



APPLICATION

Tipton-Rosemark Academy
8696 Rosemark Road
Millington, TN 38053

Application for

Student's Legal Name: _____
First Middle Last Preferred Name

Grade: _____ for the school year 20 ____ 20 ____

APPLICANT

Applicant's Birthdate _____ Sex _____ SS # _____ Grade applying for _____

Home Address _____

City _____ State _____ Zip _____ Phone _____

Present School _____

Address _____

City _____ State _____ Zip _____ Phone _____ Fax _____

PARENTS / GUARDIANS

Father's Name _____ Phone _____

Address _____

City _____ State _____ Zip _____ Email _____

Father's Employer _____

Father's Work Phone _____ Cell Phone _____

Mother's Name _____ Phone _____

Address _____

City _____ State _____ Zip _____ Email _____

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 _____ Maternal Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone _____ Phone _____

EXTRA-CURRICULAR INFORMATION

Please indicate the student's interests:

Art Vocal Music Instrumental Music Tennis Golf 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 _____



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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? _____ 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? _____

If yes, please explain: _____

Has applicant ever been dismissed, suspended, or expelled from any school? _____

If yes, please explain and list school and year. _____

Has applicant ever been diagnosed with any medical / physical problems? _____

If yes, please explain: _____

Is applicant taking any prescribed medication? _____ If yes, what and why? _____

Has applicant been diagnosed as having ADD or ADHD? _____ If yes, is he / she currently on medication? _____

Has applicant ever been under the care of a licensed psychiatrist or psychologist? _____

If yes, when and for what purpose? _____

Has applicant been psychologically tested? _____ 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 _____