



Application

Tipton-Rosemark Academy
8696 Rosemark Road
Millington, TN 38053
phone 901-829-4221 | fax 901-829-4292
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 _____

Phone _____

Address _____

City _____ State _____ Zip _____

Father's Employer _____

Father's Work Phone _____

Cell Phone _____

Mother's Name _____

Phone _____

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 _____