

PHONE 410-398-2206

FAX 410-398-8063

MOUNT AVIAT ACADEMY
399 CHILDS ROAD
CHILDS, MARYLAND 21916-0085

APPLICATION FOR ADMISSION OF STUDENT

Student

Last Name _____ First Name _____ Middle _____

Street _____ Development _____

City _____ State _____ Zip _____

Home Phone _____ Date of Birth ____ / ____ / ____ Social Security _____

Current School (if applicable) _____

Parents' Names _____

Work Telephone Numbers- Father _____ Mother _____

Reason for applying to Mount Aviat Academy _____

We the undersigned, agree to comply with the regulations of Mount Aviat Academy and to accept the terms of payment of all the fees as stated.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

APPLYING FOR:

Preschool..... 20__ - 20__ Child must be 4 by Sept. 1st
Kindergarten..... 20__ - 20__ Child must be 5 by Sept. 1st
Grade ____ for Academic Year..... 20__ - 20__

APPLICATION FEE - \$10.00 CHECK # _____ DATE _____

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Office use only:

Date application received _____ Initials _____

Reconfirmed – Date _____ Grade Requested _____ Initials _____

Reconfirmed – Date _____ Grade Requested _____ Initials _____