

Summer Sojourn at Franklin Academy

Application for Summer 2011

Applicant Information

Last Name _____ First Name _____
Nickname _____ Date of Birth ____/____/____
Age ____ M ____ F ____ Grade in 2010/11 ____
Street Address _____ City _____
State _____ Zip _____
Telephone _____ Email _____
Cell Phone _____ Social Security # _____

Family Information

Father / Guardian		Mother / Guardian
	Name	
	Street Address	
	City, State, Zip	
	Home Telephone	
	Work Telephone	
	Cell Phone	
	Email	
	Social Security #	
	Occupation	
	College (s) Attended	

Please check if appropriate:

Parents Separated Parents Divorced Mother Remarried Mother Deceased Father Remarried Father Deceased

If Parents are divorced, who has legal custody of student? _____

With whom does the student live? _____

Who has financial responsibility for Summer Sojourn tuition? _____

