

# Thomas Sumter Academy

5265 Camden Highway  
Rembert, South Carolina 29128  
Telephone (803) 499-3378  
Fax (803) 499-3391

Email [tsa.admissions@thomassumter.org](mailto:tsa.admissions@thomassumter.org)  
[www.thomassumter.org](http://www.thomassumter.org)



## APPLICATION FOR ADMISSION

Application for Grade \_\_\_\_\_ Application for year beginning \_\_\_/\_\_\_/20\_\_\_

Name of Applicant \_\_\_\_\_  
Last First Middle

Name Preferred \_\_\_\_\_

Home Address \_\_\_\_\_

City State Zip Telephone

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Gender: M or F

Social Security Number: \_\_\_\_\_

Afterschool Care Needed: Yes No

For Office Use Only

Date Application Received: \_\_\_/\_\_\_/20\_\_\_

Tour Date: \_\_\_/\_\_\_/20\_\_\_

Start Date: \_\_\_/\_\_\_/20\_\_\_

**FAMILY INFORMATION**

Father's Name \_\_\_\_\_  
(or Guardian) First Middle Last  
Name Preferred \_\_\_\_\_  
Home Address \_\_\_\_\_

City State Zip  
Home Telephone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
Cell Telephone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
Email Address \_\_\_\_\_@\_\_\_\_\_

Employer \_\_\_\_\_  
Profession \_\_\_\_\_  
Position Held \_\_\_\_\_  
Employer's Address \_\_\_\_\_

City State Zip  
Employer's Telephone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Mother's Name \_\_\_\_\_  
(or Guardian) First Maiden Last  
Name Preferred \_\_\_\_\_  
Home Address \_\_\_\_\_

City State Zip  
Home Telephone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
Cell Telephone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
Email Address \_\_\_\_\_@\_\_\_\_\_

Employer \_\_\_\_\_  
Profession \_\_\_\_\_  
Position Held \_\_\_\_\_  
Employer's Address \_\_\_\_\_

City State Zip  
Employer's Telephone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

The student lives with: (Check any that apply.)  
Both parents \_\_\_ Mother \_\_\_ Father \_\_\_ Stepmother \_\_\_ Stepfather \_\_\_ Other (Relationship) \_\_\_

Check any that apply. (If parents are divorced, a copy of legal custody papers are required with the submission of the application.)

Father is deceased \_\_\_ Mother is deceased \_\_\_ Parents are divorced \_\_\_ Parents separated \_\_\_  
Father has custody \_\_\_ Mother has custody \_\_\_ Student is adopted \_\_\_

Financial responsibility for applicant will be assumed by  
Both parents \_\_\_ Mother \_\_\_ Father \_\_\_ Stepmother \_\_\_ Stepfather \_\_\_ Other (Relationship) \_\_\_

Are other members of family presently attending Thomas Sumter Academy? Yes or No

If so, list name and relationship to applicant. If more than three, list on a separate sheet of paper.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Class of \_\_\_\_\_

Is either parent or grandparent a graduate of Thomas Sumter Academy? Yes or No  
If so, list full name as when enrolled at TSA and year of graduation. If more than one, list on a separate sheet of paper.

Name \_\_\_\_\_ Class of \_\_\_\_\_

Are any members of your family former students of Thomas Sumter Academy? Yes or No  
If so, list name and relationship to applicant. If more than one, list on a separate sheet of paper.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years Attended \_\_\_\_\_

**GRANDPARENTS**

**Paternal**

\_\_\_ Living \_\_\_ Deceased

Grandfather's Name \_\_\_\_\_

First Middle I. Last

Home Address \_\_\_\_\_

City State Zip

Telephone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

\_\_\_ Living \_\_\_ Deceased

Grandmother's Name \_\_\_\_\_

First Maiden Last

Home Address \_\_\_\_\_

City State Zip

Telephone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

**Maternal**

\_\_\_ Living \_\_\_ Deceased

Grandfather's Name \_\_\_\_\_

First Middle I. Last

Home Address \_\_\_\_\_

City State Zip

Telephone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

\_\_\_ Living \_\_\_ Deceased

Grandmother's Name \_\_\_\_\_

First Maiden Last

Home Address \_\_\_\_\_

City State Zip

Telephone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

**ACADEMIC INFORMATION**

Name of School Currently Enrolled in \_\_\_\_\_

School Address \_\_\_\_\_

City State Zip Phone

Name of Principal, Headmaster or Guidance Counselor \_\_\_\_\_

Has applicant ever previously attended Thomas Sumter Academy? Yes \_\_\_ No \_\_\_

Dates and reason for leaving \_\_\_\_\_

Has applicant ever repeated a grade, skipped a grade, or been in accelerated instruction? Yes \_\_\_ No \_\_\_

If yes, describe the circumstances: \_\_\_\_\_

Has applicant ever been referred to anyone for academic evaluation, testing, or remedial instruction? Yes \_\_\_ No \_\_\_

If yes, please describe the circumstances: \_\_\_\_\_

Has applicant ever been suspended or dismissed for academic, disciplinary or other reasons? Yes \_\_\_ No \_\_\_

If yes, please describe the circumstances: \_\_\_\_\_

From what source did you hear about Thomas Sumter Academy? \_\_\_\_\_

**Should the applicant be admitted to Thomas Sumter Academy, there are additional mandatory forms and documents to be completed and submitted such as South Carolina immunization records before the application process is considered to be complete.**

FOR UPPER SCHOOL (GRADES 6-12) APPLICANTS:

In your own words and handwriting, please respond below to the following:

A) What personal interests and talents do you possess that could help you contribute in a positive way to student life at Thomas Sumter Academy?

B) What do you expect to gain from attendance at this school?

Thomas Sumter Academy does not discriminate on the basis of race, color, creed, sex, national or ethnic origin in administration of its educational policies, admission policies, financial aid programs, and athletic and other school administered programs.