



**AIKEN PREPARATORY SCHOOL
VISITING EQUESTRIAN PROGRAM
Application for Admission**

Date of Application ___/___/___

Start Date ___/___/___

End Date ___/___/___

Current Grade _____

Name of Applicant _____
Last First Middle Preferred Name

Birth Date _____ Social Security Number _____

Home Address _____
Street City State Zip Code

Home Phone Number (____)_____-_____

First Parent/Guardian's Full Name _____

Home Address _____

Telephone () _____ Email _____

Fax () _____ Cell Phone _____

Occupation/Title _____ Employer _____

Employer Address _____

Telephone () _____ Email _____

Fax () _____

Second Parent/Guardian's Full Name _____

Home Address _____

Telephone () _____ Email _____

Fax () _____ Cell Phone _____

Occupation/Title _____ Employer _____

Employer Address _____

Telephone () _____ Email _____

Fax () _____

Who is financially responsible? _____

Address if none of the listed above _____
Street City State Zip Code

How did you hear about Aiken Preparatory School? _____

Applicant's Current School _____

School Address _____
Street City State Zip Code

School Phone Number _____ School Contact _____

Please describe your child as an individual. In your estimation, what are his/her strengths, weaknesses, goals, and aspirations?

<i>COURSE</i>	<i>TEXTBOOK/S</i>	<i>ISBN#</i>	<i>SUPPORTING MATERIALS</i>

Please return this application, a non-refundable \$25 application fee (make check payable to Aiken Preparatory School), and student's most current report card to:

**Visiting Equestrian Program Director
Aiken Preparatory School
619 Barnwell Avenue, NW
Aiken, SC 29801**

Aiken Preparatory School does not discriminate on the basis of race, sex, color, religion, age, or national or ethnic origin in the administration of its admission policies and financial aid programs.

Date _____ Parent/GuardianSignature _____