



# LYMAN WARD MILITARY ACADEMY

POD 550, 174 Ward Circle  
Camp Hill, AL 36850  
(256) 896-4127 FAX: (256) 896-4661

PHOTO  
REQUIRED

## APPLICATION CONTRACT FOR ADMISSION

Into the \_\_\_\_\_ Grade, for the Fall / January / Summer School (Circle One) term of \_\_\_\_\_ School Year.

### 1. APPLICANT'S INFORMATION

Full Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
Waist: \_\_\_\_\_ Trouser Length: \_\_\_\_\_ Neck Size: \_\_\_\_\_ Sleeve Length: \_\_\_\_\_ Shoe Size: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
Religious Preference: \_\_\_\_\_ Race: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

### 2. PARENTAL & GUARDIAN INFORMATION

Are both parents living?  Yes  No Parents are (Circle One): Married Divorced Separated

If Parents are divorced or separated, complete all of the following and attach documentation of custodianship:

Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, ST & Zip: \_\_\_\_\_ City, ST & Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Occupation/Title: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Correspondence should be sent to (Circle One): Father Mother Other: \_\_\_\_\_

If Custodian is not a biological parent, explain relationship: \_\_\_\_\_

Guardian: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

Payment Plan: A B C January Summer School How much allowance (\$7 - \$15/week) is he to receive? \_\_\_\_\_

### OFFICE USE ONLY

APP RCVD \_\_\_\_\_ APP FEE RCVD \_\_\_\_\_ GRADES RCVD \_\_\_\_\_  
PAY PLAN \_\_\_\_\_ ACCEPTED \_\_\_\_\_ REJECTED \_\_\_\_\_

### 3. ACADEMIC INFORMATION

Current School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, ST & Zip: \_\_\_\_\_ FAX: \_\_\_\_\_

Principal: \_\_\_\_\_ Counselor: \_\_\_\_\_

Most Recent: Math Teacher: \_\_\_\_\_ English Teacher: \_\_\_\_\_

**ENCLOSE A COPY OF YOUR SON'S ACADEMIC TRANSCRIPT WITH THIS APPLICATION.**

Has the applicant ever been dismissed from school?  No  Yes If so, attach an explanation with a contact & address.

Has the applicant been professionally diagnosed as requiring Special Education or Gifted Classes?  No  Yes  
If you checked YES, circle the appropriate one and attach an explanation.

Do you wish your son to use the Reading Clinic? \_\_\_\_\_ (See Cost Sheet)

### 4. EXTRACURRICULAR ACTIVITIES

In what sports or other extracurricular activities has the applicant participated? \_\_\_\_\_

Any band experience?  No  Yes What instruments? \_\_\_\_\_ Vocal or Chorus?  No  Yes

Does the Academy have parental permission for your son to play Junior or Varsity Football? \_\_\_\_\_ (See Cost Sheet)

What are your son's special gifts, interests or talents? \_\_\_\_\_

### 5. PERSONAL CONDUCT & CITIZENSHIP

Please list any awards or accomplishments the applicant has achieved: \_\_\_\_\_

What are the applicant's future goals? \_\_\_\_\_

Has the applicant ever been suspected of using, treated for, or tested positive for any substance abuse, drugs, narcotics, or marijuana?  No  Yes If so, attach a detailed explanation.

Has the applicant ever been involved with the juvenile authorities?  No  Yes Check any and all that apply.

Community Service  On Probation  Deferred Adjudication  Awaiting Trial  Convicted of a Felony/Misdemeanor

**If you checked any of the above, attach a detailed explanation with contact information and a disclosure release for them to speak with LWMA officials.**

## 6. MEDICAL HISTORY

Is there any reason the applicant should not take part in physical training or athletics?  No  Yes If so, attach explanation

Is the applicant allergic to any medications, food, materials, etc.  No  Yes If so, attach explanation

Is your son currently taking any medications?  No  Yes Explain each medication & dosage: \_\_\_\_\_

Has your son any physical weakness or consideration to which attention should be given?  No  Yes

If so, explain: \_\_\_\_\_

Has your son any mental or emotional problems that we should be aware of?  No  Yes Attach detailed explanation

Has your son required professional counseling or psychiatric care?  No  Yes Attach detailed explanation and contact person

## 7. PERMISSION REQUEST FORM

NO  YES Permission is granted for my son to ride in a private automobile belonging to a senior cadet at the Academy for the purpose of coming home for leave and returning to LWMA.

NO  YES Permission is granted for my son to ride with another parent in a private automobile for the purpose of coming home on leave and returning to LWMA.

NO  YES Permission is granted for my son to visit with another cadet and parent on a day pass.

## 8. OTHER

Has a relative of the applicant ever attended LWMA or SII? If yes, who? \_\_\_\_\_ When? \_\_\_\_\_

How did you find out about Lyman Ward Military Academy? (Please be specific)

Alumni: \_\_\_\_\_ Current Cadet/Family: \_\_\_\_\_

Newspaper: \_\_\_\_\_ Magazine: \_\_\_\_\_

Internet: \_\_\_\_\_ Boarding School Directory: \_\_\_\_\_

Lived in Area: \_\_\_\_\_ Other: \_\_\_\_\_

## APPLICATION CHECKLIST

\_\_\_\_\_ Photocopy of Transcripts \_\_\_\_\_ Custodianship Documentation \_\_\_\_\_ All Explanations

\_\_\_\_\_ \$100 Non-Refundable Application Fee \_\_\_\_\_ Photocopies of All Materials for Family Records

**ALL OF THE ABOVE MATERIALS ARE REQUIRED BEFORE THE ACADEMY CAN PROCESS THIS APPLICATION.**

**Please Read Carefully and Sign Last Page To Complete This Application.**

## CONTRACT & ENROLLMENT AGREEMENT

I/We, the undersigned, hereby enroll \_\_\_\_\_ as a cadet at Lyman Ward Military Academy (LWMA) for the school year beginning in \_\_\_\_\_ and agree to pay all tuition, uniform expenses, and related fees according to one of the payment plans detailed in the Academy's contract folder.

I/We understand that the *non-refundable* application fee of \$100 is required with this enrollment agreement and that the application fee acts as a deposit. I/We acknowledge that the Academy, to maintain services and plant facilities and to meet continuing expenses such as faculty salaries, must be assured that it will receive required income from cadets' tuition. For that reason I/We hereby agree to pay the full year's tuition and fees for the above-named cadet's enrollment in accordance with one of three payment options (A, B, or C). It is further understood that the school will dismiss a student for non-payment, and will withhold credits, transcripts, recommendations and diploma until the account has been settled in full.

I/We recognize the Academy's right to dismiss (without a tuition reduction or remission) any cadet whose conduct is deemed by the Academy's Administration to be detrimental to the discipline, reputation, or well being of the Cadet Corps. I/We understand that the basis for a conduct dismissal can include, but is not limited to, egregious violations of the Cadet Honor Code (such as *stealing*), an accumulation of excessive demerits for violations of Cadet Regulations, or a single act (on or off campus) that the Administration deems detrimental to the discipline of the Cadet Corps or to the Academy's reputation.

I/We understand and agree that if the above-named cadet is *voluntarily withdrawn or dismissed* from the Cadet Corps, I/we will remain obligated to pay up to the entire school year's tuition in accordance with the Academy's Withdrawal/Dismissal and Refund Policy.

Official withdrawal requires notification in writing. Scholarship Funds, Grants and/or Application Fees are always non-refundable.

Withdrawal/Dismissal during first 7 days .....All room, board and tuition and tuition fees paid (less \$2,000.00)  
Withdrawal/Dismissal during first 14 days .....All room, board and tuition fees paid (less \$4,000.00)  
Withdrawal/Dismissal during first 42 days .....All room, board and tuition fees paid (less \$6,000.00)  
Withdrawal/Dismissal after first 42 days .....**NO REFUND** (All room, board and tuition fees not paid become due and payable)

I/We agree to be bound by the conditions of enrollment expressed in this agreement and to support the Academy in the administration of its policies and in the enforcement of cadet regulations. LWMA believes that a positive and constructive working relationship between the Academy and a student's parents (or guardian) is essential to the fulfillment of its mission. Thus, LWMA reserves the right not to continue enrollment or not to re-enroll a student if the Academy reasonably concludes that the actions of a parent (or guardian) make such a positive and constructive relationship impossible, or otherwise seriously interfere with the Academy's accomplishment of its educational purposes. I/We authorize LWMA to release the above-named cadet's academic transcripts to any college or university to which he may apply for admission. I/We understand and agree that the Academy may withhold the transcripts and/or records of any cadet whose tuition account is in arrears. I/We further understand and agree that my/our failure to meet tuition payment obligations may provide cause for the cadet's dismissal from the Academy.

LWMA makes no warranties or guarantees with respect to the individual educational and academic achievement of any particular student. No promises are made that any student will reach a particular level of academic achievement, although the Academy strives to assure that the educational and developmental needs of every student are addressed by its programs.

This contract shall be governed by the laws of the State of Alabama. In the event of non-payment of tuition or fees, any suit to effect collection shall be brought in the general district or circuit court of Tallapoosa County, Alabama, and I/we agree to venue and jurisdiction in Tallapoosa County, Alabama. The undersigned agree to reimburse the Academy for all costs incurred in collecting unpaid tuition and fees, including court costs, and attorney's fees.

In addition to the above enrollment agreement, I also agree that photographs taken of my son/ward while a student at Lyman Ward Military Academy may be used in school promotional materials, publications, advertisements and commercials.

In signing this contract I certify that the information in this application is true and complete and that there are no disciplinary actions, criminal charges or juvenile proceedings pending that I have not disclosed. I understand that any material falsification or omission may be cause for immediate dismissal or forfeiture of all refunds.

### Signature(s) of Parent(s) or Guardian(s) Financially Responsible for Cadet:

\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Soc. Sec. # \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Soc. Sec. # \_\_\_\_\_

**APPLICANT'S PLEDGE:** If accepted as a member of the Corps of Cadets at Lyman Ward Military Academy, I solemnly promise to behave as a gentleman and to cooperate with the school authorities to the best of my ability.

\_\_\_\_\_  
Candidate's Signature

**PLEASE PROMPTLY NOTIFY THE ACADEMY (IN WRITING) OF CHANGE OF ADDRESS, PHONE OR HEALTH CARE COVERAGE.**

Accepted: \_\_\_\_\_ Date: \_\_\_\_\_  
School Official

**LYMAN WARD MILITARY ACADEMY**

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