



728 S. Jefferson Ave.  
Cookeville, TN 38501

# Sylvan Prep Academy

325 Braun Road 38555  
Crossville, TN 38571

1-931-528-2543  
info@cookevillesylvan.com

## STEPS IN THE ADMISSIONS PROCESS

Complete admissions package includes the application, record request form, and academic evaluation. We ask that you submit copies of recent educational and psychological testing and any other evaluations which will help us know your child better. Every effort is made to determine how each student learns and where he or she fits in the continuum of learning.

A non-refundable registration fee of **\$100.00** is due with application.

## APPLICATION FOR ADMISSIONS

Name of Candidate \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Has the applicant ever skipped or repeated a grade? Please state the grade(s), the school(s), and the circumstances involved. \_\_\_\_\_

Candidate's Current School \_\_\_\_\_

Present Grade \_\_\_\_\_ Application for Grade \_\_\_\_\_ Beginning (month) \_\_\_\_\_ (year) \_\_\_\_\_

Name of School Principal or School Counselor \_\_\_\_\_

Address of School \_\_\_\_\_

### PLEASE LIST ALL SCHOOLS ATTENDED:

SCHOOL	CITY & STATE	DATES OF ATTENDANCE

### CANDIDATE'S FATHER

Mr./Dr. \_\_\_\_\_  
FIRST MIDDLE LAST

Relationship \_\_\_\_\_  
FATHER/STEP FATHER/GUARDIAN

Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone \_\_\_\_\_

### CANDIDATE'S MOTHER

Mrs./Ms/Dr. \_\_\_\_\_  
FIRST MIDDLE LAST

Relationship \_\_\_\_\_  
MOTHER/STEP MOTHER/GUARDIAN

Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone \_\_\_\_\_



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