



# Albemarle School



*“Inspiring Excellence and character in a nurturing environment”*

## Application for Admission

Albemarle School

1210 US Highway 17 South \* Elizabeth City, NC 27909

252-338-0883 (Phone) \* 252-338-1222 (Fax)



Please list the names and contact information for three references to be contacted:

1. \_\_\_\_\_  
Name Phone Number(s) Email Address  
\_\_\_\_\_  
Address

2. \_\_\_\_\_  
Name Phone Number(s) Email Address  
\_\_\_\_\_  
Address

3. \_\_\_\_\_  
Name Phone Number(s) Email Address  
\_\_\_\_\_  
Address

When considering new applicants, priority is given to children who have brothers or sisters already enrolled in the school. Albemarle School admits students of applicable age, regardless of sex, race, color, or national origin to all rights, privileges, programs and activities generally accorded or made available to students at the school.

**Part III  
Immediate Response Information System – IRIS**

For important announcements, school closings, emergencies, etc. we use the *IRIS* to contact families. Please list the names and phone numbers of those you would like to receive these calls/texts/emails.

1. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

**Part IV**

I hereby apply for admission of the above named student to Albemarle School and I enclose the non-refundable application fee, the *Enrollment Contract and Financial Agreement* form, and the *Parent Participation Program Contract*. I understand that students are admitted for one year at a time, and the school reserves the right of suspension or dismissal at any time during the school year. Any student who fails to meet academic standards, who exercises poor citizenship, or fails to cooperate, may be asked to withdraw from school. Albemarle School reserves the right to determine placement of the applicant in the grade level or subjects judged most appropriate for his/her school experience. Admission decisions, including grade placement, are made by the school administration.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: Submission of this application does not guarantee any student a place in a specific grade. All applications are subject to review.**

**Part V**

**Student Record Release Form**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Name of school last attended \_\_\_\_\_

Address of school last attended \_\_\_\_\_  
Street City State Zip

PLEASE RELEASE OFFICAL COPIES OF THE FOLLOWING INFORMATION:

\_\_\_\_\_ Scholastic Record (include current year's grades)

\_\_\_\_\_ Standardized Test Records

\_\_\_\_\_ Health Records

\_\_\_\_\_ Any other pertinent information that would aid in evaluating his/her effort and cooperation including disciplinary records

AUTHORIZED STATEMENT AND SIGNATURE OF PARENT/GUARDIAN:

You are hereby authorized to furnish Albemarle School with child's school record.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian