



# Application

**Tipton-Rosemark Academy**  
8696 Rosemark Road  
Millington, TN 38053  
phone 901-829-4221 | fax 901-829-4292  
[www.tiptonrosemarkacademy.net](http://www.tiptonrosemarkacademy.net)

Student's Legal Name

First

Middle

Last

Preferred Name

Applying for Grade \_\_\_\_\_ for the school year 20\_\_\_\_ -20\_\_\_\_

## APPLICANT

Applicant's Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ SS # \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Present School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

## PARENTS / GUARDIANS

Father's Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Employer \_\_\_\_\_

Father's Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Check if parents are:  Married  Separated  Divorced  Other Deceased:  Father  Mother

If either parent is an alumni of TRA, please give name and graduation date \_\_\_\_\_

## GRANDPARENT(S) INFORMATION

Paternal Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Maternal Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

## EXTRA-CURRICULAR INFORMATION

Please indicate the applicant's interests:

Art  Vocal Music  Soccer  Tennis  Golf  Cross-country

Baseball  Football  Basketball  Volleyball  Cheerleading

Other Interest \_\_\_\_\_

## FOR OFFICE USE ONLY

Date and Time application and monies received \_\_\_\_\_ Received by \_\_\_\_\_

Alumni \_\_\_\_\_ Sibling \_\_\_\_\_

Faculty & Staff \_\_\_\_\_ Test Date \_\_\_\_\_



# Application (cont.)

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## SIBLING INFORMATION

Siblings enrolled at Tipton-Rosemark Academy:

Name	Grade
_____	_____
Name	Grade
_____	_____

## GENERAL INFORMATION

*(Please answer all the questions below.)*

Has applicant repeated any grade level?  Yes  No

If so, give year, grade and school:

Has applicant ever been found guilty of violating any civil or criminal laws or is under the jurisdiction of any court?  Yes  No

If yes, please explain:

Has applicant ever been dismissed, suspended, or expelled from any school?  Yes  No

If yes, please explain and list school and year:

Has applicant ever been diagnosed with any medical / physical problems?  Yes  No

If yes, please explain:

Is applicant taking any prescribed medication?  Yes  No

If yes, what and why?

Has applicant been diagnosed as having ADD or ADHD?  Yes  No If yes, is he/she currently on medication?  Yes  No

Has applicant ever been under the care of a licensed psychiatrist or psychologist?  Yes  No

If yes, when and for what purpose?

Has applicant been psychologically tested?  Yes  No

If yes, please explain:

If you have undergone any of the testing mentioned above, you are required to remit the result with this application.

I hereby attest that to the best of my knowledge, the information I have provided on this application is true, correct, and complete.

Signature \_\_\_\_\_

Date \_\_\_\_\_