

MADISON COUNTY ADVANCED SCHOLARS ACADEMY
Student Application Form

Freshman School Year: _____

Name: _____ **Nickname:** _____
(First Name, Middle Name, and Last Name)

E-Mail: _____ **Phone:** _____

Address: _____

Sex: Male Female

Race/Origin: African-American Hispanic White
 Asian Native American Other (Specify): _____

Father/Legal Guardian's Full Name: _____

Phone: _____ **Address:** _____

E-Mail: _____

Mother/Legal Guardian's Full Name: _____

Phone: _____ **Address:** _____

E-Mail: _____
