

7601 Old Canton Road  
Madison, MS 39110  
Phone: 601-856-4455  
Fax: 601-853-3835

MADISON-RIDGELAND ACADEMY [www.mrapats.org](http://www.mrapats.org)

**APPLICATION FOR ADMISSION GRADES 1-12**

*Please print*

APPLICANT FOR GRADE \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_  
APPLICANT'S NAME

FIRST MIDDLE LAST PREFERRED  
Home Address

NUMBER & STREET CITY STATE ZIP  
Home Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

AGE \_\_\_\_\_ SEX: M F Birth Date \_\_\_\_\_

Place of Birth \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Father's Address (if different)

NUMBER & STREET CITY STATE ZIP  
Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Education

HIGH SCHOOL COLLEGE DEGREES

Mother's Full Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Mother's Address (if different)

NUMBER & STREET CITY STATE ZIP  
Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Education

HIGH SCHOOL COLLEGE DEGREES

Student Lives With Whom: \_\_\_\_\_ MOTHER & FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_ FATHER  
\_\_\_\_\_ GUARDIAN \_\_\_\_\_ STEPFATHER \_\_\_\_\_ STEPMOTHER  
Please check any that apply: \_\_\_\_\_ FATHER DECEASED \_\_\_\_\_ MOTHER DECEASED  
\_\_\_\_\_ PARENTS SEPARATED \_\_\_\_\_ PARENTS DIVORCED

**PLEASE TURN TO SIDE TWO**

If parents are divorced, who has legal custody? \_\_\_\_\_

If parents are separated or divorced, to whom should admissions correspondence be sent? \_\_\_\_\_

---

**Please List Siblings:**

NAME	BIRTHDATE	AGE	GRADE	SCHOOL
NAME	BIRTHDATE	AGE	GRADE	SCHOOL
NAME	BIRTHDATE	AGE	GRADE	SCHOOL

**School Presently Attending**

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**Medical Problems/Physical Impairments of Applicant, If Any:**

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

---

**Special Interests or Talents**

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

---

Family Church \_\_\_\_\_ Denomination \_\_\_\_\_

**In Case of Emergency, the teacher or administrator has our permission to take our child to a hospital or doctor for treatment. If we cannot be reached, please notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

---

Madison-Ridgeland Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, athletic and other school administered programs.

Effective for the duration of enrollment at Madison-Ridgeland Academy, permission is hereby given to participate in the Physical Education Program and Field Trips of Madison-Ridgeland Academy. I understand and hereby agree that Madison-Ridgeland Academy is not responsible for any accidents that might occur nor any liability that might arise therefrom.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent's or Guardian's Signature