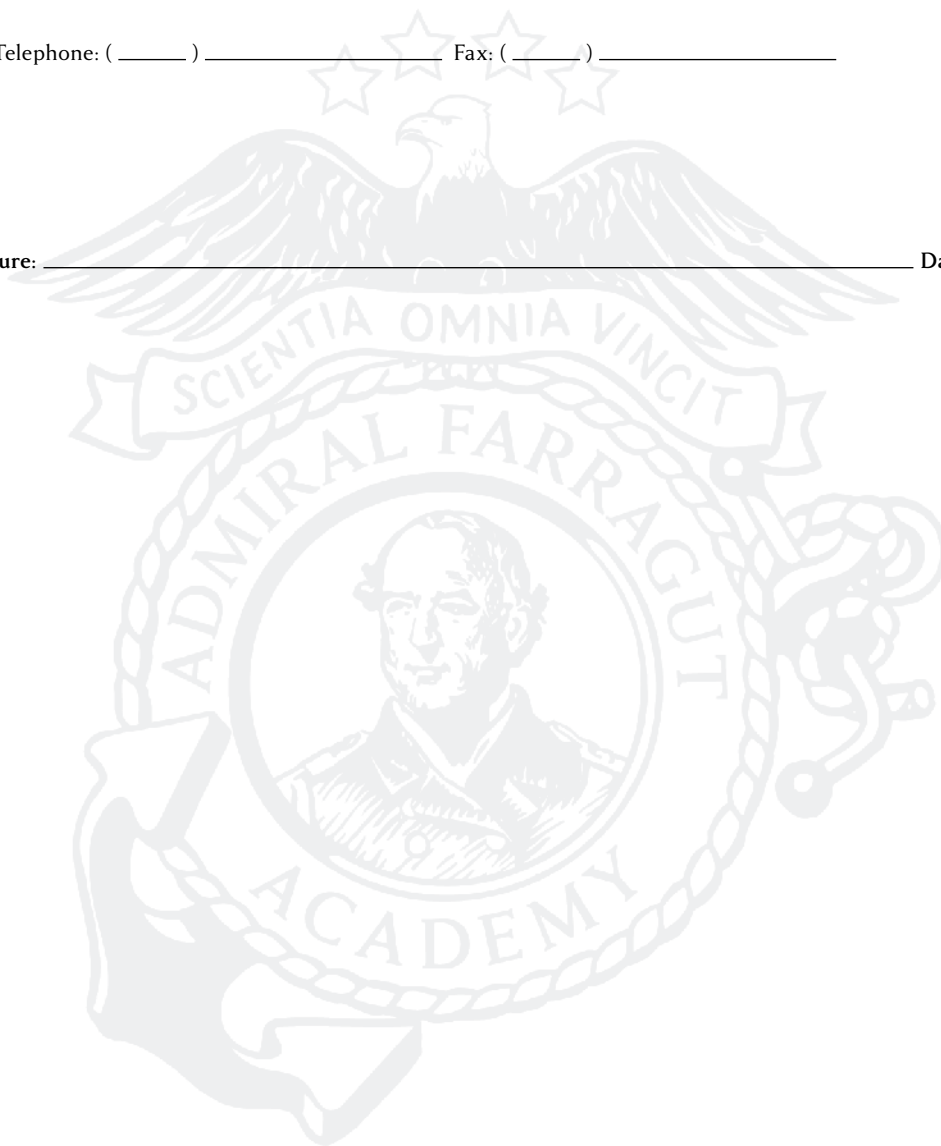
Please complete, sign and return this release form with the application to Admiral Farragut Academy's admissions department.

Name of Student: _____ Current Grade: _____

As parents/guardians of the student named above, I authorize: _____
(Name of Current/Recent School)
to release confidential records and information to Admiral Farragut Academy.

Current/Recent School Telephone: (_____) _____ Fax: (_____) _____

Parent/Guardian Signature: _____ Date: _____



ADMIRAL FARRAGUT ACADEMY

Release of Educational Records Authorization

To Parent or Guardian

Please complete this form, sign where indicated, and present to your current or most recent school to request that the records and information listed below are forwarded as soon as possible.

Name of Student: _____ Current Grade: _____

As parents/guardians of the student named above, I authorize: _____
(Name of Current/Recent School)

to release confidential records and information to Admiral Farragut Academy.

To Principal/Headmaster

Specific information to be released should include the following:

- Academic records for the current year, as well as the previous 3 years (if applicable)
- Standardized test scores
- Copy of psychological or educational evaluations
- Immunization records
- Letter that the family/student is in good financial standing and able to transfer to Admiral Farragut Academy
- Results of any individual testing on record
- Description of any special services administered to student
- Behavior records

Other: _____

Please mail records to:

Director of Admissions
Admiral Farragut Academy
501 Park Street North
St. Petersburg, FL 33710
USA

Parent/Guardian Signature: _____ Date: _____

ADMIRAL FARRAGUT ACADEMY

Teacher Recommendation Form

ADMIRAL FARRAGUT ACADEMY, 501 Park Street North, St. Petersburg, FL 33710 USA
 Phone: 727-384-5500, Fax: 727-347-5160, E-mail: admissions@farragut.org, Web: www.farragut.org

The student whose name appears below has applied for admission to Admiral Farragut Academy.
 Please complete the items below and return this form at your earliest convenience. Thank you for your input.

Name of Student: _____ Date: _____

Evaluator's Name: _____ Title: _____

School Name: _____

School Address: _____ Phone Number: (_____) _____

City: _____ State: _____ Zip Code: _____ Country: _____

How long have you known the student? _____ In what capacity? _____

In which course(s) have you taught the student? _____

How is this report based (personal observation, teacher's observations, records)? _____

In making the following ratings, please keep in mind that they will be used to compare this student with his or her peers. Please check the most appropriate box.

I. Academic Ratings	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	II. Personal Ratings	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Ability				Leadership			
Motivation				Self-Confidence			
Self-Discipline				Sense of Humor			
Growth Potential				Concern for Others			
Creativity				Emotional Maturity			
Study Habits				Personal Initiative			
Work Ethic				Reaction to Criticism			
Organization				Participation in Activities			
Attention Span				Attitude Toward Faculty & Staff			
Perseverance				Integrity			
Preparation for Class				Respect Accorded by Faculty			
				Respect Accorded by Peers			
				Politeness			

III. Citizenship	I PREFER NOT TO ANSWER	I DO NOT KNOW	YES	NO
Do you have confidence in his or her good character?				
Has the student been involved in illegal drugs?				
Has the student been in trouble with legal authorities?				
Has the student in any way been a disciplinary problem?				

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Teacher Recommendation Form *(continued)*

Please briefly explain any disciplinary action(s) taken: _____

What three words come to mind when you think of this student? _____

What are the student's strengths: As a student _____

As a person _____

What are the student's weaknesses: As a student _____

As a person _____

I recommend this student in terms of both academic ability and character:

Enthusiastically Strongly With mild enthusiasm* Without enthusiasm* Not recommended*

**Please explain*

Summary and Recommendation

On a separate piece of paper, please write an evaluation summary that assesses the student's academic and personal qualities, particularly in your academic field, and his or her potential as a student. We are interested in specific events and circumstances which give insight into his or her strengths and weaknesses. In addition, please describe the student's character, maturity, integrity and values.

Evaluator Signature: _____ Date: _____

Evaluator Contact Information (phone number or e-mail address): _____

Waiver of Access

All rights of access conferred by the Family Educational Rights and Privacy Act of 1974 (P.L. 93-380) as amended, or otherwise, to all information and materials of any kind received by Admiral Farragut Academy from any source in connection with the application for admission, including this form, are hereby waived.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Confidentiality

Our interpretation of the significant features of the Buckley Amendment:

Applicants and their families do not have access to their admissions files during the application process. Non-matriculated, waiting pool, and rejected applicants and their families do not have access to their files. Matriculated students and their parents do not have access to their files if they have signed the above waiver.

Please complete and return this form at your earliest convenience to:

ADMIRAL FARRAGUT ACADEMY, Admissions Office, 501 Park Street North, St. Petersburg, FL 33710 USA

ADMIRAL FARRAGUT ACADEMY

Teacher Recommendation Form

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City: _____ State: _____ Zip Code: _____ Country: _____

How long have you known the student? _____ In what capacity? _____

In which course(s) have you taught the student? _____

How is this report based (personal observation, teacher's observations, records)? _____

In making the following ratings, please keep in mind that they will be used to compare this student with his or her peers. Please check the most appropriate box.

I. Academic Ratings	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	II. Personal Ratings	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Ability				Leadership			
Motivation				Self-Confidence			
Self-Discipline				Sense of Humor			
Growth Potential				Concern for Others			
Creativity				Emotional Maturity			
Study Habits				Personal Initiative			
Work Ethic				Reaction to Criticism			
Organization				Participation in Activities			
Attention Span				Attitude Toward Faculty & Staff			
Perseverance				Integrity			
Preparation for Class				Respect Accorded by Faculty			
				Respect Accorded by Peers			
				Politeness			

III. Citizenship	I PREFER NOT TO ANSWER	I DO NOT KNOW	YES	NO
Do you have confidence in his or her good character?				
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Evaluator Contact Information (phone number or e-mail address): _____

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