

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 _____

Phone _____ Date of Birth ____/____/____ Social Security _____ Male Female

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 _____

Office use only:

Date application received _____ Initials _____

Reconfirmed – Date _____ Grade Requested _____ Initials _____

Reconfirmed – Date _____ Grade Requested _____ Initials _____