Thomas Sumter Academy

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Our mission at Thomas Sumter Academy is to develop, in a safe Christian environment, well-rounded individuals who are fully prepared for college and for life.

APPLICATION FOR ADMISSION

Application for Grade			Application for year beginning				inning	//20	
Name of Applicant	Last	,			First			Middle	
Name Preferred		1			х				
Home Address	3			· ù		¥		, v A	
	City	* n		State	Zip		·	Telephone	
Date of Birth	_/	_/				Gender	M or F		
After school care	Y or N					Campus	Dalzel	l or Columbia	
FOR OFFICE USE ONLY Date Application Receive	d/_	/20	_	Tour Date _	/20) A	ssessment Dat	e/20_	
Contract Offered/	_/20		Contrac	t Received _	_//20	S	tart Date/_	/20	

FAMILY INFORMATION

Father's Name	Mother's Name _	
(or Guardian) First Middle Last	,	First Middle Last
Name Preferred	Name Preferred	
Home Address	Home Address _	
City State Zip	City	State Zip
Home Telephone (Home Telephone	e ()
Call Talanhana ()	Call Talanhana	
Cell Telephone (Cen rerephone	
E-mail Address	E-mail Address _	
Employer	Employer	
Profession	Profession	
Position Held	Position Held	
Employer's Address	Employer's Add	ress
Employer 3 radiess	Employer s riddi	
City State Zip	City	State Zip
Telephone (Telephone (_)
The student lives with: (Check any that an	n lv.)	
The student lives with: (Check any that ap)	* * /	
Both parents Mother Father	Stepmother Stepfather	Other (Relationship)
Check any that apply: If parents are divorced the application.	l, a copy of legal custody papers	are required with submission of
Father is deceased Mother is deceased Father has custody Mother has custody _	Parents are divorced Student is adopted	Parents are separated
Financial responsibility will be assumed by		
Both parents Mother Father	Stepmother Stepfather	Other (Relationship)
Are other members of family presently attended		
If so, please list name and relationship to applica	nt. If more than three, list on a sepa	arate sheet of paper.
Name	Relationship	Class of
Name	Relationship	Class of
Name	Relationship	Class of
Is either parent or grandparent a graduate of If so, please list full name as when enrolled at TS paper.		
Name		Class of
Are only members of your family family	anta of Thomas Cymtas Acadams	v2 Vac No
Are any members of your family former stud If so, please list name and relationship to applicate		
Name	Relationship	Years Attended

GRANDPARENTS

Paternal				Maternal			
Living Decease	ed	_		Living Decease	sed		
Grandfather's Name	D'	> C 1 11 - Y		Grandfather's Name_	г	Middle I.	Υ
Home Address	First	Middle I.	Last	Home Address			
City Telephone () E-mail				City Telephone () _ E-mail			
Living Decease Grandmother's Name _	First	Middle I.	Last	Living Decease Grandmother's Name	First	Middle I.	Last
Home Address				Home Address			
City Telephone () E-mail		Zip 		City Telephone () E-mail		Zip 	
City	-		State	Zip		Phone	
•	dmastei	or Guidance C					
Has applicant ever prev	iously a	ttended Thoma	s Sumter Aca	demy? Yes No			
Dates and reason for lea	aving _						
Has applicant ever repe If yes, please describe t	_			n in accelerated instruction?		No	
				esting, or remedial instruction			
				ic, disciplinary or other reas			
From what source did y	ou hear	about Thomas	Sumter Acad	emy?			

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. The applicant will also be required to complete an entrance assessment.

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 Thomas Sumter Academy?

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.