

MILLER'S MILITARY ACADEMY



APPLICATION

An application must be submitted with a \$100.00 non-refundable application fee.

ENTRANCE EXAMINATION

All applicants must take an Entrance/Admission Examination. Please contact the Admissions office for test dates.

TRANSCRIPT OF RECORD

The transcript release form must be signed by the parent or legal guardian. This form is sent to the applicant's present school requesting a copy of the applicant's transcript, including test scores, health records, social security numbers and birth certificate.

LETTERS OF REFERENCE

Two teacher reference forms must be completed and returned to the Academy.

ADMISSIONS DIRECTOR

Upon making a request for admissions to Miller's Military Academy, parents should understand that the primary concern of the Admissions Director is clearly the best interest of each candidate. This decision will include: what the Academy has to offer each candidate; and what each candidate contributes to the Academy.

MILLER'S MILITARY ACADEMY

TERMS AND CONDITIONS OF AGREEMENT

I understand and agree to the following conditions of admission:

- This application for admission will not be considered completed until
Non-refundable application fee is received
Academy receives previous school records
Admission test scores are evaluated
Teacher's recommendation(s) are received
- Application is accepted for the entire school year. Student will not be enrolled until all appropriate fees are paid.
- Students are admitted for one year at a time, and the school reserves the right of suspension or dismissal at any time during the school year. Any student who persistently neglects work, who fails to meet academic standards, who exercises poor citizenship, or who fails to cooperate, may be asked to withdraw from school.
- Prior to admission, applicants will complete their registration by payment of all fees including enrollment, application, evaluation and activity. Uniforms are purchased separately.
- Miller's Military Academy reserves the right to determine the placement of the applicant in the grade level or subjects judged most appropriate for his school experience.

Signature of Parent or Guardian

Date

NOTICE OF NON-DISCRIMINATION POLICY

Miller's Military Academy admits students 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 Academy. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, athletics, or other school administered programs.

**MILLER'S MILITARY ACADEMY
APPLICATION FOR ADMISSION**

SOCIAL SECURITY NUMBER	STUDENT NAME: LAST, FIRST, MIDDLE	GRADE LEVEL
/ /		
ADDRESS: CITY, STATE, ZIP		COUNTY
TELEPHONE NUMBER	DATE OF BIRTH	PLACE OF BIRTH

PARENT AND/OR GUARDIAN INFORMATION

NAME OF FATHER OR MALE GUARDIAN		NAME OF MOTHER OR FEMALE GUARDIAN	
HOME ADDRESS (IF DIFFERENT FROM ABOVE)		HOME ADDRESS (IF DIFFERENT FROM ABOVE)	
HOME NUMBER (IF DIFFERENT FROM ABOVE)		HOME NUMBER (IF DIFFERENT FROM ABOVE)	
EMPLOER/OCCUPATION		EMPLOYER/OCCUPATION	
WORK NUMBER	CELL NUMBER	WORK NUMBER	CELL NUMBER
EMAIL ADDRESS		EMAIL ADDRESS	

DOES STUDENT LIVE WITH BOTH PARENTS? YES _____ NO _____

IF NO, WHO HAS LEGAL CUSTODY? _____

FINANCIAL RESPONSIBILITY WILL BE ASSUMED BY: _____

EMERGENCY CONTACTS

NAME	HOME NUMBER	CELL NUMBER	RELATIONSHIP

LIST PREVIOUS SCHOOL(S) ATTENDED

GRADE	SCHOOL NAME	ADDRESS: CITY, STATE, ZIP	TELEPHONE NUMBER

How did you become interested in Miller's Military Academy?
Has the applicant ever attended a school or program for students who have academic or other needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe.
Are there any other siblings enrolled in the Academy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant ever been referred to or received professional, psychological or personal counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant ever been suspended, expelled or withdrawn from any school for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide full detail including name of school(s), year(s) and contact person(s) for further details.
Does the applicant take any medication on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify.
Does the applicant have a physical health problem of which the Academy should be aware? These include special diets, prescriptions or limitations on normal activities. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify.

SIGNATURE AND RELEASE OF INFORMATION

A false statement on any part of the application may be grounds for not admitting the applicant, or dismissal after the applicant began classes. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith. I consent to the release of information from employers, schools, and any organization as needed for verification in determining admission to Miller's Military Academy.

Signature of Parent and/or Guardian

Date

MILLER'S MILITARY ACADEMY

STATEMENT OF OBJECTION TO USE OF SOCIAL SECURITY NUMBER

I do not wish to have my child's Social Security Number placed into the school records for the purpose of identification.

Print child's name

Signature of Parent

Date

Disciplinary Information Form

A new law (Official Code of Georgia 20-2-670) provides that a transferring student applying for admission to a grade higher than sixth grade shall as a prerequisite to admission present a certified copy of his or her academic transcript and disciplinary record from the school previously attended. In lieu of compliance, a student may be allowed on a conditional basis if a student or his or her parent or guardian executes a document providing the name and address of the school last attended and authorizing the release of all academic and disciplinary records to the school administration.

The student or parent or guardian shall also disclose whether the student has ever been adjudicated guilty of a felony. The type, nature, and date of the felony shall be disclosed to school officials at the time the student is applying for admission. Schools are authorized to refuse to readmit or enroll a student being adjudicated to have committed, being indicated for or having information filed for the commission of any felony or any delinquent act under Code Section 15-11-5 (O.C.G.A. 20-2-769).

The student or parent or guardian shall also disclose whether the student is currently serving a suspension or expulsion from another school or school system. The type, nature and date of the suspension or expulsion shall be disclosed to school officials at the time the student is applying for admission. Schools are authorized to refuse to readmit or enroll a student currently serving a suspension or expulsion from another school or school system (O.C.G.A. 20-2-751-1). If another school system

COMMITMENT AND DISCIPLINARY AGREEMENT

I/we, the undersigned, understand, and agree with policies, procedures, and goals of the Academy.

_____ I hereby authorize the Administrator/Designated Staff to physically discipline my child when needed.

_____ I will immediately come to the Academy when called and handle any discipline problems with my child when needed.

_____ I hereby authorize the Administrator/Designated Staff to withhold lunch from my child as a form of discipline as it relates to academic studies.

Signature of Parent or Guardian

Date

MILLER'S MILITARY ACADEMY

Field Trip/Transportation Waiver

I, the undersigned responsible parent or guardians of _____, a minor, do hereby consent for my child to accompany Miller's Military Academy on any school related field trips.

Further, I do hereby specifically agree, authorize and empower Miller's Military Academy to contract and obtain any medical treatment and/or hospitalization which they, in their sole judgment, may feel to be necessary or needful for the health and physical welfare of my child.

The undersigned does hereby agree that the above-named individuals do not accept any financial obligation or liability for any medical treatment or hospital service, and the undersigned does agree to indemnify and hold harmless the said parties from any loss or liability growing out of my child's participation in the Academy's activities.

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name _____ Phone # _____

Name _____ Phone # _____

FOR MEDICAL PURPOSES ONLY:

Parent(s) insurance coverage (Please include name of company and ID or group number) and any special treatment numbers.

Does child have any special health problems or allergies? _____

Name of Doctor _____ Phone number _____

Hospital preference _____

Parent's Signature _____ Date _____

Address _____

Phone Number _____

MILLER'S MILITARY ACADEMY

Authorized Pick-up

Student's name _____

Parent's name _____

Primary number _____ Secondary number _____

Only the following people are allowed to pick-up my child: (Proper ID is required)

Name	Relationship	Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that I must notify the Academy in writing should I need to modify the person(s) authorized to pick-up my child.

Signature of Parent or Guardian

Date

MILLER'S MILITARY ACADEMY

ABBREVIATED APPLICATION

STUDENT NAME _____ PHONE # _____

STUDENT SS # _____ DATE OF BIRTH _____

FATHER'S NAME _____ OCCUPATION _____

HOME NUMBER _____ WORK NUMBER _____ EXT _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

MOTHER'S NAME _____ OCCUPATION _____

HOME NUMBER _____ WORK NUMBER _____ EXT _____

Same as above

HOME ADDRESS _____

Same as above

CITY _____ STATE _____ ZIP _____

DOES CHILD LIVE WITH BOTH PARENTS?

IF NO, WHO HAS LEGAL CUSTODY? _____

NAME OF PERSONS TO BE CONTACTED IN CASE OF EMERGENCY (BESIDES PARENTS):

NAME _____ RELATIONSHIP _____ NUMBER _____

NAME _____ RELATIONSHIP _____ NUMBER _____

NAME _____ RELATIONSHIP _____ NUMBER _____

PERSONS AUTHORIZED TO PICK UP CHILD

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

MEDICAL INFORMATION

DOES CHILD HAVE ANY SPECIAL HEALTH PROBLEMS OR ALLERGIES? _____

NAME OF DOCTOR _____ NUMBER _____

HOSPITAL PREFERENCE _____

I agree that the Operator may authorize the physician of his/her choice to provide Emergency Care in the event that neither I nor the family physician can be contacted immediately. I have answered all questions honestly and completely and agree to notify the center immediately of any and all changes.

PARENT'S SIGNATURE _____ Date _____

PARENT'S SIGNATURE _____ Date _____

MILLER'S MILITARY ACADEMY
6133 Redan Road
Lithonia, Georgia 30058
(770)-484-8850

Press Release Form

During the school year, we would like for others to know of some of the various activities that are occurring at the Academy. We will ask news media to publish/televise/broadcast events throughout the year about our students. If such opportunity should arise, we will need permission from you to publish his/her picture.

_____ Yes, I give permission for my child to appear in local or national news media or internet for any activity that he is involved in with the Academy.

_____ No, I do not want my child to appear in local or national news media or Internet, for any activity that he is involved in with the Academy.

Print child's name

Signature of Parent or Guardian

Date

**MILLER'S MILITARY ACADEMY
RECORD RELEASE FORM**

In Accordance with the Family Rights and Privacy Act of 1974, the following school has my permission to release information to Miller's Military Academy.

STUDENT NAME	GRADE	SCHOOL NAME		
SCHOOL ADDRESS	CITY	STATE	ZIP	COUNTY

Please release my child's educational history, test scores, and health records to:

**Miller's Military Academy
6133 Redan Road
Lithonia, Georgia 30058**

If there are any questions or concerns, please call the Academy at (770) 484-8850.

Signature of Parent or Legal Guardian

_____/_____/_____
Date