

Cortona Academy
The Ultimate in Private Education

VA: 703-464-0034

Toll Free: 877-851-2010

MD: 301-215-7788

Fax: 703-956-6577

Application for Admission + \$100

Name of applicant: _____

Date of Birth: _____/_____/_____ Last 4 digits of SSN: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Father/Guardian's Name: _____

Home Address: _____

Occupation: _____ Job Title: _____

Phone Number (H): _____ Phone Number (W): _____ **Private Email:** _____

Mother/Guardian's Name: _____

Home Address: _____

Occupation: _____ Job Title: _____

Phone Number (H): _____ Phone Number (W): _____ **Private Email:** _____

Are parents separated? Yes _____ No _____ Divorced? Yes _____ No _____

If "Yes," who has legal custody? _____

With whom does the student live? _____

Please indicate last two (2) schools attended.

Name of School: _____ Dates Attended: _____

School Address: _____

Grades Completed or in progress: _____ Approximate GPA: _____

Reason for leaving: _____

Name of School: _____ Dates Attended: _____

School Address: _____

Grades Completed or in progress: _____ Approximate GPA: _____

Reason for leaving: _____

Are there any medical or health-related matter which could negatively impact, or cause interruption to, the student's education experiences? If so, please list. _____

Is there any additional information you would like to share so that we may better understand your child? (Please include your child's gifts that create the unique person he/she is.) _____

Parent/Guardian Signature: _____ Date: _____