



**Student Details**

Student Name: \_\_\_\_\_ Date of Birth: (MM/DD/YY) \_\_\_\_\_  
*Last First Suffix*

Preferred Name: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_ International Student:  Yes  No

International Non-U.S. Citizens must complete the following questions:

Student's Native Language: \_\_\_\_\_ Is the student fluent in English?  Yes  No

Type of Visa Student has: \_\_\_\_\_ Will he need an I-20?  Yes  No

Resident Alien Number: \_\_\_\_\_ **Please provide a copy of Visa with Application**

**Proposed Entry Into Valley Forge Military Academy**

Enroll for the Semester Beginning:  August 2019

Applying to Grade:  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

Boarding or Day:  Boarding  5 Day Boarding  Day

How did you hear about Valley Forge Military Academy? \_\_\_\_\_

Did you speak with an Admissions Officer before applying?

No  Anna Brennan  Derek Frazier  Lauren Montgomery  Kerry Sethi

**Additional Information**

Student: \_\_\_\_\_  
*City of birth State / Province of birth Country of birth*

Ethnicity: (Optional)  African  African American  Asian  Asian American  Caucasian  European  
 European American  Latino  Latino American  Middle-Eastern American  Multiracial  
 Native-American or Alaska Native  Native Hawaiian or Pacific Islander

Has the applicant attended school outside the U.S. in the last 2 years? YES NO

Citizenship Status:  U.S. Citizen  Non-U.S. Citizen  Permanent Resident

Will the applicant need ESL courses? YES NO Has the applicant ever attended summer camp at VFMAC? YES NO

Does the applicant have a relative who has attended VFMAC? YES NO If so, please list: \_\_\_\_\_



**Schools**

Name of Current School: \_\_\_\_\_ Type of Current School: \_\_\_\_\_  
(circle one) **Military Private Public Therapeutic**

Current School City \_\_\_\_\_ State / Province / Region \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Current Grade:  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>

From: \_\_\_\_\_ To: \_\_\_\_\_ Current GPA: \_\_\_\_\_  
*Dates of Attendance Current School*

**Academic History**

Does the applicant currently have an IEP or 504 plan? YES  NO  **If yes, a copy must be submitted**

Has the applicant ever received psychological counseling services?  
 No  1 session  2 - 6 session  7 - 11 sessions  12 or more

Counselor's Name: \_\_\_\_\_ Counselor's Phone: \_\_\_\_\_

Has the applicant ever been suspended? YES  NO  Grade: \_\_\_\_\_ Reason: \_\_\_\_\_

Has the applicant ever been expelled? YES  NO  Grade: \_\_\_\_\_ Reason: \_\_\_\_\_

Has the applicant ever been counseled by the juvenile authorities or arrested for any offense other than a traffic violation? YES  NO

If Yes, please indicate the circumstances of the adjudication:  
\_\_\_\_\_  
\_\_\_\_\_

Has the applicant ever received counseling or assistance for emotional or behavioral problems or difficulties in the last **three years**? This includes, but not limited to, the following: (Please check all that apply)

- Low self-esteem  Depression  Eating Disorders  Drug or Alcohol Use
- Confrontational behavior or problems with authority  Violent, aggressive, or anti-social behavior
- Suicide or self-destructive behavior  Nothing on this list
- Other (please explain): \_\_\_\_\_

Address: \_\_\_\_\_



\_\_\_\_\_  
*Street Address of Counseling or assistance*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State / Province*

\_\_\_\_\_  
*Postal / ZIP Code*

Date(s) and Reason(s) for treatment: \_\_\_\_\_

To ensure that VFMA is able to provide all students with proper medical support, please list any medication that the applicant is required to take, or takes, on a regular basis. Please provide the reason for each medication.

Does the applicant take any type of medication on a regular basis?

Yes  No

What is the medication? \_\_\_\_\_

What is the dosage of medication? \_\_\_\_\_

What is the reason for the medication? \_\_\_\_\_

What is the medication? \_\_\_\_\_

What is the dosage of medication? \_\_\_\_\_

What is the reason for the medication? \_\_\_\_\_

What is the medication? \_\_\_\_\_

What is the dosage of medication? \_\_\_\_\_

What is the reason for the medication? \_\_\_\_\_

Please have the prescribing physician provide a written statement, on office letterhead, of the diagnosis, prognosis, and medication by name, dosage and frequency of us for all medications taken on a regular basis. This is best sent with the application but may also be faxed to Admissions at 610-340-2194.

**Applicant Activities**

List applicant's interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list applicant's extracurricular activities, athletics, awards, honors and distinctions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Information**

Who has legal custody of the applicant: (Legal documents are required)

Mother  Father  Mother and Father  Legal Guardian  Other: (please specify) \_\_\_\_\_



Parent / Guardian marital Status:  
(please choose all that apply)

- Single**  
  **Married**  
  **Divorced**  
  **Widowed**  
 **Father Remarried**  
  **Mother Remarried**  
 **Other: (please be specific)** \_\_\_\_\_

**Parent / Guardian Contact Information**

Adult 1 Name: \_\_\_\_\_  
*Last First Suffix*

Adult 1 Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State / Province Postal / ZIP Code Country*

Does the applicant live at this address?      YES       NO

\_\_\_\_\_  
*Relationship to Applicant Occupation Primary Phone Alternate Phone*

Contact for the enrollment contract?    YES     NO     \_\_\_\_\_  
*Email*

Adult 2 Name: \_\_\_\_\_  
*Last First Suffix*

Adult 2 Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State / Province Postal / ZIP Code Country*

Does the applicant live at this address?      YES       NO

\_\_\_\_\_  
*Relationship to Applicant Occupation Primary Phone Alternate Phone*

Contact for the enrollment contract?    YES     NO     \_\_\_\_\_  
*Email*



**Responsible for Tuition**

Responsible Party: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
*Last First Suffix*

**Confirmation**

*I hereby make application for the admission of the applicant named as a Cadet in Valley Forge Military Academy for the academic year indicated. I understand that any misstatement or omission of material information made to this application or during the admissions process may result in the revocation of an offer of admission and/or enrollment in, or the involuntary withdrawal of the applicant from Valley Forge Military Academy. The applicant is physically able to perform the school duties as outlined in the Academy's information systems and communications.*

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_