



Please  
Attach  
Current  
Photo of  
Applicant

## APPLICATION FOR READMISSION

Student's Full Name: \_\_\_\_\_  
Last Name(s) First

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Current Grade: \_\_\_\_\_ SSN #: \_\_\_\_\_  
Month Day Year

Place of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

### Father's/Guardian's Full Name:

\_\_\_\_\_  
Last Name(s) First

Home Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
(Additional Address Line)

\_\_\_\_\_  
(Additional Address Line)

\_\_\_\_\_  
City State Zip Code Country

Telephone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Home Fax: ( ) \_\_\_\_\_

Home E-mail: \_\_\_\_\_

\_\_\_\_\_  
Employer:

\_\_\_\_\_  
Job Title:

Business Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
(Additional Address Line)

\_\_\_\_\_  
(Additional Address Line)

\_\_\_\_\_  
City State Zip Code Country

Telephone: ( ) \_\_\_\_\_

Work Fax: ( ) \_\_\_\_\_

Work E-mail: \_\_\_\_\_

### Mother's/Guardian's Full Name:

\_\_\_\_\_  
Last Name(s) First

Home Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
(Additional Address Line)

\_\_\_\_\_  
(Additional Address Line)

\_\_\_\_\_  
City State Zip Code Country

Telephone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Home Fax: ( ) \_\_\_\_\_

Home E-mail: \_\_\_\_\_

\_\_\_\_\_  
Employer:

\_\_\_\_\_  
Job Title:

Business Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
(Additional Address Line)

\_\_\_\_\_  
(Additional Address Line)

\_\_\_\_\_  
City State Zip Code Country

Telephone: ( ) \_\_\_\_\_

Work Fax: ( ) \_\_\_\_\_

Work E-mail: \_\_\_\_\_



**SCHOOL INFORMATION CONTINUED**

Has the student received any failing grades?  Yes  No

If yes, please indicate subject(s) and school year(s) in which grade(s) were received.

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Since leaving SJNMA, has the student ever had any in-school or out-of-school suspensions?  Yes  No

If yes, please list and provide an explanation. **(Request a copy of your son’s school discipline record to be forwarded to the Academy.)**

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Has the student ever received tutoring, counseling, or remedial educational instruction to assist learning or academic performance, whether inside or outside the school environment?  Yes  No

If yes, please describe the circumstances relating to this tutoring, counseling, or instruction, and provide the name(s) and address(es) of the tutors, counselors, or instructors.

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**This section must be filled out by the student in his own handwriting. Please attach as many sheets of paper as necessary to completely answer the question.**

Why do you wish to rejoin the SJNMA Corp of Cadets?

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**CITIZENSHIP INFORMATION**

Since leaving SJNMA, has the student ever been arrested, detained, or ticketed by the police, juvenile authority, or any department of health and social services?  Yes  No

If yes, please explain. **(A police/juvenile court clearance or final disposition report from authorities will be required before admission can be determined. The Academy does not accept students on probation, on court supervision, or with any pending cases with the police or court system.)**

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**MEDICAL INFORMATION**

Describe the student’s overall health: \_\_\_\_\_

Any physical limitations?  Yes  No

If yes, describe: \_\_\_\_\_

Is the student taking any prescribed medications?  Yes  No

If yes, list all medications, the dosage(s), and reason(s) for taking the medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the student ever received counseling for emotional or behavioral difficulties?  Yes  No

If yes, please provide the name and address of each doctor/counselor, reason(s) for therapy and date(s) of therapy. **(You will also need to request from us or download from our Web site at [www.sjnma.org](http://www.sjnma.org) a Counseling Summary to be completed by the student’s doctor/counselor.)**

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\_\_\_\_\_

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\_\_\_\_\_

I hereby request that my son/ward be considered for admission to St. John’s Northwestern Military Academy, Camp St. John’s Northwestern, subject to the current terms of payment and prevailing rules and regulations at the school. I understand that any misrepresentation made on this application or during the admissions process may result in involuntary rejection/dismissal of my son/ward.

\_\_\_\_\_  
*Signature of Student*

*Date*

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

*Date*

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

*Date*

**Notice of Nondiscriminatory Policy as to Students**

St. John’s Northwestern Military Academy admits students of any race, color, national, or 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, or ethnic origin in administration of its education and admissions policies, scholarship, athletic, and other school-administered programs.