



# APPLICATION FOR ADMISSION

Application for

- January, Mid-Year Enrollment       August, Fall Enrollment  
 The New ERA, Summer School       Summer Leadership Camp

## APPLICANT INFORMATION

First Name		Middle Name		Surname or Family Name		Other	
Nickname			Social Security Number (USA) or Passport Number				
Current Grade Level	Applying for Grade	Birthdate (MM/DD/YYYY)	Age	City and Country of Birth		Citizenship	
Mailing Address							
City, State				Country		Zip or Postal Code	

## FAMILY INFORMATION

Father/Guardian							
First Name		Middle Name		Surname or Family Name		Other	
Mailing Address (if different from applicant)							
City, State				Country		Zip or Postal Code	
Home Phone		Cell Phone		Personal Email Address			
Employer / Business				Business Email Address			

Mother/Guardian							
First Name		Middle Name		Surname or Family Name		Other	
Mailing Address (if different from applicant)							
City, State				Country		Zip or Postal Code	
Home Phone		Cell Phone		Personal Email Address			
Employer / Business				Business Email Address			

If parents are divorced, who is legal custodian of applicant?							
<input type="checkbox"/> Mother		<input type="checkbox"/> Father		<input type="checkbox"/> Joint			

## SCHOOL INFORMATION

Name of Current or Most Recent School		
City, State	Country	Zip or Postal Code

## CERTIFICATE OF ELIGIBILITY

All applicants must be single males, physically capable of fully participating in all school activities, to include military drills and ceremonies, and willing to attend and abide by the rules and regulations of the Academy. All applicants must be of good moral character, capable of average or better academic performance, free of any drug or alcohol related problems and not under the supervision of juvenile or civil jurisdictions. Please respond to the following items.

Has the applicant ever been arrested, cited, charged or convicted by any civil authorities for any violations of the law other than minor traffic offenses? If "YES", please explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has the applicant ever been suspended, expelled or asked to withdraw from a previous school for any reason? If "YES", please explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has the applicant ever been in consultation with a doctor or counselor concerning behavioral, emotional or psychological problems? If "YES", please explain. <i>(A full report from the doctor/counselor may be required before an admissions decision can be reached.)</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does the applicant take any prescription medication on a daily basis? If "YES", please explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does the applicant use tobacco products, or has he ever used any illegal substances, including alcohol, marijuana, or other chemical substances? If "YES", please explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has the applicant ever been in a treatment program, a residential treatment center or wilderness program for behavioral problems or substance abuse? If "YES", please explain. <i>(A full report from the doctor/counselor may be required before an admissions decision can be reached.)</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>

## ALCOHOL & DRUG POLICY STATEMENT

Drinking, being under the influence, using, attempting to purchase or possessing any form of intoxicating beverage or narcotic, and/or possessing narcotics paraphernalia, and/or abuse of prescription drugs, inhalants or over-the counter drugs by any cadet at any time during the school year is expressly forbidden and will be considered grounds for dismissal from school. Missouri Military Academy has a random drug/alcohol-testing program in addition to a policy of testing cadets suspected of substance abuse. Refusal to take the test will be considered grounds for dismissal from school.

**APPLICANT'S ACKNOWLEDGEMENT**

I hereby acknowledge and verify that I have read the Alcohol and Drug Policy Statement, and that I am willing to attend the Academy, and to abide by the rules and regulations of the Missouri Military Academy.


 Applicant's Signature:	Date:
--	-------

**PARENT OR GUARDIAN'S ACKNOWLEDGEMENT**

I hereby acknowledge and verify that I have read the previously stated policies and statements, and that I understand that any misstatement, misrepresentation or omission of facts made on this Application for Admission and Certificate of Eligibility is a falsification of required information intended to mislead the Missouri Military Academy, which may result in revocation of any offer of admission, or dismissal from the Missouri Military Academy.

If responsibility and/or custody are to be shared by mother and father or borne by a non-custodial parent, then this application must be signed by both parties. Signature of the application form shall constitute the agreement of the parent(s) signing to be individually and fully responsible for all tuition and other charges and shall constitute a representation by the signatory that he/she is authorized and legally empowered to sign all releases and other documents in connection with the application.

I am enclosing the \$100.00 application. I understand that this fee is non-refundable.

 Parent or Guardian's Signature:	Date:
---	-------

 Parent or Guardian's Signature:	Date:
--	-------

The Admission Committee, at its sole discretion, shall determine admission to Missouri Military Academy. It is the policy of the Academy not to disclose specific reasons for an applicant being denied admission. Missouri Military Academy reserves the right to refuse admission to any applicant or to require the withdrawal of any cadet when such refusal or withdrawal is in the best interest of the Missouri Military Academy.

**FOR OFFICE USE ONLY:**

Application received \_\_\_\_/\_\_\_\_/\_\_\_\_                      Application fee received \_\_\_\_/\_\_\_\_/\_\_\_\_

School Session  January/Mid-Year     August     The New ERA Summer School     Summer Leadership Camp

Sibling \_\_\_\_    Military \_\_\_\_    Legacy \_\_\_\_    Name of brother or relative \_\_\_\_\_